

2015-16

**Monitoring review of performance in mitigating key
risks identified in the NMC Quality Assurance
framework for nursing and midwifery education**

Programme provider	University of Brighton
Programmes monitored	Registered Midwife - 18 & 36M; Registered Nurse - Mental Health; Return to Practice Nursing
Date of monitoring event	13-14 Jan 2016
Managing Reviewer	Peter McAndrew
Lay Reviewer	Ruth Jones
Registrant Reviewer(s)	Joseph Cortis, Angela Poat, Sean Hare
Placement partner visits undertaken during the review	<p>Midwifery Practice Visits:</p> <p>East Sussex Healthcare NHS Trust, Conquest Hospital - Midwifery Services - Labour Suite and Ward</p> <p>Brighton and Sussex University Hospitals NHS Trust Princess Royal Hospital – Maternity Unit – Labour Suite and Ward.</p> <p>Mental Health Nursing Practice Visits:</p> <p>Sussex Partnership NHS Foundation Trust, Horsham Hospital – Iris Ward</p> <p>Sussex Partnership NHS Foundation Trust, Swandean Hospital – Larch Ward</p> <p>Sussex Partnership NHS Foundation Trust, Shepherd House Worthing</p> <p>Return to Practice (Nursing) Practice Visits:</p> <p>Western Sussex Hospitals NHS Trust, Worthing Hospital – Intensive Care Unit and Coombes Ward</p> <p>Spire Hospitals - Montefiore Hospital, Hove</p> <p>Priory Hospital, Hove</p> <p>Sussex Community NHS Trust, Moulsecoomb Health Centre - Integrated Primary Care Team 3</p> <p>Sussex University NHS Trust, Royal Sussex County Hospital - Solomon Ward and General and Neurosciences critical care -Level 5 and Level 7 Intensive care unit, Tower Block</p>
Date of Report	24 Jan 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

The NMC may conduct an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement to strengthen the risk control: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in

AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience / qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

Introduction to University of Brighton's programmes

The School of Health Sciences (the school) at the University of Brighton is the main provider of health and social care professional education in the South East of England. The school provides professional teaching and research in nursing, midwifery, health and social care, health promotion, physiotherapy, occupational therapy, podiatry and paramedic practice. Pre-registration nursing and return to practice (nursing) programmes are based at a purpose-built university campus at Falmer about four miles from Brighton city centre where approximately 7,000 students are based. The university has invested £60 million in the Falmer Campus over the last 10 years equipping it with modern facilities and state-of-the-art clinical skills and simulation suites. The pre-registration midwifery programme is based at the Eastbourne campus of the university which is just one mile from Eastbourne town centre where approximately 3,000 students are based and also enjoy excellent learning and resource facilities. The pre-registration nursing and midwifery programmes are commissioned by Health Education England Kent Surrey and Sussex.

The monitoring event reviewed the risks associated with the provision of the three year and 18 month pre-registration midwifery programme, the mental health nursing field of the pre-registration nursing programme and the return to practice (nursing) programme.

The pre-registration midwifery programme was approved by the NMC in May 2012 for a term which has been extended by the NMC to six years. 51 students each year are currently commissioned to the midwifery programme. The commission for the 18 month shortened pre-registration midwifery programme has been withdrawn by the commissioners and there are currently 12 students completing the programme. The pre-registration nursing programme was approved in May 2015 for a period of six years. 30-36 students each year are currently commissioned to the mental health nursing field of the pre-registration nursing programme. The return to practice (nursing) programme was approved by the NMC in December 2010 and is due for re-approval in 2016.

Students are very positive about the quality of the midwifery and nursing pre-registration programmes and the learning support that they receive from the university and its practice placement partners. Commissioners and employers confirm that the programmes prepare registered midwives and registered nurses who are fit for practice.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration was given to the midwifery student experiences in the placements in East Sussex Healthcare NHS Trust at Conquest Hospital and Brighton and Sussex University NHS Trust at Princess Royal Hospital where recent CQC visits have resulted in adverse reports. Particular consideration was also given to mental health nursing student placement experience in Sussex Partnership NHS Foundation Trust where the CQC have reported some serious concerns and have issued regulation compliance orders to the trust which must be met. The monitoring visit also looked specifically at the admissions processes of existing return to practice students after a recent situation arose where a student who had completed the programme was found to have not previously registered as a nurse with the NMC.

Summary of public protection context and findings

Our findings demonstrate that one of the key risk themes was unmet and that two key risk themes require improvement. These are described below in relation to the relevant theme. In relation to the unmet key risk theme the AEI must identify and implement an action plan which will ensure that the NMC requirements are met and that public protection is assured.

Action plan follow up visits on 18 May 2016 and 27 September 2016. The visits evidenced that all NMC key risks are being met after the implementation of an action plan arising from the outcomes of the monitoring visit.

Resources – requires improvement

We found that robust governance procedures ensure that all midwifery and nursing lecturers with a professional qualification are registered with the statutory body and have the relevant recordable teacher qualification. We found that there is sufficient academic staff dedicated to programme delivery for the numbers of students recruited. We found that there is not sufficient evidence to demonstrate that there are an appropriate number of mentors and sign-off mentors available in placement provider services for the number of students on placement. From the information made available to us we were unable to determine the numbers of appropriately qualified sign-off mentors and mentors.

The AEI implemented an action plan to address the lack of evidence to support the number of mentors and sign-off mentors.

A return visit to the AEI on 27 September 2016 confirmed that there were sufficient mentors and sign-off mentors available in placement provider services for the number of students and this was verified through accurate and up to date mentor registers.

Admissions and progression – requires improvement

We found that within pre-registration nursing and midwifery programmes the admission processes are undertaken in partnership with clinical staff and with some service users and carers and student ambassador involvement. In the return to practice programme there is a lack of evidence that a joint interview process takes place with clinical staff from service providers to assess the suitability of the student. Multiple mini interviews are being used in pre-registration nursing and midwifery programmes to assess the students' value base. There is a robust procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements and this ensures both protection of the student as well as protection of the public. Disclosure barring service (DBS) checks and occupational health clearance are completed before a student can proceed to practice placements and these compulsory procedures are undertaken in order to protect the public.

We found that procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in the programme areas being monitored. We found that procedures and practices in relation to fitness to practise are comprehensive, and fully meet the requirements of the NMC.

We found that processes in relation to accreditation of prior/experiential learning (AP(E)L) are thorough, well administered and are able to map and evidence that NMC learning outcomes have been achieved.

The university implemented an action plan to ensure that all selection interviews were undertaken in partnership with practice staff and wherever possible service users and carers.

A return visit to the AEI on 18 May 2016 confirmed that the admission process for the RTP programme has been strengthened to ensure an approved educational placement and sign-off mentor is in place before a student commences the programme. Safeguards have also been put in place before the programme commences to ensure the above. The selection interviews now take place with practice staff and service users and carers.

Practice learning – not met

We found strong evidence of effective partnerships at both strategic and operational levels with NHS trust service providers and associated education providers. We found that effective partnership working with the associated private and independent sector providers would benefit from being strengthened.

We found that placement management meets the challenges that exist from the escalation process, clinical governance reporting and service re-configurations. Effective procedures are in place to protect student learning and to assess if placements need to be withdrawn or rested and there are a number of examples of how these measures have been used successfully.

We found that the school's responses to adverse CQC reports in areas where students are placed are effective at protecting student learning and public safety. Action taken to protect the students' learning through the provision of additional resources and collaborative work with placement providers is effective and ensures that students are not subjected to either poor educational or poor patient care practices. We did not find any evidence to suggest there are any detrimental effects on students' learning as a result of the adverse CQC reviews in mental health nursing placements in Sussex Partnership NHS Foundation Trust and in midwifery services at East Sussex Healthcare NHS Trust and Brighton and Sussex University NHS Trust.

We found that the educational audit process was not undertaken in partnership between the university and the placement providers as required by NMC guidance. The educational audit process also did not consider issues raised from internal or external clinical governance procedures and the action plans that may have been required to meet areas that needed strengthening or were deemed inadequate. The educational audit process must be strengthened to ensure that it meets these requirements. The process must also ensure that the monitoring measures for action plans, developed to meet developmental needs, evidence improvement.

We found that two students on the return to practice programme had commenced practice experience without an educational audit being completed to ensure that appropriate learning experiences and resources were in place. Programme arrangements for practice experience must be strengthened to ensure that NMC requirements are fully met.

We found that registers for mentors and sign-off mentors are not up to date and need significant improvements if they are to provide an accurate and up to date record. We found that there were serious omissions in respect of the record of triennial reviews and consequently the eligibility of those on the register to be active mentors or sign-off

mentors was not evidenced. Action needs to be taken to ensure that mentors and sign-off mentors shown as live on the register have had a triennial review undertaken every three years to demonstrate evidence of their mentorship practice. Urgent action needs to be taken with regards to the return to practice programme to assure that students are being assessed by sign-off mentors who fully meet the NMC requirements for the role. We concluded that at present there is a significant unmanaged risk that a student may be allocated to a mentor or sign-off mentor that does not meet the NMC requirements for the role and that therefore public protection cannot be assured.

We found that practitioners and service users and carers were involved in programme development and delivery. Service user and carer involvement in programme development and delivery in the mental health field of the pre-registration nursing programme is robust. The CUSER (carer and service user group) have worked in partnership with academic staff and have established quality learning experiences which include a dedicated user and carer module, an annual conference and major input into the student selection process. These components are a major strength of the programme. User and carer engagement is less in evidence in other programme areas and the school has developed a service user and carer strategy to attempt to draw on the best practice that exists within the CUSER developments and to ensure that the contemporary requirements of professional and statutory bodies are met.

We found that academic staff have a low visibility in practice settings but clinical staff and students told us that they are accessible for support when required.

The university implemented an action plan to address the following areas: the educational audit process must be strengthened and must also ensure that the monitoring measures for action plans, developed to meet developmental needs, evidence improvement; that positive educational audits must take place before any student is placed in a practice learning environment; and, that registers for mentors and sign-off mentors are significantly improved to ensure they provide an accurate and up to date record.

Return visits to the AEI on 18 May 2016 and 27 September 2016 confirmed that the mentor registers held in NHS trusts and for the private and independent sector were complete, up to date and accurate.

Fitness for practice – met

We found that students achieve the NMC learning outcomes, competencies and proficiencies for entry to the nursing and midwifery parts of the register. We found that students emerging from the programme are considered fit for practice by employers and educational commissioners. We found that external examiners confirm that the programmes meet all statutory and academic requirements.

Quality assurance – met

We found that all modules and programmes are subject to programme evaluation and there is evidence that issues are followed through to resolution and that feedback is provided on action taken. The feedback to clinical areas on students' evaluations is not always consistent.

We found that effective processes are in place to ensure external examiners fulfil their role.

Appropriate policies and procedures exist to enable students to raise complaints and concerns and there is clear evidence that they are appropriately supported.

Summary of areas that require improvement

Follow up visits to the AEI on 18 May 2016 and 27 September 2016 confirmed that systems and processes are now in place to address all of the issues identified below.

A satisfactory evidence base must be available to evidence that there are sufficient appropriately qualified mentors and sign-off mentors for the numbers of students on placements.

The selection process for the return to practice programme must be undertaken jointly with service partners.

Partnership working with the associated private and independent sector providers should be strengthened.

The educational audit process must be undertaken in partnership between the university and placement providers.

Action plans which are developed through the educational audit process to meet developmental needs must be monitored effectively to evidence improvement.

Registers for mentors and sign-off mentors must be brought up to date with regards to triennial review.

Programme arrangements for the return to practice programme need to be strengthened to assure that students are placed in approved educational placements and are assessed by sign-off mentors who fully meet the NMC requirements for the role.

Summary of areas for future monitoring

The numbers of appropriately qualified mentors and sign-off mentors to support the numbers of students on placement.

The interview process for the return to practice programme.

Partnership working with the associated private and independent sector providers.

Partnership arrangements between the university and placement providers for undertaking the educational audit process.

The monitoring process for action plans arising from the educational audit process.

Registers of mentors and sign-off mentors are up to date and accurate.

Programme arrangements for the return to practice programme for practice placements and assessment of practice competence by sign-off mentors.

Service user and carer engagement in programme development and delivery.

Academic staff support for students in practice settings.

Feedback on student evaluations to clinical staff.

External examiners engagement with students and mentors.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic programme teams have confidence in the high quality of the programmes that they deliver. Academic staff are enthusiastic about the programme area and value the levels of collaborative and partnership working with practice partners. They feel that there are effective systems in place to support students' learning in theory and practice and to ensure that NMC standards and EU directives are fully met.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Education commissioners confirm that students emerging for pre-registration nursing and midwifery programmes are fit for practice and that the education provider is responsive to the needs of the service providers.

Practice partners are fully engaged with the programme delivery and development and have confidence that the programme provides nurses and midwives who are fit for practice. Mentors and sign-off mentors feel well prepared for the role of supporting and assessing students in practice. There is a clear level of effective partnership working across a number of levels and the role of the practice education facilitator is highly valued.

Students

Students are enthusiastic about their programmes and feel positive about the breadth of theory and practice they are receiving. Students report a high level of support from academic staff and find them approachable and inspirational. Students feel they will be fit for purpose when they complete their programmes.

Service users and carers

Service users and carers are enthusiastic and committed about their role. They are

proud of how they have a significant effect on student learning. In pre-registration mental health nursing they make a major contribution towards the programme and would like to contribute more towards other healthcare professional programmes. The CUSER have 18 years' experience of contributing to the mental health nursing programme. They feel valued by the university and gain recognition for the contribution that they make.

Relevant issues from external quality assurance reports

NMC programme monitoring report – University of Brighton – Pre-registration nursing (mental health field)/ Pre-registration midwifery – February 2012

Resources – good; admission and progression – good; practice learning – good; fitness for practice – good; quality assurance – good

The school was acknowledged for the robust maintenance of the user and carer strategy and the integration of service users and carers into the planning and delivery of nursing and midwifery programmes. The school was commended for the quality of the feedback they provide to mentors following the assessment of practice completed within practice learning environments. (5)

CQC reports

The following CQC reports contained some adverse findings in relation to the services specified:

Care UK Community Partnerships Limited - Bowes House published 6 May 2015

Overall rating for this service - requires improvement; including safety, responsiveness and leadership.

The CQC reported that care plans were often contradictory and did not provide clear guidance for staff. Care plans were not regularly reviewed when changes to people's health and wellbeing had occurred. Documentation failed to inform on what action had been taken when someone had suffered weight loss. Incident and accidents were not reviewed on a regular basis to monitor for any emerging trends or patterns. (6)

Brighton and Sussex University Hospitals NHS Trust - report published 8 August 2014

Overall rating for this trust - requires improvement; including safety, responsiveness and leadership. Brighton and Sussex University Hospitals Trust is an acute teaching hospital working across two main sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath.

The CQC reported that the trust needs to ensure that staff raising concerns received feedback and that some staff reported that they are wary of raising concerns. The CQC identified a number of areas that needed to be addressed to improve the responsiveness of services provided by the trust. These included addressing the pressures in the emergency department, the flow of patients throughout the hospital and

resolving the problems with the hub system for booking appointments. (7)

St Barnabas Hospices (Sussex) Limited - Chestnut Tree House - report published 1 June 2015

Safety of the service - requires improvement.

The CQC reported that the service was not always safe. The registered manager and staff were not fully aware of the use of the Mental Capacity Act 2005 for those over 16 years of age and for the use of the Deprivation of Liberty Safeguards (DoLS) for those over the age of 18 years. (8)

East Sussex Healthcare NHS Trust - Conquest Hospital report published 22 September 2015

Overall rating for this hospital – inadequate. Surgery; maternity and gynaecology; outpatients and diagnostic imaging were all rated inadequate. Urgent and emergency services rated - requires improvement

The CQC found that the trust had failed to effectively address issues of poor staffing and failed to meet the national recommendations. The CQC were informed of several incidents of unacceptable behaviour by senior staff and saw several incident reports where senior staff had prioritised targets over patient and staff welfare. The CQC had serious concerns about the culture and leadership within the trust. Staff felt unable to raise concerns and there was a perception that they were not listened to. The CQC concluded that safety was inadequate and that the trust was not responsive to the needs of many of its patients, and that leadership was inadequate. (9)

Bupa Care Homes (CFC Homes) Limited – Dean Wood Nursing and Residential Care Home report published 8 May 2015

Overall rating for this service - requires Improvement; including the safety, effectiveness and leadership.

The CQC reported that they saw unsafe moving and handling practices taking place. They also found that documentation used for medicine recording contained errors and omissions. The CQC found that staff did not have a strong understanding of the vision of the home which caused a lack of cohesion and a negative culture in the home. (10)

East Sussex Healthcare NHS Trust - Eastbourne District General Hospital - report published 22 September 2015

Overall rating for this hospital – inadequate; including surgery, outpatients and diagnostic imaging; urgent and emergency services was rated as requires improvement.

The CQC reported that although the trust board continues to say they recognise that staff engagement is an area of concern the evidence suggested there is a void between the board perception and the reality of working at the trust. The CQC reported on a culture where staff remained afraid to speak out or to share their concerns openly and where staff remained unconvinced of the benefit of incident reporting. The CQC also reported that: outpatients' reconfiguration has led to service deterioration; there was clear evidence of significant under reporting of incidents; low staffing levels impacted on the trusts ability to deliver efficient and effective care; concerns about medicines management and pharmacy services; breaches of the provision of single sex accommodation requirements; and the poor quality of health records. On the basis of

the CQC inspection, the trust was placed into special measures. (11)

Pentlow Nursing Home Limited - Pentlow Nursing report published 22 May 2015

Overall rating for this service - requires improvement; including safety, effectiveness, caring, responsiveness and leadership.

The CQC reported that they found that security at the service had not been maintained and people were left at risk with regards to their personal safety and belongings. Some areas of medicines needed to be improved to ensure they were safe. Appropriate medicines guidance was not in place for all people. Some people were not adequately supported at mealtimes to encourage them to eat and drink sufficient amounts for their needs. People were not always involved in decisions about their care and welfare. Accurate records had not been maintained to ensure that people got all the individual care and support they needed. (12)

Brighton and Sussex University Hospitals NHS Trust - Princess Royal Hospital - report published 8 August 2014

Overall rating for this hospital - requires improvement; including accident and emergency; maternity and family planning and outpatients.

The CQC reported that the emergency department was challenged with capacity issues both within the department and trust-wide. There was poor patient flow across the trust which impacted on the ability of the emergency department at the Royal Sussex County Hospital to perform to its actual ability. The CQC reported that the midwifery department had serious ongoing cultural issues which affected patient safety and staff sickness and these included: a lack of leadership amongst a small group of consultant staff, a high level of staff grievances; difficult working relationships amongst and between medical, nursing and midwifery staff; and, increased potential risk to patients due to the fear of reporting incidents. Senior managers were reported to be struggling to address these issues. (13)

Galleon Care Homes Limited - Queen Mary's and Mulberry House Nursing Home report published 30 March 2015

Overall rating for this service - requires improvement; including safety, responsiveness and leadership.

The CQC reported that they found that specialist equipment had not been serviced or checked regularly and therefore did not ensure safe care. People were not protected from the risk of cross infection whilst receiving care. Risks to people's safety from health related problems such as seizures had not been identified by the staff and measures had not been put in place to reduce these risks as far as possible. There was little evidence of health promotion initiatives around the home and this did not promote people's independence in decision making. The home's quality assurance framework required improvement as mechanisms were not in place to analyse or monitor the effectiveness of their own systems. (14)

Brighton and Sussex University Hospitals NHS Trust - Royal Sussex County Hospital report published 23 October 2015

Urgent and emergency services – inadequate

The CQC reported that the emergency department did not at times have the capacity to

ensure the safe accommodation of the number of patients present in the department. Patient safety was compromised because the initial assessment of patients was not done in a timely way. There was not always a sufficient number and skill mix of nurses on duty in the department over each 24-hour period to care for patients safely given the acuity of patients and the layout of the department. Privacy and dignity needs of patients were not consistently met. Patient flow from the emergency department into hospital beds was poor with a high number of patients awaiting admission to wards. The CQC reported that the trust has not comprehensively addressed either the recommendations of a report by the emergency care intensive support team (ECIST) or a compliance action issued by CQC following the inspection in May 2014. (15)

Langley Green Hospital - report published December 2014

Care and welfare of people who use services - action needed

The CQC reported that people using the service did not have care plans developed; implemented and reviewed that addressed their needs and ensured their safety and welfare. (16)

Sussex Partnership NHS Foundation Trust - The Chichester Centre – report published November 2013

Staffing - action needed; Supporting workers - action needed

The CQC reported that there were not always enough qualified, skilled and experienced staff to meet patient's needs. Patients were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard. (17)

Sunrise Operations Eastbourne Limited - Sunrise Operations Eastbourne Limited - report published 20 August 2015

Overall rating for this service - requires improvement; including safety, effectiveness, responsiveness and leadership.

The CQC reported that people were placed at risk from poor moving and handling techniques and the lack of thorough risk assessment in some areas. Accident reports were not used effectively to record accidents and the actions taken in response. Consent issues for people were not always addressed appropriately. Care plans did not always show the most up-to-date information on people's needs and preferences and did not support a person centred approach to care. (18)

Sussex Partnership NHS Foundation Trust - Quality Report, published 28 May 2015

Overall rating for mental health services at this provider - requires improvement; including safety, effectiveness, responsiveness and leadership.

The CQC reported that the trust required improvements and this was because: two core services were rated as inadequate under 'safety of services' Safe'; the trust had no plan in place to tackle the high rate of suicide; there were significant gaps in the flow of information particularly around learning from serious untoward incidents; there were significant gaps in training, appraisal and supervision for some staff; the quality of care planning was inconsistent and did not always demonstrate how people were involved in their care; and, the trust lacked strategic direction. The CQC issued the trust with legal requirement notices in relation to 30 areas where the legal and statutory requirements for care were not being met. (19)

Gracewell Healthcare Limited - The Pines report published 14 September 2015

Overall rating for this service - requires improvement; including safety, effectiveness, caring, responsiveness and leadership. The CQC reported that the Pines was not consistently safe. Protocols for when some medicines should be given were not in place, and it was not always clear how people were being supported to manage pain. Choking risk assessments were not consistently completed or lacked sufficient guidance to provide advice to staff members. Ongoing work was required to the management of pressure damage and skin integrity. The Mental Capacity Act 2005 was not being followed and consideration had not been given as to whether people were deprived of their liberty. The Pines was not consistently caring. Staff members were not consistently aware who was receiving end of life care. People's end of life wishes had not consistently been recorded. People's records did not always contain consistent information to guide staff on the needs of people. (20)

Report from the monitoring event:

Meeting to discuss clinical governance/ CQC adverse reports – 13 January 2016

In response to CQC quality inspection adverse outcomes a meeting was held with senior education managers and senior trust clinical representatives to assess the joint action taken to protect students learning in placement areas within these services. Particular consideration was given to the midwifery student experiences in the placements in East Sussex Healthcare NHS Trust at Conquest Hospital and Brighton and Sussex University NHS Trust at Princess Royal Hospital where recent CQC visits have resulted in adverse reports. Particular consideration was also given to mental health nursing student placement experience in Sussex Partnership NHS Foundation Trust where the CQC have reported some serious concerns and have issued regulation compliance orders to the trust which must be met.

Heads of nursing and midwifery services stated that relationships with senior academic staff at the university were very good with regular meetings where all adverse issues would be discussed and appropriate action agreed.

Prior to the CQC visit taking place, the university and related trusts were aware that there were some issues that may have a detrimental effect of student placements. From this point additional support was provided to students on placement in these areas by the link lecturers and practice education facilitators.

The deputy head of school and heads of service jointly considered the risks to student learning and agreed action to be taken to support students. They concluded that risks to student learning could be effectively managed without removing the students from the placements.

The quality of the student placements and students evaluations were monitored closely by trust service managers and programme leaders. Heads of nursing and midwifery services met with student groups on placements to provide additional support, receive feedback on placement issues and to inform ongoing action being taken. Listening events were arranged to facilitate students discussing and highlighting any issues that may be effecting their placements. Students were kept well informed of the action that trusts were taking to meet some of the challenges. (50)

Student evaluations of practice experiences in these areas have remained positive and they have highlighted the good support that they are receiving. Clinical and educational

staff highlight the significant positive learning experiences that has been facilitated for students throughout this period.

The NMC were informed through reporting procedures of the adverse CQC reports and informed that in each case there were no non managed risks to student learning in practice.

Follow up on recommendations from approval events within the last year

NMC programme approval report - BSc (Hons) nursing (adult) BSc(Hons) nursing (child) BSc (Hons) nursing (mental health) – May 2015

Approved with conditions and recommendations:

Recommendations:

- To formalise the mechanisms of risk assessment of the learning environment following associated quality assurance reports, such as the CQC.
- To articulate clearly how the 2300 hours of theory are met and to review criteria for deciding the eligibility of students to complete the module assessment. Also to align the documentation in relation to practice hours.
- To articulate clearly that all staff involved in pre-registration teaching are facilitated in achieving the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) standards for teachers.
- For the child field, to provide an exemplar of case scenarios that will be used for the assessment of the essential skills clusters, when required.
- Strengthen exposure to other fields of nursing from year one.

The recommendations have all been subsequently met and this was confirmed at the initial meeting. (21)

Potential risks for future monitoring:

- External examiners engagement in the scrutiny of practice assessment and with students and mentors in practice.
- Ensure all staff involved in pre-registration teaching are facilitated through the work loading tool to achieve the SLAiP (NMC, 2008) for teachers.
- Monitor theory and practice hours to ensure they continue to be met.
- Review the nature and extent of students' exposure to all the other fields in nursing and ensure continued fulfilment of EU directives.
- Partnership working in relation to the sharing and management of information following inspections by outside quality assurance agencies (e.g. CQC) and in particular the development and implementation of a joint written approach to risk assessment of learning environments.
- Review the implementation of the revised placement model.

A statement of compliance has been signed on 13 April 2015 by the University of Brighton School of Health Sciences and Health Education Kent Surrey and Sussex to

confirm that sufficient resources in both academic and practice settings have been identified to support the programme effectively for the intended number of commissions. (2)

Specific issues to follow up from self-report

University of Brighton, School of Health Sciences - NMC annual self-assessment programme monitoring report - 2015-2016

Key issues identified:

- Transition to new university structures to support academic standards and quality assurance work across the university. The chair of the school committee (SASC) is liaising closely with the new team to ensure a smooth handover and a clear plan for the 2015-16 requirements.
- The school specialist support unit is liaising with the centralised university admission team to ensure all practice requirements are in place and are evaluating the new service over the next admissions cycle.
- The programme leader for the BSc (Hons) nursing programme is liaising with all parties to ensure good use of practice placement opportunities. Through the assistant head and specialist support unit for practice learning and liaison ensuring all students on regulated programmes have their needs met in a timely way in relation to placement learning and sufficient suitably qualified mentors are in place.
- The programme leader for the BSc (Hons) nursing programme is working with external examiners to ensure full engagement with practice assessment and practice visits and meetings with students. The university external examiner guidance has been reviewed to reflect these requirements. (4)

Findings against key risks

Key risk 1 – Resources

- 1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.

What we found before the event

The school is a multi-site, complex and dynamic school formed through the amalgamation of the School of Health Professions and the School of Nursing and Midwifery in January 2014. The responsibility of providing overall co-ordination and decision making of the academic processes and management rests with: school board of studies; school executive team; and, the school management team. The document clarifies that the LME (lead midwife education) is a strategic role undertaken by a senior midwifery academic who has responsibility for the quality assurance and standards of midwifery courses within the institution. (21, 26)

The personal assistant to the head of school is responsible for checking that academic staff maintain an active registration. At the end of each month a check of staff PIN numbers is made by logging onto the NMC website. The employer confirmation service section is accessed using the caller code and pass number which is securely locked in the school office. If a PIN number has not been renewed a week prior to the renewal date contacts is made with the member of staff by email to remind them to update as soon as possible and prior to the expiry date. Checks are made again a week later to ensure this has been done. If there has been no response or the member of staff has failed to update their PIN a referral is made to the head of school. (33)

The school has a staff review process which aims to facilitate staff development. The designated school budget for staff development aims to build a cohesive school strategy for staff development that meets the school five year strategy. (34)

Teachers assigned to the pre-registration nursing programme have appropriate qualifications and experience for their roles. (2)

The lead midwife is identified in the documentation, and the status as LME is also identified in the CV provided. The programme presenters confirmed that strategic and operational approaches that pertain to midwifery are referred to the LME. (1)

What we found at the event

We found that robust governance procedures administered within the school assured that all midwifery and nursing lecturers with a professional qualification are registered with the statutory body and have the relevant recordable teacher qualification. An effective flagging system exists which informs NMC registrants when they are due to update the record with evidence of re-registration. The record is checked on a monthly basis and the deputy head of school is informed if a nurse or midwife teacher fails to re-register. (33, 54)

We checked the NMC register and found that all programme leaders and teachers making a significant contribution towards the programme were on the NMC register. Teachers on the programmes being monitored had relevant qualifications and experiences which were commensurate with the contribution that they were making to the programme. (47-49, 70, 71, 74, 76)

The LME is supported by the university to fulfil the role and responsibilities required by the NMC. (47)

We found that there is sufficient academic staff dedicated to programme delivery to meet NMC standards. There is no evidence that teaching sessions have been cancelled

<p>or rearranged or that students do not access good academic support. (47-49, 58-68, 91-93)</p> <p>Students report that academic staff are knowledgeable and demonstrate both experience and a clear understanding of the curriculum and are impressed with the quality of teaching staff. Some students describe teaching staff as inspirational. (47-49, 58-68, 91-93)</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>Staff supervising students are prepared for the role, attend annual updates and participate in triennial review as part of their appraisal process. Students confirmed that mentors are knowledgeable and prepared for their role in supervision and assessment. Mentors confirmed that their managers, in fulfilling their role, support them and that staff from the university are available to support them in practice when they have concerns with student conduct and achievement. (2)</p>
<p>What we found at the event</p>
<p>We found that in the pre-registration midwifery programme there are sufficient appropriately qualified sign-off mentors for the number of students on placements. Sign-off mentors confirm they are well prepared for their role. The live mentor registers evidenced the active status of mentors and sign-off mentors. Students told us that there are adequate numbers of mentors who provide good and effective support for them during practice placements and that they work 40 percent or more of their time with their allotted sign-off mentors. We randomly mapped the working rota of students to the sign-off mentor and it confirmed these ratios. (57-59).</p> <p>In the pre-registration mental health nursing programme and the return to practice (nursing) programme placement providers report that there are sufficient numbers of mentors and sign-off mentors for the number of allocated students. Programme teams, programme leaders, practice liaison lecturers, practice education facilitators and the placement manager told us that there are sufficient mentors and sign-off mentors to accommodate students needing placements and support them effectively while in practice. (48, 51, 61-68)</p> <p>We found that the live mentor registers do not evidence these assertions as there are serious omissions of data in respect of annual updates and triennial reviews taking place and therefore throwing doubt on the active numbers that are available and their eligibility to undertake the mentor and sign-off mentor role. (58, 59, 61-68)</p> <p>Practice placement staff told us that there are sufficient numbers of mentors in practice for a ratio of 1:1. Students report working with their mentors for more than 40 per cent of their practice time and this is confirmed by mentors and evidenced by scrutiny of the duty rotas. (48, 49, 60-68)</p>

Most students are allocated an associate mentor to assist with the mentorship process and to provide additional support for the student and mentor as well as develop the associate mentor role under the supervision of an experienced mentor. (48-49, 60-68)

We found issues with the provision of sign-off mentors for the return to practice (nursing) programme. The Priory Independent Hospital has one mentor and no sign-off mentors and the placement supervision and assessment of a return to practice (nursing) student is being supervised by a practice education facilitator. Montefiore Independent Hospital does have a sign-off mentor but they are not clinically based which raises the issue of how the standard of working with the student for 40 percent of the time with the additional one hour a week supervision is being achieved. A return to practice (nursing) student placed at the intensive care unit at the Royal County Hospital Brighton and Sussex University Hospitals NHS Trust, has a sign-off mentor who has completed the process of assessment and has signing-off mentor status. This individual was placed on the register as a sign-off mentor in 2008 when this requirement became effective as she was an experienced mentor but has never been involved with a sign-off stage assessment of a pre-registration nursing student. We have serious concerns about these practices and recommend that a review is undertaken of the arrangements for sign-off mentor allocation to return to practice (nursing) students to confirm that NMC requirements are being fully met and that public protection is being assured. (64-66)

We concluded that in midwifery services there are sufficient appropriately qualified sign-off mentors available to support students in practice in accordance with NMC standards. We also concluded that for the pre-registration nursing programme and the return to practice (nursing) programme there is not sufficient evidence to demonstrate that there are an appropriate number of mentors and sign-off mentors available in placement provider services for the number of students on placement. From the information made available to us we are unable to determine the numbers of appropriately qualified sign-off mentors and mentors in these services.

Outcome: Standard requires improvement

Comments:

A satisfactory evidence base must be available to evidence that there are sufficient appropriately qualified mentors and sign-off mentors for the numbers of student on placements.

18 May 2016: Follow up visit to University of Brighton. Standard now met

Follow up visit to the AEI on 18 May 2016.

Scrutiny of the mentor register for Sussex Partnership NHS Foundation Trust evidenced that there were sufficient mentors and sign-off mentors available for the numbers of students.

The educational audits for all current return to practice (RTP) students were scrutinised to assure that all placement areas were satisfactory learning environments and that the RTP student was allocated to a sign-off mentor (2).

Evidence to support the standard is met includes:

- Educational audits for all practice placements allocated to return to practice (nursing) students, 2016
- Sussex Partnership NHS Foundation Trust: Mentor register, 18 May 2016

Areas for future monitoring:

The numbers of appropriately qualified mentors and sign-off mentors to support the numbers of students on placement.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

The university has a centralised admission service. The university operates a devolved admissions function for all applications. A school admissions tutor will make an academic decision on the applications before the formal offer is processed by the central academic services admissions department. Academic services in the university have overall management of the admissions process. The university is committed to fair access and encourages applications from all students who are able to demonstrate the potential to meet the entry criteria for the relevant programme and to benefit from study at undergraduate level. Individual applicants are considered on the basis of their merits, abilities and potential, regardless of race, colour, nationality, ethnic origin, gender identity, marital status, family responsibilities, disability, age, sexuality, political or religious beliefs and affiliations or other irrelevant distinction. The university's admissions policies and procedures are designed to ensure that all applicants are considered fairly and consistently and in accordance with professional standards. The admissions process adopts a widening participation approach and the school complies with the universities bullying and harassment procedure. Applicants are required to complete a numeracy test on the interview day and must complete additional numeracy tests at each progression point. (2, 22)

The school has a comprehensive reporting procedure for verifying that all students have DBS clearance checks and occupational health clearance before commencing the programme. All students must complete a declaration of criminal record form as part of the admission procedure. Students who declare convictions are subject to a comprehensive screening procedure which includes guidance on what convictions are

deemed incompatible with nursing and midwifery programmes and those that will normally be considered. (23-25)

All staff are encouraged to complete the online or face to face equality and diversity awareness training which includes some elements of unconscious bias training. Currently about 80 percent of the staff have undertaken this training and new staff will be encouraged to undertake the training. All staff involved with the selection of staff undertake additional training, as do those with a student selection responsibility. This is monitored through staff development reviews and annually by the school. The school complies with all university policies which include all equality and head of diversity legislation and significant activity to support equality and diversity and specific groups. Students are fully supported by a dedicated member of academic staff for disabilities and two student support and guidance tutors who directly advise and support students and staff in the school in accordance with university student services. Students declaring disabilities are referred to the disability liaison tutor and student services to prepare the required reasonable adjustments in university and in practice. Students are supported in declaring disabilities and encouraged to disclose disabilities to their mentors in practice. (2, 27-28)

The school has moved to a strategy of multiple mini interviews (MMI) to test values of students during the admission process in addition to numeracy and literacy criteria and is expanding previous work to further involve service users. Clinical staff are invited to fully participate. (2, 29)

Representatives from practice learning providers are involved in the selection of students. (2)

The school has appointed student support guidance tutors to provide practical support and guidance to nursing students during their first year on the programme and to provide an independent source of advice. (31)

All students have a designated personal tutor and the university has produced a comprehensive guide for academic staff on the key components of the role. The guide includes useful advice on providing support for students who are under 18 years of age and for students with disabilities. (31-32)

Students must confirm they are of good health and good character at each progression point. (1-2)

The programme documentation states students have a DBS and occupational health assessment prior to starting the programme. Students also undertake a self-declaration; this is evident in the definitive document and assessment of practice portfolio, and students confirmed this took place. (3, 72-73, 75, 77)

What we found at the event

In the pre-registration nursing programme we were told in the programme team meeting, and the representation included the admission tutor, that the admission requirement for students for whom English is not their first language was the international English language test system (IELTS) with a score at the required level of 6.5 and that alternative qualifications were permitted such as GCSE in English

language. We checked this with senior academic staff and programme documentation and found that the programme requirements for the IELTS were for a score of seven in all areas which is consistent with the requirements of the NMC. We recommend that the school ensures that all those involved in the admission process are clear about this statutory requirement for entry. (43, 44, 48)

We found that the school has recently moved to MMI to assess the applicants' values. Students told us they were interviewed by academic staff and clinical staff and some told us that service users and carers had been involved. All practice staff involved in interviews have received equality and diversity training as part of their NHS trust mandatory requirements on an annual basis. Service users and carers also told us that they had undertaken equality and diversity training prior to their involvement with the interview process. (46, 48, 52)

Students told us that they had completed a literacy and numeracy test on the interview day. They also told us that they were aware that they underwent DBS and occupational health clearance as part of the admission process and could not proceed into practice experience without these checks being satisfactorily completed. The students also told us that they have to declare good health and character at each progression point. (60-63)

In pre-registration midwifery programmes we were told that academic staff, practitioners, and students have equality and diversity training prior to participation in the recruitment of students. We were told that the MMI approach is being used to assess potential students' value base in addition to numeracy and personal statements. We were told that academic staff, practitioners, managers and students are involved in the MMI. Students told us that they were involved in the interview process as a student ambassador. Service users and carers are not currently involved in the selection process and the school is aware that this is an NMC requirement and intends to introduce the practice in the near future. (47, 58-59)

On the return to practice (nursing) programme students told us that that they had a face-to-face interview as part of the admission process and that it was generally carried out by the programme leader. Students told us that clinical staff are not present at the interview other than in one case where a practice education facilitator was present. This does not comply with the NMC requirement that the selection process should be undertaken in partnership between education and placement providers and requires improvements. (64, 67-68)

We concluded that within pre-registration nursing and midwifery programmes the admission processes is generally undertaken as a robust process in partnership with clinical staff and with some service users and carers and student ambassador involvement. Involvement of service users and carers needs to be introduced in the midwifery programme admission process. In the return to practice (nursing) programme there is a lack of evidence that a joint interview process takes place with clinical staff to assess the suitability of the student and this requires improvement to meet the NMC requirements.

The monitoring visit also looked specifically at the admissions processes of existing return to practice students after a recent situation arose where a student who had completed the programme was found to have not previously registered as a nurse. A meeting was arranged, as part of the monitoring process, to discuss what controls had

<p>been put in place to assure that a similar situation would not arise in the future. The meeting confirmed that the school has significantly strengthened the admission process through a more detailed check of the NMC register and with the student being required to produce an 'NMC statement of entry' as part of the admission process. The meeting also confirmed that the school intends to revise the entry requirements for the programme when the programme is presented for re-approval in 2016. They will require that a student must have undertaken a minimum of six months post registration experience as well as producing documentary evidence of their entry to the professional register. Students told us that as part of the admission processes they were required to provide evidence that they had an expired registration with the NMC and had successfully passed the unseen numeracy and literacy tests. (49, 64-69).</p> <p>We concluded that the school have introduced controls which significantly reduce the risk of a student who has not previously registered as a nurse gaining access to the programme.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>Student progression is discussed at programme examination boards and clear guidance is followed to ensure parity for every student. (2, 32)</p> <p>Students must sign a self-declaration of good health and good character prior to the final progression point this is recorded in the assessment of practice document. (2)</p> <p>Generic learning support is identified for each module. Individualised learning support plans (LSPs) are also devised for students who have specific learning support needs. (2, 32)</p> <p>The programmes comply with the universities policy on fitness to practice and additional information is provided for students about what would constitute an issue. (2, 41)</p>
<p>What we found at the event</p>
<p>We found that procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in all programme areas being monitored. Mentors and sign-off mentors told us that they were fully aware of the procedures and have confidence that they would be supported if they raised a cause for concern about a student's progress or conduct. Students also told us that they were made fully aware of the procedures during the initial part of the programme. (58-60, 65-68)</p> <p>We concluded that the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders and we are confident that concerns are investigated and dealt with effectively and that the public is protected.</p>

We were told that the school has a higher than average number of students with learning support needs and learning support plans are put in place where necessary. Some students told us that results from tests for dyslexia were slow which was preventing the implementation of appropriate support for them. They said this creates a lot of stress as examinations and assessments have started before the support is put in place. They told us that this was due to assessments from the university student services and not academic programme staff who were aware and are supportive. A new 'facilitating education in practice' document is in draft form which includes a flowchart showing the process for supporting students with learning needs. We recommend that these support arrangements are reviewed as the delay in providing the required support or reasonable adjustment is causing students unnecessary stress and failing to meet their needs. (46, 48, 60, 84)

We found that the university has policies and procedures on fitness to practice; student disciplinary; and, academic misconduct. The school told us that they have been able to use the university procedures to effectively manage issues relating to a student's poor conduct or health. They were able to confirm to us that if the seriousness of issues demanded they would be escalated to the fitness to practice procedures and they were able to relate examples of where this had taken place. (41, 55)

We concluded that the fitness to practice policies and procedures fully meets the NMC requirements and ensures that the public is protected from nurses and midwives who have poor conduct or health.

Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

Students who experience difficulties with achieving practice outcomes are supported by clinical and educational staff with remedial action and an action plan is developed to assist the student to progress. (2, 32, 35)

What we found at the event

We were told by academic staff, managers, sign-off mentors, practice education facilitators and students that they have a clear understanding about the procedures that will be followed if poor performance in practice is raised as a concern and they could explain how these processes are implemented to address poor student performance. We were shown documentation of the process and told that issues are identified early and acted upon with the involvement of the link lecturer and practice education facilitator and monitored at regular intervals using action plans. (47-49, 57-68, 72-74, 76)

Mentors and sign-off mentors told us that 'failing to fail'; and escalating concerns about students in practice were covered in mentor updates. Practice scenarios are used to simulate issues raised in practice. They are also aware of a new draft document

<p>'facilitating education in practice' which is being developed to guide mentors to effectively support students in practice and contains a useful flowchart showing how students can be supported. (47-49, 58, 59, 61-68, 84)</p> <p>Academic staff told us that a single email address is used for the reporting of concerns and these are attended to by a designated member of the programme team who will respond promptly. Practice education facilitators report that this system works well in practice. We were also told that an education lead within the university is available on each working day for advice and guidance in the event of a poor practice report. (48, 62)</p> <p>We concluded that procedures to address issues of poor performance in practice are well understood and are implemented effectively in the programme areas being monitored.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>The school has a comprehensive student guide which contains information on how to develop an AP(E)L and or recognising and accrediting work-related learning (RAWL) claim. It explains how to enrol on an AP(E)L or RAWL module, provides guidance on ways to collate practice experience and prior achievement, and gives advice on reflective writing. It is intended to be a useful resource for both students and academic staff. An educational adviser supports the student making an AP(E)L or RAWL claim from the introductory workshop to the final submission. (30)</p> <p>The school has a designated coordinator for AP(E)L and oversees claims in relation to transfers from other AELs and for recognition of year one of the foundation degree. This involves clear mapping against achievements in theory and practice. (2)</p>
<p>What we found at the event</p>
<p>We found that the university have comprehensive policies and procedures for AP(E)L. Academic staff involved with AP(E)L were able to show us some examples of mapping that had been undertaken to evidence AP(E)L claims. They were able to evidence that all NMC learning outcomes and requirements for theory and practice hours were included in the accreditation process. (30, 53)</p> <p>There is no AP(E)L permitted within the three year pre-registration midwifery programme, which complies with NMC standards. The LME and midwifery lecturers confirmed that students on the 18 month programme are checked in the admission process for their eligibility on the programme by being current on the NMC register as adult nurses. (47)</p> <p>Students on pre-registration nursing programmes told us that they were aware of AP(E)L. Some had attended an open day during recruitment and were able to discuss</p>

AP(E)L processes and requirements with admissions and academic programme staff.
(60)

We concluded that processes in relation to AP(E)L are robust and well administered and that they are able to map and evidence that NMC requirements are fully met.

Outcome: Standard requires improvement

Comments:

The selection process for the return to practice programme must be undertaken jointly with service partners.

Service users and carers must be introduced into the interview process in pre-registration midwifery programmes.

All parties involved in the selection process should be aware that the required score for IELTS is seven in all areas.

18 May 2016: Follow up visit to University of Brighton. Standard now met

A follow up visit to the AEI on 18 May 2016 to review progress on the action plan evidences the standard is met.

All current return to practice students had interviews which included practice staff and service users and carers.

All selection days for pre-registration midwifery students include representation from service users and carers.

All involved in the selection process have been informed that the required score for IELTS is seven in all areas.

Evidence to support the standard is met includes:

- Meeting with RTP programme lead, 18 May 2016
- Scrutiny of selection interview records for RTP programme, 18 May 2016

Areas for future monitoring:

The interview process for the return to practice programme.

Involvement of service users and carers in the interview process.

The IELTS score requirement in the admission process.

Support services for students who declare a disability.

Findings against key risks

<p>Key risk 3 - Practice Learning</p> <p>3.1 Inadequate governance of and in practice learning</p> <p>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 Assurance and confirmation of student achievement is unreliable or invalid</p>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>The school has signed partnership agreements with all placement providers based on the national model agreement. The agreement specifies the roles and responsibilities of each party in providing appropriate placement areas for students. (36)</p> <p>The university maintains positive relationships and has regular meetings with Health Education, Kent Surrey and Sussex (HEKSS) and there are a number of university and practice placement forums where both operational and strategic planning occurs between placement partners and the university. (29)</p> <p>The school has an educational audit document which identifies core standards which must be met for a placement area to be approved. The document was developed in liaison with the University of Surrey with whom a number of practice placements are shared. The process has been informed by the skills for health enhancing quality in partnership (EQUIP) standards, the NMC and the Health and Care Professions Council (HCPC). The document was developed in discussion with commissioners, practice providers, higher educational organisations, learners, service users and other key stakeholders. (37)</p> <p>There is a clearly designated practice placement team that manages the allocation of practice placements. Practice liaison tutors act as the link between practice and the university. (2)</p> <p>The AEI has clear processes and procedures for selection, auditing and preparation of placement areas and is compliant with annexe two (NMC, 2013). The scrutiny of placement areas following external inspections is subject to discussions between the senior managers of the school and senior service managers. The team was unable to fully articulate the processes of risk assessment in relation to the impact of adverse external reports upon students' learning experiences. (2)</p> <p>Curriculum development and delivery included the teaching team, practice placement partners, service users and students. Current students were enthusiastic about their programme and practice placement support. Head of midwifery, midwife managers and sign-off midwife mentors confirmed their involvement in and support for the programme. (1)</p>
<p>What we found at the event</p>

We found strong evidence of effective partnerships at both strategic and operational levels with NHS trust service providers and associated education providers. Academic staff, practice managers, academic practice liaison staff, mentors and students all told us that there was a close relationship and a good communication network in place between the university and the placement providers. Education commissioners, practice managers and mentors told us that partnership working has improved with new staff appointments at the university and within NHS trusts working hard to maintain and improve partnership working. Education partnership meetings take place three times each year and are welcomed and valued by service managers and academic staff. (46, 47-51, 56-68)

We found that placement management meets the challenges that exist from the escalation process, clinical governance reporting and service re-configurations. Effective procedures are in place to protect student learning and to assess if placements need to be withdrawn or rested. Programme teams and practice managers told us that there is a lot of change happening that impacts on placement provision. Academic staff told us that the school has a practice placement team and practice liaison tutors who communicate with practice areas and through close working with practice education facilitators attempt to respond to arising issues and the identification of new practice experience areas. The role of the practice education facilitator is critical to the provision of effective student placements. The commitment and enthusiasm that they show towards the role is recognised. (47-49, 51, 57-68)

We found the placement management arrangements with the private and independent placements to be less effective and a major contributing factor may be that there is no practice education facilitator who supports this area of practice placements. (47-49, 51, 65-66)

We found the school's responses to adverse CQC reports in placements where students are placed, to be effective at protecting student learning. Programme leads told us that senior trust managers inform them of issues regarding clinical governance or risks affecting practice areas in a timely manner and that urgent clinical governance or risk issues are reported on the same working day by the trust to programme leads. We visited practice placements that had been subject to adverse CQC reports and we did not find any evidence to suggest that students' learning had been compromised. We concluded that the school's responses to these adverse CQC reports where students are placed are effective at protecting student learning and maintaining public safety. (6-20, 46-50, 57-68)

Academic staff, students, sign-off mentors, practice education facilitators and service managers all told us that there is a raising and escalating concerns policy and procedure which they have confidence would facilitate escalating relevant issues. Senior academic staff and heads of nursing and midwifery told us that they meet with students in the university and in practice settings to encourage them to use the procedures. Students who use the procedures are supported by education and practice staff. (45-50, 57-68)

We found that the educational audit process was not undertaken in partnership between the university and the placement providers as required by the NMC guidance. The education audit was a shared document with the University of Surrey with whom some practice placement areas are shared. All education audits reviewed were current within

a two-year cycle. The completed audits did not generally have action plans even when issues had been identified for developmental action. The educational audit process also did not consider issues raised from internal or external clinical governance procedures and the action plans that may have been required to meet areas that needed strengthening or were deemed inadequate. In the small number of audits where action plans had been raised and mainly when an exceptional audit had taken place there was no evidence of how on-going monitoring of the action plan would take place. Practice education facilitators and practice staff were only able to confirm that the action plans were reviewed when the next educational audit was undertaken in two years time. In the education audits reviewed no educational staff were directly involved in the audit process and practice education facilitators were only involved occasionally. (37, 47-49, 57-68, 85-88)

We found that two return to practice (nursing) students had commenced practice experience without an educational audit being completed to ensure that appropriate learning experiences and resources were in place. A student at Montefiore Independent Hospital commenced the programme in September 2015 but the very first audit of the area took place on 8 January 2016. Another student placed at the Priory Independent Hospital started the programme in September 2015 but the hospital was not audited until 7 January 2016. A manager with a quality assurance remit for this hospital told us that they do get students allocated on a regular basis and that the last educational audit took place about 'six years ago'. (65-66, 88)

We concluded that the audit process must be strengthened to ensure that it meets the stated programme and NMC requirements. Monitoring measures must also be strengthened to ensure that action plans, developed through the audit process, are monitored and followed through appropriately.

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

Service users and carers contribute to programme curriculum, assessment and teaching and increasingly student selection. In the BSc (Hons) nursing programme and in midwifery programmes service users are encouraged to document their experience of working with students in their practice assessment documents. (29)

Each year students are able to gain feedback from service users on their care giving and record their reflections in the practice assessment document. (2)

What we found at the event

We found that practitioners and service users and carers are involved in programme development and delivery. We found evidence that specialist clinical staff, mentors, sign-off mentors, practice education facilitators and service managers are involved in the design, development, delivery and evaluation of the pre-registration nursing and

<p>midwifery programmes. Students told us that clinical staff delivered some teaching sessions on the programme. (46-49, 57-68)</p> <p>Service user and carer involvement in programme development and delivery in the mental health field of the pre-registration nursing programme is robust. The CUSER group in partnership with academic staff have established quality learning experiences within the programme for the last 18 years. They have formed a charity so that service users and carers can be appropriately remunerated for their contribution to the education process. The service user and carers' contribution to the programme includes a dedicated user and carer module, an annual conference and a major input into the selection process, and these components are a major strength of the programme. Service users and carers told us that they feel valued by the university for the contribution that they make. They also told us that their input into the programme is superbly evaluated by students and that they feel that they could make a greater contribution towards other fields of nursing and the midwifery programme. (48, 52, 60, 92)</p> <p>Service user and carers do contribute to the pre-registration midwifery programme development and delivery and students are required to include feedback from service users and carers in their assessment of practice documentation. Academic staff told us that they are working hard to attempt to increase the contribution and to identify service users and carers who could make an input. We concluded that there is a need to strengthen the contribution of service users in the selection process and in programme delivery. (47, 52)</p> <p>The school has developed a service user and carer strategy to attempt to draw on the best practice that exists within the CUSER group and to implement this in other relevant programme areas to ensure that they meet the contemporary requirements of professional and statutory bodies. (42, 52)</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>The school has a policy for supporting students in practice. The policy defines a practice liaison lecturer role as being a lecturer whose role is to work collaboratively with practice providers to support and facilitate students' learning and achievement. Most academic staff are expected to undertake this role and they are allocated 200 hours of protected time to fulfil the role. The school has implemented practice liaison teams to link with practice placement areas currently used by the school and have been divided into three geographical localities, central, east and west with each including a range of similar experience. The head of the centre for teaching and learning will be responsible for maintaining the practice learning teams and for ensuring that they will be able to meet any specific needs of a locality. (35)</p>
<p>What we found at the event</p>

<p>The school has a practice liaison team and practice liaison lecturers whose role is to be the link with placement providers. The policy states that designated academic staff should spend 20 percent of their time supporting students in practice settings. (35, 46-49)</p> <p>In midwifery placements visited students and sign-off mentors told us that the link lecturers are present in practice and support them in relation to learning and assessments. Students also told us that link lecturers undertake teaching sessions in collaboration with practice education facilitators in practice. Sign-off mentors and practice education facilitators stated that midwifery link lecturers participate in mentor updates. Students also informed us that lecturers are easily accessed should they have an issue or concern. (57-59)</p> <p>In mental health nursing placements, students told us that academic staff were rarely seen in practice areas. Mentors and sign-off mentors also told us that the link lecturers had limited visibility in practice settings. They told us they would welcome more visibility and support from link lecturers. They told us that when there was an issue or concern relating to a student's placement the link lecturers were quick to respond. Practice staff, students, mentors and practice education facilitators all told us that they are aware of the process of how to contact the link lecturer and are confident of a positive response. (48, 60-63)</p> <p>In relation to the return to practice (nursing) programme students and sign-off mentors told us that they were not aware of any presence of academic staff in practice settings but they did tell us that academic staff responded to emails and telephone calls if any issues or concerns were raised. Managers and mentors in independent hospitals told us they would particularly value some regular visits from academic staff. (64-68)</p> <p>We concluded that academic staff in relation to the pre-registration nursing mental health field and return to practice (nursing) programme have a low visibility in practice settings and therefore only limited support is available to students and this is usually when issues or concerns are raised. The school has a policy for academic links with practice settings and we feel that this should be reviewed as there is considerable evidence that the stated level of 20 percent of lecturers' time is not being used to support students in practice settings.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The programme providers have robust mechanisms in place to ensure that mentors meet the relevant requirements within the standards to support learning and assessment in practice (NMC, 2008). (1, 2)</p>
<p>What we found at the event</p>

<p>Mentors and sign-off mentors told us that they are well prepared for their role and that they were fully conversant with the NMC requirements with regard to the assessment of practice. They told us that mentor updates are delivered in the trusts, lasting approximately three hours in duration and cover scenario based learning, practice assessment documentation and how to manage poor performance. Online materials are currently being developed to complement face to face mentor updates. Trust managers and practice education facilitators told us that access to the university's mentor preparation module is accessible and prepares staff well for their role as a mentor. Students told us that mentors are knowledgeable and supportive in assessing students. We found that students are positive about the level of understanding of mentors in relation to the learning outcomes and essential skills clusters for each placement. The students confirmed that mentors are well orientated to their role in supporting the students' learning and completing the practice assessment documentation. (47-49, 57-68)</p> <p>We concluded that there was strong evidence that mentors and sign-off mentors are properly prepared for their role in assessing practice and that they understand their responsibilities to protect the public from poor clinical practice.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>Mentors, sign-off mentors and practice teachers are prepared, annually updated and have access to the mentor web link and are supported by practice liaison lecturers. (29)</p> <p>The school is currently undertaking a review of its workload allocation model. Staff have opportunities for scholarly activity but the requirement for all staff to work in clinical practice is not clearly defined. The school's approach to supporting students in practice is to designate some academic staff as practice liaison lecturers. Involvement of other staff in practice is dependent upon their own specialist interests, which are supported through honorary contracts or time to attend specialist interest groups for research purposes. All staff activity is monitored through annual appraisal. Not all academic staff have specified time for clinical practice. Students and clinical staff confirm that academic staff can be contacted to provide assistance to support failing students and to support students with concerns but that academic staff visibility in practice is poor. (2)</p>
<p>What we found at the event</p>
<p>In midwifery services we found that mentor updates are provided in face to face sessions and attendance is recorded in the 'live' mentor register held in each NHS trust and managed by the clinical development midwife and practice education facilitator. Sign-off mentors, clinical development midwives, practice education facilitators and link lecturers confirm that there are rolling programmes of midwifery mentor updates</p>

provided on a monthly basis. Sign-off mentors and practice education facilitators told us that emails are sent to sign-off mentors to remind them of updates. (58-59)

In midwifery services education development staff have produced specific documentation for triennial reviews for midwifery mentors which we reviewed and is fit for purpose. Midwifery sign-off mentors also receive a certificate upon completion of triennial review which is used as part of re-validation. (89-90)

In mental health placement services, mentor updates are delivered on a regular basis, currently twice each week to meet demand, and are run by the practice education facilitators. Mentors report that they are easily accessible. Mentors report no issues in being released to attend mentor update sessions. (48, 61-63)

Practice education facilitators report that triennial review is carried out by the trust and recorded on the trust mentor register. Some of the mentors told us that they were unsure of the process of triennial review, did not know how this is met or recorded and are unable to articulate the process. (48, 61-63)

In the return to practice (nursing) programme sign-off mentors told us that they have opportunities to undertake an annual mentor update and to meet the requirements of triennial review. (64-68).

We concluded that mentors and sign-off mentors are able to attend annual updates sufficient to meet requirements for triennial review.

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

What we found before the event

The mentor database is available electronically but is password protected to those who are required to maintain and update the register. (29)

Programme providers work with NHS and private and independent sector partners in ensuring that local registers of mentors and practice teachers are maintained according to the standards to support learning and assessment in practice (NMC, 2008). (2)

What we found at the event

We viewed trust held 'live' mentor registers and found sign-off mentors in midwifery placements were up to date. The registers indicate when a mentor is active and when they need an update or triennial review. One trust's register was clear, up to date and accurate but a register in another trust was more complex and required viewing different databases to clarify the currency of the mentors. We were told that this process is being updated and will be completed by April 2016. Practice education facilitators told us that they organise practice placements so that students are only allocated to a sign-off mentor who is on the 'live' register. (58, 59)

In mental health nursing placements the trust mentor registers are maintained within the trust by the practice education facilitator and are shared with the university. We viewed the university mentor records and it does not record the date of triennial review

compliance for some staff. Trust held mentor registers were not made available at any stage of the monitoring event although they had been requested to be available for review prior to the event taking place. We were unable to verify if mentors and sign-off mentors were compliant with the NMC requirements for triennial review. (48, 61-63, 94)

In placements for return to practice (nursing) students we were unable to verify that sign-off mentors had undertaken a triennial review. We were told that triennial reviews are taking place as part of wider staff reviews with the line manager and that the information was possibly on the human resource record. Mentor registers that were reviewed were not accurate in relation to triennial review taking place. We were told by managers that the data in respect of triennial review has not been transferred to the live register of mentors. (64-68)

We concluded that the mentor registers are not up to date and urgent work needs to be undertaken to ensure that they provide an accurate and comprehensive record of mentors' eligibility for undertaking the role. NMC requirements are not being met and there is a significant risk that a student may be allocated to a mentor or sign-off mentor that does not meet the requirements for the role. The current arrangement cannot assure public protection by ensuring that students are only assessed by mentors and sign-off mentors who are up to date and eligible to assess practice competence.

Outcome: Standard not met

Comments:

Partnership working with the associated private and independent sector providers would benefit from being strengthened.

The educational audit process must be undertaken in partnership between the university and placement providers.

Action plans which are developed through the educational audit process to meet developmental needs must be monitored effectively to evidence improvement.

Registers for mentors and sign-off mentors must be brought up to date with regards to triennial review.

Programme arrangements for the return to practice programme need to be strengthened to assure that students are placed in approved educational placements and are assessed by sign-off mentors who fully meet the NMC requirements for the role.

**18 May and 27 September 2016: Follow up visits to University of Brighton.
Standard now met**

A follow up review visit to the AEI on 18 May 2016 to review progress on the action plan confirmed the standard requires improvement.

Partnership working with the associated private and independent sector providers has been strengthened and a PEF has been specifically assigned to the placement area.

The educational audit tool used to assess the suitability of practice placements has been revised to emphasise the partnership between education and the placement provider in the process and to include any adverse outcomes from CQC or clinical governance inspections or audits. Documentary analysis of the educational audit documentation was undertaken and confirmed the changes that have been introduced for the current biennial cycle of educational audits. A practice visit was made to Sussex

Partnership NHS Trust: Millview Hospital, Hove, Caburn Ward, the Crisis Resolution Home Team; and, Rutland Gardens Support and Recovery inpatient service. In two of the areas visited educational audits had been undertaken without the link lecturer or any other university education staff being involved and in some cases the PEF had not been involved. It was also apparent that in one area previous student evaluations of placement experience was not used to inform the audit process. We were told that the education audit process was currently being undertaken and would run from May 2016 to July 2016. We were told that within this cycle the new documentation and partnership approach to educational audit was being fully implemented. We were told that the practice lead in one placement area may have undertaken the audit outside these new arrangements and that this would be reviewed. We concluded that considerable and significant work has been undertaken by the university to ensure that a joint education audit is undertaken in partnership with placement providers and that a programme has been put in place for this to be achieved within the current designated audit cycle. We also concluded that placement providers were not yet fully aware of these new audit procedures and that action needs to be undertaken to ensure that they embrace the new partnership arrangements and requires improvement.

Monitoring arrangements have been strengthened for action plans raised from the educational audit process to ensure that the developments are achieved. Designated university management groups have had terms of reference amended to include monitoring the education audit process and particularly the achievement of action plans in respect of both nursing and midwifery pre-registration programmes.

Robust monitoring procedures have been implemented for pre-registration midwifery programmes which include a process of regular scrutiny of the mentor register to check it is up to date and accurate.

Scrutiny was undertaken of the mentor register held by Sussex Partnership NHS Foundation Trust with the lead nurse, education and training, and, practice education facilitator, Sussex Partnership NHS Trust. We visited Millview Hospital and were shown an electronic copy of the database which provided the mentor register. It was clearly apparent that considerable improvements have been made to the mentor register with regards to its accuracy. We were told that an administrator had been identified to coordinate the register and that information flows had been implemented to update the mentor register and ensure that it is up to date. These procedures looked to be developing effectively. We were told that a major review of procedures to maintain the register has taken place and modifications are being made daily to increase the accuracy of the register. We were told that information is still being uploaded by the administrator to make it a complete record. We were able to evidence through the scrutiny of the register that all students currently on placement are with an eligible active mentor or sign-off mentor. We concluded that although significant improvements had been made the mentor register was not yet a complete, accurate and up to date record and that there were omissions in relation to the annual update and triennial review data which presented a risk that a student could be placed with a mentor or sign-off mentor that was not eligible to assess a student. This risk continues to be assessed as not met and will be monitored again in a further follow up visit in September 2016.

Scrutiny of the educational audits and programme arrangements for all current RTP students confirmed that all placement areas were satisfactory and audited learning

environments and that the RTP student was allocated to a sign-off mentor.

Evidence reviewed to support the standard requires improvement includes:

- University of Brighton Faculty of Health and Social Sciences School of Health Science; Practice Placement Audit 2016
- Educational Audits for all practice placements allocated to return to practice (nursing) students 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Supporting Students in Practice, February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Midwifery programme plan for audit of practice placement areas and inspection of live mentor registers, 02 February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Notes of Extraordinary Midwifery Team Meeting, 24 February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Midwifery Programme: Board Terms of Reference, April 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences Education audit completion (midwifery), undated
- University of Brighton - College of Life, Health, and Physical Sciences School of Health Sciences Midwifery Programme: Mentor database routine inspection form, February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Midwifery Programme: Mentor database routine inspection form East Sussex Healthcare NHS Trust, 16 February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences Midwifery Programme: Mentor database routine inspection form Brighton and Sussex University Hospitals NHS Trust, 19 February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Notes of the Practice learning Partnership Meeting, 16 March 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Policies and procedures for supporting students in practice settings, April 2016
- Sussex Partnership NHS Foundation Trust: Mentor register, 18 May 2016
- University of Brighton -College of Life, Health, and Physical Sciences School of Health Sciences: Student placement areas in Sussex Partnership NHS Foundation Trust, May 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Placement Profile Rutland Gardens support and recovery inpatient service Sussex Partnership NHS Foundation Trust 2016

- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Practice Placement Audit Rutland Gardens support and recovery inpatient service Sussex Partnership NHS Foundation Trust 2014
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Placement Profile Caburn Ward female acute admission ward Millview Hospital Sussex Partnership NHS Foundation Trust, 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Practice Placement Audit Caburn Ward female acute admission ward Millview Hospital Sussex Partnership NHS Foundation Trust, 05 February 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Placement Profile Crisis Resolution and Home Treatment Team Brighton and Hove Millview Hospital Sussex Partnership NHS Foundation Trust, 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Education Placement Audit Crisis Resolution and Home Treatment Team Brighton and Hove Millview Hospital Sussex Partnership NHS Foundation Trust, 06 June 2014
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Education Audit Crisis Resolution and Home Treatment Team Brighton and Hove Millview Hospital Sussex Partnership NHS Foundation Trust, 16 May 2016
- Sussex Partnership NHS Foundation Trust: Triennial Review Awareness Sessions, 2016

A further follow up review visit to the AEI on 27 September 2016 confirmed the standard is met:

From the follow up review meeting that took place on 18 May 2016 there were two issues from the action plan that were not met: mentor registers continued to be not met; and, educational audit required further improvements. A further follow up visit to review progress on the action plan was arranged to take place in September 2016 when current actions plans should have been achieved and the NMC requirements fully met.

A meeting with senior education managers within the school informed that there has been a lot of consultation with Sussex Partnership Foundation NHS Trust on the best approach to improving and maintaining an effective mentor register. They told us that the NHS Trust have significantly improved the accuracy of the mentor register and that the NHS Trust and school share the database register information on a monthly basis to ensure that student allocations are appropriately informed of placement and mentor availability. They told us that this sharing of the database register information facilitates a second check that an allocated mentor is active and eligible to assess the students' competence in practice. They told us that the practice liaison team roles have become significantly more valued through action that has been taken and that there are improved links between education and practice in relation to the private and independent sector placements.

The school placements team leader and mental health placements administrator

showed us student allocation procedures and how they were effectively informed by the Sussex Partnership NHS Trusts mentor register which was updated to the university on as monthly basis. They were able to demonstrate how the allocation procedures enable a double check to be made of the mentors' eligibility to be allocated to students.

The lead nurse, education and training, and, PEF, Sussex Partnership NHS Trust showed us the mentor register held by Sussex Partnership NHS Foundation Trust. Sussex Partnership Foundation Trust have an electronic database which provides the mentor register. It was apparent that considerable improvement has continued to have been made to the mentor register with regards to its accuracy and completeness. Two administrators have now been identified to coordinate the register and to ensure that information flows that had been implemented to update the mentor register and keep it up to date. These procedures are being undertaken effectively. We were able to evidence through the scrutiny of the register that all students currently on placement are with an eligible active mentor or sign-off mentor. We concluded that significant improvements had been made to the mentor register and that it is now a complete, accurate, and up to date record and that it effectively managed the risk that a student could be placed with a mentor or sign-off mentor that was not eligible to undertake the role.

We were shown evidence that the NHS trust's education staff had undertaken significant work to assure that sign-off mentors and mentors were fully aware of the requirements and that an effective procedure was in place. We were told that they had standardised the procedure for the undertaking and administration of triennial review and that an extensive programme of training sessions, delivered by the PEF, had been provided to increase awareness. We concluded that effective action is being undertaken to ensure that mentors and sign-off mentors are fully aware of the requirements for a triennial review.

We visited the Assertive Outreach Mental Health Team (West) at St Mary's House and the Urgent Care Services at Eastbourne District General Hospital. Both practice placement areas are provided by Sussex Partnership NHS Foundation Trust and had students on placement at the time of the visit. The practice visit confirmed that there are enough active mentors and sign-off mentors for the numbers of students allocated to these placement areas. We were also able to confirm that mentors and sign-off mentors undertake annual updates and triennial reviews. The mentors and sign-off mentors showed considerable enthusiasm towards their role with students and the learning resources available showed the placements to be positive learning environments. Both practice placement areas had current educational audits which had been undertaken in partnership between education and service staff. The lead nurse for education and training confirmed that a full cycle of educational audits had been undertaken in the last 5 to 6 month period and they all had been completed in partnership between the ward managers and link education staff and many had been undertaken with the PEF present. We concluded that education audit of practice placement areas was being undertaken in partnership between education and practice staff as required by the NMC.

Evidence to support the standard is met includes:

- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: student allocations database, 27 September 2016

- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Copy of the mentor register for Sussex Partnership NHS Foundation Trust, 27 September 2016
- Sussex Partnership NHS Foundation Trust; Mentor register, 27 September 2016
- University of Brighton - College of Life, Health, and Physical Sciences School of Health Sciences: Placement Profile Assertive Outreach Mental Health Team (West) St Mary's House -Sussex Partnership NHS Foundation Trust, 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Practice Placement Audit Assertive Outreach Mental Health Team (West) St Mary's House Sussex Partnership NHS Foundation Trust, 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Placement Profile Mental Health Urgent Care Services Eastbourne District General Hospital Sussex Partnership NHS Foundation Trust, 2016
- University of Brighton College of Life, Health, and Physical Sciences School of Health Sciences: Practice Placement Audit Mental Health Urgent Care Services Eastbourne District General Hospital Sussex Partnership NHS Foundation Trust, 2016

Areas for future monitoring:

Partnership working with the associated private and independent sector providers.

Partnership arrangements between the university and placement providers for undertaking the educational audit process.

The monitoring process for action plans arising from the educational audit process.

Registers of mentors and sign-off mentors are up to date and accurate.

Programme arrangements for the return to practice programme for practice placements and assessment of practice competence by sign-off mentors.

Service user and carer engagement in programme development and delivery.

Academic staff support for students in practice settings.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for

What we found before the event

The university currently has a steering group who are exploring a university wide approach to inter-professional education (IPE). IPE gives students undertaking different professional health, social care and education programmes opportunities to learn together and cultivate collaborative practice around service user (patient/client) care or educational need. It is seen as being increasingly important for the delivery of effective health and social care by the World Health Organisation, professional regulators and the government. This will include all of the professional health, social care and education programmes within the university allowing all such students to participate as part of these programmes. The university have developed an action plan for the implementation of the strategy and this is currently being implemented. (38-39)

Two modules have been devised for both nursing and midwifery students. There is an annual IPE and working conference for all health and social care students within the school. Students have opportunities within a hub and spoke arrangement in practice to work with other professionals. In mental health this includes social services, learning disability, and prison services. (2)

All students have specific education and simulation opportunities prior to placement as set out in each programme curriculum. (29)

All students have electronic access to learning resources via the university online library and virtual learning environment and when in NHS placements, through local agreements, have access to NHS library and knowledge information services. (29)

The pre-registration nursing mental health programme has generic modules, which contain the essential content of the programme. These are specified as mandatory in the programme. No compensation is allowed. The application of and exposure to the adult, child and learning disability fields of nursing are embedded within the programme documentation but are not sufficiently explicit to ensure that all students have these experiences. Exposure is, in some cases, left until the final year, which does not enable students to maximize learning experiences in the early parts of the programme. The application of exposure to the other fields and EU directive needs strengthening within the programme. (2)

The programme enables students to achieve all NMC standards for competence. Assessment of practice incorporates assessment of the essential skills clusters and the 6Cs. Students, academic staff and placement providers confirmed that students are fit for practice and fit for award upon successful programme completion. External examiners’ reports confirm that students, upon completion, are fit for practice and award. (2)

The return to practice (nursing) programme comprises of one module academic level five and one module academic level six, each module comprises of 200 notional learning hours with a credit rating of 20. Students state that the programme meets their

learning needs to return to practice nursing. (3)

What we found at the event

In the pre-registration midwifery programmes there was evidence that the requirements of the EU directive including the specified hours of theory and practice are met in the approved curricula. Students told us that they are confident in achieving the requirements of the EU directive, especially the numbers of specified practice skills. These are monitored by the personal tutors to ensure they achieve sufficient numbers at each progression point. (57-59, 74-77)

We were shown the midwifery clinical skills laboratory facilities at the Eastbourne campus which provides effective simulated learning and creates an environment for midwifery students to participate in experiential learning. The high technical system enables students to develop confidence and competence in performing core midwifery clinical skills. (57)

Midwifery students, sign-off mentors, practice education facilitators and managers all told us that that midwifery students had a breadth of good experience and students at completion of the programme were considered fit to practice as registered midwives. Midwifery students, sign-off mentors and practice education facilitators confirm that the practice assessment processes are successful at confirming students' competence at all levels. (57-59, 75, 77)

In the pre-registration nursing mental health field theory and practice hours in the programme are monitored. Students told us that the programme makes clear links between theory and practice and this is supported in practice experience. (21, 60)

Mentors and service managers told us that students appear to be well prepared for practice and demonstrate appropriate skills commensurate with the area and level of practice, and are able to link knowledge to the practice area. Students are described by practice staff as having initiative, are knowledgeable and are proactive in their approach to care. (61-63)

Programme leaders and students told us that they are exposed to inter-professional learning as part of the programme delivery. Students and mentors report that the students have opportunities to work with other multi-disciplinary members. (38-39, 48, 60-63)

Students report that service users are involved in both the delivery of theory and practice elements of the programme and that feedback from service users and carers is recorded within the practice assessment document. (60, 72-73)

Programme leaders told us that simulated learning is available within a simulated skills suite on the university site but is not often utilised. Students told us that they do not use simulated learning facilities other than for mandatory skills updates. We have some concerns as to why these facilities are not used in the mental health nursing field programme to enable the students to develop basic skills associated with mental health nursing through experiential learning approaches prior to undertaking practice experience. (48, 60)

<p>On the return to practice (nursing) programme the programme aims and outcomes meet the NMC requirements. Students told us that they particularly welcome the bespoke nature of the programme and value the opportunity to meet areas that they have identified as their personal needs. (49, 64-68)</p> <p>Students emerging from the programme are considered fit for practice by employers and educational commissioners and external examiners confirm that the programmes meet all statutory and academic requirements. (81-83)</p> <p>We concluded that students achieve the NMC learning outcomes, competencies and proficiencies for entry to the nursing and midwifery parts of the register.</p>
<p>Risk indicator 4.2.1 – documentary evidence to support students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The programme provider has ensured that the programme uses a variety of assessments to test the acquisition of approved outcomes. Within all fields there is a wide range of assessment methods, including online testing of numeracy, case studies, research critiquing, reflective journals, presentations to service users and carers, and poster presentation. All students must fulfil the requirement for one invigilated and timed examination. Reasonable adjustments are made for students with a disability. (2)</p>
<p>What we found at the event</p>
<p>In pre-registration midwifery programmes we found that the essential skills and competencies and EU directive requirements are identified in the assessment of practice documents. NMC standards for pre-registration midwifery education are clearly articulated in the practice assessment documentation and sign-off mentors’ report clear understanding of the midwifery practice assessment documentation. The sign-off mentors and students told us that the continuous assessment throughout the placement with three interview stages is beneficial in identifying any cause for concern and implementing action plans. Students find the assessment documentation straightforward with clear guidelines for its use and find the procedures for assessing clinical practice allows them to achieve competence with the chance to receive constructive feedback from mentors. (57-59, 75, 77)</p> <p>Midwifery students report that they are well prepared for practice and third year students report they will be competent and fit for practice on completion of the programme. Midwifery managers confirm they are satisfied with the calibre of students completing the programme and are able to employ those who apply for midwife posts. (57-59)</p> <p>On the pre-registration nursing programme mental health field we found that the essential skills and competencies are identified in the assessment of practice documents and meet NMC requirements. Students complete a practice assessment document to assess and record their progression as a safe and effective practitioner.</p>

Practice hours are clearly recorded in the assessment of practice documentation to evidence adherence to the NMC required hours. Mentors are able to read what has been previously recorded by other mentors and which helps them to establish what needs to be achieved by the next progression point. Mentors told us that they have a clear understanding of the assessment documentation and that it is covered in their annual mentor update. Mentors told us that the documentation is appropriate and facilitates practice learning and the assessment of competence. Students told us that their mentors are generally knowledgeable about the use of the assessment documentation. (48, 60-63, 72-73)

Students told us that they are required to inform service users of their role and gain consent to be involved in their care and that they are supported by mentors and practice staff to facilitate this process. (60-63)

Trust managers and practice staff confirm that students exiting the programme at the point of registration are competent and fit for purpose with many gaining employment with the local trust. Trust managers remain committed to employing students as newly qualified staff. Practice staff describe some students as being exceptional. (48, 61-63)

On the return to practice (nursing) programme students meet the minimum 100 hours of clinical practice and have the opportunity to negotiate to exceed these if deemed necessary following discussions with the allocated sign-off mentor and the programme team. The practice assessment document aligns with the domains of nursing practice. Students must achieve six mandatory skills and choose a further six other skills from a menu under the guidance of their sign-off mentor. Students told us that the programme enables them to feel competent and confident about returning to nursing practice. (49, 64-68)

We concluded that appropriate documentary evidence is available to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register. We feel that these robust procedures assure public protection.

Outcome: Standard met

Comments:

The skills simulation facilities are rarely used by students undertaking the mental health field of the pre-registration nursing programme.

Areas for future monitoring:

Use of simulated learning in the mental health field of the pre-registration programme.

Findings against key risks

Key risk 5- Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

All academic programmes have an academic programme board, chaired by the assistant head who leads that programme. Each course in an academic programme will have a course board, led by the course leader, with a membership which may be drawn from other academic programmes. (26)

All courses undergo five yearly periodic reviews if not reviewed earlier with external assessors and/or professional accreditation. (26)

Students complete electronic versions of practice placement evaluations which are attached to audit documentation for full review at each audit and are presented to the practice learning and liaison specialist support unit on a regular basis. Practice learning liaison teams identify difficulties and take appropriate actions as needed. (29)

The programme provider has clear quality assurance processes, which are aligned to the programme specification, programme evaluation and enhancement. Students engage regularly in evaluation of all aspects of programme provision. There are clear reporting and dissemination mechanisms in place to consider student feedback and to formulate action plans to ensure that programme enhancements take place. (2)

What we found at the event

We found that all modules and programmes are subject to programme evaluation. Students told us that they complete an online module evaluation at the end of each module. The evaluations are collated and are reported to the programme team meetings. Weaknesses and issues are actioned and are generally followed through to resolution. Clinical staff told us that the feedback loop on the outcomes of student evaluations is not always consistent and they would like to see it improved as it helps them to improve the student experience. (58-68, 91-93)

Student representatives attend course boards where they feedback comments collated from their student cohorts. Students told us that generally their feedback is listened to and actioned and that the student representative works well and is highly valued. (58-60, 64-68).

On the pre-registration nursing programme, students on the mental health field have consistently raised issues about the quality of the public health module which they feel has outdated content and does not relate well to mental health nursing. The students told us that these evaluations have not resulted in any action to improve the quality of

<p>the module. These students also told us that there is a disparity between the assessment feedback received for higher achieving students who wish to improve their knowledge and performance. The students told us that they receive only minimal feedback compared with lesser achieving students and that they are told that they are doing well and 'have nothing to worry about'. (60)</p> <p>On the return to practice (nursing) programme students have the opportunity to raise issues and concerns which they raise through the 'Café Communication'. The programme leader is available at the beginning of each of the 12 timetabled theory days to listen to students' issues and to make further appointments as required. The students told us that they value these sessions. (49, 64-68)</p> <p>We concluded that generally all modules and programmes are subject to programme evaluation and there is evidence that issues are followed through to resolution and that feedback is provided on action taken. Some issues raised in evaluations on the pre-registration mental health nursing programme would benefit from further action and discussions in an attempt to resolve the issues with concerned students. The feedback to clinical areas of students' evaluations is not always consistent and would benefit from being reviewed.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>The university has a comprehensive complaints resolution procedure. (40)</p> <p>The university has appointed external examiners who demonstrate due regard and whose qualifications and experience are commensurate with the role of an external examiner for the pre-registration nursing programme. External examiners sample and report on a range of student assessed work and submit an annual report. However, there is little evidence that external examiners engage in the scrutiny of practice. Opportunities are given for external examiners to scrutinise ongoing and completed assessment of practice documents but there are no explicit reporting mechanisms to capture or to confirm this activity. With the exception of the external examiner for the child field, there is no evidence to confirm that external examiners routinely visit practice or meet with mentors or students. There was limited evidence that external examiners from all of the fields scrutinised practice assessment documents or held discussions with students and mentors. (2)</p>
<p>What we found at the event</p>
<p>We found that effective processes are in place to ensure that external examiners fulfil all aspects of their role including monitoring the assessment of practice. We reviewed external examiners' annual reports and found that they are required to make a summary report on the quality and appropriateness of the assessment of practice. The external examiners reported that they had sampled practice assessment documentation and</p>

although they did not meet mentors and students in the 2014/15 academic year arrangements are in place to meet with them in this academic year. (81-83)

Appropriate policies and procedures exist to enable students to raise complaints and concerns. Students told us that they were aware of these procedures and would use them if they had any complaints or concerns. Students felt that generally they could resolve complaints and concerns at an informal level as they had good positive relationships with academic and practice staff. Students told us that they were fully confident that if they raised a complaint or concern that they would be supported. (40, 45, 58-60, 64-68)

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

Feedback on student evaluations to clinical staff.

Programme evaluation and the resolution of issues raised on a number of occasions.

External examiners engagement with students and mentors.

Evidence / Reference Source

1. NMC programme approval report: BSc (Hons) midwifery 3 year programme/18 month programme, May 2012
2. NMC programme approval report: BSc (Hons) nursing (adult) BSc(Hons) Nursing (child) BSc (Hons) Nursing (mental health), May 2015
3. NMC programme approval report: Return to practice (nursing), December 2010
4. NMC annual self-assessment programme monitoring report 2015-2016, University of Brighton
5. NMC programme monitoring report: University of Brighton Pre-registration nursing (mental health field)/pre-registration midwifery, February 2012
6. CQC Care UK Community Partnerships Limited Bowes House Inspection report: Date of inspection visit: 16 and 17 March 2015/ Date of publication: 6 May 2015
7. CQC Brighton and Sussex University Hospitals NHS Trust Quality report: Date of inspection visit: 1-23, 27 and 30 May 2014/ Date of publication: 8 August 2014
8. CQC St Barnabas Hospices (Sussex) Limited Chestnut Tree House Inspection report: Date of inspection visit: 20 August 2014/ Date of publication: 1 June 2015
9. CQC East Sussex Healthcare NHS Trust - Conquest Hospital Quality report: Date of inspection visit: 24, 25, 26 March and 10 April 2015/ Date of publication: 22 September 2015
10. CQC Bupa Care Homes (CFC Homes) Limited Dean Wood Nursing and Residential Care Home Inspection report: Date of inspection visit: 24 and 25 February 2015/ Date of publication: 8 May 2015
11. CQC East Sussex Healthcare NHS Trust Eastbourne District General Hospital Quality report: Date of inspection visit: 24, 25, 26 March and 10 April 2015/ Date of publication: 22 September 2015
12. CQC Pentlow Nursing Home Limited Pentlow Nursing Home Inspection report: Date of inspection visit: 22 and 23 December 2014/ Date of publication: 22 May 2015
13. CQC Brighton and Sussex University Hospitals NHS Trust Princess Royal Hospital Quality report: Date of inspection visit: 21-23 May 2014/ Date of publication: 8 August 2014
14. CQC Galleon Care Homes Limited Queen Mary's and Mulberry House Nursing Home Inspection report: Date of inspection visit: 28 January and 02 February 2015/ Date of publication: 30 March 2015
15. CQC Brighton and Sussex University Hospitals NHS Trust Royal Sussex County Hospital Quality report: Date of inspection visit: 22 and 23 June 2015/ Date of publication: 23 October 2015
16. CQC Langley Green Hospital Date of inspections: 21 October 2014 and 20 October 2014/ Date of publication: December 2014
17. CQC Sussex Partnership NHS Foundation Trust The Chichester Centre Inspection report: Date of inspection: 13 August 2013/ Date of publication: November 2013
18. CQC Sunrise Operations Eastbourne Limited Sunrise Operations Eastbourne Limited Inspection report: Date of inspection visit: 6 8 and 15 May 2015/ Date of publication: 20 August 2015
19. CQC Sussex Partnership NHS Foundation Trust Quality report: Date of inspection visit: 12–16 January 2015/ Date of publication: 28 May 2015
20. CQC Gracewell Healthcare Limited The Pines Inspection report: Date of inspection visit: 20 and 21 July 2015/

Date of publication: 14 September 2015

21. University of Brighton Initial meeting with senior academic staff to plan the NMC monitoring event, 15 December 2015

University policies, procedures and general documentation:

22. University of Brighton: Admissions policy and procedures, February 2014

23. University of Brighton School of Health Sciences: DBS and occupational health report, September 2013

24. University of Brighton School of Health Sciences: Declaration of criminal record form, undated

25. University of Brighton School of Health Sciences: Procedure for screening nursing & midwifery students with previous convictions recorded by the DBS, November 2013

26. University of Brighton School of Health Sciences: Infrastructure, June 2014

27. University of Brighton: Equality and diversity webpages: <http://about.brighton.ac.uk/equality/#openinnewwindow>

28. University of Brighton: Staff guide to student support; a practical guide to student services and other central support services at the University of Brighton, 2015/16

29. NMC AEI requirements University of Brighton, 2015

30. University of Brighton School of Health Sciences: a guide to accreditation of prior/experiential learning and recognising and accrediting work-related learning, 2015

31. University of Brighton School of Health Sciences: Student support guidance tutor, March 2007

32. University of Brighton: Personal tutoring; a guide for academic staff, 2011

33. University of Brighton School of Health Sciences: Practice for checking active registration of academic staff, undated

34. University of Brighton School of Health Sciences: Staff development principles, August 2013

35. University of Brighton School of Health Sciences: Supporting students in practice, September 2012

36. University of Brighton School of Health Sciences: Partnership agreement, undated

37. University of Brighton School of Health Sciences: Practice placement audit, April 2014

38. University of Brighton: a strategy for a University of Brighton-wide inter-professional education programme, undated

39. University of Brighton: an implementation plan for a University of Brighton-wide inter-professional education programme, October 2014

40. University of Brighton: Student complaints resolution procedure, undated

41. University of Brighton: Fitness to practice procedure 2014/15

42. University of Brighton School of Health Sciences: Service user and carer strategy - <http://about.brighton.ac.uk/Serviceusersandcarers>

43. University of Brighton School of Health Sciences: BSc Hons pre-registration midwifery programme specification 2015/16

44. University of Brighton School of Health Sciences: BSc Hons pre-registration nursing programme specification 2015/16

45. University of Brighton School of Health Sciences: Raising and escalating concerns about practice settings,

February 2015

46. *Introduction to the School of Health Sciences presentation with senior education managers and associated practice provider managers, 13 January 2016*
47. *Meeting with programme team for the pre-registration midwifery programme, 13 January 2016*
48. *Meeting with programme team for the pre-registration nursing programme (mental health field), 13 January 2016*
49. *Meeting with programme team for the return to practice nursing programme, 13 January 2016*
50. *Meeting to discuss clinical governance/ CQC adverse reports with senior education managers and associated practice provider managers, 13 January 2016*
51. *Meeting to discuss the management of the practice learning environment with senior education managers, course leaders, placement managers, practice education facilitators and placement provider education leads, 13 January 2016*
52. *Meeting to discuss service user and carer involvement with the school lead for patient and public participation, programme lead and LME for midwifery, academic programme lead nursing, mental health lecturer and carer/user group (CUSER) member, CUSER group members and service users, 13 January 2016*
53. *Meeting to discuss accreditation of prior/experiential learning with AP(E)L coordinator, programme leader nursing, course leader pre-registration nursing, admissions tutor and academic programme lead, 13 January 2016*
54. *Meeting to discuss registration database and monitoring process for lecturers/academic staff with deputy school manager and school quality lead, 14 January 2016*
55. *Meeting to discuss fitness to practice procedures and practices with fitness to practice panel coordinator (deputy head of school), academic programme lead nursing, academic programme lead midwifery, academic programme lead CPE and masters (including return to practice programme), and return to practice course leader, 14 January 2016*
56. *Meeting with education commissioner Deputy head of clinical education, Health Education England Kent Surrey and Sussex, 14 January 2016*
57. *Visit to the midwifery education department, Eastbourne campus: meeting with midwifery lecturers, 13 January 2016*
58. *Practice visit to Conquest Hospital, Hastings: meetings with practice education facilitator, link lecturer, head of midwifery, sign-off mentors, students, practice education manager, practice development manager and service users and carers/review of mentor register, 13 January 2016*
59. *Practice visit to Princess Royal Hospital, Haywards Heath: meetings with midwifery unit manager, community manager, students, sign-off mentors, practice education facilitators, link lecturer and service users and carers/review of mentor register, 14 January 2016*
60. *Meetings with students undertaking the mental health nursing field: Westlain House, Falmer campus, 13 January 2016*
61. *Practice visit to Sussex Partnership NHS Foundation Trust Horsham Hospital: meetings with practice education facilitator, link lecturer, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 13 January 2016*
62. *Practice visit to Sussex Partnership NHS Foundation Trust – Swandean Hospital – Meetings with practice education facilitator, link lecturer, sign-off mentors and mentors, service managers, ward managers/review of mentor register, 14 January 2016*

63. *Practice visit to Shepard House – Meetings with practice education facilitator, link lecturer, placement manager, sign-off mentors and mentors, ward managers/review of mentor register, 14 January 2016*
64. *Practice visit to Worthing Hospital, Western Sussex Hospital NHS Trust: meetings with practice education facilitator, past students, student, sign-off mentor/review of mentor register, 13 January 2016*
65. *Practice visit to Montefiore Hospital, Hove: meetings with student and sign-off mentor/review of mentor register, 13 January 2016*
66. *Practice visit to Priory Hospital, Hove: meetings with student and sign-off mentor/review of mentor register, 13 January 2016*
67. *Practice visit to integrated care team, Moulsecoomb Health Centre, Brighton - Sussex Community NHS Trust: meetings with student and sign-off mentor/review of mentor register, 14 January 2016*
68. *Practice visit to the Royal Sussex County Hospital, Brighton Sussex University NHS Trust: meetings with practice education facilitator, students and sign-off mentors/review of mentor register, 14 January 2016*
69. *Meeting to discuss the admission process to the return to practice (nursing) programme and particularly the verification of previous registration as a nurse with academic programme lead, CPE and masters (including return to practice programme); and, return to practice course leader, 14 January 2016*
70. *NMC professional register accessed 14 January 2016*
71. *University of Brighton School of Health Sciences: BSc (Hons) nursing (adult/child/mental health) course handbook 2015/16*
72. *University of Brighton School of Health Sciences: BSc (Hons) nursing (adult/child/mental health) assessment of practice document, year two and year three combined 2015/16*
73. *University of Brighton School of Health Sciences: BSc (Hons) nursing (adult/child/mental health) assessment of practice document, year three combined 2015/16*
74. *University of Brighton School of Health Sciences: BSc (Hons) pre-registration midwifery three year programme, course handbook 2015/16*
75. *University of Brighton School of Health Sciences: BSc (Hons) pre-registration midwifery, three year programme assessment of practice document 2015/16*
76. *University of Brighton School of Health Sciences: BSc (Hons) pre-registration midwifery, 18 month programme course handbook 2015/16*
77. *University of Brighton School of Health Sciences: BSc (Hons) pre-registration midwifery, 18 month programme assessment of practice document 2015/16*
78. *University of Brighton School of Health Sciences: BSc (Hons) pre-registration midwifery, 18 month programme, programme specification 2015/16*
79. *University of Brighton School of Health Sciences: Return to practice (nursing) programme course handbook 2015/16*
80. *University of Brighton School of Health Sciences: Return to practice (nursing) programme assessment of practice document 2015/16*
81. *University of Brighton External examiners annual report: BSc (Hons) pre-registration nursing Mental health nursing modules 2014/15*
82. *University of Brighton External examiners annual report: BSc (Hons) pre-registration nursing Public health in*

nursing practice 2014/15

83. University of Brighton External examiners annual report: BSc (Hons) pre-registration midwifery 18 month and three year programme 2014/15

84. University of Brighton School of Health Sciences: Draft facilitating education in practice handbook for mentors, 2016

85. University of Brighton School of Health Sciences: Extraordinary educational audit – Midwifery placements, November, 2015

86. University of Brighton School of Health Sciences: Educational audits for midwifery practice placements, April 2014

87. University of Brighton School of Health Sciences: Educational audits for mental health nursing practice placements, April 2014

88. University of Brighton School of Health Sciences: Educational audits for return to practice (nursing) placements, April 2014

89. University of Brighton School of Health Sciences: Triennial review documentation for midwifery mentors 2015

90. Triennial review achievement certificate (midwifery), undated

91. University of Brighton School of Health Sciences: BSc (Hons) pre-registration midwifery 18 month and three year programme student evaluations 2014/15

92. University of Brighton School of Health Sciences: BSc (Hons) pre-registration nursing (mental health field) student evaluations 2014/15

93. University of Brighton School of Health Sciences: Return to practice programme student evaluations 2014/15

94. University of Brighton School of Health Sciences: BSc (Hons) pre-registration nursing mentor register 2016

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 14 Dec 2015
Meetings with:
<p>Deputy head of school, School of Health Sciences University of Brighton</p> <p>Principal lecturer Lead for quality assurance, School of Health Sciences University of Brighton</p> <p>Academic programme lead midwifery, School of Health Sciences University of Brighton</p> <p>Academic programme lead nursing, School of Health Sciences University of Brighton</p> <p>Course leader Pre-registration midwifery programme, School of Health Sciences University of Brighton</p> <p>Course leader Pre-registration nursing programme, School of Health Sciences University of Brighton</p> <p>Year one leader Pre-registration mental health nursing field, School of Health Sciences University of Brighton</p> <p>Year two leader Pre-registration mental health nursing field, School of Health Sciences University of Brighton</p> <p>Year three leader Pre-registration mental health nursing field, School of Health Sciences University of Brighton</p>
At monitoring event
Meetings with:
<p>Introduction to the School of Health Sciences presentation, 13 January 2016</p> <p>Deputy head of school, School of Health Sciences University of Brighton</p> <p>Quality lead, School of Health Sciences University of Brighton</p> <p>Academic programme lead midwifery, lead midwife for education, School of Health Sciences University of Brighton</p> <p>Academic programme lead nursing and practice learning and liaison SSU lead, School of Health Sciences University of Brighton</p> <p>Academic programme lead CPE and masters (including return to practice programme), School of Health Sciences University of Brighton</p> <p>Course leader – BSc (Hons) pre-registration nursing, School of Health Sciences University of Brighton</p> <p>Return to practice course leader, School of Health Sciences University of Brighton</p> <p>Executive head of clinical education, Sussex Partnerships NHS Foundation Trust</p> <p>Clinical education manager Education and workforce, East Sussex Health Care NHS</p>

Trust

Head of practice development nursing and midwifery education, Western Sussex Hospitals NHS Foundation Trust

Head of workforce education, Sussex Community NHS Trust

Director of midwifery, Brighton and Sussex University NHS Trust

Director of midwifery, Western Sussex Hospitals NHS Foundation Trust

Lead nurse education and training, Sussex Partnerships NHS Trust

Meeting with programme team for the pre-registration midwifery programme, 13 January 2016

Academic programme lead midwifery, lead midwife for education, School of Health Sciences University of Brighton

Course leader 18 month BSc (Hons) midwifery programme, School of Health Sciences University of Brighton

Course leader three year BSc (Hons) midwifery programme, School of Health Sciences University of Brighton

Admissions tutor Pre-registration midwifery, School of Health Sciences University of Brighton

Practice Educator midwifery, Brighton and Sussex University Hospitals NHS Trust

Meeting with programme team for the pre-registration nursing programme (mental health field), 13 January 2016

Academic programme lead, School of Health Sciences University of Brighton

Course leader BSc (Hons) pre-registration nursing, School of Health Sciences University of Brighton

Admissions tutor Pre-registration nursing programme course leader BSc (Hons) pre-registration nursing, School of Health Sciences University of Brighton

Child health nursing field leader course leader BSc (Hons) pre-registration nursing, School of Health Sciences University of Brighton

Mental health nursing field leader course leader BSc (Hons) pre-registration nursing, School of Health Sciences University of Brighton

Associate director of care professionals education/Senior nurse consultant, Sussex Partnerships NHS Trust

Lead nurse education and training, Sussex Partnerships NHS Trust

Practice education facilitators, Sussex Partnerships NHS Trust x 2

Meeting with programme team for the return to practice nursing programme, 13 January 2016

Academic programme lead CPE and masters (including return to practice programme), School of Health Sciences University of Brighton

Course/module leader Return to practice programme, School of Health Sciences University of Brighton

Practice education facilitator, Sussex Community NHS Trust

Practice education facilitator, Brighton and Sussex University Hospitals NHS Trust

Meeting to discuss clinical governance/CQC adverse reports, 13 January 2016

Deputy head of school, School of Health Sciences University of Brighton

Quality lead, School of Health Sciences University of Brighton

Executive head of clinical education, Sussex Partnerships NHS Foundation Trust

Clinical education manager Education and workforce, East Sussex Health Care NHS Trust

Head of practice development Nursing and midwifery education, Western Sussex Hospitals NHS Foundation Trust

Head of workforce education, Sussex Community NHS Trust

Director of midwifery, Brighton and Sussex University NHS Trust

Director of midwifery, Western Sussex Hospitals NHS Foundation Trust

Practice education facilitator, Sussex Partnership NHS Trust x 2

Practice education facilitator, Sussex Community NHS Trust x 2

Practice education facilitator, Brighton and Sussex Hospitals NHS Trust

Lead nurse education and training, Sussex Partnerships NHS Trust

Meeting to discuss the management of the practice learning environment, 13 January 2016

Academic programme lead nursing and practice learning and liaison SSU lead, School of Health Sciences University of Brighton

Course leader BSc (Hons) pre-registration nursing, School of Health Sciences University of Brighton

Adult field lead, School of Health Sciences University of Brighton

Senior administrator Placement manager, School of Health Sciences University of Brighton

Practice education facilitator, Sussex Partnership NHS Trust x 2

Practice education facilitator, Sussex Community NHS Trust x 2

Practice education facilitator, Brighton and Sussex Hospitals NHS Trust

Lead nurse education and training, Sussex Partnerships NHS Trust

Meeting to discuss service user and carer involvement, 13 January 2016

School lead for patient and public participation, School of Health Sciences University of Brighton

Programme lead and LME for midwifery, School of Health Sciences University of Brighton

Academic programme lead nursing, School of Health Sciences University of Brighton

Mental health lecturer, School of Health Sciences University of Brighton

Carer/user group (CUSER) member

CUSER group members x 2

Service user

Meeting to discuss accreditation of prior/experiential learning, 13 January 2016

AP(E)L coordinator, School of Health Sciences University of Brighton

Programme leader nursing, School of Health Sciences University of Brighton

Course leader pre-registration nursing, School of Health Sciences University of Brighton

Admissions tutor, School of Health Sciences University of Brighton

Academic programme lead CPE, School of Health Sciences University of Brighton

Meeting to discuss registration database and monitoring process for lecturers/academic staff, 14 January 2016

Deputy school manager, School of Health Sciences University of Brighton

School quality lead, School of Health Sciences University of Brighton

Meeting to discuss fitness to practise procedures and practices 14 January 2016

Fitness to practise panel coordinator, deputy head of school, School of Health Sciences University of Brighton

Academic programme lead nursing, School of Health Sciences University of Brighton

Academic programme lead midwifery, School of Health Sciences University of Brighton

Return to practice course leader, School of Health Sciences University of Brighton

Meeting with education commissioner, 14 January 2016

Deputy head of clinical education, Health Education England Kent Surrey and Sussex

Meeting to discuss the admission process to the return to practice (nursing) programme and particularly the verification of previous registration as a nurse, 14 January 2016

Deputy head of school, School of Health Sciences University of Brighton

Principal lecturer Lead for quality assurance, School of Health Sciences University of Brighton

Academic programme lead CPE and masters (including return to practice programme),

School of Health Sciences University of Brighton
Return to practice course leader, School of Health Sciences University of Brighton

Meetings with:

Mentors / sign-off mentors	19
Practice teachers	1
Service users / Carers	9
Practice Education Facilitator	8
Director / manager nursing	4
Director / manager midwifery	4
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Midwife - 18 & 36M	Year 1: 1 Year 2: 8 Year 3: 9 Year 4: 0
Registered Nurse - Mental Health	Year 1: 2 Year 2: 5 Year 3: 4 Year 4: 0

Return to Practice Nursing	Year 1: 7 Year 2: 0 Year 3: 0 Year 4: 0
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