

2013-14

**Annual monitoring report of performance in mitigating
key risks identified in the NMC Quality Assurance
framework for nursing and midwifery education**

Programme provider	King's College London
Programmes monitored	Registered Specialist Community Public Health Nursing – HV (With Optional Integrated Nurse Prescribing); Registered Midwife - 18 & 36M
Date of monitoring event	05-06 February 2014
Managing Reviewer	Mr Peter McAndrew
Lay Reviewer	Ms Natalie Paisey
Registrant Reviewer(s)	Mrs Jean Taylor, Mrs Karen Murray
Placement partner visits undertaken during the review	<p>Medical centre, Woodfield Road, London, Central London Community Health NHS Trust</p> <p>Gospel Oak Health centre, Lismore Circus, London Central and North West London NHS Foundation Trust</p> <p>Aylesbury Health centre, Tadlow House, London</p> <p>Guy's and St Thomas' Foundation Trust (staff seen at KCL due to underground strike and travel difficulties)</p> <p>Lewisham and Greenwich NHS Trust, Lewisham Hospital - Birth Centre</p> <p>Guys and St Thomas' NHS Foundation Trust, St Thomas' Hospital - Birth centre- high risk and obstetric led, post-natal ward, private ward,</p> <p>Chelsea and Westminster Hospital NHS Foundation Trust, Chelsea and Westminster Hospital</p>
Date of Report Publication	4 July 2014

Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation. We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care.

We set standards 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.

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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 Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under

scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as “met”, “not met” or “requires improvement” When a standard is not met an action plan is formally agreed with the AEI directly and is 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 hold NMC recordable teaching qualifications and 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		
	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	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 that the NMC sets standards for	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register 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 King's College University's programmes

The School of nursing and midwifery at King's College London was established by Florence Nightingale in 1860 and was voted as London's number one nursing and midwifery teaching school by the Complete University Guide in 2014. The School employs 200 staff and has 3000 students over the four departments of adult, child and adolescent, mental health nursing and midwifery and women's health.

This monitoring event reviewed the Specialist Community Public Health Nursing (SCPHN) health visiting (HV) programme which includes the optional community practitioner prescribing programme (V100) and the three year (156 week) and 18 month (72 week) midwifery programmes. The programmes are confirmed to be of high quality by employers and commissioners who report the students who graduate from the programmes as fit for practice and employment.

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 student experiences in the placements which have been subject to adverse concerns as a result of Care Quality Commission (CQC) reviews and Local Supervising Authority (LSA) reports.

Summary of public protection context and findings

The school has comprehensive fitness to practise procedures and academic staff, service managers, mentors, practice teachers and practice education facilitators all have confidence in the rigor of these processes. All student midwives are allocated a named supervisor of midwives (SoM) and have access to supervisory meetings in practice placement areas.

We found that awareness of these procedures was evident and that student midwives are clear about the role of supervision of midwifery as a mechanism to protect the public. There are effective partnerships with practice placement providers and associated providers at strategic and operational levels. Placement management is effective and the Pan-London audit documentation enables sharing across all London universities.

We found strong and supportive links with the school following the adverse CQC and LSA reports, action plans have been implemented and the practice learning environment protected to ensure that students have not been exposed to poor education or patient care all of which is central to public protection.

Learning and teaching strategies are effective in preparing and developing students. The additional support provided through the 'Communities of learning' serves to protect the public in the delivery of high standards of patient care.

In midwifery programmes the use of high and low fidelity simulation enables students to develop confidence and competence in performing core clinical skills. This demonstrates a strong commitment to the protection of the public as students are generally well prepared before commencing placements and offering patient care under the supervision of a mentor.

We found clinical teachers work with individual students or with groups of students in practice and in the skills laboratory. They assist students to develop confidence and competence in the delivery of high standards of compassionate and safe patient care.

Assessment of competence is undertaken by committed and supportive mentors and practice teachers who are properly prepared for their role. Our findings confirm that mentors and practice teachers clearly understand their responsibility for learning and assessment and facilitate a wide range of learning opportunities. Assessment documentation is well understood with clear guidelines for its use.

We found positive feedback from service users in midwifery and education commissioners who confirmed that on completion of the educational programmes students are fit for practice and employable.

All programmes are subject to evaluation with responses informing curriculum delivery and any issues raised are followed through to resolution. Students are able to achieve the NMC learning outcomes and proficiencies of the education programmes.

We conclude from our findings that four of the five key risk areas assessed fully meet the NMC standards. In the key risk area of resources, improvements are required to ensure that midwifery mentors progress to achieve sign-off status. In current practice students are supported and assessed by mentors and variable models exist to ensure the input of a sign-off mentor. The NMC require that all midwifery mentors must meet the additional criteria to be a sign-off mentor and that all students should be assessed by a sign-off mentor (NMC Standards to support assessment and learning in practice (SLAiP) 2008 and NMC circular 5/2010).

Summary of areas that require improvement

Improvements are required to ensure that midwifery mentors progress to achieve sign-off status. The NMC require that all midwifery mentors must meet the additional criteria to be a sign-off mentor and that all students should be assessed by a sign-off mentor (NMC Standards to support assessment and learning in practice (SLAiP) 2008 and NMC circular 5/2010).

Summary of areas for future monitoring

- The development of the academic in practice role.
- The numbers of sign-off mentors and any risk to the efficacy of the assessment of practice process.

- Accurate and up to date records of annual updates and triennial reviews as required by the NMC.
- The long arm model of assessment by practice teachers on the SCPHN health visitor programme.
- Review the further development of service user involvement in admission to the programmes and their delivery and evaluation.

Summary of notable practice

Practice Learning

'Communities of learning' have been developed by the school in partnership with some of the community service providers. They offer a centre of learning for the additional support of students, newly qualified health visitors, experienced health visitors and student and qualified practice teachers.

The School employs a number of clinical teachers who work with individual students or with groups of students in practice and in the skills laboratory. They assist students to develop confidence and competence in the delivery of high standards of compassionate and safe patient care.

A network for excellence in clinical education is hosted by the clinical teachers. This provides the opportunity for mentors to attend workshops to focus on aspects of clinical education and student support in placement learning.

Mentor of the year awards are held in many practice placement partner organisations and are hosted at Kings College University for King's Health Partners.

Fitness for practice

In midwifery programmes the use of high and low fidelity simulation enables students to develop confidence and competence in performing core clinical skills.

Summary of feedback from groups involved in the review

Academic team

Our findings confirm that programmes are delivered by academic staff who are enthusiastic and draw on an extensive research and evidence base to teach students.

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

We found all practice placement providers including managers, education leads, practice teachers mentors and experienced practitioners were very enthusiastic and supportive of their students and informed us they have close working relationships with academic staff.

The heads of midwifery report regular meetings with the lead midwife for education (LME) and also the key account managers. They report that the university has been supportive in the development of action plans where any adverse issues have been identified.

Education commissioners assess the quality of the programme as very high and confirm that students are fit for practice and in demand by employers.

Students

The HV students are very positive about the organisation and standard of programme delivery along with the responsiveness of the university staff and practitioners. All students reported difficulties with the organisation and communication involved in the admissions process which is centrally managed by Health Education North Central and East London.

Midwifery students comment positively about the programme and report that there is a good balance between theory and practice. They are well supported by the academic team, link lecturers, clinical practice facilitators, mentors and the supervisor of midwives. Students felt able to raise concerns either in practice or in the university and were satisfied with the response of mentors, managers and lecturers to these issues.

Service users and carers

Service users enjoy being involved with the school and feel that they could make a bigger contribution if their role was more organised. They felt valued and respected by the school, its academic staff and the students.

Relevant issues from external quality assurance reports

Care Quality Commission (CQC) and LSA reports were considered for practice placements used by the university to support students' learning.

The following reports require action(s):

CQC completed a routine inspection of the maternity services at University Hospital Lewisham (02 August 2013) which included the hospital's antenatal clinics, the day assessment unit, antenatal ward, the labour ward, birth centre and postnatal ward.

The inspection outcomes were that the following standards were not met:

Care and welfare of people who use services - action is needed.

Supporting workers - action is needed. People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Assessing and monitoring the quality of service provision - action is needed. The provider did not have effective systems to regularly assess and monitor the quality of service that women and babies received at the hospital.

The local supervising authority (LSA) briefing for the NMC following results of the CQC Maternity Survey (December 2013) was reviewed.

The LSA reported on the unique issues that maternity services had to address in London. They also stated that the majority of the issues had previously been identified in the LSA annual report and reported to NHS trusts. The LSA also reported that significant improvements had been assessed in most maternity services.

University Hospital Lewisham

The Clinical Negligence Scheme for Trusts (CNST) assessment (2013) judged the trust's maternity services at Level 2 as it was considered to be successfully implementing its policies and procedures to reduce risk in maternity care.

Kings College London, Florence Nightingale School of nursing and midwifery responded positively through an action plan to protect student learning.

LSA London provided a briefing for the NMC following the results of the CQC Maternity survey. The brief stated that London undertakes 20% of the total births per year in England and has the second largest immigrant population in the world outside New York City with increasing numbers of public health concerns identified within this population. It also stated that four of the six trusts have been undergoing major reconfiguration and merger.

CQC - Intelligent Monitoring Report - Chelsea and Westminster Hospital NHS Foundation Trust (21 October 2013). The CQC report identified elevated risks in relation to Maternity outlier alert: Elective caesarean section and whistle blowing alerts. The report also identified risks in relation to 'never event' incidence and potential under-reporting of patient safety incidents resulting in death or severe harm.

We were told that a meeting was held with senior education managers at the school to assess the action taken to protect students in response to adverse CQC reports.

The school monitored student evaluations very closely and increased support if issues were raised. They had a system in place to support students who raised concerns. The introduction of the clinical teacher role has also provided more support for students in practice.

We found that the school had a process for the management of incidents and maintained a reporting database. They were then able to record any action taken and monitor progress until the issue was closed. Moving a student to another placement was considered where necessary. The school was able to give us evidence of a number of escalated concerns that had been worked through successfully.

The school monitor CQC reports every month and identify if any adverse issues are raised in areas that they use for placements. They then produce an action plan to protect student learning and to explore ways in which they could support the placement provider. They were able to give us examples of where this had occurred and were clear that their primary responsibility was to protect the students learning. Action plans that are raised through these processes are signed off at trust board level.

A senior member of the school appointed as the key account manager is responsible for linking with practice placement providers, maintaining effective communication and monitoring the actions taken. The school believe that this facilitates a proactive approach for managing potential issues. They were able to provide us with evidence that confirmed that appropriate action had been taken in relation to two trusts that were

the subject of adverse CQC reports.

Our findings confirm the school's placement management process is robust and appears to meet the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations which are many at present. We found effective procedures in place to protect student learning and to assess if placements need to be withdrawn or rested.

We found the school's response to adverse CQC reports and LSA reports in areas where students are placed to be effective. As part of the monitoring event we visited maternity services at the Lewisham University Hospital which had been subject to adverse Care Quality Commission reports. The action taken is consistent with the requirement to protect student learning. The school has demonstrated effective procedures for managing the quality of practice learning environments through providing additional support and joint working with the trust and ensuring that students are not exposed to poor education or patient care practices.

All CQC compliance reports relevant to placement areas used by Kings College London for approved nursing and midwifery programmes were considered but did not require further discussion as part of this review.

Evidence / Reference Source

1. Clinical Negligence Scheme for Trusts (CNST) Assessment Report on University Hospital Lewisham – 2013
2. CQC Inspection Report: Maternity services at University Hospital Lewisham, 02.August 2013
3. CQC Review of compliance, University Hospital Lewisham , 2012
4. CQC Inspection report: Chelsea and Westminster Hospital NHS Foundation Trust, September 2013
5. CQC Inspection report: Homerton University Hospital, February 2013
6. Queen Charlottes and Chelsea Hospital, December 2012 and January 2013
7. Northwick Park Hospital, May 2013
8. Review of Compliance, The Hillingdon Hospital, December 2012
9. The Portland Hospital for Women and Children, December 2012 and January 2013
10. The Royal London Hospital, June 2013
11. Chelsea and Westminster Hospital NHS Foundation Trust, October 2013
12. Hospital of St John & St Elizabeth, January 2013
13. St George's Healthcare NHS Trust - Tooting site, October 2013
14. Imperial College Healthcare NHS Trust - St Mary's Hospital, September 2013
15. London LSA self-assessment document, 2014

Follow up on recommendations from approval events within the last year

All recommendations from approval events have been completed.

Evidence / Reference Source

1. NMC Programme approval report: BSc and PG Dip Nursing with registration as an adult, children's or mental health nurse, November 2011
2. NMC Programme approval report: mentorship, practice teacher, teacher, March 2012 NMC Programme approval report: Specialist practitioner, District nursing with integrated V100 nurse prescribing, September 2012
3. NMC Programme approval report: BSc Midwifery Studies with registration as a midwife (3 years) and PG Diploma midwifery practice with registration as a midwife (18 months), September 2012.
4. NMC major modification report: Specialist community public health nursing, health visiting, school nursing, May 2013
5. NMC major modification report: pre-registration nursing programmes. Pan-London practice assessment document, December 2013

Specific Issues to follow up from self-report

In 2012/13 Self-assessment programme monitoring report the following areas were identified:

Action plan following the LSA Annual Audit Report 2013 at Lewisham Healthcare NHS Trust.

Following the LSA annual audit report 2013 monitoring the standards of supervision and midwifery practice at Lewisham Healthcare NHS Trust, a 12 point action plan was developed to address the issues that related to pre-registration midwifery students and mentorship. The action plan complemented associated work already undertaken by the trust in relation to strengthening midwifery supervision and staff engagement within the maternity unit. The action plan is subject to joint review by the university education team including the LME and trust education team at quarterly key account meetings (KAM) and regular updates are forwarded to the NMC.

The development of the action plan provided the opportunity for the quality assurance review of all maternity placement providers. Trust based quarterly KAM provide a review of placement arrangements, evaluations and emergent issues and complement the local midwifery education liaison meetings between clinical and academic link liaison teams.

Monitoring and evaluating the development and implementation of a database focused on exceptional reporting and action plans for clinical placement learning.

We found the school has a process for the management of incidents and maintains an exceptional reporting database. This records action taken and monitors progress until the issue was closed.

Changes in contract performance monitoring and commissioning with the introduction of Local Education Training Boards (LETB) in place of NHS London.

A mandatory requirement for the qualitative contract performance monitoring (QCPM) process is that the school annually participates in carrying out placement audits (see

section 3.1.1).

Monitoring and evaluating the development and implementation of a database of clinical placement audits.

See discussion in section 3.1.1.

Evidence / Reference Source

1. NMC Annual self -assessment programme monitoring report - 2012/2013
2. NMC Annual self- assessment programme monitoring report - 2013/2014

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 hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role

What we found before the event

A comprehensive governance system checks that teachers are appropriately qualified and updated.

What we found at the event

Evidence confirmed that governance procedures ensure that all midwifery and HV lecturers with a professional qualification are registered with the NMC and have the relevant recordable teacher qualifications.

Programme leaders hold appropriate qualifications commensurate with their role.

Academic staff are committed and enthusiastic towards the programme quality and their academic role.

Evidence / Reference Source
<ol style="list-style-type: none"> 1. Kings College London, Florence Nightingale School of Nursing and Midwifery: Flow Chart, Process for appropriately qualified and updated teachers, not dated 2. Register of NMC Registered Lecturers January 2014. 3. Estimated staff student ratio, 2013 4. Staff development, A handbook, October 2013
Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/practice teachers available to support numbers of students
What we found before the event
Sufficient numbers of appropriately qualified mentors, sign-off mentors and practice teachers to support agreed student capacity is checked as part of the audit process and reviewed at placement allocation mapping meetings.
What we found at the event
<p>We found that the midwifery services at St Thomas' Hospital appear to have limited resources of sign-off mentors. Of 280 registered midwives there are 181 mentors. Only 46 of these are sign-off mentors. There are normally approximately 49 midwifery students on placements within the midwifery service. From information gained from mentors, students and midwifery managers it would appear that mentors (not sign-off mentors) are assessing students competence in practice both formatively and summatively in all periods of practice placement except at progression points and in the final module of the programme.</p> <p>The NMC require all midwifery mentors to meet the additional criteria to be a sign-off mentor (SLAiP 2008). To fully embrace the NMC standards the school and associated midwifery placement providers need to ensure that sufficient mentors progress to sign-off mentor status.</p> <p>Conversely senior midwifery managers reported adequate numbers of sign-off mentors with each student having a named sign-off mentor. The placement areas have access to the live register of mentors and educational audit identifies the numbers of appropriately qualified sign-off mentors.</p> <p>There are appropriately qualified practice teachers to support the agreed HV student numbers.</p> <p>Students reported that mentors, sign-off mentors and practice teachers work with them for a minimum of 40% of their time in the practice placement environment.</p>

Evidence / Reference Source
<ol style="list-style-type: none"> 1. AEI Self- assessment report, 2013/2014 2. NMC Circular May 2010 Sign-off mentor criteria 3. Kings College London, Florence Nightingale School of Nursing and Midwifery: Flow chart for sign off mentorship at GSTT 4. External examiner report (August 13) (Identifies a concern about the numbers of available sign off mentors to support students in practice) 5. Meetings with mentors, students, senior midwifery manager, LME, practice teachers, 05 February 2014 and 06 February 2014
Outcome: Standard requires improvement
<p>Comments:</p> <ul style="list-style-type: none"> • To meet the NMC requirements (SLAiP 2008) the school and associated midwifery placement providers need to ensure that mentors progress to sign-off mentor status.
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> • Review the numbers of sign-off mentors and any risk to the efficacy of the assessment of practice process.

Findings against key risks
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>The school annually evaluates and updates the recruitment and selection processes including those for ensuring that Disclosure and Barring Service (DBS) checks are completed.</p> <p>No applicant is offered a place to study without first attending a selection day. Academic staff and NHS practice placement providers jointly facilitate and assess applicants</p>

during selection days.

All applicants take literacy and numeracy tests and participate in a group activity designed to assess respect, teamwork, and aptitude.

Student ambassadors participate in selection days.

The potential role of service users in 2013/14 selection days is being assessed alongside consultation with a panel of NHS practice partners.

The school identified risks in relation to the admission process to the SCPHN HV programme, associated with the inappropriate admission of a student who had only a second level registration. When the school became aware of this situation they responded swiftly; the student was removed from the programme and the admission process appropriately strengthened to ensure any risks were controlled.

What we found at the event

At the event we were informed by HV students that the admission process to the SCPHN HV programme had poor organisation and communication and they considered this was the main responsibility of HENCEL who centrally manage the admission process. Students told us that from their experience the process was not robust and rigorous; it was not well coordinated and the central database was not up to date.

Prior to the monitoring event risks had been identified by the school in relation to the admission process to the SCPHN HV programme, associated with the discovery of an inappropriate admission of a student who had only a second level registration. When the school became aware of this situation they responded swiftly; the student was removed from the programme and the admission process was appropriately strengthened; the risks are now controlled.

Our findings confirmed that Health Education North Central and East London (HENCEL) website, which provides information on the admission process, has been updated to state the requirement for admission is a first level registered nurse or midwife. HENCEL are implementing an audit approach to ensure that all future students meet the required entry criteria. The school has updated its programme specifications to state the minimum entry requirements and produced and implemented an action plan which details robust governance procedures. This will ensure that prospective students meet all the statutory requirements before commencing the programme and provide assurance that checks will be made in relation to registration and DBS status.

We found the admission process for the midwifery pre-registration programmes is robust and is undertaken jointly with practice partners. Plans are in place to involve service users in the future. The process is rigorous and ensures good health and good character prior to commencement of the programme.

Practice teachers, service managers, education leads and academic staff reported that they are involved in the selection interviews. There is no service user involvement in

<p>the selection processes at present.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. AEI Self-assessment report, 2013/2014 2. Kings College London, Florence Nightingale School of Nursing and Midwifery: Applicant and student declaration of criminal record - Guidance for trusts, January 2013 3. Criminal record declaration guidance, 2012/13 4. Policy on DBS Disclosures for applicants, 2013 5. Fair Admissions Policy - Undergraduate Admissions 6. SCPHN admissions action plan 7. SCPHN recruitment procedure 8. NMC Circular 5/2012 Clarification of admission criteria for SCPHN programmes 9. Interviews with admission tutors, programme leaders, programme director, SCPHN HENCEL, 05-06 February 2014 10. Interviews with teaching teams, students, practice teachers, education leads, mentor/sign-off mentor/practice teacher/practice education facilitators, 05- 06 February 2014
<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>The school's Fitness to Practise committee responds to concerns about the professional conduct of students registered at King's College London.</p> <p>The Fitness to Practise committee is supplementary to King's College Fitness for registration and practice regulations. These pertain to all students following programmes leading to a professional qualification which can be registered with a statutory regulatory body, and are designed to ensure that students are fit for registration and practise.</p>
<p>What we found at the event</p>
<p>Our findings confirm that the procedures to address issues of poor performance in both theory and practice are comprehensive but they would benefit from being more clearly identified within the midwifery services.</p> <p>Midwifery students were aware of their responsibilities to report issues which may impact on their health or a future enhanced DBS check. Systems are in place to monitor</p>

<p>the conduct of students on the programme both in theory and practice.</p> <p>Midwifery and SCPHN HV students report being able to raise concerns when confronted by poor practice.</p> <p>Procedures and practices in relation to fitness to practise are comprehensive and fully meet the requirements of the NMC. A feature of best practice is the Fitness to Practise learning review meetings which are held with trust representatives to review and inform on the fitness to practise process. The review meetings engender confidence in the procedures for partner organisations.</p> <p>Academic staff, practice managers, mentors, sign-off mentors, practice teachers, practice education facilitators and students were all aware of the fitness to practise procedures and have confidence in the rigor of the process.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Kings College London, Florence Nightingale School of Nursing and Midwifery: Process for when there is a change in a student's good health and/or good character. 2. Fitness to Practise Committee, Terms of reference 3. Fitness to Practise Committee, January 2014 4. Fitness for registration and practice regulations, section B5,2013 5. Fitness to Practise flowchart, 2014 6. Interview with fitness to practice committee chair and members, practice managers, mentors, practice teachers, PEFs, 05 February 2014 and 06 February 2014
<p>Risk indicator 2.1.3 - programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice.</p>
<p>What we found before the event</p>
<p>SCPHN HV students are visited in practice by a personal tutor.</p> <p>Midwifery students are allocated a SoM.</p>
<p>What we found at the event</p>
<p>We found that on the SCPHN HV programme each student is allocated to a personal tutor who visits each student and their practice teacher in the practice learning environment at least once during the year and more if required. A comprehensive and rigorous process clearly articulated by the academic team, practice teachers and students is fully implemented. Students and practice placement partners report that the</p>

school is quick to respond to any concerns raised.

Midwifery mentors and sign-off mentors understand their responsibility in protecting the public and the importance of monitoring the professional behaviour and conduct of midwifery students. This is part of the assessment criteria and is evidenced in assessment documentation. Mentors can describe how to raise concerns about students via the link lecturer and practice education facilitator and have knowledge of how students are supported to achieve and maintain standards of conduct and progression.

All midwifery students have a named SoM and a programme of supervisory meetings is available in practice placement areas. These meetings help students explore key issues relating to practice, regulation and patient safety and use a reflective practice approach. Opportunities are available within these meetings to raise issues of concern.

Evidence / Reference Source

1. Kings College London, Florence Nightingale School of Nursing and Midwifery: Troubled placement algorithm, 2013
2. SCPHN teacher and mentor handbook 2013
3. Guys and St Thomas' NHS Foundation Trust: Flow chart for student concerns, not dated
4. Flow chart for student performance, 2011
5. Presentations by programme leaders, 05 February 2014
6. Interviews with students, practice teachers, education leads, service managers and academic team, 05-06 February 2014

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

What we found before the event

We found that APL is applied in a variety of ways across all programmes. Many post-qualification nursing and midwifery students within the school will accredit prior certificated or experiential learning against the range of post-qualification programmes, including those leading to registration, such as mentorship, SCPHN and NMC teacher or practice teacher programmes.

A robust system for processing and reporting outcomes of accreditation is in place. All accreditation claims are assessed by two academic members of staff and reported to termly panel meetings and school undergraduate and postgraduate exam boards. An external examiner attends annually to scrutinise both process and outcomes and clear inter-rater reliability between assessors is evident.

What we found at the event
We found the systems for APL to be robust and supported by verifiable evidence mapped against NMC outcomes and standards of proficiency. For midwifery programmes APL is not permitted.
Evidence / Reference Source
<ol style="list-style-type: none"> 1. AEI annual self-assessment report, 2013/2014 2. Kings College London, Florence Nightingale School of Nursing and Midwifery: APL accreditation handbook, 2013/2014 3. Interview with APL coordinator, 05 February 14 4. Audit of APL applications from SCPHN and pre-registration nursing 5. Interviews with programme leaders, academic staff and students, 05- 06 February 2014
Outcome: Standard met
<p>Comments:</p> <ul style="list-style-type: none"> • It is recommended that the central admission processes for the SCPHN HV programme are reviewed. • Procedures to address issues of poor performance in both theory and practice would benefit from being more clearly identified within midwifery services.
Areas for future monitoring: none

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>
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who

<p>use the same practice placement locations</p>
<p>What we found before the event</p>
<p>The school has policies and procedures for achieving service level agreements and learning and development agreements with all practice placement partners.</p> <p>A mandatory requirement for the qualitative contract performance monitoring (QCPM) process is that the school annually participates in carrying out placement audits.</p> <p>Each placement provider is audited against the agreed 'standards' within the QCPM process. Nursing and midwifery placement providers need to be audited every two years. Action plans must be signed off by the placement provider and university.</p> <p>A plan is in place to develop a Pan-London audit database to ease the transfer of audit documentation where universities share practice placement environments.</p>
<p>What we found at the event</p>
<p>We found evidence of effective partnerships with service providers and associated education providers at both strategic and operational levels. The partnerships are being used to develop innovative solutions to challenges that exist. This is supported by education commissioners who feel that the school is proactive at managing potential issues and is responsive and effective when adverse issues do arise.</p> <p>Placement management is effective with procedures in place to protect student learning and to assess if placements need to be withdrawn or rested. There are a number of examples available which illustrate how these measures have been used effectively.</p> <p>Mentors, sign-off mentors, practice education facilitators and service managers at Lewisham Birth Centre reported strong and supportive links with the school following the adverse CQC and LSA reports.</p> <p>A clear educational audit process exists and is appropriately implemented. Where more than one university places students in a practice placement area the educational audit is completed jointly. Link lecturers and practice education facilitators report good working relationships with colleagues from other universities with regular meetings at practice level. Educational audits for all practice learning environments visited met NMC standards. Audits are completed every two years. The audit documentation is a Pan-London development which enables sharing across all other London universities.</p> <p>Funding has been secured to develop 'communities of learning' within community practice settings in partnership with the school. There are three within the London area. Each is led by a senior practice teacher whose remit is to develop a centre of learning for the additional support of students, newly qualified health visitors, experienced health visitors, student and qualified practice teachers. The centres aim to enrich practice learning environments and enhance student and practitioner learning experiences. As</p>

well as providing an area where resources are available the senior practice teachers also deliver workshops, facilitate action learning sets and support individuals on a one to one basis. The students and practitioners interviewed were very positive about this new development.

The role of the practice education facilitators is pivotal in ensuring the quality of the practice environment and is an important link to the programme provider ensuring that a strategic approach exists for the allocation and support of students in clinical practice.

Evidence / Reference Source

1. Kings College London, Florence Nightingale School of Nursing and Midwifery:
2. Practice Learning Collaboration Group (PLCG) - Enhancement of the Practice Learning Environment (NHS and Independent sector) – April 2003
3. Learning in Practice – Pre-registration Nursing and Midwifery Students – 2013
4. Placement Audit Schedule 2012-13
5. Practice Learning Collaboration Group (PLCG) Educational Audit Tool - 2013
6. Review of Educational Audits
7. Presentation by programme leaders
8. Interviews with Director of Clinical Education, students, experienced practitioners, practice teachers, education leads, service managers, practice education facilitator, clinical practice facilitator, ward managers and academic staff. 05- 06 February 2014.

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

What we found before the event

Over the last year, a service user involvement strategy has been developed as part of the overarching school's educational strategy. A working party has been convened to lead on strengthening current provision and an implementation plan has been developed. One example of positive service user involvement and evaluation is the BSc midwifery studies continuity of care project where students are actively encouraged to reflect on feedback from the women and families they care for and present this in a summative portfolio.

What we found at the event

We found that practitioners are involved in programme development and delivery. On the HV programme service users are invited to provide teaching sessions. Students

<p>are encouraged to gain service user feedback whilst in the practice learning environment.</p> <p>The midwifery academic team are developing links with service users who will be involved in programme development and delivery. Students could relate only a small number of specialist lectures provided by service user representatives during the programme.</p> <p>The school strategy for service user involvement was recently reviewed and is now being implemented. Service user engagement in the programmes monitored lacks a thematic approach and is often ad-hoc. Service user involvement in the admissions process and the assessment of student competence would benefit from development work and consolidation to embrace the NMC and contemporary practice requirements.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. NMC Annual Self-Assessment Report - 2013/2014 2. Kings College London, Florence Nightingale School of Nursing and Midwifery: Service User Involvement Strategy - November 2013 3. Interviews with students, practice teachers, education leads, programme leaders and service users involved with the school 05- 06 February 2014
<p>Risk indicator 3.2.2 - academic staff support students in practice</p>
<p>What we found before the event</p>
<p>The school employs a growing number of clinical teachers who are registered nurses and midwives that work alongside the individual student and with groups of students in practice and in the skills laboratory to enable students to develop their confidence and competence in the delivery of a high standard of compassionate safe patient care. The clinical teacher role has received positive comments from both students and placement providers alike.</p>
<p>What we found at the event</p>
<p>It was reported to us that education staff have a strong presence in practice settings and students feel that they are well supported by them. Link lecturers are encouraged to spend up to 20% of their working hours engaging in practice. A workload allocation model facilitates this.</p> <p>For the SCPHN HV programme all students are allocated a personal tutor and have a minimum of one visit per practice placement. Tripartite meetings are held between the student, practice teacher and personal tutor to assess the student's practice</p>

competence. Practice teachers reported that the teaching team are accessible and that they found them to be very responsive.

In the midwifery programmes students and mentors confirmed that the link lecturers are very visible in the clinical areas and provide a good level of support. They are easily contactable by e-mail or telephone if further help or advice is required. The introduction of the clinical teacher's role has had some very positive outcomes in terms of meeting the students learning needs in practice and their development of key practice skills.

Third year students in Lewisham Birth Centre reported an increased link lecturer presence in the practice placement to support students when adverse issues were raised by the CQC.

Practice education facilitators confirm that the school communicates well regarding student allocations to the practice learning environment.

Evidence / Reference Source

1. King's College London, Florence Nightingale School of Nursing & Midwifery
2. Role Description for Link Lecturers – not dated
3. Staff Development Strategy - 2013
4. Interviews with academic staff, students, practice teachers and education leads, mentors, sign-off mentors, practice teacher, practice education facilitators and ward managers 05- 06 February 2014

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

There is an approved mentorship preparation module delivered by Kings College London using both a standard and a flexible mode of delivery.

What we found at the event

We found mentors and practice teachers assessment of competence to be consistent and substantiated by students' performance. These practices have been monitored by external examiners who see the process as robust and especially cite the quality of the student portfolio as a robust evidence base for student learning.

Practice teachers, mentors and sign-off mentors appear to be very committed to their role and supportive to students who are experiencing issues with progression.

Practice teachers reported that they had been prepared for their role and were updated

<p>on at least an annual basis. Students reported that practice teachers were well prepared for the role and facilitate a wide range of learning opportunities.</p> <p>Guys and St Thomas' Foundation Trust use the long arm practice teacher model for the SCPHN HV programme. The senior practice teacher supports eight experienced practitioners who provide the day to day mentor support. This long arm model has weaknesses due to the number of students involved and it is recommended that these experienced practitioners undertake a mentorship programme to provide more effective support for the students and strengthen the assessment of practice process.</p> <p>A mentorship module is delivered by Kings College London using both a standard and a flexible mode of delivery.</p> <p>In midwifery sign-off mentors could clearly articulate their responsibility for learning and assessment. They all felt prepared for their role. Mentors could identify the requirement for annual updating and the process whereby this could be achieved, and they could describe the requirement for triennial review.</p> <p>Service managers report satisfaction with processes to prepare sign-off mentors.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. http://www.kcl.ac.uk/nursing/clinical-Education/MentorZone/NECE.aspx 2. Interviews with students, mentors, sign-off mentors, practice teachers and the academic team 05 - 06 February 2014
<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</p>
<p>What we found before the event</p>
<p>Mentor and practice teacher updates are regularly provided by Kings College London.</p>
<p>What we found at the event</p>
<p>Practice teachers attend updates provided by the school and these are held three to four times a year. Practice teachers reported that they have completed triennial review with their team leader or manager. Managers reported that the triennial review was completed through the annual appraisal process.</p> <p>In midwifery services a programme of mentorship update sessions are available as part of the mandatory training provision. All mentors identified opportunities for updating through advertised sessions and confirmed that they are released from practice areas to</p>

attend.
Evidence / Reference Source
1. Interviews with academic staff, practice teachers, mentors, signoff mentors, practice education facilitators and service managers 05- 06 February 2014
Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
Accuracy of records of mentors / practice teachers will be explored at the event.
What we found at the event
<p>We found that records of mentors are available within practice placement providers but there are issues about accuracy and the data recording for updates and triennial reviews in some practice placements visited. The school is recommended to consider joint work with placement providers to ensure that the processes for recording triennial reviews are strengthened and that the registers are more accurate.</p> <p>Guys and St Thomas' Foundation Trust has five practice teachers that did not appear to have completed a triennial review in the last three years. Additional information provided confirmed that some triennial reviews had been completed recently but this was not recorded on the register.</p> <p>Accurate live registers of mentors and sign-off mentors were mostly available within midwifery practice placements. The register captured information including preparation, sign-off status, annual updating and triennial review. Clear lines of responsibility for the updating of the register were identified in each placement provider. The register of mentors in St Thomas' Hospital showed a number of mentors who were not recorded to have attended updates and had not had a triennial review. Evidence was provided later that these requirements had been met but not recorded.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> 1. Live register of mentors in practice areas visited, cross referenced to students and their mentors. 2. Interviews with practice education facilitators who maintain the register, students, mentors, sign off mentors, practice teachers and service managers 05-06 February 2014

Outcome: Standard met

Comments:

- The long arm practice teacher model has weaknesses due to the number of students involved.
- There are issues about accuracy and recording of records or mentors.
- Service user engagement lacks a thematic approach and is often ad-hoc.
- Service user involvement in the admissions process and the assessment of student competence would benefit from development work and consolidation.

Areas for future monitoring:

- The long arm model of assessment by practice teachers on the SCPHN health visitor programme.
- The numbers of sign off mentors and any risk to the efficacy of the assessment of practice process.
- Accurate and up to date records of annual updates and triennial reviews as required by the NMC.
- Review the further development of service user involvement in programme delivery and evaluation.

Findings against key risks

Key risk 4 - Fitness to Practice

4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Pre-registration midwifery and SCPHN HV programme documentation identifies learning and teaching strategies and student support to enable students to achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register.

What we found at the event

We found that midwifery students achieve the NMC learning outcomes, and competencies for entry to the register. Students emerging from the programme are considered fit for practice by employers.

The use of high and low fidelity simulation in pre-registration midwifery programmes enables students to develop confidence and competence in performing core clinical skills. This demonstrates a strong commitment to protection of the public as students are generally well prepared before commencing placements and offering patient care under the supervision of a mentor.

Students are satisfied with the balance of theory to practice and the structure of the programme.

We found that the SCPHN HV programme features a clearly structured and logically delivered programme of learning with a clear integration of theory and practice.

The students achieve the required NMC learning outcomes, competencies and proficiencies for entry to the register. They are given sufficient opportunities to meet the community practitioner prescribing competencies. Students report that they can see how the theory links with practice. They find the programme demanding but relevant and are very clear about the progression points throughout the programme.

Evidence / Reference Source

Kings College London, Florence Nightingale School of Nursing and Midwifery:

SCPHN HV:

1. Nurse Prescribing Evaluation - 2012/13
2. Student Timetable - 2014
3. Leadership Module Handbook - 2014
4. Child Protection Module Handbook - 2014
5. Programme Leader Report 2012/3

Midwifery:

6. Midwifery Programmes 2013
7. Programme Handbooks – 2013
8. External Examiner Reports 2012/13
9. Timetables- 2014
10. Interviews with education commissioners, mentors, sign off mentors, practice education facilitators, service managers and service users 05-06 February 2014

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

<p>What we found before the event</p>
<p>Pre-registration midwifery and SCPHN HV assessment of practice documentation identifies the practice learning outcomes, competencies and proficiencies students have to achieve.</p>
<p>What we found at the event</p>
<p>We found that the NMC standards for pre-registration midwifery education are clearly articulated in the clinical assessment documentation and understood by students and mentors. The mechanisms to assess clinical practice allow students to develop skills and achieve competence with opportunities to receive feedback from mentors. Students and mentors find the assessment documentation straightforward with clear guidelines for its use.</p> <p>Students report that they are well educated and fit for practice.</p> <p>Service users report high levels of satisfaction with their contact with midwifery students. One user in particular was very complimentary of a second year student who had followed her pathway through maternity services. She felt that the student had gone above and beyond her role and was to be highly commended for her abilities and attributes.</p> <p>For the HV programme all proficiencies and competencies have been mapped within the programme and are clearly evident within the professional portfolio. Students are encouraged to highlight, via their learning contracts, where they require further experience.</p> <p>Education commissioners assess the quality of both the health visitor and midwifery programmes as very effective and confirm that students emerging from these programmes are fit for practice and highly sought after by employers.</p>
<p>Evidence / Reference Source</p>
<p>Kings College London, Florence Nightingale School of Nursing and Midwifery:</p> <p>SCPHN HV</p> <ol style="list-style-type: none"> 1. Practice Teacher and Mentor Handbook – 2013 2. Portfolio Document - January 2014 3. Professional Portfolio Handbook – 2014 4. Professional Portfolio Module Evaluation 2012/13 <p>Midwifery</p> <ol style="list-style-type: none"> 5. Additional Mentor Guide – 2013

6. Assessment of Practice Document – 2013
7. Interviews with education commissioners, mentors, sign off mentors, practice education facilitators, service managers and service users 05 - 06 February 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

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 modules and programmes are subject to evaluation. Processes for NMC programme approval, re-approval and periodic review are coordinated within the school and reported to the College's Quality and Academic Support Team as part of the school's professional statutory and regulatory body (PSRB) activity.

The NMC's requirements are integrated into the governance arrangements for the school.

What we found at the event

All modules and programmes are subject to evaluation and there is clear evidence that issues are followed through to resolution and that feedback is provided on action taken to students. However feedback loops to clinical staff appear less effective in the pre-registration midwifery programmes.

<p>Students on the SCPHN HV programme report that previous student feedback has informed curriculum delivery.</p> <p>In pre-registration midwifery programmes there is a relatively low response rate to the electronic evaluation. Students state that the evaluation questions are ambiguous and that there may be some issues about the framing of questions that make them difficult to answer. There is evidence that these issues are being worked on and that the face to face evaluation meeting with the student cohorts and the use of a student personal response system is providing good back-up evaluative information. Practice education facilitators attend the evaluation session.</p> <p>There are student representatives in each cohort and regular meetings with the academic team address student concerns and issues.</p> <p>The NMC self-assessment report provides a high quality analysis of the education provision and has supported the monitoring process.</p>
<p>Evidence / Reference Source</p>
<p>Kings College London Florence Nightingale School of Nursing and Midwifery:</p> <ol style="list-style-type: none"> 1. Academic Standards and Quality Committee – October 2013 2. SCPHN HV Nurse Prescribing Module Evaluation 2012/13 3. SCPHN HV Professional Portfolio Module Evaluation 2012/13 4. SCPHN External Examiner Reports 2012/13 5. Kings College London: Report to Executive Committee on Module Evaluation no date 6. Collated Placement Evaluation - 2013 7. Interviews with academic staff, students, mentors, sign-off mentors, practice teachers, practice education facilitators, ward managers and service managers 05 - 06 February 2014
<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 school takes the raising and escalating of concerns very seriously. It provides guidance to students on concerns around the learning environment in practice, patient care and inter-personal relationships as well as procedures for managing an incident or serious complaints regarding student behaviour within the practice learning environment.</p>
<p>What we found at the event</p>

We found the external examiner reports to be comprehensive and very supportive of the high quality of the programmes and the excellent academic support given to students. They include comments on the assessment of practice, sampling of practice portfolios and meetings with students and mentors. The level of comment that they provide and feedback given is positive as is the response to the issues raised by the programme leaders.

Mechanisms exist for external examiners to visit practice areas and meet students and mentors. The external examiner has an opportunity to review the students' clinical assessment documentation and to observe objective structured clinical examinations (OSCEs). Students reported that they had had an opportunity to meet an external examiner attending OSCE examinations, and other students were aware of the role of the external examiner in the moderation of course work.

Procedures for raising and escalating concerns are fully implemented and effective. All students, mentors and practice teachers reported that they are aware of how to raise and escalate concerns. Students are clear about how they would raise concerns within practice areas and identify clear lines of support through the link lecturer, practice education facilitator and supervisor of midwives. Students are clear about the role of the supervision of midwifery as a mechanism to protect the public.

Students feel that their concerns are taken seriously and that they are supported by mentors, sign-off mentors, practice education facilitators and link lecturers when they raise their concerns about poor practice in the placement setting.

Evidence / Reference Source

1. Kings College London Florence Nightingale School of Nursing and Midwifery:
2. Raising and Escalating Concerns Policy – 2013
3. External Examiners Reports Midwifery and SCPHN 2012/13
4. Meetings with students, mentors, sign off mentors, practice teachers, education leads, service managers and academic staff 05 -06 February 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

Personnel supporting programme monitoring

Initial visit on 08 January 2014 prior to monitoring event. Meetings with:

Head of School
 Head of Midwifery and Lead midwife for education
 Associate Dean for Education
 Director of Clinical Education
 Programme Leader, health visiting
 Programme Leader, midwifery
 Senior Midwife-learning support, Chelsea and Westminster Healthcare NHS Foundation Trust
 Clinical Education Lead, Bromley Healthcare
 Senior Midwife-learning support, Chelsea and Westminster Healthcare NHS Foundation Trust

During monitoring event. Meetings with:

Head of School
 Associate Dean for Education
 Head of Midwifery and Lead Midwife for Education
 Director of Clinical Education
 Vice-Principal Education
 Head of Department, Children's Nursing
 Programme Leader, health visiting
 Programme Leader, midwifery
 Programme Director - SCPHN Health Education North Central and East London
 Admissions tutor
 Admissions tutor, midwifery
 Clinical Education Lead, Bromley Healthcare

Senior Midwife-learning support, Chelsea and Westminster Healthcare NHS Foundation Trust
 Commissioner, Health Education South London
 Senior Commissioning Manager, Health Education South London
 Lead Nurse education clinical learning and development, Chelsea and Westminster Healthcare NHS Foundation Trust
 Midwifery service user
 Health Visiting, service user
 APEL Coordinator
 Fitness to Practise Committee chair
 Clinical teacher, adult nursing
 Clinical teacher, midwifery
 HV students (September 2013 cohort) x 5

Meetings with:

Mentors / sign-off mentors	14
Practice teachers	12
Service users / Carers	5
Practice Education Facilitator	7
Director / manager nursing	3
Director / manager midwifery	6
Education commissioners or equivalent	2
Designated Medical Practitioners	0
Other:	3

	Supervisors of Midwives
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Meetings with students:

Student Type	Number met
SCPHN HV	16
Midwifery 3yr	Year 1: Year 2: 10 Year 3: 8
Midwifery 18mth	Year 1: 4 Year 2: 2 Year 3: