

## 2014-15 Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Cardiff University
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Mental Health
Date of monitoring event	14-15 Jan 2015
Managing Reviewer	Irene McTaggart
Lay Reviewer	Rosalind Tarry
Registrant Reviewer(s)	Caroline Gibson, Gordon Mitchell
Placement partner visits undertaken during the review	Cardiff and Vale University Health Board: University Hospital Wales, University Hospital Llandough, Whitchurch Hospital, Rumney Primary Care Centre, The Links Community Mental Health Team. Aneurin Bevan University Health Board: Royal Gwent Hospital, County Hospital Pontypool Hafan Deg MHSOP; Independent sector: Llanarth Court Hospital Partnerships in Care, Regency Independent Nursing Home
Date of Report	24 Jan 2015

### Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. 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 Quality assurance (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 monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. 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 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 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 Cardiff University's programmes

The School of Healthcare Sciences, now the third largest school in Cardiff University ("the University"), was formed in September 2013. Harmonisation activity has been significant over the past year with priority given to developing an education strategy and an assessment and feedback strategy. Now in operation these will enable the newly created school to provide an equitable and high quality educational experience for all students.

The school delivers a range of approved NMC education programmes including pre-registration nursing adult, mental health and child; pre-registration midwifery and also a range of postgraduate programmes.

The school works in partnership with students and service providers to instil values of professionalism and academic integrity within a culture that promotes and respects equality, diversity and a dignified approach to quality care provision.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Placement visits included Aneurin Bevan University Health Board (ABUHB), and placements in the independent sector. Particular consideration was given to the student experiences in the placement areas in Cardiff and Vale University Health Board which were subject to adverse Health Inspectorate Wales (HIW) reports in February, June and July 2014.

## Summary of public protection context and findings

We conclude from our findings that the university has adequate appropriately qualified academic staff and resources to deliver pre-registration nursing (adult and mental health) to meet NMC standards.

Mentors and sign off mentors supporting student nurses (adult and mental health) told us that they are well prepared for their role in supporting students and assessing students in practice. However, we found that there are difficulties for employers releasing mentors/sign off mentors to undertake annual mentor updates and although efforts are being made to address these difficulties there is evidence that some nursing (adult) mentors and sign off mentors are unable to comply with NMC requirements in a timely manner.

We found that the current status of mentors and sign off mentors is not up to date on the live mentor register in one practice placement provider.

We conclude that there is not a robust system in place to demonstrate mentor records are accurate and up to date to ensure that mentors/ sign off mentors who are non-compliant with NMC Standards for learning and assessing in practice (SLAiP) (NMC, 2008) are identified and suspended from the live mentor register.

This has resulted in students being supervised in practice by nurses who are not up to date mentors/ sign off mentors. The university and practice placement provider are required to construct an action plan for immediate implementation to ensure students are supervised and assessed by updated mentors/sign off mentors.

Cardiff University in partnership with the practice placement provider identified and

implemented an action plan to secure robust systems and processes to ensure mentors/sign off mentors who are non-compliant with NMC Standards for learning and assessing in practice (NMC, 2008) are identified and removed from the mentor register.

A return visit to the university on 04 June 2015 confirmed that mentors/sign-off mentors attend annual updates sufficient to meet requirements for triennial review and records of mentors/practice teachers are accurate and up to date.

We found admissions and progression procedures are robust and efficiently managed to ensure students entering and progressing on the nursing (adult and mental health) programme meet NMC standards and requirements thus contributing to protection of the public.

We found the contribution of service users and carers is integral to the programme; valued by students, the programme team and mentors; and supported by mentors to enable service user involvement in the assessment of practice.

We are assured that concerns are investigated and dealt with however the formal fitness to practise policy and process requires improvement to ensure there is partnership decision making with placement providers about students' fitness to practise and progression on the programme. This will enhance protection of the public.

We found the raising and escalating concerns process is effective in ensuring that concerns are fully investigated. Students confirmed they are well supported by the university and they told us concerns are addressed in a responsive and timely way to ensure they are not disadvantaged and the public is protected.

The university has procedures in place to address issues of poor performance of students in both theory and practice. These procedures are implemented by practice placement providers and ensure support for the student and protection of the public.

Our findings conclude that there are well established partnerships between the university and service providers for the management of students' learning following concerns raised about placements from external reviews.

We found that learning; teaching and assessment strategies in the approved programme enable student nurses (adult and mental health) to successfully meet the required programme learning outcomes, NMC standards and competencies.

External examiners for the pre-registration programme (adult and mental health) confirm that students meet the programme learning outcomes and NMC pre-registration nursing competencies.

### **Summary of areas that require improvement**

There is not a robust system in place to demonstrate mentor records are accurate and up to date to ensure that mentors/sign off mentors who are non-compliant with NMC SLAiP (NMC, 2008) are identified and suspended from the mentor register.

This has resulted in students being supervised in practice by mentor/sign off mentors who are not up to date.

The university and practice placement provider are required to construct an action plan for immediate implementation to ensure students are supervised and assessed by

appropriately prepared and updated mentors/sign off mentors.

Cardiff University in partnership with the practice placement provider identified and implemented an action plan to secure robust systems and processes to ensure mentors/ sign off mentors who are non-compliant with NMC Standards for learning and assessing in practice (NMC, 2008) are identified and removed from the mentor register. This ensures students are supervised and assessed by appropriately prepared and updated mentors/sign off mentors.

A return visit to the university on 04 June 2015 confirmed that mentors/ sign-off mentors attend annual updates sufficient to meet requirements for triennial review and records of mentors/practice teachers are accurate and up to date.

Placement providers are involved in informal processes related to fitness to practice processes and decision making. However, there is no evidence of placement provider involvement in formal fitness to practice panels and decision making. The formal fitness to practise policy and process requires improvement to ensure there is partnership decision making with placement providers about students' fitness to practise and progression on the programme.

### Summary of areas for future monitoring

- Adequate resources are in place should the proposed 30% increase in student numbers be implemented
- Placement provider involvement in formal fitness to practise panels and processes
- Service users and carers direct involvement in the selection and admission process
- Accuracy and currency of live mentor registers
- Compliance with NMC Standards for learning and assessing in practice (NMC, 2008) in relation to mentor updates
- Monitor the effectiveness of preparation for the administration of medications and related pharmacology.

### 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**

We found there are close working relationships between the university and practice placement providers, professional heads of nursing (adult and mental health), link lecturers and practice educators (clinical teachers) to effectively support students, mentors/ sign off mentors in practice placement in the pre-registration nursing (adult and mental health) programme.

The programme teams confirmed systems are in place to support students in both theory and within practice settings to ensure NMC standards and requirements and essential skills are met. In addition, EU requirements are met within the pre-registration nursing (adult) programme.

Two additional mental health lecturers have been employed due to an increase in student numbers. We were informed that should there be any further increase in student numbers in nursing (adult and mental health) this will result in the employment of additional staff.

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

All mentors, practice facilitators (PFs), employers and the commissioner expressed confidence in the programme. Mentors confirmed that they receive good support from the PFs and knew how to contact the link lecturer for their clinical area. The PFs maintain the live mentor database. Educational audits of placement areas are overseen by the director of learning in practice. Mentor updates are mainly carried out by the PFs and educational audits completed by the link lecturer.

Mentors/sign off mentors demonstrated a commitment to providing good quality teaching and support in practice learning environments to ensure students meet the required NMC competences.

Mentors expressed confidence in the programme and confirmed students are highly motivated and effectively prepared for practice. Mentors emphasised the compassionate and respectful behaviours of students from Cardiff University.

Employers confirmed that students exiting the programme are fit for practice and purpose and the commissioner confirmed all students successfully completing the programme would gain employment in local health boards.

### **Students**

Nursing (adult)

Students consistently told us that theory complements and prepares them for practice placements. They described a logical progression in the development of knowledge and

practice skills over the three years of the programme. Students in the final placement told us their confidence had developed and that they felt safe and effectively prepared for the transition to registration as a nurse.

Students perceive the programme prepares them to care effectively for people in both hospital and community settings and addresses issues relevant to current demographic trends including; management of long term conditions, social inequalities and frail older adults.

Students consistently described the support from academic staff as constructive and encouraging.

#### Nursing (mental health)

Students studying all three years of the programme were eager and objective in their feedback to reviewers. They told us that they are satisfied with the level of teaching, although some stated more pharmacology related to mental health would be helpful. They are very positive about their practice placement experience and the level of mentorship they receive. Students plan to apply for posts within the local NHS health boards when they qualify. Third years students have all secured employment if they successfully complete the programme.

#### **Service users and carers**

Service users and carers report that they contribute to the content of the programme and decide the learning outcomes for individual sessions supported by academic staff. They confirmed that they are adequately prepared for the role and described the support provided by the academic staff before and during the sessions and the opportunity for debriefing afterwards.

They confirmed service user and carer contribution is integral to the programme and they feel valued by the students, the programme team and mentors. They contribute to the assessment of practice. They emphasised the compassionate and respectful behaviours of the students.

There is evidence of direct service user and carer involvement within the programme with a service user involved in the teaching of mental health students on the recovery model and within clinical practice. Mental health students are also exposed to service user and carer experience from the other fields of practice.

### **Relevant issues from external quality assurance reports**

HIW reports and reviews were considered for practice placements used by the university to support students' learning.

The following reports require action(s):

On 18 and 19 June 2014, HIW undertook an unannounced dignity and essential care inspection at Rookwood Hospital, part of Cardiff and Vale University Health Board (CVUHB). The health board was required to submit an improvement plan addressing the following areas: delivery of the fundamentals of care; quality of staffing management and leadership and the delivery of a safe and effective service (1).



An improvement plan addressing the issues raised has been constructed with some actions completed and others ongoing (2).

On 11 June 2014, HIW undertook an unannounced dignity and essential care inspection at University Hospital for Wales, part of CVUHB. The health board was required to submit an improvement plan addressing the following areas: delivery of the fundamentals of care; quality of staffing management and leadership, and the delivery of a safe and effective service (3).

On 1 and 2 July 2014, HIW undertook an unannounced dignity and essential care inspection at the Charles Radcliffe Ward part of the Cardiff and Vale Orthopaedic Centre (CAVOC), part of CVUHB. The health board was required to submit an improvement plan addressing the following areas: quality of the patient experience; delivery of the fundamentals of care, and the delivery of a safe and effective service (6).

On 4 March 2014 HIW completed an unannounced dignity and essential care inspection to the accident and emergency department at the University Hospital for Wales, part of the CVUHB. The health board was required to submit an improvement plan addressing the following areas: quality of the patient experience; delivery of the fundamentals of care, management and leadership, quality and safety, and the delivery of a safe and effective service (7).

An improvement plan has been submitted with targeted completion dates ranging from those completed immediately until July 2014 (8).

On 6 February 2014 HIW completed an unannounced dignity and essential care inspection to the Velindre Cancer Centre ward: active support unit (ASU). The health board was required to submit an improvement plan addressing the following areas: delivery of the fundamentals of care, quality and safety (9).

On the 3 April 2014 HIW undertook an unannounced visit to Marie Curie Hospice, Penarth followed by announced visits on 9, 21, 22 May 2014. The purpose of the announced inspection on the 22 May 2014 was to understand the views of patients and their families on their care and experiences at the hospice. The opportunity was also taken to follow-up on progress and action required from previous visits.

The 3 April visit highlighted several issues which resulted in new requirements from HIW which had timescales added for completion (10).

The 21 May visit resulted in new requirements from HIW which had timescales added for completion (11).

There is ongoing progress in a number of areas identified in the two previous inspections in April and May 2014. Some actions have been completed and others, such as staff training programmes, have been implemented. The responsible individual and registered manager are required to forward an updated progress and action plan to HIW with regard to any outstanding and/or on-going requirements (12).

As a result of these risks the Cardiff University pre-registration nursing students were and remain withdrawn from the hospice.

In June 2012, HIW was requested by the chief executive of Aneurin Bevan Health Board to undertake an independent review into the health board's response and arrangements put in place following the death of a patient in 2010. The request arose in

response to the Health Board's handling of the complaint submitted by the family of the patient and covered the care provided by the GP surgery, subsequent attendance and discharge from Accident and Emergency at Nevill Hall Hospital and the care provided by the endoscopy services (13).

The report of the independent review panel identified a total of 21 recommendations spanning across Primary Care, Nevill Hall Hospital Endoscopy Unit and Nevill Hall Accident and Emergency (A&E)/Medical Assessment Units (MAU). An additional seven recommendations; two relating to the Health Board's handling of the complaint made by the family were identified; and five national recommendations relating to endoscopy services.

The Health Board is required to formulate an action plan in response to the recommendations and progress against these will be monitored by both HIW and the Welsh Government (13).

An action plan has been submitted with some actions completed and others with target dates the latest being summer 2014 (14).

The endoscopy unit is not used for students' placement experience but the A&E department in Nevill Hall Hospital (NHH) is used as a placement area for pre-registration nursing students. On reviewing the HIW action plan developed by ABUHB it is clear that the issues raised are related to medical cover, management of notes and results by medical team and medical discharge. The action plan submitted by ABUHB clearly identifies responsibility and completion dates. The university is satisfied that this event has not impacted upon the student experience. An educational audit for A&E NHH completed in December 2014 and discussion with the link lecturer confirmed that the area is supportive of students and committed to providing students with an excellent practice placement learning experience (116).

An independent review into aspects of care and practice at the Princess of Wales and Neath Port Talbot Hospitals, which form part of Abertawe Bro Morgannwg University Health Board (ABMU) took place between December 2013 and April 2014 the results of which were published May 2014.

Although pre-registration nursing is not allocated to this health board the school was concerned by the findings of the Andrews review (2014) and the issues this raised in relation to the nursing care of older adults.

In June 2014, a response to this review was provided to the NMC from Cardiff University, Swansea University and University of South Wales, supported by the commissioners in Welsh Government. There were no specific findings or recommendations within the report relating to practice placements of pre-registration students within these hospitals.

The AEl's are confident that all potential risks relating to and arising from this review and the impact on nursing and midwifery education have been considered and are being managed effectively (17 and 18).

Other HIW compliance reports relevant to placement areas used by Cardiff University for approved nursing and midwifery programmes were considered but did not require further discussion as part of this review.

## Evidence / Reference Source

1. *HIW Inspection Report CVUHB Rookwood Wards 7 and 8-18 June 2014 FINAL*
2. *HIW Action Plan CVUHB Rookwood Wards 7 and 8-updated September 2014*
3. *HIW Inspection Report CVUHB University hospital Wales Ward A4 11 June 2014 FINAL*
6. *HIW Inspection Report C&VUHB Llandough CAVOC 1 and 2 July 2014*
7. *HIW Inspection Report C&VUHB University Hospital for Wales Accident and emergency department 4th March 2014*
8. *C&VUHB response to HIW inspection on 4th March 2014*
9. *HIW DECI Velindre Active Support Unit Inspection Report Final 6 February 2014*
10. *HIW management letter dated 23 April 2014 Marie Curie Hospice, Penarth announced inspection 3rd April 2014*
11. *HIW management letter dated 17 June 2014 Marie Curie Hospice, Penarth announced inspection 21 May 2014*
12. *HIW management letter dated 5 August 2014 Marie Curie Hospice, Penarth announced inspection 22 May 2014*
13. *HIW report of a review in respect of: arrangements put in place by Aneurin Bevan Health Board (ABHB) following the death of Miss A in 2010, March 2014*
14. *Aneurin Bevan evidence action plan from health board responding to HIW requirements*
17. *Trusted to Care: An independent Review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board Professor June Andrews, Mark Butler, May 2014*
18. *University of Cardiff self-assessment 2014/15 01 December 2014*
116. *School response to questions after initial visit 05 January 2015*

## Follow up on recommendations from approval events within the last year

There were no NMC programme approvals during the last year, however the following modifications were approved:

Minor modifications:

May 2014: Bachelor of Nursing - change to the wording contained in the learning outcome relating to learning outside of the UK, contained in section 5.4.2 of the programme document.

July 2014: Bachelor of Nursing - change to assessment type for module NR1011.

August 2014: Bachelor of Nursing - change to observational/participation status for students on their practice optional learning opportunity (POLO).

November 2014: MSc Advanced Practice - NRT175 Practice Teacher module - removal of some formative stages of the portfolio.

Major modifications:

August 2014: PGD Specialist Community Public Health Nursing - changes to the

portfolio.

No recommendations were made as a consequence of these major modifications (18, 19, 20 and 21).

### Evidence / Reference Source

18. University of Cardiff self-assessment 2014/15 01 December 2014

19. School of healthcare sciences request for amendments to existing programmes of study 27 March 2014 BN (Hons) Nursing (Cardiff Nursing Futures)

20. School of healthcare sciences request for amendments to existing programmes of study 31 July 2014 BNCNF-JB-POLO

21. Email from Mott MacDonald entitled Cardiff University-undergraduate Bachelor of Nursing for Registered Nurse – Child, Registered Nurse – Adult, Registered Nurse – Mental Health-Minor Modification dated 7 August 2014

### Specific issues to follow up from self-report

Specific issues highlighted in the 2014/15 self-report (18) identified completed actions.

These completed actions include:

Student placement allocation has been revised to ensure sufficient numbers of mentors are available to support students. Targeting mentorship preparation to these areas to ensure that student numbers can be increased for future student cohorts.

Link lecturers updated key information especially following reconfiguration of clinic areas.

Ongoing actions include:

A number of new academic appointments were made during 2013/14 and a further eight lecturers will be recruited during the first half of 2015. Existing academic staff act as mentors to support learning and teaching activities.

Service provider difficulties in releasing nurses to attend mentor updates may result in a reduction in availability of mentors to supervise students. The school is working in partnership with health boards to increase mentorship compliance and mentor numbers.

See discussion in section 3.3.2

### Evidence / Reference Source

18. University of Cardiff self-report 2014/15 01 December 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 have experience / qualifications commensurate with role.

#### What we found before the event

A number of new academic appointments were made during 2013/14 and a further eight lecturers will be recruited during the first half of 2015. Existing academic staff members act as mentors to support learning and teaching activities. There are 27 associate lecturers on secondment to the school (18).

Field leads/programme managers have due regard and a recordable teaching qualification with the exception of one adult field lead who does not have recorded teaching qualification but the programme lead is providing mentorship until this is completed. The programme lead has a recorded teaching qualification (22 - 24).

A database of academic staff members NMC registration numbers (including their register entry and recordable qualification) is maintained in the school and the Associate Dean/Deputy Head of School monitors this to ensure compliance (25).

The school requires all registrants to have completed an NMC approved teaching qualification within two years of commencement of employment (22).

#### What we found at the event

We found the university has systems in place to ensure all academic staff are currently registered with the NMC (25).

#### Nursing (adult and mental health)

We viewed evidence that academic staff delivering the pre-registration nursing programme (adult and mental health) hold current and relevant NMC registration. 92% of registrant teachers have; are undertaking; or are in the process of gaining NMC recognition of teaching. Programme/field leads for nursing (adult and mental health) hold recorded teaching qualifications (22-24,116).

An increase in student numbers over the last two years has led to an increase in the appointment of lecturers and associate lecturers. The school requires all nursing and

<p>midwifery lecturers to have completed an NMC approved teaching qualification within two years of commencement of employment (22, 70).</p> <p>We were informed of a potential increase in commissioned adult and mental health student numbers, which could be as much as 30% with the majority in adult field. The school and commissioner confirmed that collaborative actions would be taken to meet any resultant demands upon resources in both the university and practice learning environments (70- 71).</p> <p>We conclude from our findings that the university currently has adequate appropriately qualified academic staff and resources to deliver pre-registration nursing (adult and mental health) to meet NMC standards.</p>
<p>Evidence / Reference Source</p>
<p>18. Cardiff University self-assessment 2014 /15 01 December 2014</p> <p>22. Practitioner details – academic roles (nursing and midwifery) December 2014</p> <p>23. Staff CVs</p> <p>24. NMC register checked 20 – 30 December 2014</p> <p>25. Processes for ensuring checks for monitoring academic staff active registration and for due regard, undated</p> <p>70. School presentation 14 January 2015</p> <p>71. Telephone meeting Director, Workforce, Education and Development Services 15 January 2015</p> <p>116. School response to questions after initial visit 05 January 2015</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>Partnership arrangements are in place between Cardiff University School of Healthcare Sciences and University health boards and other organisations involved in the provision of practice placements to meet NMC requirements (26). In order to maintain an appropriate placement capacity and protect the public the placement providers reserve the right to restrict placements to the numbers specified in the educational audit (27).</p> <p>Each student is allocated a designated mentor for the period of the practice placement. The mentor will support no more than three students at any point in time and will work the same shifts as the student for at least 40% of the placement. There is an agreed process to ensure supervision meets NMC Standards for learning and assessing in practice (NMC, 2008) when a student is not working the same shift(s) as the designated mentor (26-27,18).</p>
<p>What we found at the event</p>

We were told mentor provision is relatively stable with clinical teachers/practice facilitators providing monthly mentor preparation study days. There is a clear application process for mentorship preparation programmes that must be supported by employers to ensure staff are released and supported. One health board has developed a mentor policy and another is aiming to do so (72 -73,116).

Students told us that they have supernumerary status. This was confirmed by off duty rotas and mentors who monitor student attendance which is recorded within the students' practice placement documentation (26, 77-8, 82 -85, 88 -91).

The hub and spoke model of placement is used and mentors told us that mentors are allocated at the hub placement and are responsible for overseeing the achievement of competencies and their allocated students' learning experiences (78, 80, 83, 85, 89, 91).

#### Nursing (adult)

The allocation of students to practice placements is organised at university level via central allocations. Educational audit documentation indicates the number of mentors within each unit and the number of students that can be accommodated. This ensures the capacity of the placement is satisfactory and does not compromise the student support and the learning experiences (95, 97, 99, 101, 103, 105).

We found evidence that arrangements are made to adjust student allocation numbers in response to changes in the number of mentors to ensure adequate support for student learning and also to ensure public protection is maintained (99).

Students confirm that they are always allocated a mentor, and in some cases a co mentor, to support their learning in placement and that they work with their mentors/sign off mentors at least 40 per cent and in some cases 90 to 100 per cent of the time (93, 96, 100).

#### Nursing (mental health)

We found that there are sufficient mentors/sign off mentors to support the pre-registration nursing student (mental health) in practice learning environments. Students confirm that they work at least 40% of their time with their mentor/sign off mentor.

A strategic review of practice learning environments available for mental health student nurses in Wales has taken place with the aim of increasing capacity and the number of mentors available (76).

We conclude that there are sufficient, appropriately qualified mentors and sign-off mentors available to support the numbers of students.

#### Evidence / Reference Source

18. Cardiff University self-assessment 2014 01 December 2014

26. Local level agreement in relation to practice placements for nursing and midwifery students May 2014

27. Principles of the Student Placement Process August 2014

72. Telephone meeting, assistant director of nursing and service improvement Velindre NHS Trust 15 January

2015

73. Telephone meeting assistant director of nursing, Clinical Teacher Cardiff and Vale University Health Board 14 January 2015

76. Meeting with programme team 14 January 2015

77. Telephone meeting mental health students 14 January 2015

78. Telephone meeting mental health mentors 14 January 2015

80. Hafan Deg MHSOP mental health mentors 14 January 2015

82. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health students 14 January 2015

83. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015

84. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015

85. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015

88. The Links CMHT, mental health students 15 January 2015

89. The Links CMHT, mental health mentors 15 January 2015

90. University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015

91. University Hospital Llandough East 10 (MHSOP) mental health mentors 15 January 2015

95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015

96. Ward C5 Cardiothoracic CVUHB adult nursing students 14 January 2015

97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015

99. Regency Independent Nursing Home – adult nursing mentor 14 January 2015

100. Romney Primary Care Centre- adult nursing students 14 January 2015

101. Romney Primary Care Centre- adult nursing mentors 14 January 2015

103. D1 West – adult nursing mentors 15 January 2015

105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015

116. School response to questions after initial visit 05 January 2015

**Outcome: Standard met**

Comments:

We were informed of a potential increase in commissioned adult and mental health student numbers, which could be as much as 30% with the majority in adult field. The school and commissioner confirmed that collaborative actions will be taken to meet any resultant demands upon resources in both the university and practice learning environments.

Areas for future monitoring:

Adequate resources are in place should the proposed 30% increase in student numbers be implemented.



Findings against key risks
<p><b>Key risk 2 – Admissions &amp; Progression</b></p> <p><b>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</b></p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>A variety of selection processes including multiple mini interviews (MMIs) are used to ensure high quality applicants with the most appropriate skills and attributes are recruited for their caring nature and compassion as well as their knowledge and skills (30).</p> <p>Practitioners, academic staff, administration staff and student representatives are involved in MMIs whilst service users and carers have been involved in developing scenarios. The school is considering ways to improve this and are plan to include the Patient public reference group in the invitation to participate in February 2015 (31-33).</p> <p>All staff involved in recruitment, selection and admission of students will have awareness of equality and diversity, this training is mandatory for all staff (35).</p> <p>Bespoke training sessions on diversity and inclusion with a focus on unconscious bias, have been organised for academic and professional services staff participating in MMIs (18).</p> <p>Survey results, following the introduction of MMIs, report very positive comments about this approach to interviews for nursing candidates (34).</p> <p>Each applicant has to have a satisfactory Disclosure and Barring Service (DBS) enhanced disclosure and satisfactory occupational health check, prior to commencing placements. Any DBS and/or health concerns are reviewed by the school fitness to practise advisory group who make a recommendation regarding the application (39-40).</p> <p>There is a policy for the protection of vulnerable adults and those under 18 years of age which protects both the public and students under the age of 18 years (36-38).</p>
<p>What we found at the event</p>
<p>The admission procedure for students entering the pre-registration nursing programme is agreed by an all Wales admissions tutors group, under the direction of the All Wales fitness for practice initiative (28).</p>

We found evidence at a strategic level that practitioners are given time and training to enable them to participate in the admission process. Practice placement providers told us they are involved in the recruitment process; attend interviews and support the values and behaviours framework used in MMIs (72 -74).

Any DBS and health concerns in relation to applicants are reviewed by the school fitness to practise advisory group who make a recommendation regarding the application. Membership of this group includes representation from service providers (39- 40, 116).

Students described the process of DBS checks on admission to the programme and informed us that they update their good health and good character status at enrolment annually (98, 100).

The school is taking a cautious approach to the direct involvement of service users and carers in interviews. Some service users are currently undertaking mandatory training requirements at the university (75).

We were told that service users and carers will be directly involved in MMIs in 2015 and they will be paired with a member of the academic staff. Service users and carers confirmed that they are prepared for their involvement in the admissions process which includes equality and diversity training (33, 75).

#### Nursing (adult)

Students who were interviewed using MMI format told us they had been required to discuss issues such as dignity, the role of the nurse and to demonstrate effective communication skills through teaching a practical skill. Students said they had been aware of external observers and that some practitioners were involved in the selection process (98, 100).

During our visit to practice placements some mentors told us they had not been directly involved in recruiting students but are keen to participate in the admissions process (95, 101).

#### Nursing (mental health)

The recruitment and admissions process for mental health students meets NMC standards and requirements (28 -30). Service managers confirmed they are committed to the release of practitioners to support the interview process (81, 92).

We conclude that all admissions and progression procedures are robust and efficiently managed to ensure students entering and progressing on the nursing (adult and mental health) programme meet NMC standards and requirements thus contributing to protection of the public.

#### Evidence / Reference Source

- 18. *University of Cardiff self-assessment 2014/15 01 December 2014*
- 28. *BN(Hons) programme document 2012*
- 29. *Cardiff University admissions framework June 2011*

- 30. Final review of the school undergraduate admissions strategy report and recommendations October 2012
- 31. Interviews 2013
- 32. Patient public initiative (PPI) protocols and procedures 07 March 2012 page 11
- 33. Patient and public involvement in learning and teaching and research forum terms of reference, undated
- 34. Recruit, retain and employ project group minutes November 2013
- 35. Equality and diversity policy October 2011
- 36. Cardiff university student disability disclosure policy 2012
- 37. Guidance criteria following disclosure of a criminal conviction or caution prior to programmes in school of nursing and midwifery studies (sonms), undated
- 38. Cardiff university safeguarding children and vulnerable adults policy 2010
- 39. Procedure for determining applicants' fitness to practise and eligibility to pursue regulated programmes, undated
- 40. Fitness to practise enrolment flow chart, undated
- 72. Telephone meeting, assistant director of nursing and service improvement 15 January 2015
- 73. Telephone meeting assistant director of nursing, Clinical Teacher 14 January 2015
- 74. Telephone meeting, assistant director of nursing, 14 January 2015
- 75. Meeting with service users 15 January 2015
- 81. General Manager, mental health ABHB 14 January 2015
- 92. Mental Health Clinical Board Nurse 15 January 2015
- 95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015
- 98. Regency Independent Nursing Home – adult nursing student 14 January 2015
- 100. Romney Primary Care Centre- adult nursing students 14 January 2015
- 101. Romney Primary Care Centre- adult nursing mentors 14 January 2015
- 116. School response to questions after initial visit 05 January 2015

Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice

What we found before the event

The minimum requirements, responsibilities and entitlements of the school, students and service providers are agreed in the code of practice on placement learning (41).

Students are committed to strict compliance with all rules and procedures of the university when they are at the university and on practice placement.

Processes for reporting and supporting concerns regarding students' underachievement of competence are key to learning and development agreements with all practice placement partners (48, 42-3).

The school's raising and escalating concerns policy is implemented where there are

concerns about a student's pastoral needs. This policy is also used in conjunction with the students' fitness to practise procedure (39).

The unfair practice procedure outlines processes involved to manage any act whereby a student might obtain for him/herself or for another, an unpermitted advantage or a higher mark or grade than his/her abilities would otherwise secure. This procedure applies to all forms of assessment (44).

#### What we found at the event

We found that the school has a robust procedure for raising and escalating concerns and this is linked to the fitness to practise procedure (41, 43).

Placement providers and academic staff told us that they are involved in discussions related to fitness to practise decision making. However, there is no evidence of formal placement provider involvement in fitness to practise panels and decision making. Placement providers told us they would like to be involved at an earlier stage in the process (72 -3, 110).

We were told action is being taken to address this as the school and university registry department are in the process of revising the school's fitness to practise policy. The school anticipate a new procedure will be approved in approximately one month. However, until the policy is finalised the school has advised registry that a placement provider representative should be involved in all formal school fitness to practise panels (110).

The outcome of fitness to practise cases range from the case is unproven to withdrawal of the student from the programme (117).

We confirmed the fitness to practise panel had considered 14 student nurses/midwives; eight (adult), three (mental health), one child and two midwifery students in 2013/14. The outcome of these hearings was that two student nurses, (one mental health) and one child) and two midwifery students were discontinued from the programme. Three student nurses (adult) was given a period of close supervision and a warning; three student nurses (two adult) and one (mental health) were given a formal warning and asked to complete a reflective account of the incident with monitoring. Four student nurses (three adult and one mental health) required no further action (117).

Whilst we are assured that fitness to practise concerns are investigated and dealt with the formal fitness to practise policy and panel does not include placement providers in decision making about students' fitness to practise and progression on the programme. This requires improvement.

Theoretical and practice assessments must be successfully completed for progression during and on completion of the programme. Opportunities for retrieval are given and clear guidelines are in place in regard to progression points and the NMC 12 week rule (28, 43, 48).

The school has processes in place to monitor students' attrition at each progression point in the programmes with common themes identified by the school (123). We confirmed that student attrition has reduced and is monitored by commissioners in the

health boards who expressed no concern over attrition rates (70, 81, 90).

We conclude that programme providers procedures address issues of poor performance in both theory and practice and are clearly understood by all stakeholders.

We are assured that concerns are investigated and dealt with however the formal fitness to practise policy and process requires improvement to ensure there is partnership decision making with placement providers about students' fitness to practise and progression on the programme. This will enhance protection of the public.

#### Evidence / Reference Source

- 28. *BN (Hons) nursing programme document 2012*
- 39. *Students' fitness to practise procedure, undated*
- 48. *The procedure for reporting and supporting pre-registration student underachievement of competence in clinical/placement practice July 2014*
- 41. *Code of practice on placement learning, undated*
- 42. *Procedure for reporting and supporting pre-registration student, undated*
- 43. *Underachievement of competence in clinical/placement practice July 2014*
- 44. *The unfair practice procedure, undated*
- 70. *School presentation 14 January 2015*
- 72. *Telephone meeting assistant director of nursing and service improvement Velindre NHS Trust 15 January 2015*
- 73. *Telephone meeting assistant director of nursing, Cardiff and Vale University Health Board 14 January 2015*
- 81. *General Manager, mental health ABHB 14 January 2015*
- 90. *University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015*
- 110. *Statement fitness to practise provided 14 January 2015*
- 117. *Outcomes of fitness to practise hearings January 2015*
- 123. *Attrition monitoring WD with reasons January 2015*

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

The minimum requirements, responsibilities and entitlements of the school, students and service providers are agreed in the code of practice on placement learning (41).

Mentor preparation includes assessment of competence and management of poorly performing students. Reference is made to the management of unsatisfactory performance in the student portfolio. Students' under achievement is managed collaboratively by practice and academic staff (45).

Mentors are advised concerns should be communicated to the student as early as reasonably possible. The student's academic support should also be informed with any student portfolio / documentation / report completed outlining the key issues identified (46 -7).

A failing/ underachieving student report is completed following a meeting with the student, practice link and academic support in order to develop an action plan. This plan is monitored; the programme manager is informed and reports are kept in the student's personal file. If unresolved the named practice link or academic support will refer the student to the programme manager who will meet with the student and the director of undergraduate studies to discuss concerns and future progress on the programme (48).

The management of unsatisfactory performance is recorded in the student's portfolio. Mentor preparation includes assessment of competence and management of the poorly performing student (45).

#### What we found at the event

Service managers confirmed their awareness of DBS and health screening and would be involved in decisions related to unsatisfactory DBS screening (72 and 74).

#### Nursing (adult)

We found good evidence that mentors understand and follow the appropriate process when they identify issues around poor performance or have concerns about students conduct during the practice placement (95, 101,103,105).

Mentors told us that they follow the cause for concern procedure detailed in the student's practice documentation and develop an action plan (65). Students are given early feedback so they are aware of the issue and areas for improvement are identified in an action plan (99,101,105). Link lecturers and practice facilitators are involved in supporting mentors to develop action plans.

They have contact details for academic staff should they require to discuss students. Mentors confirmed that they have access to a network of support to enable them to fulfil their mentor responsibilities (97,103,105). They described good practice in relation to support from a sign off mentor or more experienced mentor, if necessary.

#### Nursing (mental health)

Mentors/sign off mentors are able to articulate how they manage students whose poor performance may result in the non-achievement of placement competencies or inappropriate behaviour. This includes the mentor/sign off mentor developing an individual action plan to guide/support the student; contacting the student's personal tutor or link lecturer and seeking advice from the practice facilitator. Mentors gave examples about when they had followed the procedure (78, 80, 85, 89, 91). Some mentors stated they had no experience of a poorly performing student but they knew the processes to manage this, if this occurred (83).

Mental health students told us of actions they would take if they recognised that they were not achieving the required standard in both theory and practice. They confirmed they are supported by the university and practice mentors/sign-off mentors (77, 79, 82,

84, 88, 90).

We conclude that processes are implemented by practice placement providers in addressing issues of students' poor performance in practice which acts to support the student and to provide protection to the public.

#### Evidence / Reference Source

- 41. *Code of practice on placement learning, undated*
- 45. *Bachelor of Nursing student portfolio, 2013/14*
- 46. *Mentor preparation power point presentation, undated*
- 47. *Clinical decision making tree May 2007*
- 48. *The procedure for reporting and supporting pre-registration student underachievement of competence in clinical/placement practice July 2014*
- 65. *BN(Hons) student portfolio 2013/14*
- 72. *Telephone meeting assistant director of nursing and service improvement Velindre NHS Trust 15 January 2015*
- 74. *Telephone meeting, assistant director of nursing ABHB 14 January 2015*
- 77. *Telephone meeting mental health students partnerships in care - independent sector placement Llanarth Court Hospital (nr Abergavenny) 14 January 2015*
- 78. *Telephone meeting mental health mentors Partnerships in Care - Independent sector placement Llanarth Court Hospital (nr Abergavenny) 14 January 2015*
- 79. *Hafan Deg MHSOP mental health students 14 January 2015*
- 80. *Hafan Deg MHSOP mental health mentors 14 January 2015*
- 82. *Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health students 14 January 2015*
- 83. *Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015*
- 84. *Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015*
- 85. *Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015*
- 88. *The Links CMHT, mental health students 15 January 2015*
- 89. *The Links CMHT, mental health mentors 15 January 2015*
- 90. *University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015*
- 91. *University Hospital Llandough East 10 (MHSOP) mental health mentors 15 January 2015*
- 99. *Regency Independent Nursing Home – adult nursing mentor 14 January 2015*
- 95. *Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015*
- 97. *Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015*
- 101. *Romney Primary Care Centre- adult nursing mentors 14 January 2015*
- 103. *D1 West – adult nursing mentors 15 January 2015*
- 105. *C5E/ C6W and C6 E adult nursing mentors 15 January 2015*

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

All requests for accreditation of prior learning for undergraduate pre and post registration and postgraduate programmes are referred to the Academic Study and accreditation of prior (experiential) learning (AP(E)L) advisor in the first instance. Requests are assessed in accordance with the advanced standing policy June 2012 which demonstrates compliance with NMC standards and requirements.

Applicants wishing to transfer from another university submit a UCAS application with an academic reference from their current school of nursing, accompanied by a transcript for the completed part of the pre-registration programme.

The transcript is mapped against the learning outcomes of the school's undergraduate pre-registration nursing programme outcomes for at least the first year of the programme. The mapping will ensure equity between the AELs programmes and successful completion of all programme assessments.

If applicable, the applicant is invited for numeracy and literacy assessments and full interview. A statement of character form must also be completed (49).

The school has not offered a conversion or part to part route for some years, and discontinued the accelerated graduate pre-registration programme last year. A few requests to transfer into the second year of the BN nursing programme have been received but to date these have not been pursued further. All transfers in from other AELs, and where APL has been used, pre-dates September 2012. There have been no requests from students to change their field of practice since the BN nursing commenced in September 2012 (116).

#### What we found at the event

The university has robust procedures for APEL and advanced standing which meet NMC requirements (49).

##### Nursing (adult)

There have been no APEL or transfer requests from student nurses (adult).

##### Nursing (mental health)

The mental health team confirmed that APL has been used to transfer one student nurse (mental health) from the previous pre-registration programme to the new approved programme using the school advanced standing policy (49, 76). This mapping document was reviewed and was robust (109).

We conclude that the university has robust procedures for APEL and advanced standing which meet NMC requirements (49).



Evidence / Reference Source
<p>49. <i>Advanced standing policy June 2012</i></p> <p>76. <i>Meeting with programme team 14 January 2015</i></p> <p>109. <i>APEL document for mental health student, 2013</i></p> <p>116. <i>School response to questions after initial visit 05 January 2015</i></p>
<b>Outcome: Standard requires improvement</b>
<p>Comments:</p> <p>Placement providers are involved in discussions related to fitness to practise decision making. However, there is no evidence of placement provider involvement in formal fitness to practice panels and decision making. The formal fitness to practise policy and process requires improvement to ensure there is partnership decision making with placement providers about students' fitness to practise and progression on the programme.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Placement providers involvement in formal fitness to practise panels and processes</li> <li>• Service users and carers direct involvement in the selection and admission process.</li> </ul>

<b>Findings against key risks</b>
<b>Key risk 3 - Practice Learning</b>
<p><b>3.1 Inadequate governance of and in practice learning</b></p> <p><b>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</b></p> <p><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></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
What we found before the event
<p>Practice learning experiences are in a wide range of settings provided by NHS providers; NHS university hospital health boards, and social services, voluntary and independent sector settings.</p> <p>The placement providers engage with the school and the Welsh Assembly Government (WAG) in the provision, planning, organisation and management of practice learning</p>

opportunities for students studying the pre-registration nursing programme commissioned by WAG (50, 51,18).

There is collaborative working with placement providers for the allocation of students within mental health services. Strategic meetings are held with mental health placement partners in both health boards, when required, to increase capacity for students; improve communication and increase mentor numbers. If placement providers wish to reduce capacity this must be with the agreement of lead nurses and discussed at those monthly meetings. This process is to be expanded across other clinical boards and divisions (18, 52, 56).

Working relationships are in place with partner AEIs within mental health and child field placements to improve communication and share processes for the management of placements so that there is flexibility and sharing of placements and placement information (18). There is an all Wales principle for the management of hub and spoke placements.

An all Wales educational audit pro-forma is in use. The audit process is very similar across the three partner AEIs and applies to placements of all students. Each placement area has a link lecturer who, in conjunction with the practice learning educators, facilitates the audit process with the relevant ward manager (or representative). Each AEI has processes to review these audits and to consider any actions plans required. Should an area undergo major change or if there were any causes for concern a new audit would be undertaken before the area is used again for student placement (51, 18, 53).

Educational audit is an active and on-going process. Completed educational audit documents are discussed at placement audit review group meetings and archived appropriately. Audits are completed at least every two years with yearly updates also recorded. The education audit database is maintained by the director of learning in practice (DLiP).

There is a policy and process for escalating concerns of student performance as well as escalation and responding to adverse clinical governance concerns. Flowcharts for escalating concerns are in place and readily available for both students and mentors (54). Mentor training incorporates the process for students and/or mentors raising concerns (55).

In the event of an escalating concern the DLiP supports the student, works with the health boards to ensure clinical staff are supported and action plans are put in place to ensure all concerns are responded to effectively (18).

If a placement area is withdrawn from the placement circuit due to issues related to raising concerns the AEI is required to inform the Workforce Education and Development Service, the Welsh education commissioner (WEDS), and to keep WEDS updated about the status of the placement area (18).

What we found at the event

Service providers and commissioners confirmed that they have a good working relationship with the university at both a strategic and local level. This partnership

involves regular meetings between university staff, employers and practice facilitators (71- 74).

There are some shared placement areas with the University of South Wales and the education audit database is maintained by the school' s director of learning in practice (DLiP). Any placement area that undergoes a major change or is an area of concern will be re audited.

We were informed by students about how they escalate a concern. We reviewed the written evidence about a recent concern which has been escalated and confirmed the process was followed (51, 79, 118 -120).

HIW review reports are shared and discussed with the school's director of learning in practice and a partnership approach is taken with placement providers when there is an impact on the student experience. This is to ensure students and their learning are not compromised and the public is protected (71-74, 95).

#### Nursing (adult)

Educational audits are undertaken collaboratively between link lecturers, practice educators and practitioners. We found placement audits are up to date and reviewed every two years or more frequently, as necessary. We confirmed that adjustments are made to placement capacity, if required, in relation to changes in service areas which impact on placements. The programme team report effective working relationships with placement providers and link lecturers in other AElS (76).

Educational audit documentation identifies the number of mentors within each placement area and the number of students that can be accommodated at any one time (121).

Students are familiar with the raising and escalating concerns policy; how to access and use it and some gave accounts of accessing support on placement when a concern was raised (93-94, 100).

Students consistently reported that they are aware of who to contact regarding their concerns and had felt supported by academic staff if they had done so. They consider academic staff to be approachable. Students described situations where academic staff telephone or visit the placement areas to assist with concerns (93-94,100).

We confirmed that any changes in practice placements are communicated effectively and regularly to students and link lecturers via the lead mentors and practice educators (97).

#### Nursing (Mental Health)

We found that there is a good working partnership with local mental health providers. Regular meetings take place between the professional head of mental health at the university, senior managers and practice facilitators (81,92).

The educational audits were confirmed to be in date and we saw evidence of completed educational audits during our visits to placement areas. We had confirmation from practice mentors and service managers that audits are completed by the link lecturer every two years with involvement of a practitioner (80, 83, 85, 89, 91).

Employers, mentors and students informed us that the raising and escalating concerns

process is effective in ensuring that concerns are fully investigated and supported. One student told us they were well supported by the university and removed quickly from the placement area when a concern was raised and investigated. An extension was given for the achievement of practice competencies so the student was not disadvantaged (79 and 90).

We conclude that the partnerships between education and service providers are well established and effective in managing key risks identified by the NMC.

#### Evidence / Reference Source

18. Cardiff University self-assessment 2014 – 15 01 December 2014
50. Local level agreement in relation to practice placements for nursing and midwifery students May 2014
51. Principles of the student placement process August 2014
52. Cardiff University Self-assessment 2013 – 14 10 December 2013
53. NMC UK wide quality assurance framework draft programme monitoring report 17 December 2012
54. Raising and escalating concerns policy, undated
55. Mentor development resource pack, undated
56. Diagrammatic representation of collaborative processes between the SONMS and NHS Partners, undated
71. Telephone meeting director, workforce, education and development services 15 January 2015
72. Telephone meeting MR, Assistant Director of Nursing and Service Improvement, Velindre NHS Trust / Education Lead for nursing in Velindre Cancer Centre 15 January 2015
73. Telephone meeting MR, Assistant Director of Nursing, Clinical Teacher Cardiff and Vale University Health Board 14 January 2015
74. Telephone meeting, MR, Assistant Director of Nursing, ABHB 14 January 2015
76. Meeting with programme team – adult and mental health nursing 14 January 2015
79. Hafan Deg MHSOP mental health students 14 January 2015
80. Hafan Deg MHSOP mental health mentors 14 January 2015
81. General manager 14 January 2015
83. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015
84. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015
85. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015
89. The Links CMHT, mental health mentors 15 January 2015
90. University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015
91. University Hospital Llandough East 10 (MHSOP) mental health mentors 15 January 2015
92. Mental health clinical board nurse 15 January 2015
93. Meeting with Students from Rookwood Hospital 14 January 2015
94. Ward A 4 Medical CVUHB adult nursing students 14 January 2015
95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015
97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
100. Romney Primary Care Centre- adult nursing students 14 January 2015
118. Statement of concerns at my clinical placement Rhydlafer ward St, David's Hospital

119. Service provider response to concerns raised in relation reference 118  
120. Programme provider response to concerns raised in relation reference 118  
121. Clinical Audit documentation reviewed 95, 97, 99, 101, 103 and 105

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

What we found before the event

The involvement of service users, service providers and carers in educational and research activities under the auspices of the Patient public initiative (PPI) project is viewed as integral to the school's activities. This includes programme planning and approval; delivery of learning and teaching; student selection; practice learning; assessment; management of evaluations and research activities (32-33, 57).

What we found at the event

We found that there is a clear strategy in place to enable service users and carers (SUCs) to engage with the delivery of the programme. There was clear evidence of their engagement in programme planning, delivery of teaching, learning and assessment, research activity and programme evaluation (75). Service users with both physical and mental health conditions speak to students studying all fields of nursing.

SUCs told us that they contribute to the content of the programme as well as agreeing the learning outcomes for their teaching sessions with academic staff.

They informed us they are adequately prepared for the role describing the support provided by the academic staff before and during the sessions and that they have the opportunity for debriefing after the session. They receive formal feedback via end of module evaluations and they appreciate being able to share their lived experience with students (75).

They spoke highly of the student engagement they had encountered They told us students respond positively to their sessions; demonstrated respect towards them; are eager to ask questions and to learn about their experiences. (75).

Nursing (adult)

Students confirmed the sessions with service users and carers help them gain deeper understanding of things that are important to people and they are able to ask them some aspects about their experience which they felt they could not ask a SUC in practice.

Mentors explained to us how the SUC feedback is used in the assessment of students. (94, 97, 99). Mentors stipulated that only appropriate SUCs were approached to provide feedback; consent to use feedback was always sought and SUCs are advised of their right to refuse. Comments from SUCs are transcribed into the student practice assessment documentation by the mentor (94-95, 97, 99).

Some mentors reported feedback from SUC is actively encouraged within the placement area for all aspects of care and SUCs often provided feedback voluntarily (97). This feedback typically considers the students bedside manner, approach and level of initiative (95).

Students told us they value the contribution of SUC feedback within their assessment of practice and provided evidence that it was anonymised and permission sought (100, 102).

Students told us they have a variety of teaching and learning experiences including face to face lectures to large groups, small group workshops and participation in production of recorded resources.

We heard they appreciated the teaching contribution of current practitioners and clinical specialists (102). The associate lecturer scheme is an example of good practice which enhances the student experience and public protection through the delivery of up to date clinically relevant content.

#### Nursing (Mental Health)

SUCs describe the client story using a recovery model to students. SUCs told us they go into practice areas to conduct teaching sessions (75). SUCs comment on a student's performance via the assessment of practice documentation and this is facilitated by the mentor. Their feedback helps mentors to make a judgement on the students overall performance (85).

Our findings confirm that practitioners and service users and carers are involved in the development and delivery of the pre-registration nursing (adult and mental health) programme. This enhances the learning experience of the student and the promotion of best practice.

#### Evidence / Reference Source

- 32. Patient public initiative (PPI) protocols and procedures 07032012
- 33. Patient and public involvement in learning and teaching and research forum terms of reference, undated
- 57. Education strategy 2013
- 75. Meeting with service users and carers 15 January 2015
- 85. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015
- 94. Ward A 4 Medical CVUHB adult nursing students 14 January 2015 95 Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015
- 97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
- 99. Regency Independent Nursing Home – adult nursing mentor 14 January 2015
- 100. Romney Primary Care Centre- adult nursing students 14 January 2015 102 D1 West/ C5E, C6 E, C6E- Acute Medicine – adult nursing students 15 January 2015
- 102. D1 West/ C5E, C6 E, C6E- Acute Medicine – adult nursing students 15 January 2015

Risk indicator 3.2.2 - academic staff support students in practice placement settings

What we found before the event

Link lecturers provide a pivotal point of contact between the school, practice placement areas and the clinical practice placement support unit (CPPSU). This ensures students are appropriately supported whilst on placement and that mentors have a named contact within the school. The link lecturer is responsible for arranging and undertaking educational audits and mentor annual updates (60).

Students are allocated an academic member of staff when on placement. The school ensures that the progress of students on placement (both academic and pastoral) is monitored during the placement allocation (41, 61).

What we found at the event

The School's workload model supports the provision of link lecturer and academic support roles (58 -9).

Employers told us that the link lecturer supports students and mentors in practice settings and works with them for early solutions to any issues that arise (73). Relationships with university are described as very good. The PF told us of regular meetings meets with the allocated link lecturer and stated that students often see their link lecturer in the placement area (74).

We found the visibility of the link lecturer reported to us was variable however it was confirmed that all areas have an allocated link lecturer and they arrange and undertake educational audits (80, 83, 85, 89, 91).

Nursing (adult)

We found a link lecturer is allocated to each student placement area and has to contact the placement area once a month. Students told us they are also supported by their personal tutor for both theory and practice (60, 76).

We heard that link lecturers can cover two to seven placement link areas (76). We found evidence of effective working relationships between academic staff and placement staff from our discussion with mentors and students.

Mentors report academic staff are accessible when required (97, 99). Students are aware of who to contact if they have a question or concern in practice and described situations when this had happened (93 -94, 100). The education audit documentation has the contact details for the link lecturer (95, 97, 99, 101, 103, 105). This process is mediated by the practice educators who contribute to the smooth communication between placement providers and the university.

Nursing (mental health)

We found the DLiP in partnership with local placement providers is developing a new placement model to increase capacity to support student nurses (mental health). It is planned that this strategic model will be an all Wales approach.

Placement areas were able to tell us the name of their link lecturer. However, some

areas were unsure how often they contacted or visited the placement area, but did confirm link lecturers complete the educational audits (80, 83, 85, 89, 91). The programme team told us that a new workload model is being developed to support lecturer's time in practice placements to support students (58, 60, 76).

Our findings confirm that there is an identified link lecturer system which supports students, mentors/ sign off mentors in practice placement settings in the pre-registration nursing programme (adult and mental health).

#### Evidence / Reference Source

- 41. Code of practice on placement learning, undated
- 58. Workload model consultation document, undated
- 59. Guidance as to the Typical Activities / Expectations of Academic Staff in the School of Nursing and Midwifery Studies, undated
- 60. Link lecturer roles and responsibilities, undated
- 61. SONMS 20120620 educational clinical audits appendix (ii)
- 73. Telephone meeting MR, Assistant Director of Nursing, Clinical Teacher Cardiff and Vale University Health Board 14 January 2015
- 74. Telephone meeting, MR, Assistant Director of Nursing, ABHB 14 January 2015
- 76. Meeting with programme team – adult and mental health nursing 14 January 2015
- 80. Hafan Deg MHSOP mental health mentors 14 January 2015
- 83. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015
- 85. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015
- 89. The Links CMHT, mental health mentors 15 January 2015
- 91. University Hospital Llandough East 10 (MHSOP) mental health mentors 15 January 2015
- 93. Meeting with students from Rookwood Hospital 14 January 2015 94 Ward A 4 Medical CVUHB adult nursing students 14 January 2015
- 95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015
- 97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
- 99. Regency Independent Nursing Home – adult nursing mentor 14 January 2015
- 100. Romney Primary Care Centre- adult nursing students 14 January 2015
- 101. Romney Primary Care Centre- adult nursing mentors 14 January 2015
- 103. D1 West – adult nursing mentors 15 January 2015
- 105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015

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

The School has an established history of providing mentor preparation programmes to support learning and assessment in practice. The framework defines and describes the



knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking NMC approved programmes that lead to registration or a recordable qualification (62).

Dates for delivery of this mixed mode of delivery programme are available on the School Clinical Practice and Placement Support Unit (CPPSU) website (63)

There is regular dialogue between the AEIs and placement providers on all aspects of practice learning experience, including the roles and responsibilities of mentors and sign off mentors.

Mentors/ sign off mentors are supported in their role by WEDS funded practice learning educators / facilitators (18).

The School collaborates with three local NHS organisations Cardiff and Vale UHB, Aneurin Bevan University Health Board and Velindre NHS Trust together with a number of local independent sector organisations to allocate students to practice placements (62).

#### What we found at the event

##### Nursing (adult and mental health)

We found that mentors/sign off mentors find the mentorship course fit for purpose and it prepares them to plan and manage students' learning needs and assessment in the practice setting. Mentors told us the course is academically challenging but it helps them to understand the importance of assessment of practice; the expectations of the mentor/sign off mentor role; the student's practice portfolio; including supporting the failing student (95, 99,103,105).

New mentors informed us they particularly appreciated the study days which inform them about NMC SLAiP (NMC, 2008) and the resources within the self-directed learning package which develops their knowledge about teaching and assessment (99).

Mentors in ABUHB told us of the usefulness of the 'masterful mentorship' scenario based board game, designed by an AEI, which provides a forum for mentors to address each of the outcomes in the NMC SLAiP standards. Mentors participating in the game provided very positive feedback and confirmed that there are plans to formally evaluate the board game in 2015 (103).

Mentors and sign off mentors supporting student nurses (adult and mental health) confirm that they are well prepared for their role in supporting students and assessing students in practice (78, 80, 83, 85, 89 and 91, 95, 99).

#### Evidence / Reference Source

18. Cardiff University self-assessment 2014/15 01 December 2014

62. Modules to achieve the Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice (Stages 1 – 4), undated

63. <http://www.cardiff.ac.uk/sonms/currentstudents/cppsu/resources/cardiff-vale-mentorship-dates-2013.html>

- 78. Telephone meeting mental health mentors Partnerships in Care - Independent sector placement Llanarth Court Hospital (nr Abergavenny) 14 January 2015
- 80. Hafan Deg MHSOP mental health mentors 14 January 2015
- 83. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015
- 85. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015
- 89. The Links CMHT, mental health mentors 15 January 2015
- 91. University Hospital Llandough East 10 (MHSOP) mental health mentors 15 January 2015
- 95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015
- 96. Ward C5 Cardiothoracic CVUHB adult nursing students 14 January 2015
- 97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
- 99. Regency Independent Nursing Home – adult nursing mentor 14 January 2015
- 101. Romney Primary Care Centre- adult nursing mentors 14 January 2015
- 103. D1 West – adult nursing mentors 15 January 2015
- 105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015

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

What we found before the event

Annual updates are provided through a number of methods including face to face meetings with clinical teachers/practice facilitators/lead mentors/link lecturer/module leader, formal update meetings, newsletters, intra and internet sites.

A record of scheduled annual updates is maintained by the mentor/practice teacher in section two of the mentor resource development profile (MRDP) (62 and 55).

Some difficulties have been reported regarding mentors attending updates to comply with NMC requirements. This is being managed collaboratively by the school and practice placement providers (18).

What we found at the event

We were told of formal two hour mentorship update sessions which run three to four times per month by the hospital education department in two health boards. These are advertised on the hospital intranet sites (96 and 105). Within one health board each area has an educational plan incorporating a rolling programme of mandatory training and mentorship updating which enable senior nurses to plan ahead to schedule staff to attend updates (96). Mentorship updates and triennial reviews are undertaken as part of staff professional development (97).

Employers told us that there are sufficient mentors and sign off mentors to supervise all pre-registration nursing students. However, they reported some non-compliance with annual mentor/sign off mentor update requirements and actions taken to address this

were varied (72 -74).

One employer confirmed that out of date mentors become a co-mentor until they complete an update and a traffic light system signals their status on the live mentor register. We were told some lead mentors deliver mentor updates with clinical teachers or link lecturers. There are a number of in house updates to make them more accessible and improve the uptake by mentors. However, we heard compliance is variable across placement areas (72).

Another employer told us flexible dates and venues of face to face updates are arranged. We heard non-compliant mentors could be out of date by a couple of months at the longest and that they could support students during that time but not as a mentor. We were also told that triennial review dates are non-negotiable with the mentor/ sign off mentors who were then removed from the live register if they remained non-compliant (73).

We heard from one employer that triennial self-assessment review packs are completed, with a lead mentor in each placement area and the triennial review is recorded. The education lead updates the live register three monthly via administration staff (74).

#### Nursing (adult)

Mentors and charge nurses told us that it is challenging for units to release mentors for updating. Mentorship updates and triennial reviews are undertaken as part of the staff professional development review (PDR) by the charge nurse and band 6 nurse (97). In another health board efforts are made to enable staff to attend by allocating a mentor update, in advance, on the mentor's day off then giving time back or protected study leave (103,105).

There is evidence that arrangements are made to adjust student allocation numbers in response to changes in mentor numbers to ensure adequate support for student learning. We were given specific examples of adjustments to student numbers in response to ward refurbishment, staff absence and feedback about the student experience (99, 102, 97).

#### Nursing (mental health)

Mentors and sign off mentors supporting student nurses (mental health) confirmed that they were well prepared for their role in assessing practice (78, 80, 83, 85, 89, 91).

We were informed by mentors and practice facilitators that the majority of annual face to face updates are delivered by practice facilitators within the clinical areas.

We conclude that there are identified difficulties for employers releasing mentors/sign off mentors to undertake annual mentor updates and although efforts are being made to address these difficulties there is evidence that some nursing (adult) mentors and sign off mentors are unable to comply with NMC requirements in a timely manner.

The current status of mentors and sign off mentors is not clearly identified on the live mentor register in one health board leading to non-compliant mentors being allocated to supervise students.

<p>Evidence / Reference Source</p>
<p>18. Cardiff University self-assessment 2014/15 01 December 2014</p> <p>55. The mentor resource development profile (MRDP), undated</p> <p>62. Modules to achieve the Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice (Stages 1 – 4), undated</p> <p>72. Telephone meeting MR, Assistant Director of Nursing and Service Improvement, Velindre NHS Trust / Education Lead for nursing in Velindre Cancer Centre 15 January 2015</p> <p>73. Telephone meeting MR, Assistant Director of Nursing, Clinical Teacher Cardiff and Vale University Health Board 14 January 2015</p> <p>74. Telephone meeting, MR, Assistant Director of Nursing, ABHB 14 January 2015</p> <p>78. Telephone meeting mental health mentors Partnerships in Care - Independent sector placement Llanarth Court Hospital (nr Abergavenny) 14 January 201580 Hafan Deg MHSOP mental health mentors 14 January 2015</p> <p>80. Hafan Deg MHSOP mental health mentors 14 January 2015</p> <p>83. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015</p> <p>85. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health mentors 14 January 2015</p> <p>89. The Links CMHT, mental health mentors 15 January 2015</p> <p>91. University Hospital Llandough East 10 (MHSOP) mental health mentors 15 January 2015</p> <p>95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015</p> <p>96. Ward C5 Cardiothoracic CVUHB adult nursing students 14 January 2015</p> <p>97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015</p> <p>99. Regency Independent Nursing Home – adult nursing mentor 14 January 2015</p> <p>101. Romney Primary Care Centre- adult nursing mentors 14 January 2015</p> <p>102. D1 West/ C5E, C6 E, C6E- Acute Medicine – adult nursing students 15 January 2015</p> <p>103. D1 West – adult nursing mentors 15 January 2015</p> <p>105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>The school holds and maintains the mentor register for the independent sector and has access to the NHS placement provider mentor registers via clinical teachers and practice facilitators.</p>
<p>What we found at the event</p>
<p>We found the NHS health boards' placement providers live mentor register is updated and maintained by clinical teachers and practice facilitators (64, 28). The independent sector mentor database is maintained by the university.</p> <p>Nursing (adult)</p>

During placement visits we observed a RAG (red/amber/green) system in use to facilitate the updating of the live mentor register. This system automatically flags up when a mentor is approaching an annual update. Inactive mentors are denoted as red on the database. Charge nurses and lead mentors told us they work closely with practice educators to keep the data base up to date. The database is reviewed and updated monthly (95, 97, 99,101, 103).

All students we interviewed had a suitably updated mentor or sign off mentor whose name appeared on the live mentor register. However, within one health board, we found evidence that some mentors and sign off mentors were not compliant with NMC standards and requirements for annual updates however they remained on the live mentor register. (101, 103, 105, 122). Whilst mentors told us that those who are non-compliant will not mentor a student we found no evidence of risk controls to assure us that this risk was managed (101,103).

We therefore conclude that records of mentors and sign off mentors are not accurate for mentors supporting student nurses (adult) and NMC standards and requirements are not met.

#### Nursing (mental health)

We viewed databases at two health boards and verified mentors hold a relevant qualification and there are adequate numbers of mentors to support student nurses on placement (86 and 87). The database at one health board had a number of files and back up files which made it difficult to get the most up to date information and this database is being reviewed (87 and 92).

When viewing the full live mentor register in one health board, we observed that some mentors had not attended an annual update. We were informed that mentors do not have to attend an update every year while they were gathering evidence for their triennial review which is inaccurate information and does not meet NMC standards.

A list of mentors who had not had annual updates was obtained (86). On further investigation we confirmed 13 mentors and sign off mentors (adult field) were on the live mentor register and were allocated 13 student nurses to supervise despite being non-compliant with the NMC SLAiP requirements for annual updates (NMC, 2008).

We were significantly concerned as three of the students being supervised by non-compliant sign off mentors are at a progression point and one student is in year three of the programme and in the final placement (112 -3). We do not know how long this issue has been occurring and whether there are students who have been signed off by mentors who are out of date.

We conclude that there is not a robust system in place to demonstrate mentor records are accurate and up to date to ensure that mentors/ sign off mentors who are non-compliant with NMC Standards for learning and assessing in practice (NMC, 2008) are identified and suspended from the live mentor register.

This has resulted in students being supervised and assessed in practice by mentors/sign off mentors who are not up to date.

The university and practice placement provider are required to construct an action plan for immediate implementation to ensure students are supervised and assessed by

appropriately prepared and updated mentors/sign off mentors.

Evidence / Reference Source

- 28. BN (Hons) programme document 2012
- 64. Cardiff 280212 NMC approval report RNA, February 2012
- 86. View of live mentor register 14 January 2015
- 87. C&VUHB view of live mentor register 14 January 2015
- 92. Meeting with mental health clinical board nurse, 15 January 2015
- 95. Ward A 4 Medical CVUHB adult nursing mentors 14 January 2015
- 97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
- 99. Regency Independent Nursing Home – adult nursing mentor 14 January 2015
- 101. Romney Primary Care Centre- adult nursing mentors 14 January 2015
- 103. D1 West – adult nursing mentors 15 January 2015
- 105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015
- 112. Meeting with Interim Head of School 15 January 2015
- 113. Meeting with Interim Head of School, Co-Director Learning in Practice 15 January 2015
- 122. Views of mentor registers nursing (adult) 14 and 15 January 2015

**Outcome: Standard not met**

Comments:

There is not a robust system in place to demonstrate mentor records are accurate and up to date to ensure that mentors/ sign off mentors who are non-compliant with NMC Standards for learning and assessing in practice (NMC, 2008) are identified and suspended from the mentor register.

This has resulted in students being supervised in practice by nurses who are not current mentors/ sign off mentors. The university and practice placement provider are required to construct an action plan for immediate implementation to ensure students are supervised and assessed by appropriately prepared and updated mentors/sign off mentors.

**04 June 2015: Follow up visit to Cardiff University. Standard now met**

Effective measures have been taken to secure robust systems and processes are in place to ensure mentors/sign off mentors who are non-compliant with NMC Standards for learning and assessing in practice (NMC, 2008) are identified and removed from the mentor register. This ensures students are supervised and assessed by appropriately prepared and updated mentors/sign off mentors.

Evidence to support findings at the visit to Cardiff University includes:

- Cardiff University School of Healthcare Sciences: nursing programme quality assurance framework monitoring review action plan, January 2015

- Visit to placement provider to view and confirm accuracy of live mentor register
- Live mentor register: quality control audit protocol for nursing and midwifery programmes within the School of Healthcare Sciences, June 2015
- Cardiff University, University of South Wales, NHS Wales: mentor resource development profile section 2, mentor annual update and triennial review supporting learning and assessment in practice, June 2015

Areas for future monitoring:

- Accuracy and currency of live mentor registers
- Compliance with NMC Standards for learning and assessing in practice (NMC, 2008) in relation to mentor updates.

## 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

Developing the positive value base of students towards the people they support and care for is the central tenet in the delivery of the pre-registration programme (18).

The pre-registration nursing programme is informed and led by world-leading research and scholarship across a broad base of disciplines including the provision of inter-professional learning (28).

Practice competencies and essential skills are incorporated into the student portfolio and are integral to the assessment strategy for one module in each year of the programme (65).

EU requirements for adult nursing students are annotated and met through the provision of hub and spoke placements, the achievement of these requirements are recorded in the student's portfolio (65).

## What we found at the event

We found all students are able to explain their knowledge and understanding of the pre-registration nursing programme (adult and mental health); demonstrate understanding of theoretical content and its application to nursing practice and the assessment of practice.

Students told us that they feel prepared for placements and they are able to develop their knowledge and skills in a logical and progressive way throughout the programme (94, 102).

They told us the simulation learning experience is very valuable for their learning and development; prepares them for practice and they would like more of this approach to learning in the programme (70, 77, 79, 82, 84, 88, 90).

We found there is an incremental approach to teaching, learning and assessment of medication administration over the three years of the programme starting in year one with a full study day (106). Students reported a range of resources to support their clinical skills, including pictorial representation of safe medication administration and the 'safe medicate' website. The programme team are currently working on further enhancements to update the medication administration workbook (106)

Students told us about the range of feedback they receive on their performance in written work and in practice placements. Formative feedback is provided on draft written work (100, 103). Summative feedback is available via the university's learning central website. Students told us that they could always contact their personal tutors for advice and guidance saying they are supportive and encouraging (96).

There are robust procedures in practice to ensure students complete the NMC required hours, ward duty rotas confirm this process is in place and this is monitored by the university (96 -97, 105).

### Nursing (adult)

Student nurses (adult) in their final placement report that their confidence has developed and that they feel safe and effectively prepared for their transition to registration with the NMC (102).

They told us that the programme prepares them to care effectively for people in both hospital and community settings and the programme addresses issues relevant to current demographic trends including management of long term conditions, social inequalities and frail older adults (103, 96).

We found the requirements of the European Directive including the specified hours of theory and practice is in place. Students explained how they gain experiences to meet EU requirements which include simulation and teaching with students studying mental health and child fields of nursing. Students described their spoke placements within the different fields of nursing (96).

Students told us they participate in seven and a half hours of simulation prior to every placement, all of which includes medication administration (102).

Year one students on their first practice placement reported that they would have



welcomed further learning about medication administration to prepare them for observing medication rounds on this placement (94,102). In particular they would have appreciated a clinical skill class prior to their first placement. They have been advised to observe medication administration in the initial stages of acute placements and approach their mentor and academic staff for further support before participating. This will enable them to meet the practice outcomes around medication administration safety and awareness of policies and procedures at the end of the first progression point.

Year three students describe a range of opportunities to develop safe and effective medication administration including sessions on five rights, relevant legislation and NMC guidelines. Three simulation sessions prior to their final placement include medication administration (102). Students reported that they are encouraged to be vocal on placement if they have concerns about clarity of prescription or their level of competence (93,102).

Students described the use of scenarios to stimulate discussion and learning about medication safety in university whilst reports from recent critical events including the Francis enquiry and the Andrews review are used to debate issues including medication management, sub-standard care of older adults and over sedation (93, 102).

We found that formative and summative assessments and feedback processes are effective in confirming the required levels of achievement in theory and practice. Learning, teaching and assessment strategies in the pre-registration nursing (adult) programme enables students to successfully meet programme learning outcomes, NMC standards and competencies.

#### Nursing (mental health)

Student nurses (mental health) told us they are able to discuss theory studied in the modules and apply this to their practice experiences. First year student nurses commented on the number of lecturers they receive. Students told us they prefer and value working in small groups to do client based scenarios that link theory to practice. (79, 82, 84, 88, 90).

First year students told us that they would have preferred to have their simulation experience regarding the administration of medication before they go into their first practice placement area (79, 84, 88, 90). Some second and third year student nurses (mental health) report they would have liked more information while in the university on mental health pharmacology to enhance their preparation for practice (82, 90).

Both issues were discussed with the programme team who demonstrated how medication management content is delivered throughout the programme. They told us that following feedback from student nurses they developed an additional mental health pharmacological workbook (106 -107). This workbook has been implemented for year three students (mental health). There are three study days allocated to complete the workbook followed by a feedback session with a psychiatrist (106 -107).

Our findings conclude that learning; teaching and assessment strategies in the approved programme enable student nurses (adult and mental health) to successfully meet the required programme learning outcomes, NMC standards and competencies.

Evidence / Reference Source

- 18. Cardiff University self-assessment 2014/15 01 December 2014
- 28. BN(Hons) programme document 2012
- 65. BN(Hons) student portfolio 2013/14
- 70. School presentation 14 January 2015
- 77. Telephone meeting mental health students partnerships in care - independent sector placement Llanarth Court Hospital (nr Abergavenny) 14 January 2015
- 79. Hafan Deg MHSOP mental health students 14 January 2015
- 82. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health students 14 January 2015
- 84. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015
- 88. The Links CMHT, mental health students 15 January 2015
- 90. University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015
- 94. Ward A 4 Medical CVUHB adult nursing students 14 January 2015
- 96. Ward C5 Cardiothoracic CVUHB adult nursing students 14 January 2015
- 97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
- 100. Romney Primary Care Centre- adult nursing students 14 January 2015
- 102. D1 West/ C5E, C6 E, C6E- Acute Medicine – adult nursing students 15 January 2015
- 103. D1 West – adult nursing mentors 15 January 2015
- 105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015
- 106. Meeting with programme team 15 January 2015
- 107. Medication Management curriculum content throughout duration of programme document produced by teaching team 15 January 2015

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

What we found before the event

Pre-registration nursing (adult and mental health) programme assessment of practice documentation identifies the practice learning outcomes and competencies, including essential skills clusters students have to achieve. Students develop a portfolio of learning; experience the all Wales core element of the programme and develop transferable skills.

The balance of knowledge, understanding and skills is evidenced by the 50:50 ratio of theory to practice in accordance with NMC regulations. The practice element is an essential component of the programme (28).

Essential skills are incorporated into the student portfolio which is integral to the assessment strategy for one module in each year (65). Students are required to maintain this portfolio and submit it for summative assessment at specified intervals (65 and 28).

In the final placement mentors are required to be either a sign-off mentor, or supported by a sign-off mentor, in order to make final decisions on achievement of competency (18).

Non-completion of practice learning outcomes due to lack of opportunity rather than lack of student ability or competence (e.g. emergency care) is managed by allowing affected students to demonstrate their achievement in simulation. The simulation suite is utilised and associate tutors assess simulated practice (18).

#### What we found at the event

Students told us they enjoy simulation as part of their learning experience and learning in smaller groups. Students find the use of simulation and shared learning extremely helpful to enable them to rehearse skills prior to placement (102) They confirmed their understanding about the assessment of practice documentation (79, 84, 88,90).

We found mentors and sign off mentors have a clear understanding of practice assessment documentation. They told us that seeing the three years of the students practice experience/performance is beneficial.

External examiners reports for pre-registration nursing (adult and mental health) confirm the programme supports the application of theory and practice and students achieve competencies at the required progression points and on completion of the programme (67).

#### Nursing (adult)

We found students have inter-professional learning opportunities and are encouraged to adopt a critical and questioning approach to practice. They are required to understand the National Patient Safety Agenda (102).

Mentors report that student competence and confidence in medication administration varies. Some students are very knowledgeable however some require close supervision and support (105, 103). A clinical decision tree is available for students if they do not feel sufficiently confident to participate in clinical skills, including medication (47).

Mentors told us about a range of strategies to support safe medication administration including questioning students about pharmacology of medications, reiteration of five rights. Sign off mentors reported that by at each progression point of the programme student nurses (adult) demonstrate safe practice in medication administration (103,105).

#### Nursing (mental health)

In one placement area we heard from mentors that two students, just about to qualify from the previous pre-registration programme, lacked some medication knowledge. This was thought to be because they had undertaken a 13 week community placement prior to an intensive psychiatric care placement. The mentors informed us that they were able

to prepare the students to meet their competencies and had confirmed these students were fit to practise at the end of the programme (82- 83). They told us the approach to medicines management has been strengthened in the new approved programme.

Students are working a half day with a mental health nurse consultant in year two of the programme. Students in the third year of the programme confirmed that they are supervised by a sign off mentor (79,82).

Sign off mentors confirmed that students meet competencies in practice at progression points and at the end of the programme (106 -107).

Employers confirmed that students (adult and mental health) exiting the programme are safe, competent and fit for practice. The commissioner informed us that successful students would gain employment on completion of their programme of study (71 - 74).

We conclude that students on the nursing (adult and mental health) programme achieve NMC learning outcomes and competencies at progression points and meet NMC standards for entry to the NMC register.

#### Evidence / Reference Source

- 18. Cardiff University self-assessment 2014/15
- 28. BN (Hons) programme document 2012
- 47. Clinical decision making tree, undated
- 65. BN(Hons) student portfolio, 2013/14
- 67. External examiner visit report, 2013/14
- 71. Telephone meeting director workforce, education and development services 15 January 2015
- 72. Telephone meeting MR, Assistant Director of Nursing and Service Improvement, Velindre NHS Trust / Education Lead for nursing in Velindre Cancer Centre 15 January 2015
- 73. Telephone meeting MR, Assistant Director of Nursing, Clinical Teacher Cardiff and Vale University Health Board 14 January 2015
- 74. Telephone meeting, MR, Assistant Director of Nursing, ABHB 14 January 2015
- 79. Hafan Deg MHSOP mental health students 14 January 2015
- 82. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health students 14 January 2015
- 83. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health mentors 14 January 2015
- 84. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015
- 86. View of live mentor register 14 January 2015
- 88. The Links CMHT, mental health students 15 January 2015
- 90. University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015
- 93. Meeting with Students from Rookwood Hospital 14 January 2015
- 94. Ward A 4 Medical CVUHB adult nursing students 14 January 2015
- 102. D1 West/ C5E, C6 E, C6E- Acute Medicine – adult nursing students 15 January 2015
- 103. D1 West – adult nursing mentors 15 January 2015

105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015

106. Meeting with programme team 15 January 2015

107. Medication Management curriculum content throughout duration of programme document produced by teaching team 15 January 2015

**Outcome: Standard met**

Comments:

The programme team have developed additional resources to support the teaching and preparation of students for the administration of medicines and related pharmacology in response to students' feedback.

Areas for future monitoring:

Monitor the effectiveness of preparation for the administration of medications and related pharmacology.

**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

Students' evaluations of clinical placement are completed electronically using the Bristol Online Survey. Feedback provides an overall view of student evaluation of practice for a particular module. However, the school recognises that there is also a need to identify individual clinical areas and feedback specific information to mentors/sign off mentors in practice placements.

Link lecturers will now feedback student evaluations to placement areas. A flowchart annotating the evaluation and feedback process is in place (66).

External examiners are appointed to ensure the quality of the programme meets the required academic and professional standards. External examiners are required to complete a report following each attendance to the school. They are required to attend exam boards; visit practice learning environments; moderate academic and practice assessments and complete an annual report (67 - 68).

<p>What we found at the event</p>
<p>There are a range of strategies in place to evaluate the pre-registration nursing programme. Students and service users told us about the online module feedback questionnaires which are completed (75, 96, 100).</p> <p>We heard that students (adult and mental health) perceive their feedback is valued and the programme team is responsive to feedback. They gave us examples of changes which had been made as a result of their feedback, for example a change of assessment (96, 100,102).</p> <p>We were told that students evaluate practice placements using an on-line system at the end of the placement. Overall we found students evaluate the practice learning placements positively (79, 80, 82, 84, 86, 88, 90).</p> <p>We found students contribute to university and programme feedback through the class representative system (96, 100 and 102). Students told us about processes at institutional level which demonstrate adjustments have been taken in response to student feedback.</p> <p>Our findings conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (adult and mental health) programmes.</p>
<p>Evidence / Reference Source</p>
<p>66. Cardiff university school of nursing and midwifery studies clinical evaluations process, undated</p> <p>67. External examiner visit report, 2013/14</p> <p>68. External examiner moderation report, 2013/14</p> <p>75. Meeting with service users 15 January 2015</p> <p>79. Hafan Deg MHSOP mental health students 14 January 2015</p> <p>80. Hafan Deg MHSOP mental health mentors 14 January 2015</p> <p>82. Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health students 14 January 2015</p> <p>84. Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015</p> <p>86. View of live mentor register 14 January 2015</p> <p>88. The Links CMHT, mental health students 15 January 2015</p> <p>90. University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015</p> <p>96. Ward C5 Cardiothoracic CVUHB adult nursing students 14 January 2015</p> <p>100. Romney Primary Care Centre- adult nursing students 14 January 2015</p> <p>102. D1 West/ C5E, C6 E, C6E- Acute Medicine – adult nursing students 15 January 2015</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>

#### What we found before the event

The university has comprehensive procedures for the resolution of student concerns and issues which includes an appeals process and advice regarding the role of the office of the independent adjudicator if the student remains unsatisfied with any outcome of their complaint (69).

Flowcharts of each stage of the process are available to ensure clarity of the procedures involved (69).

External examiners are appointed to ensure the quality of the programme meets the required academic and professional standards. External examiners are required to complete a report following each attendance to the school. They are required to attend exam boards; visit practice learning environments; moderate academic and practice assessments and complete an annual report (67-68).

#### What we found at the event

All students and mentors report being aware of how to raise concerns and complaints in practice settings. We found any concerns and complaints raised are appropriately dealt with and communicated to relevant partners (69, 119-120).

(See section 3.1.1).

Employers told us that they see placement evaluations from the students. They informed us that the school is considering the use of new software to produce trend reports to maximise the benefits of this information. They are aware of external examiner visits to practice and receive feedback in relation to their reports (72 -74).

Students provide feedback online at the end of every placement (100). Examples of student feedback are available in practice placement areas (97,105). In some placement areas this feedback is given by link lecturers. Charge nurses communicate themes in the feedback to mentors and in this way any action plans for improvements are discussed and the loop is closed (97). Overall we found students evaluate the practice learning placements positively (79, 80, 82, 84, 86, 88, 90).

The school requests feedback about the mentor experience which is discussed informally with practice partners (97).

There are external examiners appointed with due regard to the field of practice (67).

#### Nursing (adult)

We found that feedback from external examiners is positive and confirmed that students meet the programme learning outcomes and NMC pre-registration nursing standards. There is evidence of external examiners engagement with practice commending the positive and supportive relationship between staff, students and practice (67).

We found evidence that the programme team is responsive to external examiner feedback for improvement, for example, feedback from external examiners to enhance

the clarity of assignment guidelines (67).

#### Nursing (mental health)

We found student nurses (mental health) evaluate their practice experience very positively, they commented on how mentors are approachable and keen to support them during their studies (77, 79, 80, 82, 84, 88, 90).

The external examiners (mental health) confirmed that students meet the programme learning outcomes and NMC pre-registration nursing standards. We found the external examiner reports are informative with detailed comments on students' assessment (67).

Positive feedback was included about consistency of marking particularly with the dissertation. The programme team told us there is a new moderation process in place to ensure consistency of marking and this process will be evaluated with the external examiner (69, 82).

We conclude that there are effective quality assurance processes in place to manage risks in practice and there are effective processes to ensure issues raised in practice learning settings are appropriately communicated to all partners and dealt with efficiently. External examiners for the pre-registration programme (adult and mental health) confirm that students meet the programme learning outcomes and NMC pre-registration nursing competencies.

#### Evidence / Reference Source

- 67. *External examiner visit report*
- 68. *External examiner moderation report, 2013/14*
- 69. *Procedures for the resolution of student concerns/issues, undated*
- 72. *Telephone meeting MR, Assistant Director of Nursing and Service Improvement, Velindre NHS Trust / Education Lead for nursing in Velindre Cancer Centre 15 January 2015*
- 73. *Telephone meeting MR, Assistant Director of Nursing, Clinical Teacher Cardiff and Vale University Health Board 14 January 2015*
- 74. *Telephone meeting, MR, Assistant Director of Nursing, ABHB 14 January 2015*
- 77. *Telephone meeting mental health students 14 January 2015*
- 79. *Hafan Deg MHSOP mental health students 14 January 2015*
- 80. *Hafan Deg MHSOP mental health mentors 14 January 2015*
- 82. *Whitchurch Hospital, Cardiff, CVUHB Psychiatric Intensive Care Unit mental health students 14 January 2015*
- 84. *Whitchurch Hospital, Cardiff, CVUHB East 2 (Neuropsychiatry Unit) mental health students 14 January 2015*
- 86. *View of live mentor register 14 January 2015*
- 88. *The Links CMHT, mental health students 15 January 2015*
- 90. *University Hospital Llandough East 10 (MHSOP) mental health students 15 January 2015*
- 93. *Meeting with Students from Rookwood Hospital 14 January 2015*
- 94. *Ward A 4 Medical CVUHB adult nursing students 14 January 2015*



96. Ward C5 Cardiothoracic CVUHB adult nursing students 14 January 2015
97. Ward C5 Cardiothoracic CVUHB adult nursing mentors 14 January 2015
100. Romney Primary Care Centre- adult nursing students 14 January 2015
105. C5E/ C6W and C6 E adult nursing mentors 15 January 2015
119. Practice area response to concerns raised in relation to Cardiff and Vale UHB - Clinical Gerontology student issue, undated
120. Programme provider response to concerns raised in relation to Cardiff and Vale UHB - Clinical Gerontology student issue, undated

**Outcome: Standard met**

Comments:  
No further comments

Areas for future monitoring:  
None identified

### Personnel supporting programme monitoring

#### Prior to monitoring event

Date of initial visit: 16 Dec 2014

#### Meetings with:

Professional head mental health, learning disabilities and psychosocial care x 1  
 Director of student experience and academic standards x 1  
 Co-director of learning in practice x 1  
 Quality and regulations manager x 1  
 Professional head adult nursing x 1  
 Associate dean and deputy head of school x 1

#### At monitoring event

#### Meetings with:

Interim head of school, school of healthcare sciences x 1  
 Director of learning in practice, school of healthcare sciences x1  
 Professional head mental health nursing, school of healthcare sciences x1  
 Programme manager (new programme), school of healthcare sciences x 1

Programme manager (outgoing programme), school of healthcare sciences x 1  
 Field leader child nursing, school of healthcare sciences x 1  
 Field leader mental health, school of healthcare sciences x 1  
 Field leader adult, school of healthcare sciences x 1  
 Professional head mental health nursing, school of healthcare sciences x 1  
 Professional head adult nursing, school of healthcare sciences x 1  
 Associate lecturers, school of healthcare sciences x 2  
 Programme manager mental health, school of healthcare sciences x 1  
 Lecturer mental health, school of healthcare sciences x 2

Meetings with:

Mentors / sign-off mentors	42
Practice teachers	
Service users / Carers	8
Practice Education Facilitator	9
Director / manager nursing	6
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	7  Clinical teacher x 1 Education lead for nursing Velindre Cancer Centre x 1 Educational lead x 1 Clinical teacher Cardiff and Vale University Health Board x 1

	Ward manager x 1 Senior nurse, cardiothoracic services (C&V HB) x 1 Senior Nurse, Unscheduled Care (ABHB) x 1
--	---

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Nurse - Adult	Year 1: 6 Year 2: 2 Year 3: 7 Year 4: 0
Registered Nurse - Mental Health	Year 1: 10 Year 2: 3 Year 3: 4 Year 4: 0