

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

Programme provider	Kingston University & St George's Hospital Medical School
Programmes monitored	Registered Nurse - Mental Health; Registered Midwife - 18 & 36M
Date of monitoring event	25-26 Feb 2015
Managing Reviewer	Peter McAndrew
Lay Reviewer	Jane Suppiah
Registrant Reviewer(s)	Nicola Clark, Pepsi Takawira
Placement partner visits undertaken during the review	<p>Mental Health placements: South West London and St George's MH Trust – Springfield site: Ward 3, SPH (Adult Acute); Wandsworth HTT (Community Acute); Aquarius Ward (CAMHS inpatients); Crocus Ward (Older Adults inpatients). The Priory – Roehampton: Eating Disorders Unit; CAMHS. Hexagon Housing.</p> <p>Midwifery placements: Kingston Hospital Maternity Unit: Antenatal clinic; Delivery suite; Postnatal ward; Community midwives. St. Georges Hospital Maternity unit: Carmen Birthing Suite; Diabetic Clinic. St Helier Hospital: Community midwives.</p>
Date of Report	06 Mar 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 Kingston University & St George's Hospital Medical School's programmes**

The Faculty of Health, Social Care and Education is a jointly managed partnership between Kingston University and St George's, University of London. The faculty enjoys a unique partnership between Kingston University and St George's University of London and enables major teaching resources to be shared between a full range of medical, health and social care programmes.

The faculty has its main site at Kingston University and has nine schools and centres which include the school of midwifery and child health and the school of nursing. The school of midwifery and child health provides a three year pre-registration midwifery programme at undergraduate level, BSc (Hons) midwifery and also a postgraduate diploma midwifery programme. There is also an 18 month pre-registration midwifery programme for registered nurses which is offered at degree and postgraduate diploma levels. The pre-registration midwifery programmes were approved by the NMC in June 2013 for a period of five years.

The school of nursing provides an undergraduate BSc (Hons) pre-registration nursing programme in the fields of adult, mental health, learning disabilities and child nursing. There is also a postgraduate diploma in pre-registration nursing (adult, mental health and child) programme, although the child nursing field is currently not being offered. The pre-registration nursing programme was approved in March 2011 for a period of five years.

This monitoring event focuses on the pre-registration nursing (mental health) programme and the pre-registration 18 month and 3 year midwifery programmes.

Students are very positive about the quality of both the midwifery and nursing (mental health) pre-registration programmes and the learning support that they receive from the university and its practice placement partners.

The commissioners and employers confirm that the programmes prepare registered midwives and registered nurses who are fit for practice.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration was given to the pre-registration nursing (mental health) student experiences in the placements in the South West London and St George's Mental Health NHS Trust which was subject to an adverse Care Quality Commission (CQC) inspection report in June 2014.

All the NMC key risks are currently controlled within this programme provision with the exception of one key risk 3.3.3, where within one mental health trust, we found that the record of mentors and sign-off mentors was inaccurate and not up to date and requires improvement.

## **Summary of public protection context and findings**

We found that robust governance procedures ensure that all midwifery and nursing

lecturers have a current professional qualification registered with the NMC and have the relevant recorded teacher qualification. We found that there are sufficient academic staff members dedicated to the delivery of the programmes. There are sufficient appropriately prepared mentors and sign mentors to support and assess the number of students in practice placements.

We found that admission processes are robust and undertaken in partnership with practice placement providers, service users and carers and meet the NMC requirements. The multiple mini interviews (MMI) used in the admission process to assess the values of prospective students are well administered and contemporary.

We concluded that procedures are rigorous and robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (mental health) and midwifery programmes meet the NMC standards which is fundamental to the protection of the public.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

Disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are completed before a student can proceed to practice placements and these compulsory procedures are undertaken in order to protect the public.

We found that the procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in both programmes. The fitness to practise (FtP) procedure is robust and well managed for incidents of concern, both academic, practice and health related. There is evidence of the effective implementation of this procedure and examples of where students have been subject to remedial action or their programme terminated which demonstrates the rigour of the fitness to practise process in ensuring public protection.

We confirmed that processes in relation to accreditation of prior (experiential) learning (AP(E)L) are robust and demonstrate evidence that all NMC learning outcomes are achieved.

We confirmed that there is strong evidence of effective partnerships with practice placement providers and associated approved education institutions (AEIs) at both strategic and operational levels. These partnerships are used to develop innovative solutions to the many challenges that exist in practice placements. We found that placement management addresses the challenges that exist from the escalation process, clinical governance reporting and service re-configurations. We concluded that there are effective procedures in place to protect students' practice learning and to assess if placements need to be withdrawn or rested.

We found that the faculty responds effectively to adverse CQC reports in placement areas. Action is taken through the provision of additional resources and collaborative working with placement providers to ensure students' practice learning is not compromised from either poor educational experiences or patient care practices.

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of CQC reviews in mental health nursing placements in the South West London and St George's Mental Health NHS Trust, placements in the independent

sector and end of life care at the St George's Healthcare NHS Trust, all of which are subject to adverse CQC inspection reports.

We found that records of sign-off mentors for the midwifery services that we visited are accurate and up to date. However, there are inaccuracies in the mentor registers in a mental health service trust that requires improvement. Mentors shown as live on the register must have a mentor update in the last 12 month period and show that they have undertaken triennial review to evidence their mentorship practice. No students are allocated to these placement areas at present and plans must be implemented to ensure that students are only placed with mentors who meet the NMC requirements when placements recommence.

Service users and carers are engaged in all aspects of programme development and delivery and there are some notable practices.

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

We found that in the pre-registration nursing (mental health) there is no evidence that the external examiner has monitored the assessment of practice although evidence is available that arrangements were made for this to take place.

We also found that the external examiner annual report template does not include a request for specific feedback on the assessment of practice. As the assessment of practice constitutes 50% of the summative assessment strategy we support the faculty's request, which has been made to the university, for revisions to the template, to enable this important aspect to be included.

### Summary of areas that require improvement

Mentor registers in a mental health trust we visited need to be accurate and up to date. Action needs to be taken to ensure that mentors shown as live on the mentor register have had a mentor update in the last 12 month period and show that they have undertaken triennial review to evidence their mentorship practice.

### Summary of areas for future monitoring

- To ensure that mentor registers are accurate and up to date.
- To monitor that external examiners' annual reports provide feedback on the assessment of practice.

### Summary of notable practice

#### Resources

None identified.



## **Admissions and Progression**

None identified.

## **Practice Learning**

The mental health nursing team has been involved in the development of an ongoing partnership project with the service user led Recovery College based at a local mental health trust. All student nurses undertake service user led education alongside mental health service users. The aim is to enhance students' appreciation of the service user perspective and to positively shape attitudinal development.

The writer in residence project was established within the postgraduate diploma pre-registration nursing programme. This was initiated by employing a distinguished nurse writer to explore images of nursing across the years and to support students in developing resilience and emotional intelligence when faced with the complexities of everyday nursing. The innovation includes five workshops that enable students to explore images of nursing through their own experiences of practice. The workshops lead into a seminar event that enables students, academic staff, practice partners and service users to discuss, in an open forum, images of nursing from the perceptions of the public. The innovation has been evaluated as excellent.

## **Fitness for Practice**

1. The mental health simulation programme enables students to apply their skills in a simulated 'real-life' situation. With realistic props the crime house at Kingston University was transformed into the homes of two clients with mental health problems who had been discharged from the ward back into the community. Two experienced actors took roles of clients in this new and challenging learning environment. Two mental health lecturers coordinated the sessions and offered supportive facilitation to ensure that a safe and effective learning environment for all involved was maintained. The experiences of the sessions are overwhelmingly positive for all participants.
2. The School of Nursing is evaluating a unique programme Heritage2health (h2h) which is incorporated in the pre-registration nursing programmes. H2h is a collaborative method of shared learning and community engagement which brings together three sectors: health and social care educators and providers, the arts and the countryside/heritage sector. It seeks to bring these rich and diverse sectors together to enhance the capacity of each to work with vulnerable groups to promote well-being. The special focus is to work with people who consider themselves to be excluded because of age, disability, the demands of caring and those who are socially isolated.
3. Midwifery academic staff have been working with paramedic colleagues to develop and deliver a programme which aims to develop professional values and specific competencies in managing obstetric emergencies in the home setting using the simulation house at the Penrhyn site and the ambulance. The programme includes: clinical decision making skills; cord prolapse; puerperal psychosis; and, neonatal resuscitation. The activities involve inter-professional learning opportunities for paramedic and midwifery pre-registration students by working through scenarios in the simulation house and ambulance situation.

Learning and teaching activities include problem based learning and the programme has been evaluated as excellent by both the midwifery and paramedic students.

### **Quality Assurance**

None identified.

## **Summary of feedback from groups involved in the review**

### **Academic team**

Programme teams told us that they feel supported by the university to develop their teaching and academic skills. They informed us that they engage in an appraisal process with individual personal development plans which embrace the maintenance of their specialist clinical nursing or midwifery skills. Midwifery lecturers told us that they are supported to undertake clinical activity to meet the NMC intention to practise requirement.

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

Mentors and sign of mentors told us they maintain positive relationships with the university and that they feel supported by academic staff.

We found employers have very positive relationships with the university and that they have been involved in partnership working on a number of projects. They also confirmed that pre-registration nursing (mental health) and midwifery students are fit for practice at the point of registration.

Education commissioners told us that they maintain positive relationships with the university and that they rate students emerging from the pre-registration programmes as fit for practice. They state that the university is responsive to the needs of the associated practice placement providers.

### **Students**

Students told us that they are well supported by academic staff and that the university has good learning resources. They told us that they are well supported in practice placements by mentors who have a good understanding of the programme and that the assessment of practice is rigorous. The students reported that lecturers are passionate and enthusiastic about what they teach which makes the sessions very stimulating. They told us that they particularly benefit from the skills sessions in the first year which are shared with other fields of nursing and delivered by an inter-professional team.

There is a student representative in each cohort who inputs into the programme management issues. Most students are able to recall being invited to participate in surveys regarding the new practice document and many are appreciative of the peer mentoring by fellow students that is adopted for nursing and midwifery pre-registration programmes.



### **Service users and carers**

Service users and carers told us that they feel valued and respected by the university. They told us that they are well supported by academic staff and receive training and preparation for all the activities that they are involved in. Service users informed us that they are aware of their rights and that they consent to participate with students. They told us that their involvement with both the pre-registration nursing (mental health) and midwifery programmes is a rewarding experience.

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

CQC reports and issues in relation to associated practice placements:

33 CQC quality reports were analysed and the following issues emerged.

Mental Health Services:

CQC - South West London and St George's Mental Health NHS Trust - Quality Report - June 2014 – requires improvement.

The CQC identified weakness in relation to: risk and quality reporting; sharing learning across the trust; people being involved in decisions about their care; mixed wards where privacy and dignity was not always maintained; the use of restraint and seclusion not being properly recorded and monitored; serious bed shortages; care planning not meeting the service users individual welfare and safety needs; and, poor practices for the recording of medicines which placed people at risk (4).

End of Life NHS Services:

CQC - St George's Healthcare NHS Trust - St George's Hospital – Tooting - Quality Report – February 2014 - requires improvement.

The CQC identified that in a number of wards and departments staff were not sufficiently aware of the Mental Capacity Act, 2005, which was impacting on the care delivered to patients. The CQC also found that the implementation of end of life care objectives and action plans were patchy or non-existent (3).

Mental Health Services in the Independent Sector:

CQC – Inspection Report - Care Unlimited Group Limited - Grennell Lodge Nursing Care Home – June 2014 – action needed.

Grennell Lodge Nursing Care Home is registered to provide accommodation and nursing care for up to 32 people with mental health needs.

The CQC identified that people who use the service did not understand the care and treatment choices available to them (2).

Older Person Services in the Independent Sector:

CQC - Entertainment Artistes Benevolent Fund - Inspection report - Brinsworth House – January 2015 – requires improvement

Brinsworth House provides accommodation and nursing care for up to 36 older people some of whom may be living with dementia.

The CQC identified that some aspects of this service were not safe and improvements were required to ensure that staff consistently followed safe practice around the administration of medicines. The CQC identified that some aspects of the care were not effective and that further improvements were required to ensure that the provider acted in accordance with the legal requirements in relation to people who did not have the capacity to consent (1).

Report from the monitoring event:

In response to the CQC quality inspection adverse outcomes, a meeting was held with senior education managers and senior trust clinical representatives to assess the joint action taken to protect students learning in mental health services in the South West London and St George's Mental Health NHS Trust. We were told that one of the wards identified in the CQC report, Crocus Ward, had issues raised by students and the link lecturer prior to the inspection and a decision was made to remove students from the placement and withdraw the placement area.

After the CQC inspection report a review was jointly undertaken by the trust and the faculty to assess risks to student learning. An action plan was developed in relation to the issues raised and the faculty contributed towards these plans and delivered training to meet some of the training needs of trust staff. Action was also agreed to withdraw some placement areas until the development plan had been implemented, and this included some community placements.

It was jointly agreed that the placements would not be allocated students until a satisfactory educational audit was completed. Action was also agreed to reduce the number of students on some wards and areas. It was jointly agreed that it was not appropriate for first year students to be placed on acute admission wards until aspects of the action plan had been completed due to some of the issues raised in the CQC inspection (4-7).

We were told that all action taken with regards to the risks to student learning were jointly agreed between the faculty practice lead, the academic zone lead, the trust director of nursing and the practice education facilitator (PEF). They told us that they concluded that after the action was taken all risks to student learning were being effectively managed through the action plans that had been raised (5-7).

A further meeting was held with senior education managers and senior trust clinical staff to assess the joint action taken to protect student learning at the end of life services of St George's Healthcare NHS Trust and within the Independent care sector at Grennell Lodge Nursing Care Home and Brinsworth House after CQC quality inspections had raised adverse issues. All these were approved placement areas for students on the

pre-registration nursing programme. In end of life services at St Georges Hospital an action plan was developed to address the CQC issues raised and to meet the improvements required. The action plan included additional training for staff which was delivered by the faculty. A thorough risk assessment was undertaken by the trust which was mapped against the Royal Marsden standards and further informed the action plan. No negative student evaluations had been noted for these placement areas and link academic staff confirmed that student learning was not compromised. The academic zone lead met with the Director of Nursing and it was agreed that there was no risk to students learning in the placements identified (3,8,12).

The manager at Brinsworth House informed the faculty of the adverse CQC inspection at the time of the visit and the link lecturer visited the nursing home to assess the concerns and issues raised. The link lecturer determined that there were no risks to students learning and this was reported back to the faculty (1).

At Grennell Lodge Nursing Care Home in response to the CQC adverse report the owners decided to replace the manager. The new manager met with the link lecturer and agreed to make significant changes to the care planning arrangements and to provide some staff training. Student placements are suspended until improvements are completed. Before placements recommence an educational audit will be completed (2).

The NMC were informed through exception reporting procedures of the adverse CQC reports and informed that in each case there was no risk to student practice learning (9).

At the monitoring event a practice visit was arranged to South West London and St George's Mental Health NHS Trust to assess if student learning had been protected and to explore the issues raised in the CQC adverse report. Crocus Ward was visited by reviewers as it had been specifically cited in the CQC report. We did not find any evidence to suggest that students' learning had been compromised in the pre-registration mental health nursing placements visited (11).

We concluded that the faculty's responses to adverse CQC reports in areas where students are placed are effective at protecting students learning and public protection. Action taken to protect the students learning through the provision of additional resources and collaborative work with placement providers is highly effective and ensures that students' learning is not compromised by either poor education experiences or patient care practices.

### Evidence / Reference Source

1. CQC - Entertainment Artistes Benevolent Fund - Inspection report - Brinsworth House - 19 January 2015
2. CQC - Inspection Report - Care Unlimited Group Limited - Grennell Lodge Nursing Care Home - June 2014
3. CQC - St George's Healthcare NHS Trust - St George's Hospital - Tooting - Quality Report - February 2014
4. CQC - South West London and St George's Mental Health NHS Trust - Quality Report - June 2014
5. South West London and St Georges Mental Health NHS Trust - CQC Action Plan Update - November 2014
6. South West London and St Georges Mental Health NHS Trust - CQC Improvement Plan - November 2014
7. South West London and St Georges Mental Health NHS Trust - Crocus Ward Service Review Summary

*Action Plan Incorporating Clinical Governance Framework Action Plan – 18 December 2014*

*8. St George's Healthcare NHS Trust - St George's Hospital – CQC Action Plan – June 2014*

*9. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education – self-assessment report - 2013/14*

*10. Meeting with senior education managers and senior trust clinical representatives to assess the joint action taken to protect students learning in mental health services in the South West London and St George's Mental Health NHS Trust – 25 February 2015*

*11. Practice visit to student placements at South West London and St George's Mental Health NHS Trust – 25 February 2015*

*12. Meeting with senior education managers and senior trust clinical staff to assess the joint action taken to protect student learning at the end of life services of St George's Healthcare NHS Trust and within the independent care sector at Grennell Lodge Nursing Care Home and Brinsworth House after adverse CQC quality inspections – 26 February 2015*

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

NMC Programme Approval Report – Registered Midwife – 3 Year/ registered midwife – 18 months – April 2013 (13).

Approved with Conditions and Recommendations

Recommendations:

1. Consider re-articulating the requirements at a local level for achieving a pass in the final practice assessment.
2. Monitor the growth of the programmes, with particular consideration to the impact of group size on the student experience.
3. Ensure the continued good practice in the use of Clinical Practice Facilitators (CPFs).
4. Monitor the accessibility of essential resources for all students.

Key Issues for future programme monitoring:

- Articulation of the requirements at a local level for achieving a pass in the final practice assessment at level 6.
- Service user engagement in all aspects of the programme.
- Opportunities and uptake of an elective UK and overseas placement.
- Distribution of commissioned numbers between the PG Dip and BSc (Hons), and the impact of group size on the student experience.
- Accessibility of essential resources for all students.
- Supporting learning and assessment of practice at masters level.

Outcome:

All conditions and recommendations were met and submitted to the panel and NMC

approval was given from the 7th June 2013 for 5 years.

NMC programme modification - pre-registration midwifery - three year programme - BSc (Hons) midwifery; pre-registration midwifery - 18 month programme - BSc (Hons) midwifery; pre-registration midwifery - three year programme - PG Dip midwifery; pre-registration midwifery - 18 month programme - PG Dip midwifery – June 2014 (14).

Modification to position of progression point to ensure parity between programmes of different lengths.

NMC programme modification - pre-registration midwifery - three year programme - May 2014 (15).

Review of entry criteria to more closely match competitors.

The faculty's self- assessment report for 2014/15 confirms that all outstanding conditions and recommendations have been fully met. This was also confirmed at the initial visit meeting that took place with the faculty prior to the monitoring event (9, 20).

### Evidence / Reference Source

*9. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - Self Assessment Report - 2014/15*

*13. NMC Programme Approval Report – registered midwife – three year/ registered midwife – 18 months – April 2013*

*14. NMC Programme Modification - pre-registration midwifery - three year programme - BSc (Hons) mid; pre-registration midwifery - 18 month programme - BSc (Hons) mid; pre-registration midwifery - three year programme - PG Dip mid; pre-registration midwifery - 18 month programme - PG Dip mid – June 2014*

*15. NMC programme modification - pre-registration midwifery - three year programme - BSc (Hons) mid – May 2014*

*20. Initial visit meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015*

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

NMC self-assessment report 2014/2015

The report confirmed that all outstanding conditions and recommendations from approval events and major modifications had been met.

The report included the following incident/events:

St Georges NHS Trust, CQC inspection, August 2013.

Three standards judged as requiring action by the trust - Director of Nursing discussed the issues with the Head of the School of Nursing. There is no risk to students learning in practice.

<p>Kingston Hospital NHS Foundation Trust, CQC inspection, September 2013.</p> <p>One standard judged as requiring action by the trust - Director of Nursing discussed the issues with the Head of the School of Nursing. There is no risk to students learning in practice.</p>
<p><b>Evidence / Reference Source</b></p>
<p>9. NMC self-assessment report 2015/2015</p>

Findings against key risks
<p><b>Key risk 1 – Resources</b></p> <p><b>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</b></p> <p><b>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</b></p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience/qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>The school of midwifery and child health has a full establishment of midwifery lecturers and there are no risks identified in relation to the delivery of the pre-registration midwifery programmes (9, 20).</p> <p>The school of nursing has a full establishment of nursing lecturers and there are no risks identified in relation to the delivery of the pre-registration nursing programmes (9, 20).</p> <p>There are a range of policies and processes in place demonstrating support for students' academic and practice experience e.g. student handbooks, roles and responsibilities for academic roles in supporting practice, personal tutoring scheme, practice placement guide for students and the mentor handbook on the mentor website.</p> <p>The outlined process for staff meeting 20% practice time includes a university statement of particulars for the support of 20% time and academic staff role descriptors linked to research, professional practice, learning and teaching and enterprise (21).</p> <p>A flow chart shows the process for checking academic staff members' active registration and the process used by midwifery (23, 25, 27).</p>



An agreed process exists for academic staff to link with the centre for higher education research and practice for teachers to achieve Stage 4 (22).

The Academic, Personal And Professional Learning (APPL) model is a student support mechanism designed by staff in the school of nursing for pre-registration programmes. The APPL model was adopted as a key student support mechanism following a review of the pilot study in May 2007 (24).

#### What we found at the event

We found that robust governance procedures ensure that all midwifery and nursing lecturers with a professional qualification are registered with the NMC and have a relevant recorded teacher qualification (9, 20, 23 – 28).

We were told that all lecturers are subject to the appraisal process and have a personal development plan. Lecturers without a recordable teaching qualification must commence an appropriate programme with 2 years of commencing appointment within the faculty (22, 24, 28 - 30).

We were told that all academic staff are expected to have a designated link with a practice placement area. Academic staff are monitored to ensure that they spend 20% of their time in practice settings and they remain up to date with contemporary practice in their specialist area (20, 21).

Academic staff have honorary contracts in local trusts to promote theory and practice links (28 – 30).

We found that there is sufficient academic staff dedicated to programme delivery (28 - 30).

We concluded that the faculty has adequate resources to deliver the approved programmes to the standards required by the NMC.

#### Evidence / Reference Source

9. NMC self-assessment report - 2014/2015

20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015

21. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - process for academic staff to meet 20% of time in practice - undated

22. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - process to enable teachers to achieve Stage 4 - undated

23. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - process for checking academic staff active registration - undated

24. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - academic personal and professional learning - facilitators guide 2014/2015

25. Kingston University and St Georges University of London – Faculty of Health, Social Care and Education –

*school of midwifery and child health – staff registration details – February 2015*

*26. NMC Register to check programme leaders registration details and a sample of academic staff – 25 February 2015*

*27. Kingston University and St Georges University of London – Faculty of Health, Social Care and Education – school of nursing – staff registration details – December 2014*

*28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015*

*29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015*

*30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015*

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students

What we found before the event

Ensuring sufficient numbers of mentors, sign-off mentors and practice teachers is managed through the educational audit process, the maintenance of the mentor/practice teacher register and regular meetings with placement providers. In addition, the academic leads responsible for educational audits and for placements monitor the numbers of mentors, sign-off mentors and practice teachers (9).

A copy of a mentor register verifies appropriately qualified and updated mentors and practice teachers (20).

There are sufficient mentors and sign of mentors available in practice placement areas and no risks are identified in relation to either the nursing or midwifery pre-registration programmes (20).

What we found at the event

We found that students are appropriately allocated to mentors during their practice placements. We saw staff rotas which provided evidence that placement providers have sufficient mentors in place to support and assess students. Mentors told us that they work with students for at least 40% of the placement time and this was confirmed by the students. We confirmed that students are supernumerary (31 – 36).

We were told that in some maternity placements there are also placements for medical students and students from other health professions. We are reassured that this has no detrimental impact on the learning experience of midwifery students (36).

We concluded that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students.

Evidence / Reference Source
<p>9. NMC self-assessment report 2014/2015</p> <p>20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health - 05/02/2015</p> <p>31. Review of mentor registers in mental health placement providers visited – 25-26 February 2015</p> <p>32. Interview with senior clinical managers in mental health placements - 25-26 February 2015</p> <p>33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25-26 February 2015</p> <p>34. Review of mentor registers in midwifery placement providers visited – 25-26 February 2015</p> <p>35. Interview with senior clinical managers in midwifery placements - 25-26 February 2015</p> <p>36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25-26 February 2015</p>
<b>Outcome: Standard met</b>
<p>Comments:</p> <p>No further comments.</p>
<p>Areas for future monitoring:</p> <p>None identified.</p>

<b>Findings against key risks</b>
<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>The policy on the admission of students to nursing and midwifery pre-registration programmes is agreed in partnership with Health Education South London (HESL). It incorporates the NMC standards for pre-registration nursing programmes (2010);</p>

recommendations from the Francis Report (2013) and the UK Quality Code for Education; recruitment, selection and admission to higher education (QAA, 2013).

The senior lecturer responsible for recruitment, selection and admissions has delegated responsibility from the dean for ensuring that the admissions policy is implemented and maintained. The number of students to be admitted to the programme is determined annually by HESL (9, 20, 37).

The faculty runs face-to-face interviews with candidates for nursing and midwifery programmes and since 2011 has implemented a values based recruitment process using MMI (20).

Service users and carers are involved in annual stakeholder engagement reviews of the recruitment processes and the development of MMI scenarios and they are invited to selection days to enable them to be involved in the MMI selection process (9, 20).

The university has a formal process for managing DBS checks for students (20).

#### What we found at the event

All academic, practitioners and service users that participate in the selection process complete equality and diversity training prior to their participation in the recruitment and interviewing of students. We found that there are robust processes in place for obtaining DBS checks, health screening and references within the admission process (28 – 30, 37).

We met placement providers and service users who participate in the admission process and they describe it as a positive process. Students told us that they had also found the admission process to be a positive experience (33, 36, 38).

We found that the MMIs used in the admission process to assess the students' value base are well administered and contemporary.

Students informed us that they complete an annual declaration of good health and good character and after a period of intercalation (33 – 36).

We concluded that procedures are rigorous and robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (mental health) and midwifery programmes meet the NMC standards which is fundamental to the protection of the public (28 – 30, 37, 38).

#### Evidence / Reference Source

9. NMC self-assessment report 2014/2015

20. Initial visit meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015

28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015

- 29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015
- 30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015
- 33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25-26 February 2015
- 36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015
- 37. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - Schools of Nursing - policy on the admission of students - July 2014
- 38. Meeting with service users who participate in programme delivery, admission and assessment - 25 February 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 faculty has policies for supporting academic staff or mentors who have concerns about a student's academic and clinical performance and who appears not to be progressing (20, 39).

The university has policies and procedures for fitness to practise, student disciplinary, and academic misconduct (20, 40 – 42).

What we found at the event

We found that procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in both programmes being monitored. Mentors and sign-off mentors told us that they understand the procedures and have confidence that they would be supported if they raised a cause for concern about a student's progress or conduct. Students also told us that they are informed about the procedures during the initial part of the programme (28 – 30, 33, 36, 39).

We were provided with examples of when the cause for concern process was appropriately activated and academic staff, mentors and sign-off mentors all gave us confidence that they would fail a student if it was appropriate to do so (28 – 30).

We found that the university has policies and procedures on fitness to practise; student disciplinary; and academic misconduct. We were told there were no fitness to practise panels held for pre-registration nursing students in 2013-14. In pre-registration midwifery programmes one case had been escalated from the academic misconduct proceedings to fitness to practise due to the serious nature of the misconduct. The outcome of the fitness to practise procedures was that the midwifery student had to

repeat a module, write a reflective essay and receive a formal written warning. The reflective essay was on professionalism, the meaning of integrity, personal responsibility and accountability, to reinforce the desired professional conduct and behaviour (40 – 43).

The faculty told us that they have been able to use the university academic misconduct and disciplinary procedures to effectively manage issues related to student poor conduct and health. They confirmed that if the seriousness of issues demanded they would be escalated to the fitness to practise process (28).

We concluded that the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders and we are confident that concerns are investigated and dealt with effectively and that the public is protected.

#### Evidence / Reference Source

9. NMC self-assessment report 2014/2015

20. Initial visit meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015

28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015

29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015

30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015

33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015

36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015

39. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing - guidance and support for mentors practice related issues - October 2013

40. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education – fitness to practice policy – 2012.

41. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education – student disciplinary policy – 2012

42. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education – academic misconduct policy – 2012

43. Meeting with fitness to practice faculty coordinator – 26 February 2015

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



<p>What we found before the event</p>
<p>The faculty provides a framework for mentors if they are concerned about a student's progress or if they are behaving in an unacceptable manner and/or they will not achieve their practice learning outcomes/competencies in practice. The guidance provides a process for the mentor to follow and reinforces to the mentor that they are accountable for their decision when passing a student as competent in practice (20, 39).</p>
<p>What we found at the event</p>
<p>We found that procedures to address issues of poor performance by practice placement providers are well understood and implemented effectively in both programme areas being monitored (28 – 30, 32 – 36, 39).</p> <p>Academic staff, mentors and sign-off mentors are all aware of the relevant policies and procedures. They told us how they would raise issues of concern and how they would attempt to do this at the earliest possible stage in a placement and that they would raise a remedial learning plan. Mentors and sign-off mentors also told us that they are confident that they would be supported by the link lecturer and the practice education facilitator. They gave us examples of how they had managed situations where a student was not achieving the learning outcomes and competencies or had misconduct issues. They were able to evidence that if a student could not achieve the required outcomes they would fail the programme (32 – 36).</p> <p>We concluded that practice placement providers are effective at addressing issues of poor performance in practice and that they understand their responsibilities towards protection of the public.</p>
<p>Evidence / Reference Source</p>
<p><i>20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015</i></p> <p><i>28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015</i></p> <p><i>29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015</i></p> <p><i>30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015</i></p> <p><i>32. Interview with senior clinical managers in mental health placements - 25-26 February 2015</i></p> <p><i>33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015</i></p>

35. Interview with senior clinical managers in midwifery placements - 25-26 February 2015

36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015

39. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing - guidance and support for mentors practice related issues - October 2013

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

The university has a robust AP(E)L process which is used for pre-registration nursing programmes for students who wish to transfer in from another university or have been unable to complete the outgoing DipHe/BSc programme due to poor health/personal circumstances. AP(E)L is used to map learning outcomes from prior programmes to the current programme and identify academic credits that can be accepted (9, 20, 45).

The university has a robust AP(E)L process which is used for students who wish to transfer in from another university to undertake a pre-registration midwifery programme or have been unable to complete a BSc programme due to health or personal circumstances, but not due to academic failure. AP(E)L is used to map learning outcomes from prior programmes to the current programme and identify academic credits that can be accepted (9, 20, 45).

#### What we found at the event

We found that the university has comprehensive policies and procedures for AP(E)L which are fully implemented and monitored (45 - 47).

We found that for the pre-registration nursing programme the school has robust procedures for mapping previous learning and experience to the NMC learning outcomes and awarding appropriate accreditation. The school can evidence that where accreditation is awarded the NMC requirements in respect of theory and practice hours are fully met. For the Pg Dip pathways the student is only awarded credit in terms of the theoretical learning and must complete all the required hours of practice experience. The school was able to demonstrate how students' previous learning had been mapped to the NMC requirements (44, 47).

We found that for the pre-registration midwifery programme, AP(E)L was only permitted for students who wish to transfer in from another university or have been unable to complete a programme due to health or personal circumstances but not due to academic failure. The school was able to demonstrate that in these circumstances the students' learning had been mapped against NMC requirements (44).

We concluded that processes in relation to AP(E)L are robust and well administered and that the school is able to map and evidence that all NMC learning outcomes and

requirements are being achieved.
Evidence / Reference Source
<p>9. NMC self-assessment report 2014/2015</p> <p>20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015</p> <p>44. Meeting with academic staff involved in the AP(E)L – 26 February 2015</p> <p>45. Kingston University and St Georges University of London – policies and regulations – accreditation processes – 2015/2015</p> <p>46. Kingston University and St Georges University of London – policies and regulations – accreditation processes student request for recognition of prior certificated and/or experiential learning - 2014</p> <p>47. AP(E)L mapping documentation in respect of three students who had made successful claims for the BSc (Hons) and Pg Dip pre-registration nursing programmes</p>
<b>Outcome: Standard met</b>
<p>Comments:</p> <p>No further comments.</p>
<p>Areas for future monitoring:</p> <p>None identified.</p>

<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

The faculty has a placement agreement which is a contractual agreement between the university and the placement providers and this is a service level agreement to support practice learning (20).

Policies and processes outline student placement allocation and the process for new placement areas (48).

The faculty uses the Pan-London educational audit. The audit tool has been revised as part of a project involving a number of universities in association with their placement providers. The review process leads to the production of a specific action plan for the practice placement area to ensure that the learning environment continues to meet required standards or is supported in enhancing quality, if required (20, 49).

Access to practice placement governance and risk policies is monitored through the educational audit process. There are agreed processes with practice partners in place to: manage concerns regarding the quality of the practice learning environment; support students when concerns are raised (raising concerns policy and student learning in practice record sheet); and, re-audit practice learning environments where students have been removed (52).

The faculty formally engages with education commissioners and practice partners through HESL quality contract monitoring and through partnership meetings for pre-registration education and continuing professional development (CPD) education with the South West London commissioning group (51).

There are sufficient placements available and no risks are identified in relation to the provision of practice placements for either the nursing or midwifery pre-registration programmes (20).

Adverse CQC issues identified in relation to:

- Entertainment Artistes Benevolent Fund - Inspection report - Brinsworth House
- Care Unlimited Group Limited - Grennell Lodge Nursing Care Home
- St George's Healthcare NHS Trust - St George's Hospital – Tooting.
- South West London and St George's Mental Health NHS Trust (1 – 4)

Action plans have been developed in response to these reports to ensure student learning is protected (20, 5 – 8).

The university has a whistleblowing procedure for staff and the faculty has a students' raising concerns policy to ensure protection of the public (54).

The role of academic staff in providing support to students is clearly articulated in the students' raising concerns policy, and the record sheet used to document concerns ensures effective communication within the university and placement providers (53).

What we found at the event

We found evidence of robust partnership working with all practice placement providers at both strategic and operational levels which is evident in work undertaken to build

placement capacity across the different fields of nursing practice and in response to reconfigurations of changes in service provision. Placement providers informed us of effective partnership working where there are students in placement areas from other universities (28 – 30, 32, 33, 35- 36, 51).

We found that placement management meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. We concluded that there are effective procedures in place to protect students' learning and to assess if placements need to be withdrawn. There were a number of examples provided about how these measures have been used successfully (28 – 30, 32, 33, 35-36).

We found that the faculty's response to adverse CQC reports in placement areas where students are allocated are effective at protecting students learning.

Action taken to protect the students' learning through the provision of additional resources and collaborative work with placement providers is effective and ensures that students are not subjected to either poor educational experiences or patient care practices.

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of the adverse CQC outcomes in mental health nursing placements in the South West London and St George's Mental Health NHS Trust, placements used in the independent sector or end of life care at the St George's Healthcare NHS Trust (1-12).

We found that the Pan-London educational audit had been implemented and provides a consistent approach to audit across all the major universities in the London area. We found that all audits had been undertaken in a timely manner and that the process for monitoring them is rigorous (32-36, 49).

Students, mentors, sign-off mentors told us about the clear processes for escalating concerns within the trusts and within the university. They gave examples of where these procedures have been used and appropriate action taken by the university and the placement provider (32, 33, 35-36, 52-54).

#### Evidence / Reference Source

1. CQC - Entertainment Artistes Benevolent Fund - inspection report - Brinsworth House - 19 January 2015
2. CQC – Inspection Report - Care Unlimited Group Limited - Grennell Lodge Nursing Care Home – June 2014
3. CQC - St George's Healthcare NHS Trust - St George's Hospital – Tooting - quality report – February 2014
4. CQC - South West London and St George's Mental Health NHS Trust - quality report - June 2014
5. South West London and St Georges Mental Health NHS Trust –CQC action Plan update – November 2014
6. South West London and St Georges Mental Health NHS Trust –CQC improvement plan – November 2014
7. South West London and St Georges Mental Health NHS Trust – Crocus Ward service review summary action plan incorporating clinical governance framework action plan – 18/12/2014
8. St George's Healthcare NHS Trust - St George's Hospital – CQC action plan – June 2014
9. Kingston University NMC self-assessment report - 2013/14

10. Meeting with senior education managers and senior trust clinical representatives to assess the joint action taken to protect students learning in mental health services in the South West London and St George's Mental Health NHS Trust – 25 February 2015

11. Practice visit to student placements at South West London and St George's Mental Health NHS Trust – 25 February 2015

12. Meeting with senior education managers and senior trust clinical staff to assess the joint action taken to protect student learning at the end of life services of St George's Healthcare NHS Trust and within the Independent care sector at Grennell Lodge Nursing Care Home and Brinsworth House after adverse CQC quality inspections – 26 February 2015

20. Initial Meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015

28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015

29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015

30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015

32. Interview with senior clinical managers in mental health placements - 25-26 February 2015

33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25-26 February 2015

35. Interview with senior clinical managers in midwifery placements - 25-26 February 2015

36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25-26 February 2015

48. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing - criteria for selection of student placement allocation and new practice learning opportunities - October 2013

49. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing - practice learning collaboration group - enhancement of the practice learning environment (NHS and independent sector)

51. Meeting with Education Commissioner, NHS London – 25 February 2015

52. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - process for managing concerns related to the quality of the practice learning environment – April 2013

53. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - students raising concerns in practice - November 2014

54. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - procedure for the disclosure of information on the grounds of public interest (whistleblowing) – June 2013

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

What we found before the event



Mentors and students are informed about service users' rights through updates and preparation for practice (9, 20). The new Pan-London practice assessment document makes clear the service user's right to decline to participate with students on pre-registration nursing and midwifery programmes (9, 20, 49).

The school of nursing has embedded service user and carer involvement across all four fields of nursing through their involvement as role players in skills and simulations, working with service users in the recovery college for mental health students and involvement in annual stakeholder engagement meetings where the recruitment processes and curriculum is evaluated (28, 29).

Service user and carer feedback is provided to students on an individual basis through documenting feedback in student's practice assessment documents which is discussed with the student's personal tutor (28, 29, 30).

The school of midwifery and child health has embedded service user and carer involvement across all midwifery programmes through their involvement as role players in skills and simulations, and as guest lecturers during the taught aspect of the programme.

Service user evaluations and feedback on student's participation of planned care are sought through various means. Student midwives are required to record feedback within their portfolios from the women they care for in their caseload. In the second year the students undertake an objective structured clinical examination (OSCE), in which the service user provides written feedback on their skills of communication and professional behaviour (30).

#### What we found at the event

Practitioners that we met told us that they are involved in programme development and delivery (33, 36).

There is a comprehensive policy and procedure is implemented in the faculty for service user and carer engagement (28 – 30, 55). We found that service users and carers are engaged in all aspects of programme development and delivery and that there are some notable practices that exist which are documented in the notable practice section of this report (28 – 30, 38).

We met with service users who undertake various roles and activities in relation to the pre-registration nursing (mental health) and midwifery programmes. They told us that they enjoyed being involved in the students' education and felt valued and respected by the faculty academic staff and students. They confirmed that they are well supported in all activities and always receive feedback on their session or activity (38).

Mentors and students told us that they are informed about service users' and carers' rights through updates and preparation for practice. The new Pan- London practice assessment document also makes clear the service user's right to decline to participate with students on pre-registration nursing programmes (33, 36, 49).

We were told by service users that they feel listened to and their involvement provides

an opportunity for their views and experiences to be heard and valued (28 – 30, 38).

We concluded that practitioners and service users and carers are involved in programme development and delivery. Service user and carer involvement is at a level of participation that is consistent with the needs of contemporary professional nursing and midwifery education and NMC requirements.

#### Evidence / Reference Source

*9. NMC self-assessment report 2014/2015*

*20. Initial Meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015*

*28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015*

*29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015*

*30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015*

*33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015*

*36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015*

*38. Meeting with service users who participate in programme delivery, admission and assessment - 25 February 2015*

*49. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - Schools of Nursing - Practice Learning Collaboration Group - Enhancement of the Practice Learning Environment (NHS and Independent sector)*

*55. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - Service users and carer involvement - September 2014*

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

#### What we found before the event

The zoning system for lecturers linking with practice areas is being reviewed (20, 56, 57).

The proposal is to move to a zone approach with an academic zone lead and practice learning support. Each clinical/practice area should have a named link (practice learning support lecturer) from the faculty with a support team available when the named link person is not available. Numbers of practice learning support lecturers per zone should reflect the number of students, the size of the team and be proportional to the zone's student nurse total capacity. Clinical liaison activity needs to be included in academic workload (57).

The academic zone lead is to work in partnership with the trust and organisation

practice leads and a designated group of link lecturers to: ensure a coordinated approach to support mentors and students in practice within an identified zone; to build and strengthen relationships between practice providers and the faculty; and to ensure practice learning environments meet relevant NMC standards (56).

#### What we found at the event

We found that the schools have now fully implemented an academic zone team approach. The zone leader is supported by a designated team of link lecturers. Each lecturer is attached to a NHS placement provider or to an independent sector provider (28 – 30, 56, 57).

Mentors told us of the benefits of the regular support offered by the link lecturers in the various practice areas. Mentors and managers told us that link lecturers are effective in responding to any issues of concern that arise with students in the practice setting. Students told us that education staff are approachable and accessible and that they have contact with link lecturers several times during their placement (33, 36).

In pre-registration midwifery we were told that the link lecturer visits the clinical area weekly and all link lecturers demonstrate strong partnership working with sign-off mentors (36).

Clinical placement facilitators have a strong pivotal role in supporting students in practice. We found that they have a strong relationship with link lecturers and maintain good communication networks (33, 36).

We conclude that academic staff provide a high level of support to students in practice placement settings and maintain positive relationships with practice placement providers.

#### Evidence / Reference Source

9. NMC self-assessment report 2014/2015

20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing and midwifery and child health – 05 February 2015

28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015

29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015

30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015

33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25-26 February 2015

36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015

56. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing - Academic Zone Lead - Role Description - December 2015

57. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing - Clinical Liaison – A New Model of Practice - Outcome of Consultation - April 2013

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 faculty has a strategic approach to the implementation of the NMC standards to support learning and assessment in practice (2008). There are a number of operational approaches including refresher updates, triennial review and the management of the mentor register (20).

What we found at the event

Mentors and sign-off mentors told us that they are well prepared for their role and that they were fully conversant with the NMC requirements with regards to the assessment of practice.

Students told us that mentors are knowledgeable and supportive in assessing practice, and have a good level of understanding in relation to the learning outcomes and essential skills clusters required for each placement (28 – 30, 32 - 33, 35-36).

We concluded that there is strong evidence that mentors and sign-off mentors are prepared for their role in assessing practice and that they understand their responsibilities to protect the public.

Evidence / Reference Source

20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015

28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015

29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015

30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015

32. Interview with senior clinical managers in mental health placements - 25-26 February 2015

33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015

35. Interview with senior clinical managers in midwifery placements - 25- 26 February 2015

36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015

<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review (20).</p>
<p>What we found at the event</p>
<p>We found that mentors and sign-off mentors are able to attend annual updates sufficient to meet the requirements for triennial review and understand the process (31, 34).</p> <p>We were told that a programme for mentor annual updates is publicised and are delivered in the trusts, the timing and length of the updates is adapted to meet local requirements, and the sessions meet the needs of mentors and sign-off mentors (33, 36).</p> <p>We found that mentors are supported to maintain their update training and triennial reviews by the PEFs and employers. We saw evidence that PEFs actively manage the mentor register and they demonstrated examples of RAG rating on registers to facilitate tracking of mentors' status, although some trusts have not yet introduced tracking measures (31 – 36).</p>
<p>Evidence / Reference Source</p>
<p>20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015</p> <p>31. Review of mentor registers in mental health placement providers visited – 25- 26 February 2015</p> <p>32. Interview with senior clinical managers in mental health placements - 25- 26 February 2015</p> <p>33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25 - 26 February 2015</p> <p>34. Review of mentor registers in midwifery placement providers visited – 25- 26 February 2015</p> <p>35. Interview with senior clinical managers in midwifery placements - 25- 26 February 2015</p> <p>36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 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 faculty reported that they check the accuracy of mentor registers on a six monthly basis (20).</p>
<p>What we found at the event</p>
<p>We found that records of sign-off mentors to support midwifery students are accurate and up to date (34, 36).</p> <p>We found that there are inaccuracies in the mentor registers for a mental health trust that we visited which requires improvement. Action needs to be taken to ensure that mentors shown as live on the register have had a mentor update in the last 12 month period, and that they have undertaken triennial review to evidence their mentorship practice, or they are removed from the live database.</p> <p>We confirmed that no students are allocated to these mentors at present and plans must be implemented to ensure that students are only placed with mentors who meet the NMC requirements (31, 33).</p> <p>We concluded that improvements need to be made to the maintenance and monitoring of mentor registers to evidence that mentors and sign off mentors meet the NMC requirements for undertaking the roles.</p>
<p>Evidence / Reference Source</p>
<p><i>20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015</i></p> <p><i>31. Review of mentor registers in mental health placement providers visited – 25- 26 February 2015</i></p> <p><i>33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015</i></p> <p><i>34. Review of mentor registers in midwifery placement providers visited – 25- 26 February 2015</i></p> <p><i>36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25 -26 February 2015</i></p>
<p style="text-align: center;"><b>Outcome: Standard requires improvement</b></p>
<p>Comments:</p> <p>Mentor registers in a mental health trust we visited need to be accurate and up to date. Action needs to be taken to ensure that mentors shown as live on the register have had a mentor update in the last 12 month period and that they have undertaken triennial review to evidence their mentorship practice.</p>
<p>Areas for future monitoring:</p> <p>To ensure that mentor registers are accurate and up to date.</p>



### Findings against key risks

#### Key risk 4 - Fitness to Practice

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

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

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

What we found before the event

Pre-registration midwifery programme is developed and delivered in collaboration with NHS London. The degree course is 40% theory (minimum) and 60% practice (maximum), with time split between the university and placements in hospitals and the community, working under the supervision of a sign-off mentor (20, 61 – 63).

The programme provides student midwives with: excellent people skills; good communication skills; professional expertise; ability to work as part of a team; skills to engage in reflective practice; and excellent academic and research skills. The programme documentation states that modern midwifery practice is evidence-based and that all students are encouraged to reflect on their practice and its effectiveness. There are many examples of midwifery-led research work being used to change midwifery practice (61 – 63).

The pre-registration nursing (mental health) programme is delivered through a unique partnership between Kingston University and St George's University of London, and students benefit from the resources, expertise and support of two leading health and social care education providers. The school's teaching team combines academic staff who are in touch with the latest healthcare developments, lecturer-practitioners who split their time between teaching and working in clinical practice, and visiting clinical specialists (58 – 60).

Students learn their practical skills in modern laboratories which offer all the facilities and equipment of a clinical setting; learn through role play with service users, and share learning with student doctors, paramedics and other healthcare professionals. The simulation of mental health scenarios provides students with realistic environments in which to develop their skills (58 – 60, 64).

50% of the programme is in practice placements working in hospital, primary care and community settings (64).

## What we found at the event

We found that students achieve the NMC learning outcomes and competencies for entry to the nursing and midwifery parts of the register. We found that students emerging from the programme are considered fit for practice by employers and education commissioners. External examiners confirm that the programmes meet statutory and academic requirements (32, 35, 51, 65 – 70).

The lead midwife for education confirms all student midwives who have successfully completed all the required elements of the programme and signs the good health and good character document to enable the student to be eligible to register as a midwife (30).

We found that a wide range of learning strategies and opportunities are effectively implemented to enable students to achieve the NMC learning outcomes and competencies. Essential skills clusters are embedded in the assessment of practice, with OSCEs, simulations, and workshops provided to enable the development and assessment of clinical skills (28 – 30, 58 – 64).

Students told us that the lectures are stimulating, relevant and engaging; lecturers are up to date with contemporary practice and many are involved in research (33, 36).

Mentors and service managers told us that they are satisfied that the learning outcomes competencies in the practice assessment documents enable students to achieve the NMC standards and requirements for entry to the relevant part of the NMC register and successful students are fit for practice (32, 33, 35, 36).

## Evidence / Reference Source

9. *NMC self-assessment report 2014/2015*

20. *Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015*

28. *Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015*

29. *Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015*

30. *Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015*

32. *Interview with senior clinical managers in mental health placements - 25-26 February 2015*

33. *Interviews with students, mentors, nurse education coordinators in mental health placement – 25 - 26 February 2015*

35. *Interview with senior clinical managers in midwifery placements - 25-26 February 2015*

36. *Interviews with students, mentors, midwife education coordinators in midwifery placements – 25- 26 February 2015*

51. *Meeting with Education Commissioner, NHS London – 25 February 2015*

58. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Nursing - BSc (Hons)/ Pg. Dip Nursing / Registered Nurse - (Registered Nurse: Adult, Mental Health, Learning Disability and Children's Nursing) - Student handbook - September 2014
59. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Nursing - BSc (Hons)/ Pg. Dip Nursing / Registered Nurse - (Registered Nurse: Adult, Mental Health, Learning Disability and Children's Nursing) – Programme handbook - September 2014
60. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing - BSc (Hons)/ Pg. Dip Nursing / Registered Nurse - (Registered Nurse: Adult, Mental Health, Learning Disability and Children's Nursing) – Practice Assessment Document - September 2014
61. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of midwifery and child health - BSc / Pg. Dip Midwifery - Student Handbooks - September 2014
62. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Midwifery and Child Health - BSc / Pg. Dip Midwifery – Programme Handbooks - September 2014
63. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Midwifery and Child Health - BSc / Pg. Dip Midwifery – Practice Assessment Documentation - September 2014
64. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Nursing - Development of high fidelity simulation as a teaching and learning strategy - November 2013
65. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - mental health nursing – 2013/14
66. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - adult nursing – 2013/14 x 5
67. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) – children's nursing – 2013/14
68. Kingston University and St Georges University of London – External Examiner's Report – nursing – BSc (HONS) – learning disabilities nursing – 2013/14
69. Kingston University and St Georges University of London – External Examiner's Report – midwifery – BSc (Hons)/ Pg. Dip – 2013/14 x 3
70. Kingston University and St Georges University of London – External Examiner's Report on the Observation of an OSCE – Midwifery – BSc (Hons)/ Pg. Dip – April 2014

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

What we found before the event

The faculty has a number of simulation suites for students to practise in a hospital or community simulated environment. The suites provide inter-professional learning (IPL) for nursing, midwifery, social work and medical students (9, 20).

Simulated learning opportunities (SLO) reflect the reality of practice settings across the four fields of nursing: adult, mental health, child and learning disabilities; mirror different care environments; and provide a safe and supportive environment in which students

can optimise the development of clinical skills. In SLOs, students are encouraged to take measured risks in order to progress and test their learning and skill delivery. Clinical and academic facilitators provide an expert sounding board for students to check their understanding and to enhance their clinical decision making. The SLO learning outcomes are based on the NMC competency requirements identified and the essential skills clusters (2010) (64).

#### What we found at the event

We found that students achieve the NMC learning outcomes and competencies at progression points and for entry to the nursing and midwifery parts of the register. We found that students emerging from the programme are considered fit for practice by employers and education commissioners. External examiners confirm that the programmes meet all statutory, academic and practice requirements (32, 35, 51, 65 – 70).

We found that all relevant essential skills and competencies and European Directives and requirements are identified in the assessment of practice documents. Sign-off mentors report clear understanding of the practice assessment documents (60, 63).

We observed some of the simulation suites where students have facilitated opportunities to practise relevant skills in a hospital or a community simulated environment. Service users and carers participate in these activities and give valuable feedback to students about their skills before they provide care to patients. These learning opportunities are implemented in a knowledgeable and skilled manner and innovative approaches are used to create situations as near to 'real life' as possible (64).

In the pre-registration midwifery programme we found the tripartite approach to the assessment and grading of practice is important for the reliability of assessing judgements, as well as identifying any cause for concern and implementing action plans. The placements provide a range of experiences and supportive mentorship for student midwives across a variety of clinical settings (36).

#### Evidence / Reference Source

9. *NMC self-assessment report 2014/2015*

20. *Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015*

28. *Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015*

29. *Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015*

30. *Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015*

32. Interview with senior clinical managers in mental health placements - 25- 26 February 2015
33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015
35. Interview with senior clinical managers in midwifery placements - 25- 26 February 2015
36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25 -26 February 2015
51. Meeting with Education Commissioner, NHS London – 25 February 2015
60. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Nursing - BSc (Hons)/ Pg. Dip Nursing / Registered Nurse - (Registered Nurse: Adult, Mental Health, Learning Disability and Children's Nursing) – Practice Assessment Document - September 2014
63. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Midwifery and Child Health - BSc / Pg. Dip Midwifery – Practice Assessment Documentation - September 2014
64. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - School of Nursing - Development of high fidelity simulation as a teaching and learning strategy - November 2013
65. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - Mental health nursing – 2013/14
66. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - Adult nursing – 2013/14 x 5
67. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) – Children's nursing – 2013/14
68. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) – Learning disabilities nursing – 2013/14
69. Kingston University and St Georges University of London – External Examiner's Report – Midwifery – BSc (Hons)/ Pg. Dip – 2013/14 x 3
70. Kingston University and St Georges University of London – External Examiner's Report on the Observation of an OSCE – Midwifery – BSc (Hons)/ Pg. Dip – April 2014

**Outcome: Standard met**

Comments:

No further comments.

Areas for future monitoring:

None identified.

Findings against key risks
<p><b>Key risk 5 - Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>All students complete placement evaluations (20).</p> <p>The university places great importance on all aspects of the UK Quality Code (UKQC) and it has been fully utilised when establishing and maintaining the arrangements for the management of quality and standards. The university has embedded the elements of the UKQC in its procedures and practices which are encapsulated in the Academic Quality and Standards Handbook (71, 72).</p>
<p>What we found at the event</p>
<p>We found that all modules and programmes are subject to programme evaluation and there is clear evidence that issues are followed through to resolution and that feedback is provided to students and clinical staff on actions taken. The programme teams are responsive to issues raised (28 – 30, 73, 74).</p> <p>Robust policies and procedures govern how student evaluations should be managed and the role of the programme team in responding to issues raised (71, 72).</p> <p>Students told us that they have opportunities to give feedback on their learning experiences and are able to tell us how programme changes were made as a direct result of their evaluative feedback (33, 36).</p> <p>Managers, mentors and PEFs told us that generally they receive feedback on the evaluations of students practice learning (33, 36).</p> <p>Student midwives complete placement evaluations on a yearly basis. These are collated and distributed to the placement areas by the clinical placement facilitators. At the end of every programme students evaluate the programme as a presentation attended by practice placement providers. Student midwives told us that they felt their views counted and that their evaluations were acted upon. They would feel confident in raising any issues or concerns, if necessary (30, 36).</p> <p>We concluded that effective systems are in place to enable programme evaluation. Any</p>



<p>areas for development in the programme are appropriately addressed to ensure that the programme quality is enhanced.</p>
<p>Evidence / Reference Source</p>
<p>20. Initial visit meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015</p> <p>28. Meeting with programme leaders for the pre-registration nursing programme in the fields of adult, child and learning disabilities – 25 February 2015</p> <p>29. Meeting with the programme leader and programme management team for the pre-registration nursing programme in the field of mental health – 25 February 2015</p> <p>30. Meeting with the lead midwife for education, programme leaders and programme management team for pre-registration midwifery programmes – 25 February 2015</p> <p>33. Interviews with students, mentors, nurse education coordinators in mental health placement – 25- 26 February 2015</p> <p>36. Interviews with students, mentors, midwife education coordinators in midwifery placements – 25 -26 February 2015</p> <p>71. Kingston University and St Georges University of London – Policies and Regulations – Academic Quality and Standards Handbook - 2014</p> <p>72. Kingston University and St Georges University of London – Policies and Regulations – Quality Assurance – Quality Manual – 2014</p> <p>73. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of nursing - BSc (Hons)/ Pg. Dip Nursing / Registered Nurse - (Registered nurse: adult, mental health, learning disability and children’s nursing) – Student Evaluation - 2013/2014</p> <p>74. Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - school of midwifery and child health - BSc / Pg. Dip Midwifery - Student Evaluations – 2013/2014</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>The faculty has a student complaint policy (20).</p> <p>All nursing and midwifery pre-registration programmes have an appointed external examiner (20).</p> <p>External examiners are encouraged to comment on adherence to subject benchmark statements (71).</p>
<p>What we found at the event</p>

We were told that the faculty has had one complaint regarding the response by the school to a student's request to change a placement. The findings were that there could have been better clarity to students about the criteria for requests to change placements. Also, students should be fully aware before commencing placements about the distances they may need to travel to some areas (9, 20).

We found processes are in place to ensure that external examiners fulfil all aspects of their role including monitoring the assessment of practice. The external examiners reports for pre-registration midwifery programmes and the pre-registration nursing (adult, child and learning disabilities) programme are comprehensive and provide details of monitoring activity for the assessment of practice (66 - 71).

We found that in the pre-registration mental health nursing field there is no evidence available that the external examiner has monitored the assessment of practice and that substantial critical feedback on the quality of the programme learning and assessment has been provided. The annual external examiners' report template requests confirmation that the programme meets statutory requirements but does not specifically ask the external examiner to confirm that the assessment of practice or work based assessment is effectively undertaken. As the assessment of practice constitutes 50% of the summative assessment strategy we strongly support the faculty's request that has been made to the university for changes to be made to the report template to enable this important aspect to be monitored and reported in the annual reporting procedures (65, 77, ).

#### Evidence / Reference Source

- 9. Kingston University NMC self- assessment report - 2014/15
- 20. Initial meeting - Kingston University and St Georges University of London - Faculty of Health, Social Care and Education - schools of nursing and midwifery and child health – 05 February 2015
- 65. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - Mental health nursing – 2013/14
- 66. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - Adult nursing – 2013/14 x 5
- 67. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) – Children's nursing – 2013/14
- 68. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) – Learning disabilities nursing – 2013/14
- 69. Kingston University and St Georges University of London – External Examiner's Report – Midwifery – BSc (Hons)/ Pg. Dip – 2013/14 x 3
- 70. Kingston University and St Georges University of London – External Examiner's Report on the Observation of an OSCE – Midwifery – BSc (Hons)/ Pg. Dip – April 2014
- 71. Kingston University and St Georges University of London – Policies and Regulations – Academic Quality and Standards Handbook - 2014
- 77. Kingston University and St Georges University of London – External Examiner's Report – Nursing – BSc (HONS) - Mental health nursing – 2012/13

**Outcome: Standard met**

Comments:

We found that in the pre-registration nursing (mental health) there is no evidence that the external examiner has monitored the assessment of practice although evidence is available that arrangements were made for this to take place.

Areas for future monitoring:

To monitor that external examiners annual reports provide feedback on the assessment of practice.

**Personnel supporting programme monitoring**

**Prior to monitoring event**

Date of initial visit: 04 Feb 2015

**Meetings with:**

Head of School of Nursing/Associate Dean Quality - Faculty Of Health Social Care & Education

Head of School of Midwifery and Child Health / Lead Midwife for Education - Faculty of Health Social Care & Education

Head of Programmes - Pre-registration Nursing/Deputy Head of School - Faculty of Health Social Care & Education

Programme Leader – Pre-registration Nursing Mental Health Field.

Programme Leader – Pre-registration Midwifery Programme – 78 weeks

Programme Leader – Pre-registration Midwifery Programme – 3 Years

Clinical Placement Facilitator – St Georges NHS Trust

Clinical Placement Facilitator – Epson & St Helier

Clinical Placement Facilitator – Croydon

Contracts & Quality Manager - Faculty of Health, Social Care and Education

**At monitoring event**

**Meetings with:**

Head of School of Nursing/Associate Dean Quality - Faculty Of Health Social Care & Education

Head of School of Midwifery and Child Health / Lead Midwife for Education - Faculty of Health Social Care & Education

Head of Programmes - Pre-registration Nursing/Deputy Head of School - Faculty of

Health Social Care & Education  
 Programme Leader – Pre-registration Nursing Mental Health Field.  
 Programme Leader – Pre-registration Midwifery Programme – 78 weeks  
 Programme Leader – Pre-registration Midwifery Programme – 3 Years  
 Clinical Placement Facilitator – St Georges NHS Trust  
 Clinical Placement Facilitator – Epsom & St Helier  
 Clinical Placement Facilitator – Croydon  
 Contracts & Quality Manager - Faculty of Health, Social Care and Education  
 Director of Nursing - Croydon NHS Trust  
 Director of Nursing - St Georges NHS Trust  
 Senior Midwifery Lecturers - School of Midwifery and Child Health - Faculty of Health  
 Social Care & Education x 4  
 Senior Nursing Lecturers - School of Nursing - Faculty of Health Social Care &  
 Education x

Meetings with:

Mentors / sign-off mentors	22
Practice teachers	
Service users / Carers	2
Practice Education Facilitator	8
Director / manager nursing	2
Director / manager midwifery	8
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	4
	Head of Midwifery

	Consultant midwives Diabetic specialist midwife Supervisor of Midwives
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Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Nurse - Mental Health	Year 1: 30 Year 2: 2 Year 3: 8 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 6 Year 2: 2 Year 3: 9 Year 4: 0