

**2015-16**

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

Programme provider	The Queens University Belfast
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Mental Health; Registered Nurse - Learning Disabilities; Registered Nurse - Children; Independent / Supplementary Nursing Prescribing
Date of monitoring event	11-13 May 2016
Managing Reviewer	Peter McAndrew
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Ann Foley, Gibson D'Cruz, Sean Hare, Tony Bottiglieri, Eleri Mills
Placement partner visits undertaken during the review	<p>Practice visits adult nursing:</p> <p>Lisburn Health Centre</p> <p>Lagan Valley Hospital – Thompson House/Rapid Response Team/Ward 1A/Ward 14</p> <p>Daisy Hill Hospital, Newry – Emergency Department/Theatres/Recovery/Male Surgical/HDU</p> <p>St John Mitchell Place, Adult Community Team</p> <p>Daisy Hill Hospital - Acute Stroke/Rehabilitation/Male Surgery/High Dependency Unit</p> <p>Practice visits – children’s nursing</p> <p>Royal Belfast Hospital for Sick Children - Day Care Unit/Barbour Ward/Haematology CHU</p> <p>Causeway Hospital – Causeway Children’s Ward</p> <p>Western Health and Social Care Trust – South Wing, Altnagelvin - Ward 6/Ward 42/Neonatal Unit</p> <p>Practice visits – mental health nursing</p> <p>Holywell Hospital, Antrim – Tobernavene Lower Ward/Tobernavene Upper Ward/Tobernavene Centre</p> <p>Belfast Health and Social Care Trust - Primary North and West Community Mental Health Team</p>

	<p>St Lukes Hospital, Armagh – Gillis Memory Centre/Community Addiction Team/Armagh and Dungannon Support and Recovery Team</p> <p>Craigavon Hospital – Cloughmore Bluestone Unit/The Willows Bluestone Unit</p> <p>Practice visits – learning disabilities nursing</p> <p>Finaghy Health Centre – Community Children’s Learning Disability Team</p> <p>Knockbracken Healthcare Park, Community Adult Learning Disability Team</p> <p>57 Somerton Road, Belfast</p> <p>Muckamore Abbey Hospital - Cranfield Women’s Admission and Assessment Unit/Sixmile Treatment and Assessment Forensic Unit/Donegore/Adult Behavioural Support Unit</p> <p>Practice visits - Independent and supplementary nurse prescribing (V300)</p> <p>Dunluce Health Centre</p> <p>Belfast Cancer Care</p> <p>Ward 9 South, Belfast City Hospital</p> <p>Ulster Hospital – Ward 16 and Urology Unit</p> <p>Moy Health Centre</p> <p>Brocomba Child and Family Clinic, Portadown – Child and adolescent mental health services (CAMHS)</p> <p>Lurgan Hospital</p>
Date of Report	23 May 2016

**Introduction to NMC QA framework**

The Nursing and Midwifery Council (NMC)

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

Standards for pre-registration education

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

Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

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

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

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

### Summary of findings against key risks

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

## Introduction to The Queens University Belfast's programmes

The school of nursing and midwifery at Queens University Belfast (QUB) is located within the faculty of medicine, health and life sciences. The school is the only provider in Northern Ireland offering degrees in all four fields of nursing. The school has high quality learning facilities and resources which include one of the leading simulation suites in Europe, allowing students to undertake skills training in a safe and controlled environment.

This monitoring review focuses on pre-registration nursing (adult, child, mental health, learning disabilities fields) and the independent and supplementary nurse prescribing (V300) programme.

The current pre-registration nursing programme was reapproved conjointly by the university and NMC in November 2011 with students commencing the programme in September 2012. The independent and supplementary nurse prescribing programme was approved conjointly by the university and the NMC in January 2012. The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. The practice placement visits selected cover a wide geographical area and provided the opportunity to visit a wide selection of hospital and community based placement experiences in both urban and rural settings.

## Summary of public protection context and findings

This school was selected for a targeted monitoring review after concerns were raised to the NMC regarding the delivery of QUB's pre-registration nursing programme. On seeking more information about these concerns, further information was provided regarding QUB's prescribing programme.

In accordance with its published process, the NMC notified QUB of these concerns by way of telephone before a decision was made to undertake a targeted monitoring review.

Our findings demonstrate that three of the key risk themes; resources, fitness for practice and quality assurance are not met and that the key risk theme practice learning requires improvement. These are described below in relation to the relevant theme. In relation to the not met key risk themes the university must identify and implement an action plan which will ensure that the NMC standards and requirements are met and that public protection is assured.

We note that QUB has submitted observations on these findings and these have been considered in line with the NMC's published process.

The university implemented an action plan to address the not met outcomes. A return visit to the university took place on 15 and 16 March 2017 to review the progress that had been made in meeting the NMC key risks.

The key risks resources, and fitness for practice are now met and the identified risks are controlled.

The key risk practice learning requires improvement to strengthen the link lecturer system to ensure that the link lecturer role is fully operational.

The key risk quality assurance requires improvement to ensure the evaluations of students practice experience provide an effective system for programme enhancement.

The university is required to report progress/closure of the requires improvement outcomes through the AEI annual self-assessment reporting process.

Resources - not met

We conclude from our findings that the university currently has adequate appropriately qualified academic staff to deliver the V300 programme to meet NMC standards. However, there are not sufficient academic staff, particularly in the field specialist areas dedicated to the delivery of the pre-registration nursing programme, to meet the standards required by the NMC. This is primarily due to the reduction in field specialist lecturers through the voluntary severance and early retirement schemes, resulting in a significant number of lecturers leaving posts without being replaced.

Information provided on lecturer resources showed an overall sufficiency, but the review team's judgement was primarily made in relation to field specialist nursing lecturers, and based on verbal evidence attained in meetings with programme teams and students. The judgment was further triangulated with information provided to the review at the time. This is impacting on the quality of the approved programme which cannot be sustained. The children's nursing field in particular has a high staff/student ratio and this determines that key areas of programme delivery, specialist student support and guidance and the integration of theory to practice cannot be achieved. There are also similar issues in the mental health nursing and learning disabilities nursing fields in relation to the integration of theory to field specific practice in the third year of the programme. The school is required to take urgent action to increase field specialist nursing academic staff to effectively support the delivery of the programme to meet NMC standards and protect the public.

We conclude from our findings that there are sufficient designated medical practitioners (DMPs) available to support students on the V300 programme and sufficient appropriately qualified mentors and sign-off mentors to support the number of students on the pre-registration nursing programme. However, we found that the NMC standard is not met as a children's nursing student in year three of the programme on the final placement was allocated a sign-off mentor who was not appropriately qualified for the role and did not have due regard. Urgent action is required to ensure the student is supported and assessed by an appropriately qualified sign-off mentor with due regard.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, confirmed that processes are in place for the required increase in the academic staff resource to further strengthen the field specific academic teams and to meet the additional requirements of increased commissions of students.



There are effective processes in place to prevent a student from being allocated to an inappropriate sign-off mentor who does not have due regard. The key risk is now met.

#### Admissions and Progression - met

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing programme meet NMC standards and requirements which are fundamental to protection of the public. Admission processes for the V300 programme demonstrate collaboration between the employer, the university and the student.

Students must have a satisfactory Access NI (criminal history) clearance check, occupational health clearance and complete mandatory training before they can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

Our findings confirm 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 including students, mentors and DMPs. We are confident that concerns are investigated and dealt with effectively and the public is protected.

#### Practice Learning - requires improvement

We found some evidence that effective partnerships with service providers and associated education providers exists. However, we were told by practice based staff that there is a relatively serious lack of partnership and joint working between the university and the associated placement providers. This lack of joint ownership and effective partnership of the practice learning environments was a theme across a number of practice visits to different organisations. Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.

We found that the educational audit process is effectively undertaken to meet the NMC requirements and involves education staff as active partners. The placement management process meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. There are effective procedures in place to protect student learning and to assess if placements need to be withdrawn or rested to protect student learning.

We were told that there are some issues with the sequencing of placements which adversely affects the student's ability to access learning experiences that are suitable for them to appropriately develop essential practice skills. This requires improvement to enable students to access practice learning experiences that are suitable to develop essential practice skills.

We found that the school has an effective process that can respond appropriately to adverse quality inspectorate reports which indicate that placement areas used for students may not be appropriate. We confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These

measures meet the requirement to protect students' learning and ensure that students are not subjected to poor educational experiences and/or patient care practices.

We found that service users and carers are engaged in aspects of programme development and delivery of the pre-registration nursing programme. However, their involvement in the assessment process across all years of study and on placement requires improvement. Service user and carer involvement must be strengthened in the programme development and delivery of the V300 programme.

We acknowledge that processes in place to provide student support were previously approved by the NMC, and that QUB is seeking to strengthen these further, based on the comments of practice staff and students in placements. However, our findings conclude that at the time of the review academic staff support for students in the practice placement settings is low and there is a lack of consistency to the regularity of visits. This lack of presence requires improvement.

We conclude that there is considerable investment in the preparation and support of mentors for the pre-registration nursing programme and that the completion of mentor annual updates and triennial reviews are robust. The mentor registers provide an up to date and accurate record. All mentors are appropriately prepared for their role of supporting and assessing students and this contributes towards the protection of the public.

We were informed by one DMP for the non-medical prescribing programme that they had not been visited or adequately prepared for assessing the student's prescribing competence and ensuring that the student was a safe prescriber. This requires improvement.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, concluded that action has been taken to strengthen the link lecturer system. However, students and practice staff continue to report a lack of presence and visibility of academic staff in the practice setting. The actions which are proposed must be further strengthened to ensure that the link lecturer role is fully operational. The key risk requires improvement.

Fitness for Practice - not met

We conclude from our findings that programme learning and teaching strategies, experience and support in practice placements enable students to meet the pre-registration nursing programme learning outcomes and NMC competencies. We found that students are highly motivated and they report that they feel competent to practise at the end of their programme. Mentors and employers describe students completing the pre-registration nursing programme as fit for practice.

We were informed by some students that there are inconsistencies in the allocation of placements; this was particularly relevant for the child field nursing students who did not always feel prepared and equipped for the placement experiences. This requires improvement.

We conclude from our findings that the V300 programme does not have the minimum 26 days of educational preparation to meet NMC requirements and this presents a

risk to public protection. Urgent action must be taken to provide detailed evidence to confirm that these requirements are explicitly met.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, confirmed that the V300 programme now meets the NMC requirements for a minimum of 26 days of educational preparation. The key risk is now met.

Quality Assurance - not met

Our findings conclude that there are some quality assurance processes in place to evaluate the pre-registration nursing programme and formally report on findings on an annual basis. However, there is no effective process for students to evaluate their practice learning experiences. A formal evaluation process must be effectively implemented and the findings from the evaluations provided to practice placement providers to enhance the quality of the practice learning environment as required by the NMC standards.

We found that the external examiners appointed for the pre-registration nursing programme fulfil all aspects of their role including monitoring the assessment of practice through practice visits and discussions with mentors and students. We conclude from our findings that the assessment of prescribing competence is not being adequately monitored by the external examiner for the V300 programme and therefore this requires improvement to enhance assurance for public protection.

We conclude that the procedures that are in place to enable students to raise complaints and concerns about practice learning environments are ineffective. We were told by students, who had raised serious complaints about the conduct of ward managers relating to alleged bullying and harassment behaviours, that no action had been taken. We observed that the students concerned were still distressed about the situations that had taken place and about the perceived lack of support that they had received; however, we also note QUB's actions to investigate these concerns and commitment to supporting the students involved. Procedures must be put in place to ensure the ongoing effectiveness of raising and managing complaints and concerns about practice learning environments.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, confirmed that a robust procedure has been fully implemented to ensure that concerns and complaints raised in practice learning settings are appropriately and effectively dealt with and communicated to relevant partners.

We concluded from our findings that the evaluations of students' practice experience requires further improvement to provide an effective system for programme enhancement. The key risk requires improvement.

### Summary of areas that require improvement

A follow up visit to the university on 15 and 16 March 2017 confirmed that systems and processes are now in place to address the not met issues identified below. The exception is the evaluation of the students' practice experience which must be

effectively undertaken and feedback provided to practice staff on the quality of the student learning experience. This is now a requires improvement outcome.

The following areas are not met and require urgent attention:

- The field specialist nursing academic staff must be increased to support the delivery of the programme at a level of quality that is required by NMC standards.
- Sign-off mentors who have due regard must be assigned for pre-registration nursing students on their final practice placement.
- Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
- Programme documentation must evidence that the V300 programme includes a minimum of 26 days of educational preparation.
- An evaluation of the students' practice experience must be effectively undertaken and feedback provided to practice staff on the quality of the experience.
- Effective procedures must be put in place to enable students to raise complaints and concerns about practice learning settings and to safeguard them from abusive behaviours.

The following areas require improvement:

- Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
- DMPs must be appropriately prepared for assessing students' prescribing competence and ensuring that they are safe practitioners.
- Service user and carer engagement in the assessment process must be further developed in the pre-registration nursing programme.
- Service user and carer involvement must be strengthened in the V300 programme so that it is present in programme development and delivery.
- Academic staff support for students in the practice placement settings must be increased and be delivered in a consistent manner to promote joint support arrangements.
- The sequencing of placements to enable pre-registration nursing students to access practice learning experiences that are suitable to develop essential practice skills.
- The external examiner for the V300 programme should engage in the theory and practice aspects of the programme.

During the follow up visit on 15 and 16 March 2017 the following key risk areas require improvement:

- An evaluation of the students' practice experience must be effectively undertaken and feedback provided to practice staff on the quality of the experience.
- Academic staff support for students in the practice placement settings must be increased and be delivered in a consistent manner to promote joint support arrangements.

### Summary of areas for future monitoring

- The sufficiency of the field specialist nursing academic staff resource to support the delivery of the programme.
- Sign-off mentors who have due regard are assigned for pre-registration nursing students on their final practice placement.
- The strength of partnership working between education and practice staff at the programme level.
- The sequencing of placements enables the student to access learning experiences that are suitable to develop essential practice skills.
- Service user and carer involvement in the assessment process for the pre-registration nursing programme.
- Service user and carer involvement in the programme development and delivery of the V300 programme.
- Academic staff support for students in the practice placement settings.
- The preparation of the DMP to assess prescribing competence.
- The V300 programme includes a minimum of 26 days of educational preparation.
- The evaluation of practice experience is effectively undertaken by students and feedback is provided to practice staff.
- Procedures to enable students to raise complaints and concerns about practice learning settings.
- The external examiner for the V300 programme involvement in the assessment of theory and practice.

### Summary of notable practice

#### Resources

None identified

#### Admissions and Progression

None identified

### **Practice Learning**

None identified

### **Fitness for Practice**

None identified

### **Quality Assurance**

None identified

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

### **Academic team**

Pre-registration nursing programme

The academic team is committed and enthusiastic about the programme areas that they deliver. They told us that the school has gone through many changes in the last year and that their workloads have increased but that they have tried wherever possible to ensure this is not to the detriment of the learning experience of students. The academic team who support the delivery of children's nursing told us that they are particularly challenged by the changes and that they are not able to meet all the demands placed on them; in particular they cannot contribute towards teaching in year three of the programme due to reduced field specialist academic staff numbers, although they are involved in the assessment of students and attend examination boards. They told us that they are engaged in their own personal development through higher level studies or participating in conferences.

V300 programme

The academic team is confident in the quality and delivery of the V300 programme. They are enthusiastic and highly motivated.

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

Pre-registration nursing programme

Mentors, sign-off mentors and PEFs told us that they enjoy their role in supporting and supervising students. The mentors and sign-off mentors told us that they have a very good and effective working relationship with the PEFs who are always very visible in practice settings. Mentors, sign-off mentors and PEFs told us about their strong commitment in ensuring that students have a positive and rich experience during placement learning. Mentors and sign-off mentors told us that they are well-prepared for their role and supported by their employers. They also told us that the link lecturer visits to placement areas have declined to a low level and that their presence is missed and it feels that they work less in partnership with the university.

Service managers told us they feel that students emerging from the pre-registration nursing programme are fit for practice and that they recruit most of them. They told us they have strong and collaborative relationships with the university.

### V300 programme

DMPs told us they generally receive adequate preparation for the role and are well supported by the university academic team. They told us they are highly motivated towards the V300 programme and are willing to support students in the practice setting. They told us that they understand about their role in the assessment of practice and in completion of the practice competency portfolio. They are also clear about ensuring that students are fit for practice and fit for the V300 award.

Service managers reported effective partnerships with the university for the V300 programme. Employers are confident in students' ability and reported that they are fit for purpose and award on completion of the programme.

### Students

#### Pre-registration nursing programme

The pre-registration nursing students that we met are confident and articulate. They told us about the good reputation of the university and are very complimentary about the support they receive from the academic team. Students told us that they receive a high level of support from their personal tutors and that they are very approachable. Students told us that they are aware of the changes in academic staff in the school. Some, mainly adult field nursing students, told us that the changes had little impact on the quality of their learning experience. Other students told us that they felt disadvantaged due to the shortage of field specific nurse lecturers. Students told us that they had raised concerns about these issues with school managers but felt they had not been acted upon satisfactorily. Students told us they have confidence in their competence and feel that they have gained a large number of skills during the programme. They told us that they are confident that they will emerge from the programme as competent registered nurses. Students told us that they welcome the engagement of service users and carers in programme delivery as it enables them to comprehend their perspectives of the care they receive.

### V300 programme

The V300 students told us that they are well supported in theory and in practice and feel that there is a great commitment to the programme from the academic team. Students told us that they find the programme is of very high quality. They also stated that the programme is very demanding and challenging with the breadth of assessments required to complete whilst working in senior positions in practice placement. The students told us that the DMPs are very supportive and provide opportunities to observe and undertake patient consultation and prescribing in practice under supervision to enable them to develop as non-medical prescribers.

### Service users and carers

Service users and carers told us that they are highly committed and enthusiastic towards engaging in the programme and in the students' learning. They told us that they have a very positive relationship with the school and that they feel valued and respected for their contribution. They told us that academic staff are very supportive and that they listen to them and take account of their views and experiences. Service users and carers told us that they are not currently involved in the V300 programme although they hope that they will be in the future.

### Relevant issues from external quality assurance reports

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent health and social care regulator. In its work RQIA encourages continuous improvement in the quality of health and social care services through a programme of inspections and reviews.

RQIA quality reports provide the reviewing team with context and background to inform the monitoring review. RQIA reports were considered for practice placements used by the university to support students' learning and any with specific requirements, or priority one areas for improvement, are identified below:

RQIA - Unannounced care inspection of the Beeches Professional and Therapeutic Services, 4 August 2015

The statutory manager and provider must ensure that statutory requirements are met in relation to: the premises which must be kept in a good state of repair and equipment provided kept in good working order; bedroom furniture provided for patients is repaired and/or replaced as necessary; all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed; and, measures must be taken to reduce risks to the health and safety of the patient by ensuring that the treatment room door is kept locked when unattended (32).

RQIA - Unannounced care inspection of Lisburn Intermediate Care Centre, 15 June 2015

The registered person must ensure that the stated environmental issues are addressed and that care records are updated to meet the needs of the patients (33).

RQIA - Unannounced inspection report of Brook Lodge, Lakeview Hospital, Western Health and Social Care Trust, 7–11 September 2015

The trust was asked to submit an action plan to address the following serious concerns: governance arrangements for the review of incidents; learning from incidents; person centred assessment, care planning and the use of proactive strategies in response to behaviours that challenge; patient access to clinical psychology; and, leadership and lack of oversight of management (34).

Meeting to discuss clinical governance/RQIA adverse reports, 11 May 2016

In response to adverse RQIA quality inspection outcomes a meeting was held with senior education managers and PEFs to assess the joint action taken to protect students' learning in placement areas within services identified in these reports. Senior academic staff confirmed that none of the RQIA reports identified presented a risk to effective student learning. The arising issues had been discussed through the collaborative arrangements that are in place between the school and the trusts. Senior service managers confirmed that these relationships are very good and that all adverse issues would be discussed and appropriate collaborative action agreed. We were told that the majority of the reports relate to the care home sector and regulation is very strong, with six monthly unannounced visits by RQIA taking place. The school does not place students in any of the private and independent sector placements that



have had adverse reports. The school informed us that issues arising from RQIA reports are standing items at the practice advisory group meeting attended by senior staff from the school and the associated trusts. The school confirmed that they have moved students from placement areas when concerns have been raised. In these situations, the concerns would be fully investigated and an action plan would be instigated if this was deemed necessary. We were told that in these situations the placement would be re-audited before students were able to return (42).

We concluded that the school has effective processes in place that can respond appropriately to adverse quality inspectorate reports when they indicate that placement areas where students are allocated may not be appropriate. The monitoring event confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures ensure that student learning is protected and that students are not subjected to either poor education or patient care practices (42).

NMC approved education institution (AEI) monitoring was undertaken at QUB in 2014-15 at which time all key risk areas received a met outcome.

Summary of areas for future monitoring were identified:

- To ensure service users are fully involved in the interview process.
- To assure external examiners' engagement with the assessment of practice (3).

These issues were all explored during the monitoring event and are reported in the relevant sections.

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

There were no approval events held in the last year.

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

The school included the following exceptional reporting issues in their annual self-assessment report 2015-16 (6).

- The university had a voluntary severance/voluntary early retirement exercise in 2015. This resulted in a number of staff expressing an interest to be considered. In response to staff wishing to avail of voluntary severance/voluntary early retirement, and before any decision was taken, an audit of teaching capacity and a robust review of specific teaching was undertaken. How this might impact on all four fields of nursing and also the midwifery programme was reviewed. As a consequence, acceptance of voluntary severance/voluntary early retirement requests was selective to ensure that teaching quality standards would be maintained across all specialties. A total of ten staff have taken voluntary severance or voluntary

early retirement.

The school reported it was confident that it can continue to provide the four fields of nursing and the midwifery programme and meet the NMC standards. The quality of the teaching provision remains intact and will not affect the student experience. Furthermore, the school reported that it will be recruiting a number of posts in the next few months. The number of academic staff who retired was not totally unexpected given the awareness of the age profile of staff within the school. For this reason the school had already undertaken a comprehensive review of the programmes that can be offered. The school confirmed that there is more than sufficient capacity to deliver the range of programmes currently offered alongside the introduction of a graduate entry pre-registration programme that should be available to applicants commencing February 2017. The staff/student ratio was to be kept under review.

This issue was extensively explored during the monitoring visit and is reported in the main body of the report (key risks 1.1, 3.2.2, 4.1)

- An increased number of graduates are applying for pre-registration nursing and midwifery. The school plans to have a graduate entry nursing programme with postgraduate qualification available from 2017.

Results of the multiple mini interview (MMI) pilot reported in 2014-15 indicated that the MMI is an appropriate values based recruitment methodology. MMIs have been agreed by the university admissions group and will be utilised for entry in 2016. Evidence to support the use of MMIs includes that this method has a particular emphasis on values and attributes of applicants. The university confirmed that they had used MMIs successfully for the selection of students for the September 2016 cohort and that the process has included representation from practice staff and service users and carers.

- The national student survey (NSS) results (2015) gave cause for concern in the following areas: assessment and feedback; and, organisation and management. NSS results indicate that students perceive that they do not receive feedback in a timely manner and are concerned about how aspects of the course are organised. The school reported their concern about how this might impact negatively on the student experience and their ability to engage fully with the programme.

The NSS is a standing discussion item at the school board and faculty management board and processes are in place for teachers across all year teams to get an understanding of the issues raised, formulate an action plan and continuing monitor progress. The pro vice chancellor (PVC) for education and students met with all academic staff to discuss the NSS results.

An immediate review of timetabling and allocation of teachers; the link lecturer role and visibility in the clinical areas; and feedback provided to students took place. Actions were implemented which included the development of a podcast for staff and students about how to utilise the feedback rubric, the formalisation of personal tutor meetings and meetings to be centrally allocated. The school reported that it has been supported by a project implementation group which was specifically aimed at improving the NSS results and the actions that were agreed. The school is confident

that the actions taken have improved performance across the areas identified.

### Findings against key risks

#### Key risk 1 – Resources

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

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

What we found before the event

Concerns have recently been raised with the NMC about the quality of learning for pre-registration nursing students at QUB's school of nursing and midwifery and that QUB are failing to meet NMC standards in a number of areas.

The allegations relate to inadequate staff resources to deliver the programme for the number of students; excessive teaching workloads allocated to some lecturers; a number of academic staff members leaving posts through a voluntary severance and early retirement scheme; research staff who are not qualified nurses appointed to teaching posts with personal tutor responsibilities and lecturers without NMC registration visiting practice placement areas without an up to date Access NI clearance and without training in relation to child protection and adult safeguarding (2).

The school had checked the latter issues with the executive director of nursing at the Public Health Agency (PHA) and the Safeguarding Board for Northern Ireland (SBNI). The SBNI has agreed to deliver training for child and adult safeguarding for all lecturers in the school. The school has also been advised that any lecturer who has access to clinical placements, and who is engaged in or is supervising a regulated activity, should have Access NI clearance. The school is still awaiting further advice on this issue from the SBNI (13-14).

During 2014-15 a series of reviews were undertaken to ensure the effective and efficient delivery of teaching within the school. The overall aims were to review the quality and sustainability of the programmes. These reviews included a review of:

- the teaching allocations, to provide transparency to school staff and promote equity of teaching allocations;
- module delivery to ensure the school complies with university guidelines and does not exceed the standard contact hours (24 hours of lectures, 12 tutorials,

12 hours of practical teaching, per 20 credit module);

- the school's provision to determine modules and courses that are no longer attractive to students;
- the current teaching delivery to determine how many hours are needed in all components in consideration of the number of students;
- staff by role and grade to establish teaching capacity across the school;
- timetabling to ensure efficiency of the use of available resources;
- applications from staff for voluntary severance or voluntary early retirement to ensure the school retains sufficient capacity to meet the current numbers of students.

The outcome of the reviews resulted in: all teaching is now recorded against individual staff workloads for 2015-16; teaching allocations for 2016-17 are currently being devised to ensure equity; all modules in the school are to comply with the university agreed pattern of delivery; the current establishment provides over 20 percent more teaching hours than the delivery of the curricula requires; timetabling requirements for 2016-17 have already been allocated; and, 10 applications to the voluntary severance/early retirements scheme are supported. A number of resignations and retirement vacancies exist and these posts are being recruited to and include: a clinical skills nurse; a midwifery lecturer; a learning disabilities lecturer; a neonatology lecturer, an adult nursing lecturer; and, a lecturer in chronic illness (9).

The school keeps a secure database of all NMC registered staff personal identification number (PIN) and registration expiry dates. Each Friday the status of all registrations due to expire within the following four weeks is checked on the NMC website. The database is then updated to reflect these results. If any registrations are still outstanding two weeks before renewal, a reminder is sent from the head of school's office to the member of staff concerned. All new staff are added to the database when they commence employment and their registration checked in line with these procedures (27).

#### What we found at the event

We found that all programme leaders, field leaders and registrant lecturers supporting the pre-registration programmes have an active registration and a recorded teaching qualification with the NMC (27, 50-51, 103).

The school's governance procedures are robust and well administrated and ensure that all nursing lecturers with a professional qualification are registered with the NMC and they have the relevant recorded teacher qualification or are working towards its achievement (27, 50-51, 96).

Lecturers are described by students as having a passion for the subjects that they teach. However, we found there are not sufficient academic staff dedicated to the programme delivery of the pre-registration nursing programme. From the evidence reviewed, it was concluded that the lack of resource has been at least partly due to

the reduction in field specialist lecturers through the voluntary severance and early retirement schemes with a significant number of other lecturers leaving posts without being replaced. This has contributed to the depletion of academic staff resource and the quality of the approved programme cannot be sustained. The children's nursing field in particular has a high staff/student ratio and this determines that key areas of programme delivery, specialist student support and guidance and the integration of theory to practice cannot be achieved. Staff and students informed us that there were no child field lecturers teaching students studying year three of the programme at the commencement of the academic year 2015-16; this was highlighted by students as directly adversely affecting their learning experience. We were informed verbally by staff and students on the children's nursing programme that at the time of the review there were no children's nursing lecturers assigned to the delivery of modules in year three of the pre-registration programme. The review team were also informed that there are similar issues in the mental health and learning disabilities nursing fields in relation to the integration of theory to field specific practice in the third year of the programme (5, 36-39, 41, 49, 51-74, 99-102, 104).

We met with the lead midwife for education (LME) to identify if any of the changes that had taken place in the school have adversely affected the delivery of the pre-registration midwifery programme. The LME told us that only one post had been lost as a result of the voluntary severance and early retirement schemes and this had only a minimal effect on academic staff workloads. The new ways of working introduced into the school through the revised module and timetable structuring has had a more serious effect and has increased the workloads for academic staff in the short term. The LME told us that some of the revised module changes have improved ways of working and are beneficial, and the midwifery academic team are approaching the changes positively. We were told that there are no detrimental effects on the quality of the programme. The LME also informed us that she is able to undertake all aspects of the LME role (43).

We were told that the final report has been published by the SBNI on concerns raised by a member of staff of the school relating to children and adult safeguarding issues. The report concluded that the information provided indicates that the school has appropriate vetting arrangements in relation to safeguarding children and vulnerable adults, policies and procedures are in place and that these are adhered to. It stated that the annual self-declaration form is an example of good practice which could be replicated in other settings.

The report recommended that the school, with the support of the PHA and the Health and Social Care Board (HSCB), should: consider the safeguarding children and vulnerable adults training needs of staff and provide an update session as soon as possible; ensure adequate representation from the school on regional networks relating to safeguarding children and vulnerable adults; and, specify communication pathways that ensure staff working in the school are kept informed about policy and developments affecting safeguarding practice. These actions will ensure that the public are appropriately safeguarded (12, 21, 106).

We found that there is an adequate appropriately qualified academic staff resource for the delivery of the V300 programme. Specialist pharmacology input is included in the teaching schedule. The programme leader and other academic staff that make a

<p>significant contribution to the programme delivery all have active registration with the NMC and have a recorded teaching qualification. All the academic team that deliver the programme have prescribing qualifications and experience that is commensurate with their role. The quality of the programme delivery is recognised as good by students and the external examiner (4, 35, 40, 68-74, 82, 140-142).</p> <p>We conclude from our findings that the university currently has appropriately qualified academic staff to deliver the V300 programme to meet NMC standards. However, there are not sufficient academic staff particularly in the field specialist areas dedicated to the delivery of the pre-registration nursing programme to meet the standards required by the NMC.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>Sufficient mentors and sign-off mentors are monitored via trust reports on a weekly basis to placement allocations. Mentorship is currently provided as one student per mentor. This data is also collected by the educational audits. Discussion occurs at a regional level with practice partners four times a year (6).</p>
<p>What we found at the event</p>
<p>We found that generally there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students on the pre-registration nursing programme. Mentors and sign-off mentors show a high level of commitment and enthusiasm for their roles with students (42, 52–67, 162-164).</p> <p>We found that the hub and spoke placement approach is used to ensure students are provided with the appropriate range of practice experiences to inform the NMC practice competencies. These experiences are co-ordinated by the mentor and student. Mentors told us that they work closely with spoke co-mentors to ensure due regard is maintained and evidence of experience and competence is gained. Students told us that they value these experiences (49, 52–67, 104).</p> <p>At the neonatal unit at Altnagelvin maternity unit we found that an adult nurse sign-off mentor assigned to a children’s nursing student in the final placement experience was not appropriately qualified for the role and did not have due regard. We were presented with some conflicting evidence that the student may have another sign-off mentor assigned that did act with due regard but at the time of the practice visit the sign-off mentor was on sick leave. We considered this additional evidence but felt that the risks associated to the public from students who are not appropriately signed off as competent and fit for registered practice were extremely high as we had been given conflicting information about the assigned sign-off mentor. We concluded that the additional evidence did not alleviate our concerns that the student was being</p>

inappropriately assessed with regards to practice competence and therefore posed a risk to public protection. The student is well into the final 14 week placement and urgent attention is required to assign an appropriately qualified sign-off mentor to enable the student to complete the programme (59, 105).

We found sufficient DMPs available to support the number of students on the V300 programme. All students are allocated to a DMP prior to the commencement of the placement. The maximum number of V300 students allocated to a DMP is two and this is agreed and confirmed as part of the collaborative admission process arrangement between the employer, the university and the registrant (35, 40, 68-74).

We conclude from our findings that there are sufficient DMPs available to support students on the V300 programme and sufficient appropriately qualified mentors and sign-off mentors to support the number of students on the pre-registration nursing programme. However, we found that the NMC standard is not met as a children's nursing student in year three of the programme on the final placement was allocated a sign-off mentor who was not appropriately qualified for the role and did not have due regard.

**Outcome: Standard not met**

Comments:

The field specialist nursing academic staff must be increased to support the delivery of the programme to maintain the level of quality that is required by NMC standards.

Sign-off mentors for students on the final placement in year three of the pre-registration nursing programme must be appropriately qualified and have due regard.

**15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now met**

15 and 16 March 2017: Follow up visit to QUB. Standard now met

1.1.1 Academic staff told us that they are more positive about the level of the academic staff resource to support the pre-registration nursing programme. They reported that they now feel valued and supported in their roles and find the leadership style in the school more positive.

Resources to deliver the field specialist parts of the programme have been strengthened. This is supported by students' evaluations and detailed evidence scrutinised in relation to the academic staff resource and the workload demand. This is a two-stage recruitment process and the process has commenced for further lecturers to be appointed in the near future specifically to meet increased commissioned student numbers. Stage one has enabled 12 specialist nurse lecturer posts to be added to the establishment. The school has further implemented short-term teaching arrangements through the maintenance of a 'bank' of teaching staff who are peer quality assessed and provide an effective source of additional field specialist teaching. The school manager told us that the school now manages its own

staffing budget and that this enables greater flexibility to shape the workforce especially where deficits may exist. They have been able to recruit additional full time field specialist lecturers from the 'bank' of teaching staff that the school maintained.

The head of school and senior academic managers told us that the school's workload model has been revised so that it reflects the establishment of field specialist lecturers and the need for field specialist modules to be primarily delivered by the specialist lecturers. The school has also implemented initiatives aimed at promoting teaching quality.

We found that there are still some challenges with the child academic team through the available academic staff resource. The school has appointed a number of new staff who are dedicated to the programme delivery of the pre-registration children's nursing programme. However, there has been an increase in commissioned numbers of 17 students per annum now giving a total of 81 students per annum. Students undertaking the child field told us that they are more positive about the quality of their learning and there is evidence that the academic delivery of the third year of the programme has been appropriately strengthened. This was also confirmed by students undertaking the other pre-registration nursing fields.

We concluded that a realistic plan is in place for the required increases in the academic staff resource to further strengthen the field specific academic teams and to meet the additional requirements of increased commissions of students.

1.2.1 PEFs, mentors and service managers told us that since the monitoring visit in May 2016, there has been an increase in the number of mentors and sign-off mentors to meet the number of allocated students. Meetings with practice placement providers and PEFs confirmed there are sufficient and appropriately qualified mentors and sign-off mentors to support the number of pre-registration nursing students. There is sound evidence of an effective programme of mentor updates and triennial reviews, and sign-off status is accurately recorded within the live register of mentors.

Mentors, service managers and PEFs told us that all students are allocated mentors on a one-to-one basis. This was confirmed by students. Practice duty rotas evidence a 1:1 ratio between students and mentors. Students told us that they spend more than 40 percent of their practice time working with their mentor. This was confirmed by mentors and the practice duty rotas we viewed. Students told us an associate mentor is often provided in addition to their named mentor to support them during short term annual leave or sickness of their named mentor. Mentors told us this also assists the development of a trainee mentor who is studying the mentor preparation module, or to develop the associate mentor role under the supervision of an experienced mentor.

Practice staff and managers report there is regular access to the mentor preparation module and mentor updates. Trust managers and service leads told us that they regularly release staff to attend the mentor preparation module and mentor updates. PEFs are currently providing mentor updates twice a month and these are easily accessible and well-advertised. Bespoke mentor update arrangements are also arranged if required by service demands.

There are now three strategies to ensure that students undertaking the final



placement are supported by appropriately prepared sign-off mentors to ensure a 'fail safe' system is in place. The first strategy is when a student is allocated to a placement area, the ward manager of the area informs the school of the name of the sign-off mentor before the placement commences. Practice learning team members in the school then confirm that the sign-off mentor's name is on the database held in the school, the sign-off mentor has due regard and is appropriately prepared. For the second strategy, an addendum has been added to the practice portfolio, where the student's sign-off mentor must confirm that they are appropriately prepared and have due regard. The third strategy is that the live mentor register held in placement provider organisations is programmed to prevent an out of date sign-off mentor who does not have due regard being allocated to a student undertaking the final placement. Students told us that they are aware of these changes and have confidence in the new system which should ensure they are allocated an appropriately qualified and up to date sign-off mentor.

We visited the neonatal unit at Altnagelvin maternity unit and found that steps are in place to ensure that students undertaking the final placement experience on the children's nursing programme are only assigned to sign-off mentors with due regard. Currently students are not placed there for the final placement but at other formative points within the programme. In addition, the unit has taken appropriate steps to increase sign-off mentor preparation in the staff members who do possess due regard.

We concluded from the evidence available that there are now effective processes in place to prevent a student from being allocated to an inappropriate sign-off mentor who does not have due regard.

Evidence to support the standard is met includes:

- QUB school of nursing and midwifery, recruitment and staffing information, October 2016
- QUB school of nursing and midwifery, equality and diversity group, undated
- QUB school of nursing and midwifery, Collegiality group, 31 January 2017
- QUB school of nursing and midwifery, annual programme review for programmes (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, annual programme review: school/subject overview report (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, module evaluation questionnaire, undated
- QUB school of nursing and midwifery, module and lecturer evaluations protocol, undated
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March

2017

- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017
- Meeting to discuss the academic staff resource, 15 March 2017
- Meeting to discuss practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017
- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and Link Lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, practice education facilitator, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A,

ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017

- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017

Areas for future monitoring:

- The sufficiency of the field specialist nursing academic staff resource to support the delivery of the programme.
- The sign-off mentors for the students' final practice placement are assigned with due regard.

### Findings against key risks

#### Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Admission and progression procedures are robust and effectively implemented and ensure students entering and progressing on the pre-registration nursing (mental health) programme meet the NMC standards and requirements (3).

The university has a robust equality and diversity policy that emphasises that the university values and promotes equality and diversity and will seek to ensure that it treats all individuals fairly and with dignity and respect. It is opposed to all forms of unlawful and unfair discrimination. The university seeks to provide equality to all, irrespective of: gender, including gender re-assignment; marital or civil partnership status; having or not having dependants; religious belief or political opinion; race (including colour, nationality, ethnic or national origins, including Irish travellers); disability; sexual orientation and age (22, 48).

The university has a comprehensive admissions policy for entry to undergraduate programmes (17). All applications for the undergraduate nursing programme are managed through the universities and colleges admissions service (UCAS). The school has a number of stages to the selection process including a review of the

applicant's personal statement and references and an interview by NMC registered staff and service users using a values based MMI approach with a minimum of seven stations. To ensure fairness and consistency MMI scores are analysed by a statistician and discussed at a MMI board. Candidates with the highest scores are made a conditional offer subject to undergoing an Access NI check and an occupational health check which must be satisfactory before commencing the programme (8).

All applicants whose degree programme involves engaging in regulated activity, are required to inform the head of admissions and access services in writing, of any convictions, cautions, informed warnings and diversionary youth conferences, which are not protected. They must also advise if they are, or have been the subject of any criminal investigations or have any prosecutions pending. They must advise of any changes to the information they disclosed, or changes to the information contained on their enhanced check, in writing and without delay, prior to admission to the university (19).

Interview training is provided for all staff participating in MMIs including service users and carers. All participants involved in the selection and recruitment process are expected to have undertaken equality and diversity training (8).

There is an online e-learning training course on equality and diversity entitled DiversityNow. This mandatory interactive course comprises six modules to raise staff awareness on equality and diversity issues.

The participant will have their training record automatically updated following successful completion of an assessment at the end of the course (23).

MMIs were piloted for the selection process in 2015. Two service users were members of the MMI working group for the pilot in 2015 and one service user remains as a member of the current MMI group (7-8).

Robust procedures are in place to manage the learning experiences of students less than 18 years of age going into practice placements (3).

The university has a robust student disability policy statement which states that the university is committed to a policy of equal opportunity and seeks to ensure that disabled students have equitable access as far as reasonably possible, to all aspects of university life. The university will take all reasonable steps to ensure that disabled students can benefit from the full range of academic, cultural and social activities that they offer to non-disabled students (24, 48).

#### What we found at the event

We found that there is comprehensive information about the pre-registration nursing programme on QUB main website. This information facilitates students to make informed choices before making an application. Students for whom their first language is not English are tested using the international English testing system (IELTS) and a score of seven across all areas is required (1, 36–39).

We confirmed that the admission process for the pre-registration nursing programme

<p>includes MMIs to assess the values and attributes of applicants (35–39).</p> <p>Practice staff and service users and carers complete equality and diversity training prior to participating in the selection process (17, 22–24, 36-39, 44).</p> <p>Students must have a satisfactory Access NI clearance check, occupational health clearance and complete mandatory training before they can proceed to placement (19, 36-39).</p> <p>Students are aware of the process to complete an annual declaration of good health and good character. They told us that they receive emails to remind them of the requirement and confirmed having completed these declarations. The programme teams told us that they keep records confirming the university monitoring of student checks (36–39, 52-67).</p> <p>We found that the admission processes for the V300 programme are undertaken by the programme team, working in partnership with a number of local NHS organisations, and meet the NMC requirements. The application process requires the student to provide written confirmation of the secondment or release agreement from the line manager and education lead of their organisation and to confirm the support arrangements that will be put in place to enable the student to undertake the programme. This includes the support of a named DMP who meets the eligibility criteria for the medical supervision of nurse prescribers and who has agreed to provide the required period of supervised practice. The application process identifies if a registrant has applied and commenced a V300 programme previously. Employers are also required to confirm that Access NI clearance had been undertaken in the last three years, and if not, that one is completed before the student commences the programme to ensure public protection (40, 68–74, 109).</p> <p>We conclude that admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing and V300 programmes meet NMC standards and requirements.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The university operates a personal tutor system and the personal tutor reviews the student's progress for all modules including the practice modules in each year of the three year programme. Not all personal tutors are NMC registrants; the personal tutor would check that all administrative details are in order in relation to the practice portfolio. If there was an issue with regards to the documentation or the student's clinical performance this would be the responsibility of the link lecturer, who is an NMC registrant, and the mentor or sign-off mentor (11).</p> <p>The university has a fitness to practise policy which meets NMC requirements. The policy applies to pre-registration nursing and midwifery programmes for academic, behavioural and health requirements which must be met to ensure suitability to</p>

<p>practise (15).</p> <p>The school has a safeguarding adults and children’s policy which summarises the university’s arrangements to provide a safe environment for children and vulnerable adults. Among other things, these arrangements include: conducting pre-employment/pre-admissions checks; a code of practice and good conduct; safeguarding risk assessments and a reporting procedure for dealing with any allegation of abuse/harm (21).</p>
<p>What we found at the event</p>
<p>Procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in the programme areas monitored. Protocols for raising matters of concern are in the programme documentation and all staff designated to assess the students’ knowledge and competence told us that they are confident that they could address issues of poor student performance when it occurred. We were told of examples of when these had occurred and how they had been managed, which was consistent with the guidance provided and the protection of the public from poor practice (12, 15-16, 21, 36-40, 52-74).</p> <p>We found that the fitness to practise policy and procedure is robust and effective and meets NMC requirements. There is convergence with the academic misconduct offences procedure and an example was provided which identified where a student had been referred to the fitness to practise panel after repeated academic misconduct offences. In the academic year 2014-15 there were three cases referred to the fitness to practise panel for pre-registration nursing students. These cases related to inappropriate professional behaviour, concerns in relation to integrity and professionalism and a potential breach of confidentiality. We found that all these cases had been appropriately managed in relation to the agreed fitness to practise policies and procedures (15, 47, 88-91).</p> <p>Our findings confirm 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 including students, mentors and DMPs. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.3- programme providers’ procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Mentors are confident about addressing poor student performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements (3).</p> <p>The students’ progress against practice learning outcomes and competencies</p>

<p>necessary to progress, and entry to the NMC register is managed and reported on by the mentor or sign-off mentor. If concerns are raised about a student's performance, the link lecturer would advise the mentor on any future action that should be taken (11).</p>
<p>What we found at the event</p>
<p>Mentors and sign-off mentors told us that they implement procedures to address issues in student performance. They confirmed that they are well informed about student progression points, NMC standards and the essential skills required. These are accessible in student practice assessment booklets which students take with them to each placement. We were told that at the start of each placement the mentor reviews student performance from the previous placements and agrees a learning contract with the student to focus on agreed areas for development and achievement in the placement. Mentors told us that they deal promptly with any issues of unprofessional conduct or poor performance. Mentors work in partnership with link lecturers when the student fails to make satisfactory progress or if they are at risk of failing the practice competencies. Students confirm the use of action plans to support and guide areas of knowledge and practice which require further development. Mentors and students told us that they are able to access link lecturers to seek support or guidance, when necessary (30, 52-74).</p> <p>We conclude that procedures to address issues of poor performance in practice are well understood and implemented effectively in the programme areas monitored.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>The university has a comprehensive accreditation of prior learning (APL)/recognition of prior learning (RPL) policy and procedures. The procedures include a flow chart which outlines the process for accreditation which includes a committee to adjudicate APL requests. There is also a process to support students who apply to transfer their learning from other AELs. The school has instigated a committee to adjudicate APL requests. The policy has been applied to facilitate students to access a second registration programme in the fields of children's and learning disabilities nursing (3, 25-26, 96, 101).</p>
<p>What we found at the event</p>
<p>We found that APL/RPL policies, procedures and practices are only presently used for students accessing the pre-registration programme who have a previous nursing</p>

<p>registration. The mapping procedures used for these students are robust and ensure that both NMC learning outcomes and hours of theory and practice are fully mapped within the accreditation process and meets NMC requirements (25-26, 36-39, 45, 83-85).</p> <p>APL/RPL is not used for the V300 programme (40, 45).</p>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Findings against key risks
<p><b>Key risk 3 - Practice Learning</b></p> <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>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>The university has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students' learning in the practice environments. There are effective quality assurance processes in place to manage risks and address areas for development and enhancement (3).</p> <p>Educational audits are completed for each placement every two years which involves the practice area manager, PEF and an AEI representative (6, 29).</p> <p>There are a number of forums established which evaluate effective partnership working including an undergraduate partnership committee and a regional education practice partnership forum. Placement providers inform the link lecturer and clinical allocations department regarding any service provision issues which are taken into</p>



account prior to the allocation of students. If an issue or concern occurs when students are already on placement, a suitable alternative placement would be used for the students to continue their practice learning (6).

The school has a process for raising concerns which builds on the raising and escalating concerns - guidance for nurses and midwives (NMC, 2013) which reinforces that student nurses have a responsibility to raise concerns about the safety and wellbeing of people in their care or in the environment they are working in. Students are informed of the NMC guidelines as part of the induction provided for all practice modules. The information is also included in an enquiry based learning tutorial about the NMC Code during each year of the programme (16).

The university has signed practice learning agreements with placement providers and the Department of Health and Social Services and Public Safety Northern Ireland which defines the roles and responsibility of all the parties included in the provision of students' practice learning (28).

#### What we found at the event

We found some evidence that effective partnerships with service providers and associated education providers exists, and we note in particular that the school is involved in facilitating a number of partnership forums across the region, as well as the development of a mentor app that is available to all practice areas. However, we were told by practice based staff during practice visits that there is a relatively serious lack of partnership and joint working between the university and associated placement providers. This perceived lack of joint ownership and effective partnership of the practice learning environments was a theme across a number of practice visits to different organisations. Staff in a number of placement areas told us that they feel there is a greater burden of responsibility being placed on the placement provider and there is a perception among staff that the school is not honouring its partnership responsibilities to the degree that they consider to be equitable (28, 35–40, 42, 52–74).

We found that the educational audit process is effectively undertaken to meet the NMC requirements and involves education staff as active partners (28-29, 42, 107, 125–133, 147–158, 167–176, 179-189).

Placement management meets the many challenges that exist from the escalation process, clinical governance reporting and service reconfigurations. Effective procedures are in place to protect student learning and to assess if placements need to be withdrawn or rested to protect student learning. There are examples of how these measures have been used successfully. We found that there are some issues within the sequencing of placements which inhibits a student's ability to access suitable learning experiences to appropriately develop essential practice skills. We were told by children's nursing students that they had been allocated to a placement on a neonatal unit on week seven of the programme when the theory relating to the complex issues of nursing neonates and the resultant issues for the family had not been explored (36–40, 42, 52–74).

<p>In the academic year 2014-15 the school dealt with a small number of escalated concerns. Two second year students were supported after raising concerns regarding a mental health registrant's practice. Both nurses were involved in the subsequent Health and Social Care Trust disciplinary and follow up appeal. Students were accompanied by a senior member of staff to all disciplinary hearings and were given pastoral support and guidance (6).</p> <p>Policies and procedures for escalating concerns are effective although there is evidence of some confusion with students and practice staff about which procedure they should use to raise issues which occur in practice learning (16, 52-67).</p> <p>The school has an effective process that can respond appropriately to adverse quality inspectorate reports which indicates that placement areas may not be appropriate for students' practice learning. Discussions during the monitoring event confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures meet the requirement to protect student learning and to ensure that students are not subjected to either poor educational or patient care practices (32-34, 42).</p> <p>The pivotal role of the PEF is commended for the contribution they make in ensuring the provision of positive practice learning experiences for students (52-67).</p> <p>We conclude that partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>The school has a service user and carer involvement policy which aims to enhance user and carer involvement in research, educational health and social care provision and clinical practice within the school (18).</p> <p>There is a school service user and carer group with membership from a number of user organisations covering the adult, children's mental health and learning disabilities fields of nursing. During the period 2013-2016 the group has met on a regular basis with an agreed constitution and the school has appointed an academic champion. The school is committed to the involvement of service users and carers in student recruitment; curriculum development, implementation and delivery; module review; programme review; the school's ethics committee; curricula monitoring review: and, approval events (14, 20).</p>
<p>What we found at the event</p>

<p>We found that practitioners are involved in programme development and delivery and there are a number of examples provided of specialist nurses contributing to the teaching programme. We also met practitioners who told us that they had participated in the development of the curriculum (36–39, 52–67).</p> <p>We found that service users and carers are engaged in programme development and delivery in the pre-registration nursing programme. There is some commendable engagement, especially in the mental health and learning disabilities nursing fields, where lecturers are working in partnership with service users to create high quality learning experiences. The school has an appropriate strategy for service user and carer involvement and there is considerable enthusiasm to continue these important developments (18, 20, 30, 44, 49, 52–67, 104).</p> <p>We concluded that further development is required in the pre-registration nursing programme to engage service users and carers in the assessment process to meet contemporary and programme requirements.</p> <p>We found that service users and carers are not currently involved in the V300 programme. There is a service user and carer feedback form included in the V300 practice competency portfolio but students told us that they are unsure about its use and how many service user and carer forms they are expected to complete. DMPs told us that they are not aware that this is a requirement. The university needs to strengthen the inclusion of service users and carers in all aspects of the V300 programme, including providing clarity to students and the DMP about the process for service user and carers feedback to be completed in the prescribing practice competency portfolio (40, 44, 68–74).</p> <p>Our findings confirm that practitioners and service users and carers are involved in the development and delivery of the pre-registration nursing programme. However, their involvement in the assessment process and in the V300 programme requires improvement.</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>We found that the role of the link lecturer is crucial in the support of students in practice. The expectations of the role are clearly defined (3).</p>
<p>What we found at the event</p>
<p>We were told by students, PEFs, service managers and mentors that link lecturers have a low presence in some placement areas and there is a lack of consistency to the regularity of their visits to placement areas. They told us that this serious lack of link lecturers' presence is detrimental to joint working and joint support arrangements (49, 52–67, 104).</p>

<p>We found that the V300 programme leader and module tutor visit students in their placement areas at least once during the programme. Students told us that they are aware of their personal tutor contact details and would not hesitate to contact them if they needed support. Students told us that the programme team are always contactable and that this is highly valued by them (40, 68–74).</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The school provides a mentorship preparation teaching and assessing in practice programme. All mentors undertake this programme and meet the NMC requirements for sign-off in accordance with the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008). Mentors report that they are adequately prepared for their role by PEFs and supported by link lecturers. Some mentors find the role demanding and report that allocated learning time can be dependent upon service demands (3).</p>
<p>What we found at the event</p>
<p>We found that mentors and sign-off mentors are committed to their role and are supportive to students who are experiencing issues with progression. Sign-off mentors and mentors told us that they felt that they were well prepared for the role and clearly understand their responsibilities and accountability in relation to protecting the public from unsafe practitioners (49, 52–67, 104, 178).</p> <p>We found that DMPs are generally prepared and updated for their role by the programme team visiting the students in placement to meet the DMP at the beginning of the programme. Preparation for the role includes the DMP being given a copy of the relevant programme documentation. Some DMPs told us that this was adequate to prepare them for their role.</p> <p>We found that that one DMP had not been appropriately prepared for the assessment of prescribing competence in relation to the V300 programme. The DMP told us they had not been visited by a member of the programme team and had to search out the programme information for themselves without any support from the university. The DMP reported that he was very reliant on using relevant previous experience with medical students and the guidance provided by the DMP student to enable him to meet the programme requirements. (40, 68–74, 143).</p> <p>We conclude from our findings that mentors and sign-off mentors are properly prepared for their role in assessing the practice of pre-registration nursing students. The preparation of the DMP requires improvement to ensure that public protection can be fully assured.</p>

<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>Managers encourage and support mentor attendance at annual updates. All mentors are appropriately prepared for their role in supporting and assessing students. Sign-off mentors are clear about their role in ensuring that students are fit to practise (3).</p>
<p>What we found at the event</p>
<p>We found that mentors and sign-off mentors for the pre-registration nursing programme attend updates on an annual basis and triennial review is fully understood and implemented (52–67).</p> <p>We found that the update process for DMPs is undertaken by a visit from a member of the programme team to the placement area (40, 68–74).</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>We found that the database in the allocations department within the school is updated weekly with information from the trusts about mentors and sign-off mentors. Information is accurate and up to date. This electronic database is an excellent resource for practice placement providers and can be accessed by university staff (3).</p>
<p>What we found at the event</p>
<p>We found the records of mentors for the pre-registration nursing programme are comprehensive, accurate and up to date (52–67, 144–146, 159-161).</p> <p>We found that the register of DMPs records the names of all DMPs who are involved with V300 students for the 2015-16 academic year (110).</p>
<p><b>Outcome: Standard not met</b></p>
<p>Comments:</p>

- Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
- Service user and carer engagement in the assessment process must be further developed in the pre-registration nursing programme.
- Service user and carer involvement must be strengthened in the V300 programme so that it is present in programme development and delivery.
- Academic staff support for students in the practice placement settings must be increased and be delivered in a consistent manner to promote joint support arrangements.
- DMPs must be appropriately prepared for assessing students' prescribing competence and ensuring that they are safe practitioners.

**15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now requires improvement**

15 and 16 March 2017: Follow up visit to QUB. Standard requires improvement for 3.2.2

3.1.1 We found evidence that appropriate action has been taken by the school to strengthen partnership arrangements with placement providers to enhance students' experiences during practice placements. The service managers and PEFs reported that the working relationship with the academic team and the school has improved since the previous monitoring visit in May 2016. There is now a strong and effective partnership in the development and delivery of the pre-registration nursing programme. Managers and PEFs told us that they are consulted if any changes to the programme are being considered.

The educational audit documents that we reviewed demonstrate that all the placement areas are in-date and have been completed by a member of the academic team and a representative from the placement area. Policies and procedures for escalating concerns are effective and students confirmed they know how to raise concerns and were supported if they had done so.

We concluded from the available evidence that there has been appropriate action taken to strengthen the partnership arrangements between the university and the practice placement providers in supporting the student learning placement experiences.

PEFs and the practice learning team told us that they have undertaken joint action to ensure that the placement profiles, completed as part of the education audit process, are accurate and detailed in relation to the range of experiences and skills a student could reliably be exposed to in the placement learning environment. These profiles have been mapped to ensure theoretical and practice learning outcomes within modules to ensure outcomes are achievable. Mentors and the practice learning team told us that more effective use is being made of 'hub and spoke' placements to enable students to access placements to develop appropriate essential skills. Students told us that they are aware that changes have been made to the allocation of placement patterns as a result of these initiatives. They are now more confident that they will be able to achieve all the programme requirements.

We concluded that appropriate action has been taken to the sequencing of the students' placement experiences to ensure that they are able to develop appropriate essential practice skills.

3.2.1 We found that service users and carers now have appropriate involvement in programme delivery, assessment and evaluation of the non-medical prescribing (V300) programme. These initiatives include the use of a service user and carer feedback form which is included in the non-medical prescribing practice competency portfolio to provide appropriate feedback on patient experiences. Students and DMPs told us that they are clear about the number of completed service user and carer forms required in the competency portfolio. We saw evidence of some that had been completed.

From the available evidence, we concluded that the programme development and delivery of the non-medical prescribing (V300) programme had been appropriately strengthened to include service users' and carers' engagement.

3.2.2 The school has taken action to strengthen the link lecturer system. The link lecturer role descriptor has been revised and strengthened and the number of visits that should be undertaken is now specified. The zoning and team system for maintaining academic links has also been revised and strengthened and is now seen as more equitable with lecturers allocated on average 20 placement areas.

We were informed by the school that two changes have been made to the system for supporting students in practice placement settings by academic staff:

- the geographical area where placement providers are situated has been divided into zones and link lecturers are allocated to a zone. The link lecturer is responsible for supporting all students, irrespective of their field of study, undertaking placement learning in that zone.
- a policy has been initiated whereby each student is seen in the practice setting by a link lecturer on a minimum of six occasions during the programme. The zoning team are expected to cover for other lecturers in times of leave or sickness. The staff development system clarifies that lecturers should spend a minimum of 20 percent of their time linking with practice experience.

Practice staff told us that link lecturer visits have improved in some practice areas since the monitoring visit in May 2016. Students reported being visited by academic staff more frequently than previously. In addition to these face-to-face visits, some students reported that they have had telephone contact with the link lecturer. In addition to the link lecturer, the students told us that during placements, they have frequent contact by email with the year lead, which they have found to be useful. All students, mentors, PEFs and ward managers commented positively on the value of the contact with the academic staff and their role in supporting students and mentors.

However, students, PEFs, service managers and mentors told us that academic staff undertaking the link lecturer role continue to have a low presence in some of the practice placement areas and there is a lack of consistency to the regularity of the link lecturer's visits.

We concluded from our findings that action has been taken to strengthen the link lecturer system; however, students and practice staff continue to report a lack of presence and visibility of academic staff in the practice setting. The actions which are proposed must be further strengthened to ensure that the link lecturer role is fully operational.

3.3.1 DMPs are prepared and updated for their role by the V300 programme team when visiting students and the DMP in placement. Preparation for the role includes a DMP pack that includes a copy of the programme handbook, prescribing practice competency portfolio, timetable and induction presentation.

DMPs told us that they evidence their responsibility in the assessment process and the signing of the declaration of competence as a non-medical prescriber (V300) in the practice competency portfolio documentation. The DMPs demonstrated sound knowledge and understanding of how to manage a student that may be failing.

The programme co-ordinator and module co-ordinator for prescribing in practice undertake the role of the personal tutor and link lecturer, and their visits to practice areas are known by the DMPs and V300 students. They visit practice areas at least once during the student's placement. A record of the practice learning visit to the student is completed by the personal tutor and/or link lecturer and a copy filed in the student's V300 practice competency portfolio. A practice review form is disseminated to all DMPs to ensure that they are satisfied with the preparation given by the link lecturers. If they are not satisfied, additional preparation would be provided.

We concluded from the available evidence that the preparation of DMPs for their role in assessing prescribing competence in the V300 programme has been appropriately strengthened and now fully meets NMC requirements.

Evidence includes:

- NMC self-assessment report, QUB, 2016/17
- NMC monitoring review: action plan, QUB, 23 May 2016
- NMC monitoring report, QUB, pre-registration nursing (adult, child, mental health and learning disabilities fields), non-medical prescribing (V300), 23 May 2016
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March 2017
- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017
- Meeting with V300 programme team, 15 March 2017



- Meeting with commissioners, deputy chief nursing officer, Department of Health, Social Services and Public Safety (DHSSPS)
- Meeting to discuss academic staff links with practice settings, 15 March 2017
- Meeting to discuss practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017
- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health & Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, PEF, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A, ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017

- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017
- Practice visit to Belfast City Hospital, meeting with V300 student, 15 March 2017
- Practice visit to Dundrum and Clough Surgery, Meetings with V300 student, and DMP, 15 March 2017
- Practice visit to Ulster Hospital, Dundonald, meeting with V300 student, 15 March 2017
- Practice visit to Ulster Hospital, Ward 16 and Urology Unit, meetings with V300 student, DMP and supporting manager, 15 March 2017
- Practice visit to Royal Victoria Hospital, Belfast, meetings with V300 student, and nursing development leads, Belfast Trust, 16 March 2017
- Practice visit to Warren Children’s Centre, meeting with V300 student, 16 March 2017
- QUB, school of nursing and midwifery, non-medical prescribing induction, September 2016
- Copy of DMP register 2016-2017 with link lecturer, training and visit date

Areas for future monitoring:

- The strength of partnership working between education and practice staff at programme level.
- Service user and carer engagement in the assessment process in the pre-registration nursing programme.
- Service user and carer involvement in the programme development and delivery of the V300 programme.
- Academic staff support for students in the practice placement setting
- The preparation of the DMP to assess prescribing competence.

### Findings against key risks

#### **Key risk 4 - Fitness for Practice**

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

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

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

#### What we found before the event

All stakeholders are confident that students completing the programmes are competent to practise as a registered practitioner and enter the NMC professional register. Teaching and learning strategies encourage the development and practice of skills enabling students to be confident in their abilities (3).

There is interprofessional learning (IPL) involving year three nursing students and year four medical students who learn in a simulated environment using critical care scenarios using a situation, background, assessment and recommendation tool.

There are numerous examples of IPL across all programmes. Some examples have been in place for over 10 years whilst others such as the IPL workshops with mental health students have been running for 12 months (6).

#### What we found at the event

We found students on the pre-registration nursing programme presented themselves as highly motivated learners with an enthusiasm and commitment to their field of practice. The students achieve the NMC learning outcomes and competencies for entry to the nursing part of the register and students emerging from the programme are considered fit for practice by employers and commissioners (35–39, 41, 49, 52–67, 92–95, 104, 177).

We found that there are effective teaching and learning strategies to meet NMC outcomes and competencies and opportunities to rehearse and develop caring, skilled integrated practice (36–39, 52–67).

We found that the school has an assessment group which has a remit to improve the quality of the implementation of the assessment strategy across all programmes. The group ensures that all assessments are aligned to the programme learning outcomes. We were told that this group has significantly improved the quality of the assessments and student feedback over the last three years (46, 86-87).

There is excellent use of IPL strategies with support field specific tutorial group work which enhances the translation of knowledge and clinical skills from the generic to the field area of practice (36–39, 49, 52–67, 104).

Mentors, students and PEFs are cognisant of the programme progression points and the associated learning and assessment requirements to be demonstrated for both theory and practice based outcomes. Mentors, sign-off mentors, PEFs and service managers told us that the calibre of students is very high and that they often present as committed, passionate and extremely employable for their services. (52-67).

We found that adult nursing students understand the need to meet the EU directive requirements and they told us that they meet them during the programme (52–67).

Students told us that they have a good exposure to the other fields of nursing and value this aspect of the programme (49, 52–67, 104).

We were assured that despite the lack of field specific lecturers teaching in year three of the programme in the child field in particular which presented a challenge for students' learning linking theory and practice they are engaged in the assessment of students. In addition, there is a field leader for each of the four fields of nursing who oversees the three years of the student's programme and confirms to the programme leader and the end of programme examination board that each student has met all of the programme requirements (36–39, 46, 51).

External examiners confirmed in their annual reports the quality of the pre-registration nursing programme, the good level of academic support, the rigor of the assessment of practice, the high level of achievement attained by the majority of the students and that in all fields of nursing, students are able to achieve the statutory requirements (75–81).

We conclude from our findings that programme learning and teaching strategies, experience and support in practice placements enable students to meet the pre-registration nursing programme learning outcomes and NMC competencies.

The V300 programme has clear programme learning outcomes identified in the programme documentation and ensures that the NMC Standards of proficiency for nurse and midwife prescribers (NMC, 2006) are met. We found that the learning outcomes are made explicit to the students in the programme documentation and are tested through a comprehensive assessment strategy. Students were unable to articulate that if they fail to answer correctly any question that may result in direct harm to a patient or client they must be referred. This information was stated in the approval document but was not stated in the module booklets given to students. The programme structure should comprise of a minimum of 26 days of educational preparation (NMC, 2006). We found that the module timetables for both of the V300 modules did not account for a minimum of 26 days. The pharmaco-therapeutic module timetable in semester one did not include details of the activity to be undertaken in the sessions, and other module timetables lacked details of specified learning. We found that there is inconsistency in how the timetable content is presented to students. We conclude from our findings that the V300 programme does not have the minimum 26 days of educational preparation to meet NMC requirements. The school must provide detailed evidence in the form of a programme handbook to confirm that these requirements are explicitly met (4, 40, 68–74, 82, 97, 111–124, 138-139).

Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

The Nursing and Midwifery Clinical Education Centre (NMCEC) at QUB is one of the most advanced clinical skills centres in Europe where students learn and practice

fundamental healthcare skills in a safe environment before undertaking clinical placements (1).

Objective structured clinical examinations (OSCEs) are run within the NMCEC for first and third year students. The online video material and access to the centre to practice clinical skills assist the student to prepare for the OSCE. The NMCEC has the facility to examine 120 students per day (1).

The simulation suite is designed as a typical hospital ward where students gain experience in caring for the acutely ill patient using the human patient simulators (Siman & Simbaby). There are two multipurpose simulation suites sited within the centre. The simulator is operated via a computer by a member of teaching staff, who controls the physiological parameters of the simulator as well as interacting with the student as the 'patient' via an intercom. The system allows the lecturer to role play a scenario and act in response to the students' actions; this takes place behind a one way mirror allowing the teaching team to observe and monitor the students' response to specific scenarios. All nursing and midwifery students evaluate this teaching methodology very positively. The teaching team that initiated the first sim teaching were the recipients of a QUB teaching award in 2007 (1).

#### What we found at the event

We found that pre-registration nursing students are able to meet all NMC outcomes and competencies at progression points and for entry to register. Students told us that mentors use the ongoing record of achievement to track progress and that they submit practice assessments at the end of each year (49, 52–67, 92–95, 104, 177).

We found that students are supported to achieve essential skills in a range of field specific practice settings. Preparatory support is provided by the OSCE sessions at the NMCEC. This also includes the acquisition of mandatory skills and knowledge in relation to moving and handling, breakaway techniques and cardio-pulmonary resuscitation (child and adult). Confirmation of achievement must be recorded before students are able to commence each practice placement (36–39, 49, 52-67, 104).

Mentors and sign-off mentors told us that students attend practice placements with good knowledge and skill sets relative to the placement area. They told us that students have supernumerary status which was confirmed by students. Mentors, sign-off mentors and service managers told us that the students achieve the NMC learning outcomes and competencies for entry to the nursing part of the register and exit the programme fit for practice (49, 52–67, 104, 108).

We were informed by some students that there are inconsistencies in the allocation of placements for some students; this was particularly relevant for the child field nursing students who did not always feel prepared and equipped for the placement experiences. This requires improvement (49, 52–67, 104).

We found that the practice competency portfolio in the V300 programme covers all the NMC learning outcomes and incorporates guidelines for students to meet key components of the portfolio. Students told us that learning opportunities in practice are well structured by DMPs and other prescribers. They told us that they are able to

meet all the programme requirements and that the evidence is logged in the practice portfolio. DMPs and employers confirm students are fit for practice on completion of the programme (68–74, 82, 111-124).

We conclude that students on the V300 programme provide appropriate documentary evidence to support the achievement of all NMC learning outcomes, competencies and proficiencies required for the programme.

We conclude that students on the pre-registration nursing programme provide appropriate documentary evidence to support the achievement of all NMC learning outcomes and competencies at all progression points and for entry to the nursing part of the register. These robust and rigorous processes protect the public from nurses who are unfit for practice.

**Outcome: Standard not met**

Comments:

- Programme documentation must evidence that the V300 programme includes a minimum of 26 days of educational preparation.
- The sequencing of placements to enable pre-registration nursing students to access practice learning experiences that are suitable to develop essential practice skills.

**15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now met**

15 and 16 March 2017: Follow up visit to QUB. Standard now met.

4.1.1 We found the programme learning outcomes for the non-medical prescribing (V300) programme are clearly articulated for students in the programme handbook and meet the NMC standards of proficiency for nurse and midwife prescribers (NMC, 2006). The course structure now comprises a minimum of 26 days of educational preparation with an additional minimum of 12 days, equating to 12 x 7.5 hours (6.5 hours excluding breaks) of supervised learning in practice. We found that the module timetable for the non-medical prescribing (V300) modules reflected the minimum of 26 days to include face-to-face and blended approaches to teaching. Students and managers told us that they are aware of the required 26 days of educational preparation.

We found that the assessment of competence is demonstrated through completing all the required assessment of theory and practice elements. Students told us that they are aware that any breach of confidentiality and anonymity and failure to answer any question correctly that may result in direct harm to a patient or client would result in a referral of the assessed piece of work.

The V300 programme has been revised to incorporate the Royal College of Pharmacists (2016) prescribing competency framework into the assessment strategy.

V300 students told us that when they are required to complete the health assessment

module alongside the prescribing module it can have a negative impact on student learning on the prescribing module running concurrently. We concluded that the school may wish to consider reorganising this learning period.

We concluded from the available evidence that the V300 programme fully meets the NMC requirements for a minimum of 26 days of educational preparation.

4.2.1 PEFs, the practice learning team and programme teams told us that they have undertaken joint action since the monitoring visit in May 2016 to ensure that students are adequately prepared for the placement experience. They told us that placement patterns have been reviewed to ensure that the student has preparatory theoretical and practice experience to satisfactorily access the placement experiences.

Students told us that allocated placement journeys have improved significantly and now enable them to appropriately integrate theory to practice. Mentors and practice staff told us that students can link their knowledge to practice learning, and that their level of knowledge is appropriate when accessing placements. They told us that a 'hub and spoke' placement approach is used to ensure students are provided with an appropriate range of practice experiences to facilitate achievement of the NMC practice competencies. This approach is co-ordinated by the mentor and student. Hub mentors work closely with spoke co-mentors to ensure due regard is maintained.

We concluded from the available evidence that the allocation of placements process had been appropriately strengthened to ensure that students are prepared and equipped for the placement experiences.

Evidence to support the standard is met includes:

- QUB, school of nursing and midwifery, V300 programme, prescribing in practice module, 2015/16, 7 September 2016
- QUB, school of nursing and midwifery, V300 programme, Pharmacotherapeutics for prescribing module 2015/16, 8 August 2016
- NMC self-assessment report, QUB, 2016/17
- NMC monitoring review: action plan, QUB, 23 May 2016
- NMC monitoring report, QUB, pre-registration nursing (adult, child, mental health and learning disabilities fields), non-medical prescribing (V300), 23 May 2016
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March 2017
- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017

- Meeting with V300 programme team, 15 March 2017
- Meeting with commissioners, deputy chief nursing officer, DHSSPS, 15 March 2017
- Meeting to discuss practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017
- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, PEF, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A, ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017



- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017
- Practice visit to Belfast City Hospital, meeting with V300 student, 15 March 2017
- Practice visit to Dundrum and Clough Surgery, meetings with V300 student, and DMP, 15 March 2017
- Practice visit to Ulster Hospital, Dundonald, meeting with V300 student, 15 March 2017
- Practice visit to Ulster Hospital, Ward 16 and Urology Unit, meetings with V300 student, DMP and supporting manager, 15 March 2017
- Practice visit to Royal Victoria Hospital, Belfast, meetings with V300 student, and nursing development leads, Belfast Trust, 16 March 2017
- Practice visit to Warren Children’s Centre, meeting with V300 student, 16 March 2017
- QUB school of nursing and midwifery, undergraduate certificate in non-medical prescribing (V300), programme handbook, October 2016
- QUB school of nursing and midwifery, postgraduate certificate in non-medical prescribing (V300) programme handbook, October 2016
- QUB school of nursing and midwifery, V300 practice competency portfolio
- QUB school of nursing and midwifery, V300 timetable and outline, September 2016
- QUB school of nursing and midwifery, V300 letter to designated medical practitioners, undated
- QUB school of nursing and midwifery, V300 induction, September 2016
- Copy of DMP Register 2016-2017 with link lecturer, training and visit date

Areas for future monitoring:

- The V300 programme includes a minimum of 26 days of educational preparation.
- The sequencing of placements enables students to access learning experiences that are suitable to develop essential practice skills.

### Findings against key risks

#### Key risk 5- Quality Assurance

<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>Student evaluation of practice will be going to an online evaluation in January 2016 (6). Five external examiners visited clinical areas covering the four fields of nursing during 2015. The outcomes of the visits are stated in the individual external examiner's annual report. The visits are scheduled for 2016 (7, 10).</p>
<p>What we found at the event</p>
<p>We found that all modules and fields within the pre-registration nursing programme are subject to programme evaluation and formally reported on an annual basis. We were told by students that they receive limited feedback on actions taken as a result of students' raising issues through the evaluation process. We found that the evaluation of practice experience is currently not effectively undertaken by students, and practice placement providers do not receive information about the quality of students' practice learning experience (52–67, 97-98, 165-167). We conclude that a process for students to evaluate their practice experience must be effectively implemented and the findings from the evaluations must be provided to practice placement providers to enhance the quality of the practice learning environment. Students are requested to complete a module evaluation for both modules in the V300 programme. Feedback from the evaluations is acted upon and students were able to tell us about changes that have been made as a direct result of the evaluation process. We did not find any evidence to confirm that placement learning evaluation takes place for the V300 programme (40, 68-74, 98, 134-137). Student groups have representatives on the staff/student consultative committee as an effective means for students to raise issues. However, there is no representative on this committee from the V300 programme. We found that the outcomes of the meetings could be more widely communicated through the student body (36-40, 68-74). The proforma used by external examiners for their annual reports is excellent and specifically asks for evidence that statutory requirements are being met. There is evidence that the external examiners for the pre-registration nursing programme monitor the assessment of practice and have visited placement areas to meet students and mentors. External examiners' reports are comprehensive and issues</p>

<p>raised in the reports are appropriately responded to by programme leaders (75–81). The external examiner for the V300 programme does not monitor the assessment of prescribing competence and the report contains no reference to meetings with DMPs or the monitoring of the practice assessment documentation. We conclude that the school must ensure that the external examiner for the V300 programme fulfils all aspects of the role and monitors the assessment of practice (82).</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 school has a complaints procedure (31).</p>
<p>What we found at the event</p>
<p>Procedures exist to enable students to raise complaints and concerns about practice learning environments. The process for complaints is detailed within the programme handbook and practice assessment document. During the monitoring visit students told us about two occasions when complaints had been made about the conduct of ward managers towards students which related to alleged bullying and harassment. We heard that on these occasions the complaint was passed to the link lecturer but no satisfactory action was apparent, causing considerable distress to the students concerned. We concluded that the procedure for handling complaints is not effective and action must be taken to ensure that it meets NMC requirements (30-31, 52-56). On the V300 programme students told us that they are aware of the procedure for making complaints about concerns in practice learning environments. The programme leader confirmed that no complaints have been raised (30-31, 40, 68–74).</p>
<p><b>Outcome: Standard not met</b></p>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• An evaluation of practice experience must be effectively undertaken and feedback provided to practice staff on the quality of the experience.</li> <li>• The external examiner for the V300 programme should engage in the theory and practice aspects of the programme.</li> <li>• Effective procedures must be put in place to enable students to raise complaints and concerns about practice learning settings and to safeguard them from abusive behaviours.</li> </ul>
<p><b>15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now requires improvement</b></p>

15 and 16 March 2017: Follow up visit to QUB. Standard requires improvement

5.1.1 We found evidence to confirm that the student's evaluation of practice experience in the pre-registration nursing programme has improved since the monitoring event in May 2016. It was demonstrated that this will be further strengthened with the implementation of 'inPlace', an integrated student placement system. An interim student evaluation report has been implemented and this appears to have had some positive improvement to communication and feedback to practice based staff. Students told us that they do not always know whether their feedback has been acted upon. They told us that they have not completed evaluations for all placement areas and practice staff have told them that in some placement areas they rarely receive students' evaluations. Students told us that on completion of their placement experience they participate in sessions in the school where they reflect on their practice learning experiences. They also complete the evaluation of practice experience form that is given to them by the practice staff. The PEFs reported that evaluation forms are analysed by the trust and results are provided to individual practice placement areas and the school.

Mentors, sign-off mentors, service leads and PEFs told us that they receive feedback provided from the PEFs following a trust led evaluation of students' practice experiences. However, they do not receive any student feedback on practice experience from the university.

We concluded from the findings that the evaluations of students practice experience continues to be sporadic, disorganised and inconsistent and requires further improvement to provide an effective system for programme enhancement.

We found that the external examiner for the non-medical prescribing (V300) programme has a plan in place to effectively monitor the assessment of prescribing competence. The external examiner will visit practice placements to meet with students and DMPs so that evaluative comments can be included within their annual report.

We concluded from our findings that the external examiner for the non-medical prescribing (V300) programme has an effective plan in place for monitoring the assessment of practice process.

5.1.2 We found that effective action has been taken to strengthen the procedures for students making complaints relating to practice learning, to raise the awareness of academic staff undertaking the role of link lecturers about agreed procedures and practices, and to create a climate where students feel safe about raising their concerns. We also found evidence that confirmed that concerns and complaints are now managed with sensitivity and that effective support is made available to the student.

The school and associated placement providers have undertaken action to raise the awareness of issues for students in relation to bullying and harassment. The school has updated the link lecturer role description to strengthen their responsibilities in relation to handling complaints. They were also provided with structured training about the framework for managing complaints effectively which was well attended by link lecturers. In practice settings mentor updates have included sessions on bullying

and harassment and the complaints process. Students' complaints are now a standing item on the staff/student consultative committee agenda.

The procedure for raising complaints is now detailed within the programme handbook and the practice assessment document. Additional information has been included to highlight the importance of raising complaints and the support that is available to students.

Student nurses, mentors, sign-off mentors and PEFs told us that there is now a robust procedure which has been fully implemented to enable students to raise complaints and concerns about practice learning settings. Students told us that they understand the process to report and recognise bullying and harassment in the practice and academic settings. They feel more supported and safer in being able to raise their concerns and that concerns and complaints are now taken more seriously and managed more sensitively and responsively.

We viewed documentation which details how the school acted and responded to complaints raised by students. This record, introduced after the monitoring visit in May 2016, records the complaints raised by students and the action taken.

We concluded that the school has taken effective action to ensure that a robust procedure has been implemented to enable students to raise complaints and concerns about practice learning settings.

Evidence includes:

- QUB school of nursing and midwifery, database of action taken in relation to student's complaints in clinical areas, 15 March 2017
- QUB school of nursing and midwifery, annual programme review for programmes (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, annual programme review for programmes (UG), graduate certificate in non-medical prescribing, 2015-16
- QUB school of nursing and midwifery, annual programme review: school/subject overview report (PGT), graduate certificate in non-medical prescribing/postgraduate certificate in non-medical prescribing, 2015-16
- QUB school of nursing and midwifery, annual programme review: school/subject overview report (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, BHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, NHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, SEHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, SHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students'

placement evaluation report, WHSCT, March 2017

- South Eastern Health and Social Care Trust, practice learning feedback questionnaire, March 2017
- Southern Health and Social Care Trust, practice learning feedback questionnaire, March 2017
- Western Health and Social Care Trust, practice learning feedback questionnaire, March 2017
- QUB school of nursing and midwifery, module evaluation questionnaire, undated
- QUB school of nursing and midwifery, module and lecturer evaluations protocol, undated
- NMC self-assessment report, QUB, 2016/17
- NMC monitoring review: action plan, QUB, 23 May 2016
- NMC monitoring report, QUB, pre-registration nursing (adult, child, mental health and learning disabilities fields), non-medical prescribing (V300), 23 May 2016
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March 2017
- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017
- Meeting with non-medical prescribing (V300) programme team, 15 March 2017
- Meeting with commissioners, deputy chief nursing officer, DHSSPS, 15 March 2017
- Meeting to discuss student evaluations, 15 March 2017
- Meeting to discuss complaints and concerns relating to practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community,

Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017

- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health & Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, PEF, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A, ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017
- Practice visit to Belfast City Hospital, meeting with V300 student, 15 March 2017
- Practice visit to Dundrum and Clough Surgery, Meetings with V300 student, and DMP, 15 March 2017
- Practice visit to Ulster Hospital, Dundonald, meeting with V300 student, 15 March 2017
- Practice visit to Ulster Hospital, ward 16 and urology unit, meetings with V300

student, DMP and supporting manager, 15 March 2017

- Practice visit to Royal Victoria Hospital, Belfast, meetings with V300 student, and nursing development leads, Belfast Trust, 16 March 2017
- Practice visit to Warren Children's Centre, meeting with V300 student, 16 March 2017
- Telephone interview with external examiner for the V300 programme, 16 March 2017
- QUB, school of nursing and midwifery, external examiner reports 2015–2016

Areas for future monitoring:

- The evaluation of students' practice learning experience is effectively undertaken by students and feedback is provided to practice staff.
- The external examiner for the V300 programme engages in both the theory and practice aspects of the programme.
- Procedures to enable students to raise complaints and concerns about practice learning environments.



## Evidence / Reference Source

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6. *NMC annual self-assessment programme monitoring report, QUB 2015-16*
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9. *QUB School of nursing and midwifery - Key Issues for future monitoring identified in the NMC self-assessment document 2016 – Appendix two – Monitor academic staff student ratios in light of reduced numbers following voluntary redundancies and early retirements, April 2016*
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32. RQIA - Unannounced care inspection of the Beeches Professional and Therapeutic Services, 4 August 2015
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35. Initial meeting to set the scene for the NMC monitoring event, 11 May 2016
36. Meeting with the adult field team, 11 May 2016
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38. Meeting with learning disabilities field team, 11 May 2016
39. Meeting with the mental health field team, 11 May 2016
40. Meeting with the nurse prescribing programme team, 11 May 2016
41. Meeting with deputy chief nursing officer, Department of Health, Social Services and Public Safety (DHSSPS), 11 May 2016
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43. Meeting with the LME, School of nursing and midwifery, QUB, 11 May 2016
44. Meeting to discuss service user and carer involvement, 11 May 2016
45. Meeting to discuss APL/RPL, 11 May 2016
46. Meeting to discuss assessments, 11 May 2016
47. Meeting to discuss fitness to practise process and procedures, 12 May 2016
48. Meeting to discuss student support services, 12 May 2016
49. Meeting with first year students, BSc Hons Nursing & Chair of SSCC, 12 May 2016
50. Meeting to discuss lecturer CVs/registration database/academic staffing resources, 12 May 2016

51. Meeting with faculty PVC/dean education/PVC education and students, 12 May 2016
52. Practice visit to Lisburn Health Centre - Meetings with student, mentors, service manager, PEF and Link Lecturer, 11 May 2016
53. Practice visit to Lagan Valley Hospital – Thompson House/Rapid Response Team/Ward 1A/Ward 14 - Meetings with students, mentors, service manager, PEF and link lecturer, 11 May 2016
54. Practice visit to Daisy Hill Hospital, Newry – Emergency Department/Theatres/Recovery/Male Surgical/HDU - Meetings with students, mentors, service manager, PEF and link lecturer, 12 May 2016
55. Practice visit to St John Mitchell Place, Adult Community Team - Meetings with student, mentors, service manager, PEF and link lecturer, 12 May 2016
56. Practice visit to Daisy Hill Hospital - Acute Stroke/Rehab/Male Surgery/HDU - Meetings with students, mentors, service manager, PEF and link lecturer, 12 May 2016
57. Practice visit to Royal Belfast Hospital for Sick Children - Day Care Unit/Barbour Ward/Haematology CHU - Meetings with students, mentors, service manager, PEF and link lecturer, 11 May 2016
58. Practice visit to Causeway Hospital – Causeway Children’s Ward - Meetings with student, mentors, service manager, PEF and link lecturer, 12 May 2016
59. Practice visit to Western Health and Social Care Trust – South Wing, Altnagelvin - Ward 6/Ward 42/Neonatal Unit - Meetings with students, mentors, service manager, PEF and link lecturer, 12 May 2016
60. Practice visit to Holywell Hospital, Antrim – Tobernavene Lower Ward/Tobernavene Upper Ward/Tobernavene Centre - Meetings with students, mentors, service manager, PEF and link lecturer, 11 May 2016
61. Practice visit to Belfast Health and Social Care Trust - Primary North and West Community Mental Health Team - Meetings with student, mentors, service manager, PEF and link lecturer, 11 May 2016
62. Practice visit to St Lukes Hospital, Armagh – Gillis Memory Centre/Community Addiction Team/Armagh and Dungannon Support and Recovery Team - Meetings with students, mentors, PEF and link lecturer, 12 May 2016
63. Practice visit to Craigavon Hospital – Cloughmore Bluestone Unit/The Willows Bluestone Unit - Meetings with students, mentors, PEF and link lecturer, 12 May 2016
64. Practice visit to Finaghy Health Centre – Community Children’s Learning Disability Team - Meetings with student, mentors, PEF and link lecturer, 11 May 2016
65. Practice visit to Knockbracken Healthcare Park, Community Adult learning Disability Team - Meetings with student, mentors, PEF and link lecturer, 11 May 2016
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70. Practice visit to Ward 9 South, Belfast City Hospital - Meetings with student, PEF and link lecturer, 11 May 2016

71. Practice visit to Ulster Hospital – Ward 16 and Urology Unit - Meetings with students, DMP, PEF and link lecturer, 12 May 2016
72. Practice visit to Moy Health Centre - Meetings with student, DMP, PEF and link lecturer, 12 May 2016
73. Practice visit to Brocomba Child and Family Clinic, Portadown - CAMHS - Meetings with student, DMP, PEF and link lecturer, 12 May 2016
74. Practice visit to Lurgan Hospital - Meetings with student, DMP, PEF and link lecturer, 12 May 2016
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81. QUB – External examiner’s report form: Undergraduate - BSc in nursing (child)— Undergraduate nursing programme, 2014-15
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99. QUB - School of nursing and midwifery – Role of personal tutor and practice portfolios, April 2016
100. QUB - School of nursing and midwifery – Role of the year lead, April 2016
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104. Meeting with second year pre-registration students, 13 May 2016
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113. QUB - School of nursing and midwifery - 2015–16 Module pharmaco-therapeutics in prescribing NMP 3001 semester one and two lecture timetable
114. QUB - School of nursing and midwifery - 2015–16 Module pharmaco-therapeutics in prescribing NMP 7001 semester one and two lecture timetable
115. QUB - School of nursing and midwifery - 2015–16 Prescribing in practice semester one and two lecture timetable
116. QUB - School of nursing and midwifery - Prescribing in practice timetable 2015/16 additional document
117. QUB - School of nursing and midwifery - 2015–16 Session content non-medical prescribing legislation, unlicensed medication and injectable cosmetic medicinal products.
118. QUB - School of nursing and midwifery - 2015 – 16 Session content non-medical prescribing supplementary prescribing and clinical management plan.
119. QUB - School of nursing and midwifery - Postgraduate taught student handbook 2015–16
120. QUB - School of nursing and midwifery - Module booklet NMP3001 Pharmaco-therapeutics in prescribing

121. QUB - School of nursing and midwifery - Module booklet NMP7001 *Pharmaco-therapeutics in prescribing*
122. QUB - School of nursing and midwifery - Module booklet NMP3000 *Prescribing in practice*
123. QUB - School of nursing and midwifery - Module booklet NMP7000 *Prescribing in practice*
124. QUB - School of nursing and midwifery - *continuing professional and academic development module booklet health assessment NMP7002*
125. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for practice learning Belfast Health and Social Care Trust Old See House*
126. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for practice learning Belfast Health and Social Care Trust, Belfast City Hospital Bridgewater haematology unit*
127. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for practice learning Belfast Health and Social Care Trust Ward 9 South*
128. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for practice learning South East Health and Social Care Trust Ulster Hospital Ward 16 CCU*
129. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for practice learning South East Health and Social Care Trust Ulster Hospital Adults OPD*
130. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for non-medical prescribing Independent Moy Health Centre*
131. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for Southern Health and Social Care Trust community district nursing*
132. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for Southern Health and Social Care Trust CAMHS Craigavon and Banbridge locality*
133. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland *educational audit for Southern Health and Social Care Trust Lurgan hospital acute care at home*
134. QUB - School of nursing and midwifery - *Module evaluation 2014-15 NMP7001 Pharmaco-therapeutics in prescribing*
135. QUB - School of nursing and midwifery - *Module evaluation 2014-15 NMP3001 Pharmaco-therapeutics in prescribing*
136. QUB - School of nursing and midwifery - *Module evaluation 2014-15 NMP3000 and NMP7000*
137. QUB - School of nursing and midwifery - *Minutes of module review 2 July 2015 NMP3000 and NMP7000*
138. Northern Ireland Practice and Education Council (NIPEC) - *A review into the impact and status of nurse prescribing in Northern Ireland, 2014 final*
139. Southern health and social care trust - *Non-medical prescribing governance framework, July 2015*
140. *Curriculum vitae pharmaco-therapeutics in prescribing module leader*
141. *Curriculum vitae prescribing in practice module leader*
142. *Curriculum vitae non-medical prescribing programme leader*
143. *National prescribing centre training non-medical prescribers in practice; a guide to help doctors prepare for and carry out their role of designated medical practitioner*

144. Mentor register South Eastern Health and Social Care Trust, accessed on 11 May 2016
145. Mentor register Southern Health and Social Care Trust, accessed on 12 May 2016
146. Mentor register for private, voluntary and independent sector, undated
147. Lisburn Health Centre- Lisburn Community District Team, South Eastern Health and Social Care Trust – Educational audit, 04 May 2016
148. Lagan Valley Hospital -Thompson House, South Eastern Health and Social Care Trust – Educational audit, 5 June 2014
149. Lagan Valley Hospital - Rapid Response Team, South Eastern Health and Social Care Trust – Educational audit, 11 May 2015
150. Lagan Valley Hospital - Ward 1A, South Eastern Health and Social Care Trust – Educational audit, 6 May 2016
151. Lagan Valley Hospital - Ward 14, South Eastern Health and Social Care Trust – Educational audit, 25 November 2015
152. Daisy Hill Hospital, Newry-Emergency Department, Southern Health and Social Care Trust – Educational audit, 5 November 2015
153. Daisy Hill Hospital, Newry-Theatres/ Recovery, Southern Health and Social Care Trust – Educational audit, 10 March 2016
154. Daisy Hill Hospital, Newry- Male Surgical, Southern Health and Social Care Trust – Educational audit, 16 May 2014
155. Daisy Hill Hospital, Newry - HDU, Southern Health and Social Care Trust – Educational audit, 16 May 2014
156. St John Mitchell Place, Adult Community Team, Southern Health and Social Care Trust – Educational audit, 25 April 2016
157. Daisy Hill Hospital, Newry- Acute Stroke and Rehabilitation, Southern Health and Social Care Trust – Educational audit, 15 April 2016
158. Daisy Hill Hospital, Newry- Female surgical ward Southern Health and Social Care Trust – Educational audit, 15 April 2016
159. Local register of mentors, Northern Health and Social Care Trust, accessed 11 May 2016
160. Local register of mentors - Southern Health and Social Care Trust, accessed 12 May 2016
161. Local register of mentors - Belfast Health and Social Care Trust, accessed 11 May 2016
162. Practice duty rotas - Northern Health and Social Care Trust, accessed 11 May 2016
163. Practice duty rotas - Southern Health and Social Care Trust, accessed 12 May 2016
164. Practice duty rotas - Belfast Health and Social Care Trust, accessed 11 May 2016
165. Student evaluation of placement area document - Southern Health and Social Care Trust
166. South Eastern Health and Social Care Trust – student evaluation of placement area (current form used for student evaluations) undated
167. Mentor evaluation document - Southern Health and Social Care Trust

168. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Tobernavene Lower, Holywell Hospital, Antrim
169. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Tobernavene Centre, Holywell Hospital, Antrim
170. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Tobernavene Upper, Holywell Hospital, Antrim
171. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Primary North and West Community Mental Health team, Old See House, Antrim Road BT15 4DX
172. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Gillis Memory Centre, Mullinure H&W Centre, St. Lukes Hospital Site, Loughall Road, Armagh BT61 7NQ
173. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Community Addiction Team, St. Lukes Hospital Site, Loughall Road, Armagh BT61 7NQ
174. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Support and Recovery Team (A&D), St. Lukes Hospital Site, Loughall Road, Armagh BT61 7NQ
175. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Cloughmore, Bluestone Unit, Craigavon Hospital Site
176. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Willows, Bluestone Unit, Craigavon Hospital Site
177. QUB - School of nursing and midwifery - Practice portfolio (Record of achievement) - Mental health
178. All trusts - Mentorship preparation programmes - commencing Autumn 2015 (2015v2) - for trusts and independent sector
179. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Royal Belfast Hospital for Sick Children - Day Care Unit/Barbour Ward/Haematology CHU
180. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Causeway Hospital – Causeway Children’s Ward
181. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Western Health and Social Care Trust – South Wing, Altnagelvin - Ward 6/Ward 42/Neonatal Unit
182. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Holywell Hospital, Antrim – Tobernavene Lower Ward/Tobernavene Upper Ward/Tobernavene Centre
183. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Belfast Health and Social Care Trust - Primary North and West Community Mental Health Team
184. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - St Lukes Hospital, Armagh – Gillis Memory Centre/Community Addiction Team/Armagh and Dungannon Support and Recovery Team
185. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Craigavon Hospital – Cloughmore Bluestone Unit/The Willows Bluestone Unit
186. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Finaghy Health Centre – Community Children’s Learning Disability Team



*187. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Knockbracken Healthcare Park, Community Adult Learning Disability Team*

*188. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - 57 Somerton Road, Belfast*

*189. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Muckamore Abbey Hospital - Cranfield Women's Admission and Assessment Unit/Sixmile Treatment and Assessment Forensic Unit/Donegore/Adult Behavioural Support Unit*

<b>Personnel supporting programme monitoring</b>
<b>Prior to monitoring event</b>
Date of initial visit: 28 Apr 2016
<b>Meetings with:</b>
<p>Acting head of school</p> <p>Director of education</p> <p>School manager</p> <p>Professional lead for adult nursing</p> <p>Professional lead for mental health nursing</p> <p>Professional lead for children's nursing</p> <p>Year two lead BSc nursing</p> <p>Year three lead BSc nursing</p> <p>Programme coordinator PG Cert non-medical prescribing programme (V300)</p> <p>Practice education coordinator - Belfast Health and Social Care Trust</p> <p>Practice education coordinator - Southern Health and Social Care Trust</p> <p>Practice education coordinator - South Eastern Health and Social Care Trust</p>
<b>At monitoring event</b>
<b>Meetings with:</b>
<p>Initial meeting:</p> <p>Acting head of school – School of nursing and midwifery – Queens University Belfast</p> <p>Director of academic and student affairs - Queens University Belfast</p> <p>Director of education - School of nursing and midwifery – Queens University Belfast</p> <p>Lead midwife - School of nursing and midwifery – Queens University Belfast</p> <p>Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast</p> <p>Lead, continuing professional development - School of nursing and midwifery – Queens University Belfast</p> <p>Year one lead BSc nursing - School of nursing and midwifery – Queens University Belfast</p> <p>Year two lead BSc nursing - School of nursing and midwifery – Queens University Belfast</p>

Year three lead BSc nursing - School of nursing and midwifery – Queens University Belfast

Practice education coordinator - Belfast Health and Social Care Trust

Practice education coordinator - Southern Health and Social Care Trust

Practice education coordinator - Northern Health and Social Care Trust

Practice education coordinator - South Eastern Health and Social Care Trust

Practice education coordinator - Western Health and Social Care Trust

Meeting with adult field team:

Programme lead – BSc nursing programme - School of nursing and midwifery – Queens University Belfast

Field lead – Adult nursing - School of nursing and midwifery - Queens University Belfast

Year lead - BSc nursing - School of nursing and midwifery - Queens University Belfast

Year lead - BSc nursing - School of nursing and midwifery - Queens University Belfast

Adult nurse lecturers - School of nursing and midwifery - Queens University Belfast x3

Service user and carer representative

Meeting with the children's field team:

Field lead – Children's nursing - School of nursing and midwifery – Queens University Belfast

Children's field lecturers - School of nursing and midwifery – Queens University Belfast x2

Service user and carer representative

Meeting with learning disability field team:

Field lead – Learning disability nursing - School of nursing and midwifery – Queens University Belfast

Senior lecturer – Learning disability field - School of nursing and midwifery – Queens University Belfast x2

Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast

Service user and carer representative

Meeting with the mental health field team:

Field lead – Mental health nursing - School of nursing and midwifery – Queens University Belfast

Year lead - BSc nursing - School of nursing and midwifery – Queens University Belfast

Mental health field lecturers - School of nursing and midwifery – Queens University Belfast x2

Service user and carer representative

Meeting with the nurse prescribing programme team:

Programme coordinator PG Cert non-medical prescribing programme (V300)

Senior lecturers – Continuing professional development - School of nursing and midwifery – Queens University Belfast x2

Lead, continuing professional development - School of nursing and midwifery – Queens University Belfast

Service user and carer representative

Meeting with deputy chief nursing officer - Department of Health, Social Services and Public Safety (DHSSPS)

Meeting to discuss clinical governance issues/adverse quality reports:

Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast

BSc nursing year leads - School of nursing and midwifery – Queens University Belfast x 4

Practice education coordinator - Belfast Health and Social Care Trust

Practice education coordinator - Southern Health and Social Care Trust

Practice education coordinator - Northern Health and Social Care Trust

Practice education coordinator - South Eastern Health and Social Care Trust

Practice education coordinator - Western Health and Social Care Trust

Independent sector representative - Four Seasons Health Care

Meeting to discuss the management of practice learning

Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast

BSc nursing year leads - School of nursing and midwifery - Queens University Belfast x4

Practice education coordinator - Belfast Health and Social Care Trust

Practice education coordinator - Southern Health and Social Care Trust

Practice education coordinator – Northern Health and Social Care Trust

Practice education coordinator - South Eastern Health and Social Care Trust

Practice education coordinator – Western Health and Social Care Trust

Independent sector representative - Four Seasons Health Care

Meeting with lead midwife education - School of nursing and midwifery – Queens University Belfast

Meeting to discuss service user and carer involvement:

Programme lead – BSc nursing programme and chair, service user and carer group (School of nursing and midwifery)

Lead, continuing professional development and deputy chair, service user and carer group (School of nursing and midwifery)

BSc nursing year leads - School of nursing and midwifery – Queens University Belfast x4

Service user and carer representatives

Guest lecturer, sensory awareness

Meeting to discuss accreditation of prior learning:

Chair, APEL group - School of nursing and midwifery – Queens University Belfast

Director of education - School of nursing and midwifery – Queens University Belfast

Student support office - School of nursing and midwifery – Queens University Belfast

School manager - School of nursing and midwifery – Queens University Belfast

Academic and student affairs – Queens University Belfast x2

Meeting to discuss assessments:

Chair, school assessment group - School of nursing and midwifery – Queens University Belfast

Senior lecturers – school assessment group - School of nursing and midwifery – Queens University Belfast x3

Meeting to discuss fitness to practise process and procedures:

Head of school, FtP coordinator - School of nursing and midwifery – Queens University Belfast

BSc nursing year leads - School of nursing and midwifery – Queens University Belfast x4

Meeting to discuss student support services:

School disability officers - School of nursing and midwifery – Queens University Belfast

Peer mentoring lead - School of nursing and midwifery – Queens University Belfast

Personal tutors - School of nursing and midwifery – Queens University Belfast

Link lecturers - School of nursing and midwifery – Queens University Belfast

Education and skills development, student guidance centre – Queens University Belfast

Administrator, SSCC - School of nursing and midwifery – Queens University Belfast

Meeting with first year students, BSc Hons nursing and chair of SSCC:

First year students – BSc (Hons) nursing - School of nursing and midwifery – Queens University Belfast

Chair of SSCC - School of nursing and midwifery – Queens University Belfast

Meeting to discuss lecturer CVs/registration database/academic staffing resources:

Head of school - School of nursing and midwifery – Queens University Belfast

School manager - School of nursing and midwifery – Queens University Belfast

Meeting with faculty PVC/dean education/PVC education and students:

Pro-vice-chancellor, Faculty of medicine, health and life sciences - Queens University Belfast

Dean education, Faculty of medicine, health and life sciences - Queens University Belfast

Pro-vice-chancellor for education and students - Queens University Belfast

Meetings with:

Mentors / sign-off mentors	53
Practice teachers	

Service users / Carers	18
Practice Education Facilitator	11
Director / manager nursing	21
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	4
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 1 Year 2: 3 Year 3: 13 Year 4: 0
Registered Nurse – Mental Health	Year 1: 2 Year 2: 4 Year 3: 8 Year 4: 0
Registered Nurse – Learning Disabilities	Year 1: 2 Year 2: 0 Year 3: 0 Year 4: 0
Registered Nurse – Children	Year 1: 9 Year 2: 5 Year 3: 10 Year 4: 0

Independent / Supplementary Nursing Prescribing	Year 1: 7 Year 2: 0 Year 3: 0 Year 4: 0
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