

Adult Safeguarding Audit

October 2019

Records audited from June to September 19

Randomly selected from referrals sent to ASG team

There was a total of 69 referrals

25 referrals were audited

This involved 17 patients

This audit was carried out prior to the new documentation and processes were introduced. A follow update will take place early November 19 to audit compliance with the new documentation and processes introduced.

Audit findings

	Number	NA	Percentage
1. Evidence of discussion at formal meeting	4	0	19%

- Of the 21 times where there was no evidence of a discussion at a formal meeting, 16 (76%) of these incidents were recorded as having taken place, but no discussion was recorded.

2. Did the formal meeting include 2 or more disciplines	24	0	75%
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- Of the 1 meeting that did not include 2 or more disciplines – there were no attendees recorded for this meeting

Relook

3. Evidence of a review of protection plan by the MDT	13	0	52%
<ul style="list-style-type: none"> 100% of the protection plan reviews were completed through a review of the protection plan that forms part of the patients nursing plan of care. 			
4. Is there a evidence that the incident was recorded in the progress notes	24		96%

Learning identified

- Complete flow chart of new processes and share with all
- Update PIPA template to include safeguarding
- Update PIPA report out template to include a section for an ASG discussion when an incident has occurred.
- Meet with the band 6/7s to draw up a process for transferring protection plans to plans of care
- When an ASP1 referral is made add time of incident to casenote
- When an ASP1 referral is made, add to casenote that the referral has been made.
- Add discipline to the PIPA report out

CARE PLAN AUDIT (Internal)

Name of Patient: _____

Auditor _____

	Care Plan Documentation	YES	NO
1.	Are the patients details identified in the contact section relevant and up to date?		
2.	Is the patients financial capacity detailed in the care plan?		
3.	Does the care plan detail any benefits the patient receives?		
	Promoting Quality Care		
4.	Is there a Risk Screening Tool in place or if required a Comprehensive Risk Assessment?		
5.	Does the RST/ CRA evidence patient and family involvement?		
6.	Has the RST / CRA been reviewed?		
	Patient Centred Care		
7.	Is there evidence that the patient has been involved in the assessment of the care plan?		
8.	Is there evidence that the patient has been involved in the review of the care plan?		
9.	Is there weekly recorded 1:1 sessions with the named nurse/ associate nurse? (Content of 1:1 is detailed)		
	Adult Safeguarding		
10.	Is there a planned intervention for Vulnerable Adult for victim & a perpetrator?		
11.	If ASP1 has been completed, is there evidence in the care plan regarding discussions with DVAO / MDT & family?		
12.	Has the plan of care been updated to reflect any ASP1 forms.		
13.	Is there protection plans in place following ASP1 incidents? (if applicable)		
14.	Is there evidence in the assessment section indicating the patient is a vulnerable adult?		
15.	Is the patients level of observations indicated?		
16.	Is the patients detention status identified?		

17.	Is there evidence of on-going communication in relation to the patients care and treatment (i.e. with M.D.T. and family (if appropriate) regarding safe guarding issues.		
	MDT Meetings		
18.	Is there evidence the patient has the opportunity to attend the MDT?		
19.	Is there evidence the patient has the opportunity to make requests prior to the meetings?		
20.	Is the patient/ relative (if applicable) given feedback on outcome of MDT discussion?		
	Record Keeping		
21.	Are notes legible?		
22.	Are care plans reviewed as indicated or as change occurs?		
23.	Are reviews of assessments evidenced in the progress evaluation section?		
24.	Are all entries dated / time/ signature & grade.		
25.	Are care plans compliant with the NMC guidelines for record keeping.		
	Restrictive Practice /DOLS		
26.	Is there a restrictive practice review at the front of the care plan?		
27.	Is restrictive practice highlighted in the assessment of the care plan?		
28.	Is there a plan of care for restrictive practice?		
29.	Has the patient been involved in the restrictive practice review?		
30.	Has the MDT been involved in the restrictive practice review?		
31.	Is there evidence that the restrictive practice is reviewed at MDT meeting?		
32.	Is there evidence that the restrictive practice review been reviewed by the MDT a minimum of 6 months.		

Signed _____

Date _____

ACTION PLAN	COMPLETION DATE	DATE ACTION

Named Nurse Signature :

Ward Manager / Deputy Signature:

Community Integration Audit

Trust _____

Patient
No. _____

Standard		Comments
1. Is there evidence of an initial meeting re. Community integration in the ward with the patient and ward staff?		
2. Has the relatives perspective template been completed		
3. If not, is there evidence of relative involvement i.e. in the care plan or medical notes?		
4. Is there evidence of any issues being raised by relatives having been addressed?		
5. Is there evidence of any issues being raised by patient having been addressed?		
6. Is there evidence of a ward based community integration meeting?		
7. Has 'About Me' been started / completed?		
8. Is there evidence that the outcomes of assessments have been discussed with the patient?		
9. Is there evidence that the outcomes of assessments have been discussed with the family?		
10. Is there a clear discharge plan?		
11. Does the discharge plan include the date of discharge?		
12. Is there evidence the discharge plan has been shared with the patient?		
13. Is there evidence the discharge plan has been shared with the relative?		
14. Following assessment and if required does the patient have community medical services identified?		
15. Have staff visited the accommodation		
16. Has the patient visited the accommodation		
17. Has the patient visited the accommodation		

December 2012

18. Is there evidence outreach from hospital?		
19. Has the patient had an overnight stay?		
20. Is there an up to date risk assessment for the patient?		

December 2012

MAHI - STM - 102 - 10349

Monthly Audit of Safety Briefings - July 2018

	No of Safety Briefings	Times of briefing	No. of Disciplines Attending	Types of Issues	Actions Taken (buildings)	New Issues Identified and actions taken (patients)
Killead	31	7:50 – 8:15x22 No Time recorded X 9	3 Nursing PCSS Support Staff	5 x buildings 9 x patient 2x staff personal safety	<ul style="list-style-type: none"> • Staff Toilets Blocked • Finger guards in Room 2 • Shower in room 17 • Walk and Talk fire drill • Lights in office fixed 	<ul style="list-style-type: none"> • CB conflict risk with all patients and staff • C Smyth No drinks in room • Detoriation on patient mental health noted • P.G. conflict risk with everyone. • Patient self harm • Extra support for SW because of sisters visit • K.P. Discourage meals in Bedroom • MM do not lock her bedroom door if she requests it • ES and P.G. all patients at arms length
Donegore	22	7:30 x18 20:10 x 2 No time recorded x 2	1 Nursing	11x buildings 16x patients 1x staff training	<ul style="list-style-type: none"> • Broken cutlery knife disposed of. • Glass panel in quiet room door fixed • TV Cabinets to be locked at all times • Social Media Policy • Finger guards reapplied. • High fridge temp reported • Keys and passes to remain together 	<ul style="list-style-type: none"> • Rocker chair for patient use only • Glass Bottles to be locked away • Continued Patient conflict issues • Aerosol to be confiscated • Patient and family member safeguarding issued highlighted • Patient volatile mood highlighted • Patient ligature risk and concealing a knife. Room was cleared due to self harming behaviours.

Monthly Audit of Safety Briefings - July 2018

						<ul style="list-style-type: none">• TR to use main corridor when returning from using phone• No patient to have razors at any time, locked in equipment store in personal drawers.• Patient incident at cosy.• Meals to be staggered for conflicting patients.
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Seclusion Audit

September 2019

Introduction

The Code of Practice relevant to the Mental Health (Northern Ireland) Order 1986 defines seclusion as

” the forcible denial of the company of other people by constraint within a closed environment. The patient is usually confined alone in a room, the door of which cannot be open from the inside and from which there is no means of exit open to the patient.”

This situation would also arise where the door is not locked from outside but the patient has no reasonable means of exit, due to, for example, the height of the door handles, the weight of the door or the person’s physical, sensory, neurodiverse or learning disability.

The Code of Practice also states that

”Seclusion is an emergency management procedure for the short term control of patients whose behaviour is seriously disturbed and should be used as a last resort, after all other reasonable steps to control the behaviour have been taken. The sole aim in using seclusion is to contain severely disturbed behaviour that is likely to cause harm to others. It should never be used where there is a risk that the patient may take his own life”.

Seclusion should only be used in a hospital setting and in relation to patients’ detained under the Mental Health Order. If an emergency situation arises involving a voluntary patient and, as a last resort seclusion is necessary to prevent harm to others, then an assessment under the Mental Health (NI) Order 1986 should be considered. Form 6 (nursing holding power) or Form 5 (Doctor’s holding power) can be used as a holding power until an assessment is carried out by a GP and ASW or next of Kin under the Mental Health Order (NI) 1986.

NICE Guidelines (2015) require staff to consider rapid tranquilisation or seclusion as an alternative to prolonged manual restraint (ie longer than 10 minutes).

It is important that the Human Rights of all patients be upheld and that they are considered at every stage of the decision making and monitoring of seclusion –that the use of seclusion is legal, justifiable, least restrictive and proportionate. Article 2 the right to life, Article 3 the right to be free from inhuman or degrading treatment, Article 5 the right to liberty and security and Article 14 the right to be free from discrimination must be considered and documented and that the impact of seclusion in this context is understood and considered by staff. All patients should be treated with dignity and respect and equality and diversity issues should be maintained.

Seclusion is an emergency intervention.

Seclusion is used for acute, severe behavioural disturbance that is likely to cause harm to others and where all other interventions have failed.

Seclusion should only occur in a designated seclusion room.

Seclusion will be included in a treatment plan, seclusion is not a treatment

Seclusion is used as a last resort and for the shortest possible time and be in the best interest of the patient.

On occasion patients may request to be voluntarily confined to either their own room or a designated seclusion room as a means of self regulating and managing their own risks to others. Such occasions will be rare, but on those occasions where the patient requests such confinement, there needs to be robust monitoring and governance arrangements to ensure appropriate safeguards are in place. These should be the same as occurs for seclusion.

Patients must have capacity to agree to voluntary confinement.

When patients are deemed to have capacity, and are considered able to make decisions for themselves, an expressed wish to be confined in either their own room or seclusion room may not be considered seclusion as long as the following criteria has been met

- There is a care plan previously agreed that has been collaboratively formulated and discussed with the patient, their family or carers and agreed by the multidisciplinary team.
- That the patient retains a means of summoning the attention of staff at all times
- That the patient retains the right to have the confinement curtailed at a time of their choosing.
- That the nurse in charge of the ward is satisfied that the conditions of confinement/environment do not present undue risk to the patient or others.

The overarching principle for voluntary confinement is that the patient has the ability to have their confinement or isolation ended at a time of their choosing.

Audit findings

The September audit was completed from 9th September to 8th October to coincide with the pilot of a new policy

Further audits will be based on a calendar month

Seclusion/Voluntary Confinement was used on 23 occasions

Seclusion: 14

Voluntary Confinement: 9

Total no of patients: 5

No of patients by ward: Cranfield 1 – 2 patients
 Cranfield 2 – 2 patients
 Sixmile – 1 patient

	Number	Percentage
1. Was the place of seclusion recorded	22	96%
2. Is legal status recorded	22	96%
3. Authorising consultant recorded	23	100%
4. Authorising consultant contacted within 30mins of seclusion starting (or reason why not recorded)	23	100%
5. Authorising Senior manager recorded	22	96%
6. Authorising senior manager contacted within 30mins of seclusion starting (or reason why not recorded)	18	78%
7. Name of secluding nurse recorded	23	100%
8. NOK contact recorded	20	87%
9. Narrative of the reason for the decision to seclude the patient completed (A)	23	100%
10. Efforts and methods used to prevent placing patient in seclusion recorded (B)	23	100%
11. Plan to ensure seclusion ends at the earliest opportunity completed (C)	23	100%
12. Review of seclusion recorded by registered Nurse at 15 minute intervals	20	87%
13. NIC review every hr	21 NA x2	100%
14. Medical review completed within first hr of seclusion	12	52%

15. 4 hr medical review completed	NA	100%
16. 8hr full review by MDT completed	NA	100%
17. Evaluation of seclusion completed	19	83%
18. MDT review completed	14	61%

- **4.** Of the 1 time the authorising consultant was not contacted within 30mins of seclusion starting
 - A voicemail was left for consultant
- **6.** Of the 2 times the authorising senior manager was not contacted within 30mins of seclusion starting
 - 1 Voice mail was left
 - 1 was phoned but no answer
- **12.** Of the 3 times review of seclusion was recorded by registered Nurse outside of 15 minute intervals
 - 1 was 5 minutes over
 - 1 was 7 minutes over
 - 1 was 3 minutes over – seclusion ended at this time
- **14.** Of the 11 times medic did not see the patient to complete a review within 1hr,
 - 4 were out of hours i.e. at weekends or outside of 9am – 5pm.
 - Of the 11, 8 were voluntary confinement
 - Of these 8, 7 stated 'NA' or 'NA for voluntary confinement', 1 was blank
 - The other 3 were seclusion
 - 1 was blank
 - 1 was 7 minutes outside the hr and the patient had left the ward by the time the Dr arrived
 - 1 was at 9am, seclusion had started at 7.29 am
- **18.** MDT review has taken place but not recorded on the seclusion record – staff reminded to go back to seclusion record and complete this section



Belfast Health and
Social Care Trust

**Muckamore Abbey Hospital
Seclusion Report
August 2008**

MMcK - 29 September 2008

MAHI - STM - 102 - 10356
**MENTAL HEALTH AND LEARNING DISABILITY
AUDIT LEAD COMMITTEE**

TERMS OF REFERENCE

1. Establishment of the committees

The Audit Lead Committee was established in September 2009 by Mental Health and Learning Disability

2. Accountability

The Committee is accountable to the Trust Associate Medical Director with remit for Audit.

3. Committee Aims and Functions

- Review audit priorities annually for the Service Group
- Approve audits for the Service Group
- Facilitate staff undertaking audit and assist with the application process
- Ensure staff undertaking audits are working to audit guidelines
- Encourage multidisciplinary audit within the Service Group

4. Membership

The Committee shall be constituted as follows: -

- The Senior Manager for Service Improvement, Modernisation and Governance has been nominated as Chair.
- Three or more representatives from the service group with an interest in audit.
- Audit Manager
- Carer/User Representation

The committee may co-opt additional members as required.

5. Standing orders

- **Attendance at meetings** – members may have deputies. If a member (or deputy) fails to attend 25% of the meetings taking place in the year he/she will be deemed to have resigned (at the discretion of the Chair)
- **Quorum** – a quorum will consist of three members including the Chair or their nominated deputy.

6. Number and frequency of meetings

The committee will meet six times a year.

7. Dates of Meetings

The dates of Committee's meetings will be published for the calendar year ahead to target meeting dates.

MAHI - STM - 102 - 10357

id	name	Job title	sites	Audit title	Supervisor name	Date reg
3893	Janet MacPherson	Consultant	Muckamore	Audit of Benzodiazepine use in kilead ward	Janet MacPherson	12-Jan-12
4227	Jenni Armstrong	Resource Nurse, Service Improvement & Guidance	Muckamore	Community Integration (LD) How are the family/relative/patient involved	Mairead Mitchell	07-Dec-12
4333	Dr Lisa Montgomery	Locum appointed specialist	Muckamore	Prescribing high dose & combination antipsychotics in adult wards	Dr Colin Milliken	08-May-13
4532	Dr Colin Milliken	Clinical Director / Consultant	Muckamore	Use of Levels of Observation at Muckamore Abbey Hospital	Dr Colin Milliken	22-Jan-14
4602	Shelley Crawford	Lead OT	Muckamore	An evaluation of the OT resettlement service at Muckamore- Service User feedback	Aisling Curran	20-Mar-14
4605	Siobhan Keating	Consultant Forensic Psychologist	NW Community, Muckamore	Non-staff support available to Forensic patients in Muckamore Abbey / Belfast Community Forensic LD services	Dr Philip Moore	20-Mar-14
4623	Katie Carson	Occupational Therapist	Muckamore	An evaluation of the OT breakfast club	Shelley Crawford	07-Apr-14
4703	Heather McFarlane	Clinical Lead LD OT Resettlement	Muckamore	Service Evaluation of Occupational Therapy in Resettlement of LD Patients from Muckamore (Staff feedback)	Aisling Curran	03-Jul-14
4708	Kathryn Carson	Occupational Therapist	Muckamore	Healthy lifestyle audit		08-Jul-14
4738	Michael Creaney	Safeguarding Officer	Muckamore	Patient, Carer & Staff Understanding and Implementation of the Adult Safeguarding Process	Esther Rafferty	04-Sep-14
5020	Heather McFarlane	Clinical Lead OT Resettlement	Muckamore	Effectiveness of a community partnership healthy living programme for those with learning disabilities	Aisling Curran	02-Sep-15
5035	Katie Carson	Occupational Therapist	Muckamore	Sensory modulation room use audit	Barry Mills	22-Sep-15
5388	Damien Hughes	Consultant Psychiatrist	Muckamore	Audit of PRN Benzodiazepine	Damien Hughes	28-Oct-16
5389	Damien Hughes	Consultant Psychiatrist	Muckamore	Kardex Audit	Damien Hughes	28-Oct-16
5425	Carole Wilson	ST5	Muckamore	Implementation of Safety Briefings in Muckamore Abbey Hospital	Karen Humphries	19-Dec-16

Notes of the Mental Health and Learning Disability Audit Forum held on 25 May 2010 in the Post Graduate Lecture Theatre, Belfast City Hospital

Action

1. Welcome

Chris Kelly welcomed those present to the fourth audit forum for Mental Health and Learning Disability and advised that due to unforeseen circumstances Mairead Mitchell would not be joining the group today and sent her apologies.

2. Presentations

Dr. Kelly advised that there would be two presentations that afternoon: -

- Opiate Detox Service Audit – Briege Quinn/Leo Tumelty
- Audit of Current Risk Assessment Screening Tool – Peter Sloan, Linda Taylor and Melissa Wylie

2.1 Opiate Detox Service Audit – Briege Quinn and Leo Tumelty

Briege Quinn introduced herself and advised that this audit had been undertaken by herself, Leo Tumelty and Kieran McNally. The audit was to: -

- Measure the clinical effectiveness of a dedicated opiate detoxification service;
- To assess the quality of care provided compared to national guidelines

Discussion ensued with the following issues raised: -

- Delay in processing of referrals at One Point of Referral – Briege advised that weekly meetings between the two services were ongoing.
- Recording of information given to patients regarding opiate detoxification required improvement – Briege advised that the service is presently collating a standard consultation form to improve same.

2.2 Audit of Current Risk Assessment Screening Tool – Peter Sloan, Linda Taylor and Melissa Wylie

Peter Sloane, ST6, Home Treatment Team introduced himself and fellow presenters, Linda Taylor and Melissa Wylie. This audit was carried out within the Home

Treatment Team regarding the use of the Risk Screening Tool. Random records in March/April 2010 were selected.

Discussion ensued and the following highlighted: -

- Those present agreed that risk assessment formed a very important part of patient care
- Risk Screening Tool whilst workable in the Hospital setting does not lend itself to a community environment i.e. two signatures
- Confusion as to the application of the Risk Screening Tool /Comprehensive Risk Assessment. If parts of the Risk Assessment are incomplete do staff need to go back and get information as this will not always be possible.
- Duplication of documents – some of those present felt that the risk assessment document was merely a paper exercise and that the information was already contained within the patient notes. At present some services are also filling in on PARIS and inpatient notes and it was in this case there was risk of duplication and the wrong risk assessment following the person within the service. It was agreed that it would be helpful if the Risk Screening Tool was on PARIS
- Time taken to fill out document and whether it actually improved patient care – it was suggested that another audit take place looking at this issue;
- Patient involvement – the risk assessment should form only part of the patients admission to Mental Health Services and there is the risk that staff will focus too much on the documentation rather than involving the patient and the emphasis on therapeutic care may reduce;
- Title of the tool – it was noted that due to the tool being called a risk assessment many patients were very reluctant to sign same. It was suggested that the Risk Assessment Tool be renamed as Safety Plan

Those present were advised that a local protocol is currently being developed which will give guidance regarding some of these issues

3.0

AOB

There was no other business. Dr. Kelly thanked the presenters and those present for coming and closed the meeting.

4.0 Date of next forum

The next multidisciplinary audit forum will take place on 23 September 2010 at 3.00 p.m. in the Lecture Theatre, Post Graduate Centre, Belfast City Hospital

Attendance List

Name	Title	Team
Patricia Minnis	Quality Co-ordinator	Mental Health & Learning Disability
Chris Kelly	Consultant Psychiatrist	Acute Mental Health Services
Fintan McErlean	Standards, Quality and Audit Manager	Standards, Quality and Audit
M. Manna	SpR, Muckamore Abbey Hospital	Learning Disability
Leo Tumelty	ST3	Shannon Clinic
Briege Quinn	Operations Manager	Addictions Service
Paul Devine	Consultant Psychiatrist	Shannon Clinic
Peter Sloane	Speciality Registrar	Home Treatment Team
Moira Harper	Carer Advocate	CAUSE
Pauline Hussey	Nurse Development Lead	Mental Health
Richard Ingram	Consultant Psychiatrist	Psychosexual Service
Maire Merrick	Clinical Psychologist	Primary Care Services
Katie Connaughty	ST3	Learning Disability
Margaret Woods	Service Improvement Manager	Mental Health
Neil Kelly	Operations Manager	Community, Treatment and Support
Mary McShane	Deputy Associate Director of Nursing	Mental Health
Peter Trimble	Consultant Psychiatrist	Mental Health
Ashling O'Hare	Consultant Psychiatrist	Home Treatment Team
Ruth Barr	Consultant Psychiatrist	Recovery Services
Siobhan Malloy	Community Psychiatric Nurse	Home Treatment Team
Ciaran McNally	ST5	Addictions
Cahal McKervey	Operations Manager	Acute Mental Health Services
Richard Bunn	Consultant Psychiatrist	Forensic Mental Health Services
Philip McGarry	Consultant Psychiatrist	Home Treatment Team
Jackie McIlroy	Principal Social Worker	Mental Health
Colin Milliken	Consultant Psychiatrist	Muckamore Abbey Hospital
Paula McLornan	Consultant Psychiatrist	Iveagh Centre
S. King	Consultant Psychiatrist	Mater Hospital
H. Lawlor	Consultant Psychiatrist	Mater Hospital
Aisling Curran	Occupational Therapy Manager	Mental Health and Learning Disability
Bridget Stuart	Team Leader	Home Treatment Team
Janet MacPherson	Consultant Psychiatrist	Muckamore Abbey Hospital
Lisa Brady	ST5	Windsor House
Anne McDonnell	Consultant Psychiatrist	Mater Hospital
Aidan Turkington	Consultant Psychiatrist	Mater Hospital



Tuesday 20 May 2014, 9.30am – 2.00pm

Excellence in Practice – Programme

**New Education Centre
Elliott Dynes Rehabilitation Unit**

Royal Victoria Hospital

- 9.30am – 9.55am Registration and Tea/Coffee**
- 10.00am Welcome**
Colm Donaghy, Chief Executive, Belfast Health and Social Care Trust
- 10.10am Introduction to Event**
Mairead Mitchell, Senior Manager for Service Improvement & Governance
- 10.20 am Maggie McGurgan & Holly Greer**
Audit of Antidepressant Monitoring in CAMHS Outpatients
- 10.35am Richard Cherry**
Screening for Alcohol Misuse Disorder with a Focus on Brief Interventions
- 10.50am Jan McGall**
The Use of Occupational Language in Professional Record Keeping
- 11.05am Tea/coffee & scone Refreshment Break & Poster Display Viewing**
- 11.25am Edel O'Neill**
Prescribing High Dose & Combination Antipsychotics on Adult Wards
- 11.40am Margaret Woods & Angela Meyler**
A Multi-Stranded Audit of Carer Involvement (Triangle of Care)
- 11.55am Davy Martin**
Audit of Person Centred Record Keeping Practice in Recovery
Wards KHCP
- 12.10pm 'Stepping Outside the Box': Creative & Inspiration *Time For You***
- 12.45pm Best Practice Award Ceremony followed by Closing Remarks.**
- 1.00pm - 2.00pm L U N C H**



Future Nurse Future Midwife

Guidance: Practice Learning Environments Educational Audit



Guidance for Completion of Practice Learning Environment Educational Audit

1. Introduction

The NMC requires that approved education institutions (AEIs), together with practice learning partners, regularly review all learning environments and provide assurance that they are safe and effective through proper oversight and effective governance processes, with clear lines of responsibility and accountability especially in responding to standards that are not met.

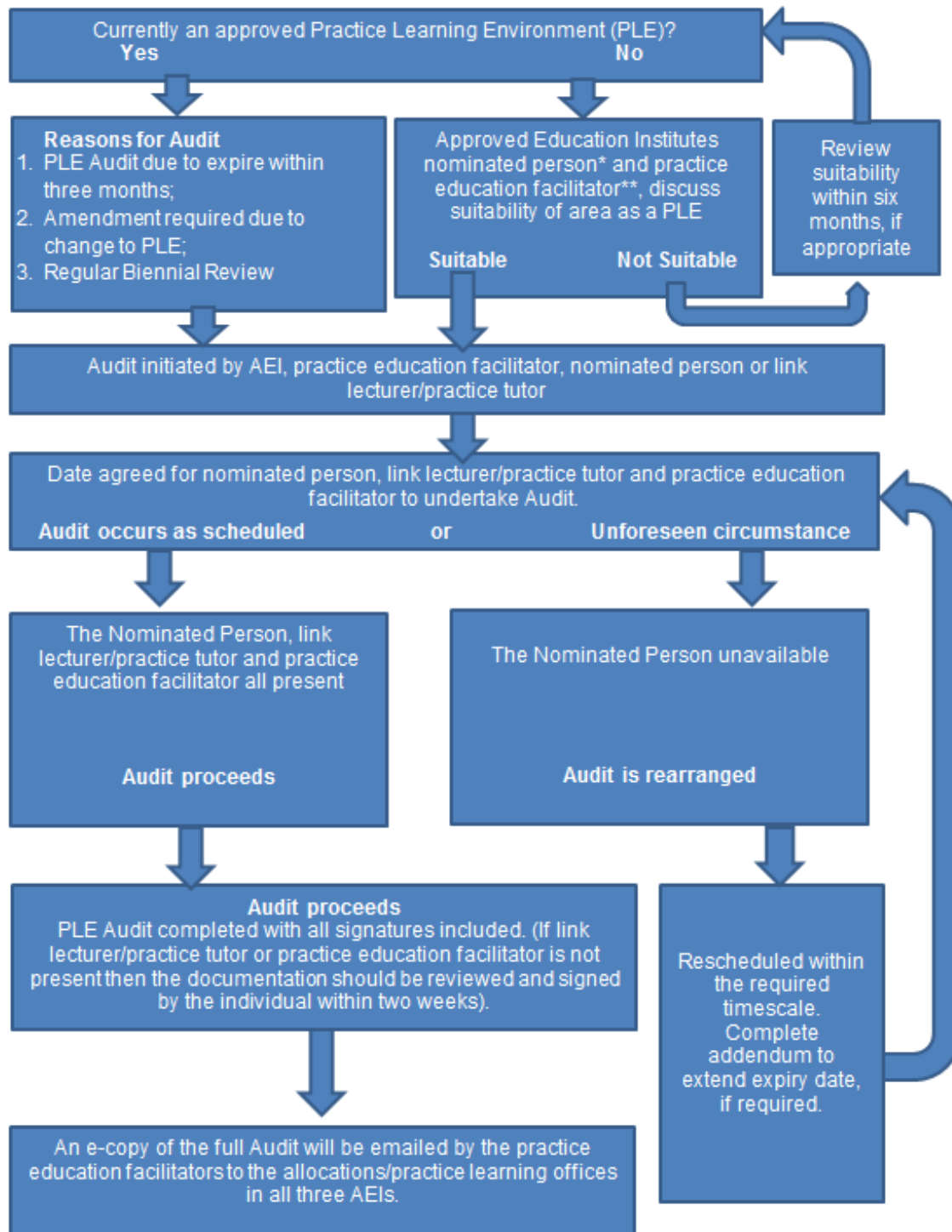
The completion of a Practice Learning Environment Educational Audit (PLEEA) between AEIs and practice learning partners will optimise safety and quality by ensuring all practice Learning Environments (PLEs) have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes (NMC 2018).

Central to this is a culture of collaboration with effective partnership between practice providers and AEIs to develop quality practice placements for students of nursing & midwifery.

2. Audit Process Overview

- Completion of the PLEEA is a collaborative process and should be reviewed every two years (Flow chart at item 3 outlines process)
- Any of the key stakeholders can initiate a PLEEA.
- Service user involvement is desirable; however, their presence is not essential to the completion of the PLEEA.
- PLEEA will be planned 4 – 6 weeks prior to review date thereby affording the opportunity for all the stakeholders to participate in the process.
- PLEEA will be signed off by all of the key stakeholders within 2 weeks.
- All key stakeholders will retain a copy of the completed PLEEA tool (or have access to electronic copy).
- E-copies of PLEEA will be shared by Practice Education Facilitator/s with all AEI Practice Learning Offices/Allocation Offices. For independent sector organisations, the link lecturer will forward a copy to the relevant AEI who will then share with other AEIs.

3. Undertaking a Practice Learning Environment Educational Audit



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person. Practice education facilitator involvement only where applicable/relevant.

4. Completing the Practice Learning Environment Educational Audit Tool

A sample of the PLEEA tool is provided below, and guidance and information on completing the PLEEA is provided in blue italics.

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place.

2. Description and Contact Details

Name of Provider	<i>List details as described</i>		
Site/Service			
Ward/Unit/Team			
Date of Audit	<i>Date Completed</i>	Review Date	<i>Review every 2 years (minimum)</i>
Hours of Service	<i>The working arrangements, service delivery provision and shift patterns i.e. 24/7, mon-Fri 9-5pm should be considered and recorded with the information provided. This will allow stakeholders to agree number of students the PLE can facilitate.</i>	Client Capacity	
Practice Area Manager/Registered Home Manager		Nominated Person	
<i>Provide name and contact details requested</i>		<i>Provide name and contact details requested</i>	
<i>Practice Area Managers have overall responsibility for the PLE and can sometimes be the nominated person also. The Practice Area Manager will:</i> <ul style="list-style-type: none"> <i>actively support the PLE to prepare Practice Supervisors and Practice Assessors</i> <i>actively support students in the PLE</i> <i>monitor the effectiveness of the PLE from evaluations from students, supervisors and assessors</i> <i>implement actions identified in action plans from PLEEA process; and</i> <i>identify and support the Nominated Person.</i> 		<i>The Nominated Person will:</i> <ul style="list-style-type: none"> <i>collaboratively work with stakeholders to identify learning opportunities in the PLE and ensure that necessary measures are in place to make effective use of the learning potential aligned to PLE i.e. identifying relevant spoke experiences</i> <i>ensure there is clear evidence of the potential learning experiences outlined in PLEEA descriptor</i> <i>in collaboration with stakeholder, agree the optimum number of students the PLE can facilitate</i> <i>identify the number of practice supervisors and practice assessors available</i> <i>ensure practice assessors and practice supervisors have access to appropriate preparation and have ongoing access to appropriate support.</i> <i>provide evidence of governance arrangements (PLEEA Section 4)</i> <i>monitor feedback from students, supervisors and assessors and identify any challenges</i> <i>collaboratively with AEI representative and PEF(if applicable) facilitate development and implementation of any action plans arising from PLE education audit, ensuring the PLE manager is informed.</i> 	

Practice Education Facilitator (where applicable)	Link Lecturer/Practice Tutor
<p><i>Provide name and contact details requested</i></p> <p>The Practice Education Facilitator will:</p> <ul style="list-style-type: none"> • in collaboration with the practice area manager and nominated person, consider operational, workforce and staff development needs within the context of supporting supervision and assessment of students and ensure education governance requirements are met in completing PLEEA • collaboratively, with nominated person and AEI representative, clarify/identify the learning opportunities available to develop evidence for the Northern Ireland Practice Assessment Document (NIPAD) or Midwifery ongoing record of Achievement (MORA) • support the nominated person to identify necessary measures to enable effective use of the learning potential in the practice learning setting • identify relevant evidence to assure quality of PLE 	<p><i>Provide name and contact details requested</i></p> <p>The link lecturer/practice tutor has responsibility to support students in PLE and assure that the practice area meets educational standards; they will:</p> <ul style="list-style-type: none"> • collaboratively, with the nominated person and PEF (if applicable) clarify/identify the learning opportunities available to develop evidence for the Northern Ireland Practice Assessment Document (NIPAD) or Midwifery Ongoing Record of Achievement (MORA). • ensure that necessary measures are taken to make effective use of the learning potential in the practice learning settings • assure quality practice learning experiences by reviewing evidence provided (PLEEA Section 4) • highlight any issues which may impact on students' learning experiences or performance, including student feedback • collaboratively, with the nominated person and PEF (if applicable), develop an action plan arising from the PLEEA)
<p>Allocation Reports should be emailed to:</p> <p><i>Identify the person and provide their email. The email address of the Practice Area Manager, the Nominated Person and Practice Education Facilitator (if applicable) is required.</i></p> <p><i>The purpose of this is to ensure that AEI allocation reports are forwarded to the person responsible for the coordination of students' learning experience ensuring the practice supervisor and/or practice assessor can be allocated and prepared in time for commencement of students in the PLE.</i></p>	
<p>a. Description of PLE</p> <p><i>Provide a brief introduction of the PLE, including an overview of the person/client/service user profile and the learning opportunities that facilitates students to meet the NMC Standards of Proficiency for Nursing & Midwifery. Also include identified spoke opportunities aligned to the PLE.</i></p> <p><i>PLE description outlines the practice learning opportunities that will facilitate students to develop and work towards achieving their learning outcomes to meet NMC programme standards for pre and post registration programmes.</i></p> <p><i>NOTE: The description of Midwifery PLEs should include information detailing if the practice learning experience facilitates midwifery students to experience continuity of midwifery care and continuity of care defined as follows:</i></p> <ul style="list-style-type: none"> ➤ Continuity of Midwifery Carer: <i>'facilitated in models of care that provide a woman with care from the same midwife or team of midwives during the pregnancy, birth and the early parenting period with referral to specialist obstetric care as needed. This involves care co-ordination, provision and a relationship over time'</i>¹ ➤ Continuity of Care <i>(continuity in or within 1 or more phases of pregnancy but not across the</i> 	

¹ Reference [Sandall et al 2016 Cochrane Review](#) & [NMC \(2019\) Standards of Proficiency for Midwives](#)

entire continuum eg antenatal and postnatal or antenatal only):
'models of care where responsibility and care is shared between different health professionals...'²

When describing the PLE in relation to Midwifery the following question should be answered

- Does this practice learning experience facilitate midwifery students to experience **continuity of midwifery carer** as defined above?
- Does this practice learning experience facilitate midwifery students to experience **continuity of care** as defined above?
- If yes, please detail how the student will access ie name of team student assigned to or name of specialist midwife/service student aligned to.

Types of PLE include specialty, midwifery and field of nursing ward, specialist service and/or team. Description of PLEs should be focused on the services it provides and include:

- number of beds, population served, throughput, range of care experiences, model or level of care provided and learning opportunities available to students to facilitate learning outcomes to be achieved for each part of programme
- framework/model used for assessment, planning and evaluation of care
- inter-professional working experiences (social work, physiotherapy, occupational health, clinical pharmacy medical staff could add some examples from other fields) linked to the provision of care within the PLE and related to students' learning outcomes.

If a hub and spoke learning experience model is used within the PLE, each spoke is required to be identified (Hub is the base PLE and spoke is an experience outside the PLE in another location, from which the students' learning is complemented and linked to the PLE). There should be a description of identified spoke opportunities/experiences aligned to the PLE (i.e. theatres, radiology, research, specialist nursing/midwifery teams/services, perinatal mental health, voluntary/independent sector, patient flow coordination).

Additional experiences which are gained by working with voluntary sector agencies should be identified as a spoke experience in the description with the associated learning identified.

Note: Although the NMC standards state that all students should be supervised while learning in practice, this can mean that students learn within an environment that does not have any 'practice supervisors' or registered personnel, provided their practice supervisor(s), practice assessor, or any other suitable person has oversight of the learning within that PLE. Refer back to SSSA guidance and point as follows: These placements could be enrichment opportunities in environments where there are no registered health and social care professionals that provide an opportunity for students to learn other relevant skills. The person or people who are coordinating the students' learning may wish to draw up a plan for these placements, and coordinate with the student and those within the environment before, during and after the placement to discuss the learning outcomes that may be achieved. Those supporting students within such an environment must also have the knowledge and skills necessary to help students meet the learning outcomes specified and resources available to support learning in PLE e.g. Internet Access, Library Access, Journals, Study Area, and University Lecturer Visits.

b. This environment actively protects students as supernumerary.

Nursing and midwifery students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. PLEs should enable students to learn how to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight.

The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence and based on the needs of the individual student.

² Reference [Sandall et al 2016 Cochrane Review](#) & [NMC \(2019\) Standards of Proficiency for Midwives](#)

c. A current student orientation pack is available.

A student orientation pack/package should be available and reviewed at each PLEEA. There is a requirement to ensure that orientation packs remain up to date, covering the orientation requirements identified in the NIPAD or MORA (completed in each PLE).

d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students.

This number is collaboratively agreed by manager/nominated person, AEI representative and PEF (if applicable) considering information collated from working arrangements, shift patterns, client/patient throughput and environmental factors plus the number of practice supervisors and practice assessors available.

e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)

Hub is a base practice learning experience from which the student learning is complemented by additional activities known as Spokes.

Practice assessors are available in the Hub for assessment purposes or spoke where there are only practice supervisors available.

3. Supervision and Assessment Capacity

AEIs, together with practice learning partners, must ensure that there are suitable individuals in place to ensure safe and effective coordination of learning within practice learning environments. In reviewing practice supervisor and practice assessor capacity, consider:

- *the continuing professional development requirements of practice supervisors and assessors*
- *commissioning decisions relating to advanced standing and post registration education*
- *supervision of students to maximise the number of practice learning opportunities available, if there are no NMC registrants available explore options to facilitate experience and note appropriate actions required in PLEEA.*

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	<i>Identify number of all NMC registrants. In facilities where there are no NMC registered practice supervisors, number of identified registered health care professionals will be identified and suitably prepared to supervise students and contribute to assessment.</i>		
b. Practice Assessors – Pre-registration programmes <ul style="list-style-type: none"> a. Adult <input type="checkbox"/> b. Mental Health <input type="checkbox"/> c. Learning Disability <input type="checkbox"/> d. Children's <input type="checkbox"/> e. Midwifery <input type="checkbox"/> 	<i>Number of staff who have transitioned from NMC (2008) SLAiP standards (mentors, sign off mentors and practice teachers) to practice assessor data base and staff who have progressed to practice assessor (NMC 2018) identifying pre-registration field of practice.</i>		
c. Practice Assessors – SPQ <ul style="list-style-type: none"> a. Adult <input type="checkbox"/> b. Mental Health <input type="checkbox"/> c. Learning Disability <input type="checkbox"/> d. Children's <input type="checkbox"/> 	<i>Identify number of staff who have transitioned from NMC (2008) SLAiP standards (mentors, sign off mentors and practice teachers) to practice assessor data base and staff who have progressed to practice assessor (NMC 2018) with SCPHN, SPQ (with field) and NMP qualifications. Linked to section 5.</i>		
d. Practice Assessors – SCPHN <ul style="list-style-type: none"> a. Health Visitor <input type="checkbox"/> b. Occupational Health Nurse <input type="checkbox"/> c. School Nurse <input type="checkbox"/> 	<i>Identify practice assessors i.e. designated medical practitioner, pharmacist with relevant qualification for a specific programme. Identify preparation provided.</i>		

e. Practice Assessor – Other (please specify):	
In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: <i>Provide Rationale</i>	

4. Quality Assurance of PLE

In order to ensure that learning environments and experiences are safe and effective, all environments should be regularly reviewed, and all concerns and complaints about practice learning addressed effectively and in a timely way. AEl, and their practice learning partners, should have the processes in place to manage this effectively.

a. Have students' evaluation of PLE been reviewed, and action taken where required? <i>Provide comments</i>	<i>Student feedback from practice learning experience should be evaluated and a summary evidenced in PLEEA. Evidence can be sourced from formal feedback from the AEl, verbal feedback, via PEF, ward manager, thank you cards, etc. Identify any issues from feedback and detail action plan to address issue/s.</i>
b. In relation to the above are there any issues that could impact on the students' learning experience? If Yes, please elaborate and detail in action plan to address issues: <i>Provide comments</i>	

- c.** Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues:

Provide comments

If a significant complaint or incident has been identified or previously addressed within the PLE this should be discussed at the PLEEA review and a brief summary included in this section of document. An action plan may be required.

- d.** Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?

Manager and nominated person confirm in this section that risk assessments are undertaken in the PLE as required and processes are in place to raise, escalate and manage concerns. Evidence provided e.g. mandatory training, key performance indicators, audit results, is reviewed and corroborated at time of audit by stakeholders. This evidence is made available if requested by Mott McDonald reviewer.

The manager and nominated person are required to identify any health and safety issues that could impact on the student learning experience and may pose a risk to students – as part of the PLEEA process explore actions to minimise or eliminate the risk identified. This information will help formulate an action plan with the key stakeholders. This can take place at time of PLEEA or between reviews dates.

Note: Suspension of PLE may be required until risk is reduced or eliminated. AEI escalation protocol (Refer to NIPAD handbook or MORA Guidance Document)

- e.** Are there any quality initiatives on-going in the PLE - verify and detail below:

Provide comments

In this section list initiatives, which relate to below. Evidence provided is reviewed and corroborated at time of audit by stakeholders This evidence is made available if requested by Mott McDonald reviewer.

The three landmark reports in 2013 in the NHS (Francis Report, Keogh Review and Berwick Report) all advocated the development of an organisational culture which prioritises patients and quality of care above all else, with clear values embedded through all aspects of organisational behaviour, and a pursuit of high quality care through continuous improvement.

'The Right Time, The Right Place (2015)' emphasises the importance of embedding quality improvement within the culture of the organisation. This is supported in the Health and Wellbeing 2026, Delivering Care Together Strategy, which states that in the design and delivery of health and social care, quality and safety will always be a fundamental priority.

In line with the Regional Quality 2020 Strategy an attributes framework has been developed to assist individuals in assessing:

- their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety*
- their learning and development needs for their current role or for future roles*
- the purpose of the framework is to help organisations to build the capability and capacity of the workforce to participate in and lead initiatives which develop quality care and services.*

The framework consists of 4 levels:

- Strengthening foundations for improvement (Level 1) – This applies to all staff who work or who are in training in health and social care. An E-Learning programme has been introduced and all staff are encouraged to complete this or a face to face session.*
- Delivering improvement (Level 2) - This applies to staff and those in training, who can lead small-step-change(s), with support, in their service.*
- Driving improvement (Level 3) - This applies to staff who lead team(s) or service(s) within their organisation.*
- Directing improvement (Level 4) - This applies to staff charged with leading quality improvement across their organisation and/across the Health and Social Care system. These individuals are also responsible for ensuring that quality improvement is imbedded in the day-to-day work of the organisation*

5. NMC Programme Standards

Identify the range of practice learning experiences available to students within each field of practice. **(used by each AEI for allocation purposes only)**

Please see below some guidance when completing this section:

- Field of practice relevant to practice learning experience to be ticked
- Available experience for the student to be ticked within each field
- Cross reference adult experience where applicable
- LD and MH ONLY to be ticked when full experience is available

Exemplar for completing PLEA in Adult environment - THEATRES

<input type="checkbox"/> NMC Standards for Pre-Registration Nursing <i>AEI representative with practice placement partner completing this section should select practice learning experiences for each specific field/s of pre-registration programme : Adult, Mental Health, Children, Learning Disabilities that can be supported or within Midwifery.</i>				<input type="checkbox"/> NMC Standards for Pre-Registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input type="checkbox"/> Learning Disabilities	
<input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting /Public Health <input type="checkbox"/> District/ Community Nursing <input checked="" type="checkbox"/> Surgical <input checked="" type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute care mental health – hospital /community <input checked="" type="checkbox"/> Acute adult experience - Hospital/ Community <input type="checkbox"/> Specialist - hospital /community <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/ & surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input checked="" type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-Registration Nursing or Midwifery <i>Select NMC approved programmes that can be supported within PLE, ensuring appropriate supervision and assessment requirements are available. Programme can be determined by course/s commissioned based on training needs analysis process which manager is responsible for or if there is a requirement to facilitate a commissioned staff member from another PLE if a suitable practice assessor is available and service lead agrees.</i>				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification <input type="checkbox"/> NMC Standards for Nurse and Midwife Prescribers				

Exemplar for completing PLEEA in Mental Health Environment – ACUTE HOSPITAL

<input type="checkbox"/> NMC Standards for Pre-Registration Nursing <i>AEI representative with practice placement partner completing this section should select practice learning experiences for each specific field/s of pre-registration programme : Adult, Mental Health, Children, Learning Disabilities that can be supported or within Midwifery.</i>				<input type="checkbox"/> NMC Standards for Pre-Registration Midwifery
<input type="checkbox"/> Adult	<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting /Public Health <input type="checkbox"/> District/ Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill – hospital /community <input type="checkbox"/> LD Experience <input checked="" type="checkbox"/> MH Experience	<input checked="" type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input checked="" type="checkbox"/> Acute care mental health – hospital /community <input type="checkbox"/> Acute adult experience - Hospital/ Community <input checked="" type="checkbox"/> Specialist - hospital /community <input type="checkbox"/> LD Experience	<input type="checkbox"/> Acute (medical or/ & surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input type="checkbox"/> Acute adult experience - Hospital/Acute Care Home Experience <input checked="" type="checkbox"/> MH Experience	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct entry students only
<input type="checkbox"/> NMC Standards for Post-Registration Nursing or Midwifery <i>Select NMC approved programmes that can be supported within PLE, ensuring appropriate supervision and assessment requirements are available. Programme can be determined by course/s commissioned based on training needs analysis process which manager is responsible for or if there is a requirement to facilitate a commissioned staff member from another PLE if a suitable practice assessor is available and service lead agrees.</i>				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification <input type="checkbox"/> NMC Standards for Nurse and Midwife Prescribers				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE **has** ☐ **does not have** ☐ the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is **not required** ☐ **Required** ☐

See process flow chart on completing a PLEEA Section 3. If PLE is not approved review in 6 months.

The Nominated Person and AEI representative are key 'signatories' and Practice Education Facilitator, if applicable. If all signatories not available needs to be completed within two weeks. Patient advocate/service user may be present at review and will sign document.

Name of Approver	Practice Area Manager/Nominated Person
Name of Approver	AEI Representative/Link Lecturer/Practice Tutor
Name of Approver	Practice Education Facilitator (where applicable)

Action Plan (if required)		
Agreed Action/s: <i>An Action plan may be required in response to an incident, complaint serious adverse incident or risk escalation. The action plan should identify actions required and agreed by Practice Placement partner, PLE Manager, Nominated person and PEF (if applicable) with a review date agreed.</i> <i>If Suspension of the PLE is required, the process is outlined in 'Procedure on the Identification, Management and monitoring of placements for students who are undertaking a NMC approved programme'.</i>	Action due by: Enter date.	Review Due by: Enter date.
To be completed on Action Plan Review Date		
Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable <i>Briefly note any adjustments to supervision and assessment capacity or change in service provision in this section in the PLE since the last review, if applicable.</i>		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role



EDUCATIONAL AUDIT FOR PRACTICE LEARNING

Name of Provider

(eg Trust/Independent Sector)

Belfast Health and Social Care Trust

Site/Cluster

(eg Belfast City Hospital)

Muckamore Abbey Hospital

Ward/Unit/Team

Erne 1

Date of Audit

(Month and Year only)

Feb 2017

Review Date

(Month and Year only)

Feb 2019

Audit information is shared where environments are utilised by more than one Education Provider

Outcomes of Current Audit	Please select and place a tick in the appropriate box below to indicate outcome			
Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Approved with Conditions (see Action Plan)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Not Approved (Please give reasons in Action Plan)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

AGREED NUMBERS THE ENVIRONMENT CAN HOST

PRE-REGISTRATION PROGRAMMES	Max Whole Time Equivalent number of Pre-Registration students at any one time, including Return to Practice Students (from all providers)*			2
	EXCLUSIONS Please identify below, with supporting information, any exclusions that may apply to pre-registration students (eg, area unsuitable for first practice learning experience in year one)			
	No exclusions - placement accepts all level of students. Only one management student at any one time.			
	RATIONALE FOR EXCLUSIONS			
	Limited sign off mentors			
POST-REGISTRATION PROGRAMMES	Max Whole Time Equivalent number of Post-Registration students at any one time (from all providers and additional to Pre-Registration student numbers) *			0
	Experience	Suitable	Experience	Suitable
	Health Visitors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupational Health	Yes <input type="checkbox"/> No <input type="checkbox"/>
	District Nursing	Yes <input type="checkbox"/> No <input type="checkbox"/>	School Nursing	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Specialist Practice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (Specify)	

* Please bear in mind that the pre-registration student experience, where available, will include the 24 hour / 7 day week shift pattern.

ON COMPLETION:

- The **original** of this Education Audit should be returned by the **University Lecturer** to the relevant University Practice Learning/Allocation Office.
- A **copy** must be kept by the **Sister / Charge Nurse / Manager** of the environment.

- A second **copy** must be kept by the **Practice Education Facilitator** (or equivalent for Independent Sector).

Introduction

An audit of the learning environment for students on practice learning experiences is a mandatory requirement by the Nursing and Midwifery Council. Prior to the appointment of a Practice Education Team this process would have been undertaken by the link lecturer and the ward manager. The NMC Standards to Support Learning and Assessment in Practice (2008) clearly define the educational governance requirements that practice learning providers have responsibility for implementing. The practice education teams are responsible for providing professional support and facilitation to ward managers, team leaders, mentors and practice teachers in collaboration with Trust Senior Nurses, to ensure that the NMC Standards for Learning and Assessment in Practice are met by the Trust.

Outline of Roles and Responsibilities of Key Stakeholders

Completion of an educational audit is a dynamic process which may be initiated by each or all of the key stakeholders. Modern Health & Social Care services are complex in which change is the norm therefore it is important that all stakeholders recognise the challenges that managers face when planning an educational audit. Managers are key decision makers within this process; therefore audits should be planned with the essence of true partnership working and active engagement in mind. Service users' views should be considered in the audit process.

The Practice Education Facilitators are pivotal to ensuring that managers meet their education governance requirements. Furthermore they ensure that the outcome of the audit can be supported within a Trust context. During the audit process managers will be facilitated by the Practice Education Facilitator to consider operational, workforce and staff development needs for example:

Where a practice learning environment has a service user advocate, the service user advocate should be an active participant in the audit process, including the decision to approve the environment.

Mentor capacity:

1. The continuing professional development requirements of mentors and sign off mentors.
2. The identification of nurses to undertake the mentor programme.
3. Maximising the number of practice learning opportunities available in the Trust.
4. Commissioning decisions relating to advanced standing and post registration education requirements.

Strategic direction which may influence the audit process such as:

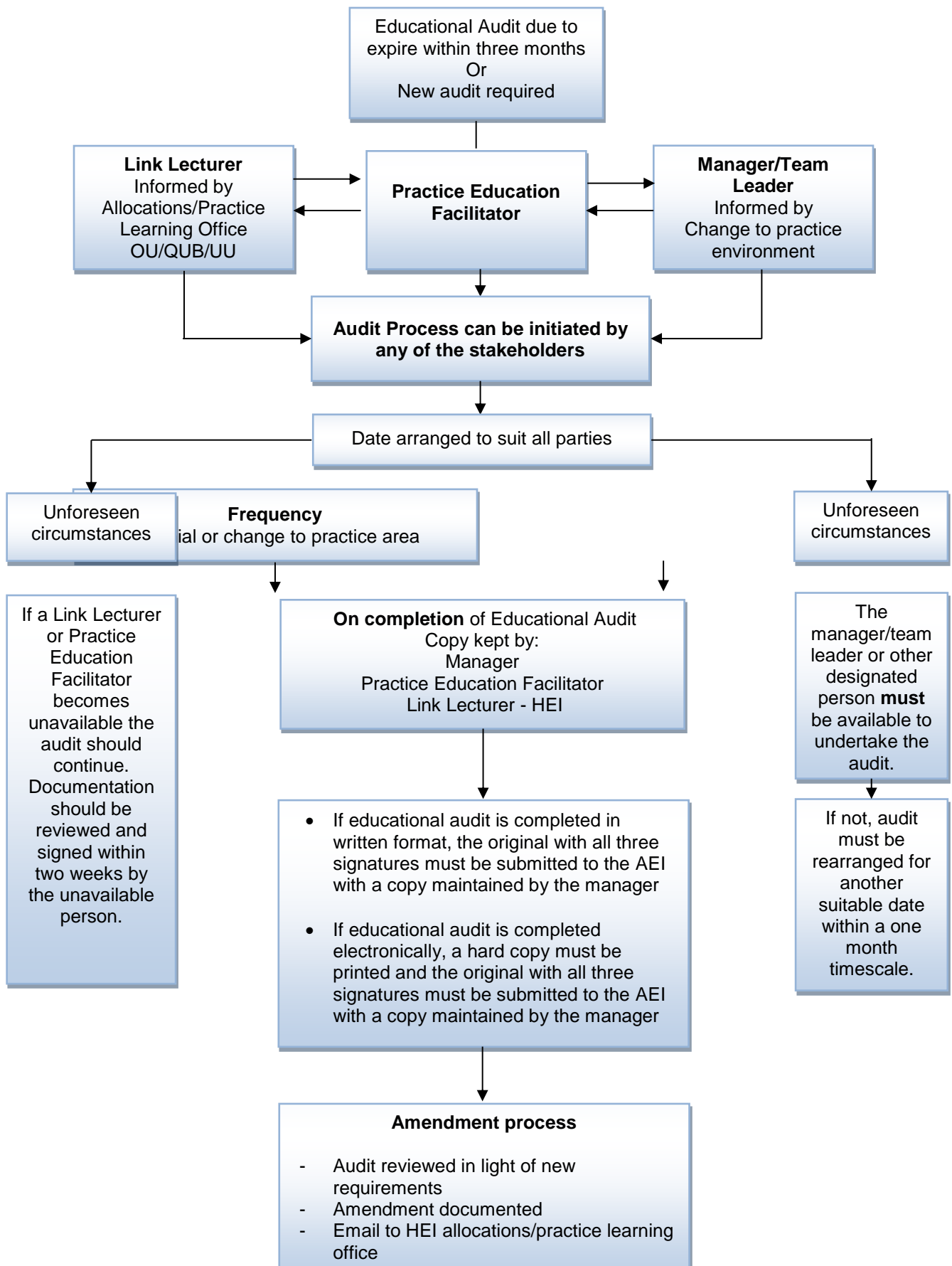
1. Modernisation & Reform Plans.
2. Service redesign.
3. The Trust Workforce Plan.
4. The Trust Nursing & Midwifery Strategy.

Approved Educational Institutions (AEIs) and their practice partners aim to build on and improve on the existing processes. In order to do this, the following principles underpin the educational audit process regionally:

- Each or all of the key stakeholders can initiate a practice learning audit.
- Audits will be planned in a timely manner thereby affording the opportunity for all the stakeholders to participate in the process.
- Audits will be signed off by all of the key stakeholders.
- All key stakeholders will receive a copy of the completed audit tool.

Central to this is the collaborative partnership between practice partners and AEIs necessary to develop quality practice placements for students of Nursing & Midwifery. With Northern Ireland, both parties are committed to this process.

MAHI - STM - 102 - 10378
PROCESS FOR INITIATING AND COMPLETING EDUCATIONAL AUDIT



MAHI - STM - 102 - 10379
GUIDELINES FOR THE EDUCATIONAL AUDIT FOR PRACTICE LEARNING

- An audit of the learning environment for students on practice learning experiences is a mandatory requirement of the Nursing and Midwifery Council (NMC), who have access to the audit information. The tool is designed to evaluate the learning environment for Nursing and Midwifery students to ensure they can achieve the learning outcomes specific to their curricula and will be **undertaken at least once every two years**.
- **Practice learning environments utilised for an Overseas Nursing Programme require an annual audit.**
- Queen's University Belfast, The University of Ulster, The Open University the five Health and Social Care Trusts and Independent sector representatives have collaborated on the design of this audit tool. It is envisaged that an educationalist from one of the Universities and Trust/Independent Sector representatives will participate in the audit. The information will then be shared as necessary between all the Universities.
- Only areas with a current audit can be utilised for student practice learning experiences.
- Access to quality assurance activities within the practice learning environment will be necessary so that these can be included in the audit e.g. RQIA Reports. Access to nursing documentation will also be required in order to access the quality of care planning. All material will be treated as strictly confidential.
- If issues are raised during the Educational Audit process, these will be discussed and **an Agreed Action Plan formulated to achieve the expected outcomes** e.g. number of available mentors needs to be increased.
- Agreed Actions will be addressed collaboratively by the Manager, the University Educationalist and the Trust Practice Education Team/Independent Sector equivalent.
- The University Educationalist who conducted the initial audit will be responsible for checking that all required actions on these plans have been actioned within the agreed time frames.

MAHI - STM - 102 - 10380
EDUCATIONAL AUDIT FOR PRACTICE LEARNING

ADDRESS OF PRACTICE LEARNING ENVIRONMENT	
Postal Address Line 1	Erne 1
Postal Address Line 2	Muckamore Abbey Hospital
Postal Address Line 3	1 Abbey Road
Postal Address Line 4	Muckamore
Post Code	BT41 4SH
Telephone Number	02895042087

Contact Details			
Designation	Name	Telephone	E-Mail
Sister/Charge Nurse/Manager	Dessie McAuley		
Practice Education Coordinator	Elish MacDougall		
Practice Education Facilitator	Donna Stinson		
Link Lecturer (Queen's University Belfast)	David Marshall		
Link Lecturer (University of Ulster)			
Staff Tutor Nursing (Open University)			
Supervisor of Midwives			
Service User Advocate			
Email address(es) for Allocation Reports to be Sent (Maximum 3)			

Type of Experience (select and tick as appropriate)			
Hospital	<input checked="" type="checkbox"/>	Adult	<input type="checkbox"/>
Community	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	Children's	<input type="checkbox"/>
		Learning Disability	<input checked="" type="checkbox"/>
		Midwifery	<input type="checkbox"/>

1. DESCRIPTION OF PRACTICE LEARNING ENVIRONMENT

Please provide an overview of the practice learning environment under the following subheadings:

Type of practice learning environment (eg, medical ward, specialist service, team)
Erne is an in-patient resettlement unit, for male patients with a diagnosis of a Learning Disability.
Description of practice learning environment and services provided (eg number of beds, population served, throughput, range of care experiences and learning opportunities available to students). This information will also be shared with students and NMC reviewers.
<p>Erne is a 7 bedded unit, which provides a range of care requirements for male patients with Learning Disabilities, some of who also have co-existing mental health problems/diagnosis and challenging behaviours.</p> <p>Students at any stage of the pre-registration nursing programme will benefit from an exposure to this type of Learning Environment and will work closely under the supervision of Learning Disability nursing staff/mentors.</p> <p>Learning opportunities available for all students include, though not restricted to:</p> <ul style="list-style-type: none"> ➤ Personal Care – developing an awareness and appreciation for the client’s right to dignity, privacy and autonomy. ➤ Gaining insight and awareness of a plethora of diagnosed conditions, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypo-Thyroidism and Anaemia. ➤ The opportunity to work with a broad multi-disciplinary team, developing an understanding of the Interdisciplinary roles of such professionals: Psychologist, Psychiatrist, Medical Officer, Podiatrist, Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, and Occupational Therapist. ➤ The opportunity to develop and update nursing assessments, care planning/implementation, referral and evaluation skills. ➤ Risk Assessment and Risk Management ➤ Involvement in ward rounds, case conferences, annual reviews and resettlement meetings ➤ Challenging behaviour – types and management ➤ Management of Actual and Potential Aggression; the opportunity to observe the use of MAPA techniques and restrictive practices, developing an awareness of local policy and use of legislation. ➤ Working with clients to promote all aspects of physical and mental health – dietary advice, devising exercise plans and interacting with keyworkers. ➤ Vulnerable Adults (VA) policy, referral and management of same, also liaising with the designated VA officer and PSNI when needed. ➤ The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also clients families, whilst also having exposure to and opportunity to develop a range of communication skills used with clients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols. ➤ Record keeping, using NMC guidance ➤ Manual Handling techniques ➤ Involvement in a number of activities for clients, including (but not limited to): cookery, gardening, arts and crafts, music, communication skill development and graded community exposure. ➤ Resettlement Processes ➤ Datix incident reporting ➤ Resource management ➤ Environmental cleanliness/safety

- Develop an understanding of the need for dignity, respect, privacy and confidentiality of clients and their families/carers
- Awareness of links to other agencies
- Nutritional needs of clients
- Medication management and Trust Medicine Code – liaising with Trust Pharmacist and exposure to a broad range of prescription medications, including Intramuscular injections
- Venepuncture and clinical observations.
- E-Rostering system.

2. NMC PROGRAMME STANDARDS AND ESSENTIAL SKILLS CLUSTERS

2.1 NMC Essential Skills Clusters for Pre-Registration Nursing Programmes –

Applicable Yes ☐ No ☐

Does the practice learning environment facilitate experiences as defined by the following, within the context of that service? Please note this does not mean all essential skills under these headings are available, but that there are skills undertaken in this area that fall under these headings. Any 'No' should be followed with an explanation.

NMC Essential Skills Clusters (ESCs) for Pre Registration Nursing Programmes Annexe 1 to NMC Circular 07/2007 & NMC (2010) Standards for Pre-Registration Nursing Education			
Care and Compassion and Communication	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Organisational Aspects of Care	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Infection Prevention and Control	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Nutrition and Fluid Management	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Medicines Management	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explanation Notes for Any "No"			

2.2 NMC Standards for Pre-registration Midwifery Education - Essential Skills Clusters

Applicable: Yes ☒ No ☐

Does the practice learning environment facilitate experiences as defined by the following?
Any 'No' should be followed with an explanation.

NMC Standards for Pre-registration Midwifery Education - Essential Skills Clusters			
Communication	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Initial consultation between the woman and the midwife	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Normal labour and birth	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Initiation and continuance of breastfeeding	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Medical products management	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explanation Notes for Any "No"			

2.3 NMC Standards for Specialist Education and Practice –Applicable: Yes ☐ No ☒

Does the practice learning environment facilitate experiences as defined by the following?
Any 'No' should be followed with an explanation.

NMC Standards for Specialist Education and Practice	
Assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan, provide and evaluate skilled nursing care in differing environments with varied resources. (<i>Specialist community nurses must be able to adapt to working in people's homes and also small institutions, health centres, Surgeries, schools and places of work ;</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Access and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide counselling and psychological support for individuals and their carers;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Facilitate learning in relation to identified health needs for patients, clients and their carers;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prescribe from a nursing formulary, where the legislation permits;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Act independently within a multidisciplinary/multi-agency context;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation Notes For Any "No"	

2.4 NMC Standards of proficiency for Specialist Community Public Health Nurses –Applicable: Yes ☐ No ☒

These standards of proficiency underpin the ten key principles of public health practice in the context of specialist community public health nursing. They are grouped into four domains:

NMC Standards of Proficiency for Specialist Community Public Health Nurses	
Search for health needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stimulation of awareness of health needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Influence on policies affecting health	Yes <input type="checkbox"/> No <input type="checkbox"/>
Facilitation of health-enhancing activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.5 NMC Standards of Proficiency for Nurse and Midwife Prescribers –Applicable: Yes ☐ No ☒

NMC Standards of Proficiency for Nurse and Midwife Prescribers	
Assess a patient/client's condition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Undertake a through history, including medical history and medication history, including over-the-counter medicines and complementary therapies	Yes <input type="checkbox"/> No <input type="checkbox"/>
Decide on management of presenting condition and whether or not to prescribe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identify appropriate products if medication is required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Advise the patient/client on effects and risks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prescribe if the patient/client agrees	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitor Response to medication and Lifestyle advise	Yes <input type="checkbox"/> No <input type="checkbox"/>
12 days supervised learning in practice equating to 12 x 7.5 hours (6.5 hours excluding breaks) days, available to students	Yes <input type="checkbox"/> No <input type="checkbox"/>
Opportunity to spend time with a range of non-medical prescribers, dispensing pharmacists, pharmacy technicians, as well as medical prescribers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the student able to avail of professional and managerial support, within an appropriate clinical environment that subscribes to the spirit and practice of nurse prescribing?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.5.1 Eligibility Criteria for Designated Medical Practitioners for Above Programme Only*Please indicate Yes/No (please give more details in box below where No is selected)*

Criteria for Designated Medical Practitioners	
Registered Medical Practitioner	Yes <input type="checkbox"/> No <input type="checkbox"/>
At least three years recent clinical experience for a group of patients/clients in the relevant field of practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is within a GP practice and is either vocationally trained or is in procession of a certificate of equivalent experience from the Joint Committee for Post –graduate Training in General Practice Certificate or is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the support of the employing organisation or GP practice to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has some experience or training in teaching and or supervising in practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Normally works with the trainee prescriber.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details for any No responses to Criteria for Designated Medical Practitioners	

3. CAPACITY OF PRACTICE LEARNING ENVIRONMENT TO SUPPORT PRACTICE LEARNING

3.1 NMC Standards to Support Learning and Assessment in Practice

Where is the Register of Mentors and Practice Teachers held?		Health and Social Care Trust <input checked="" type="checkbox"/> Independent Sector – Hold own Register <input type="checkbox"/> Held by University <input type="checkbox"/>		
Number of available Mentors/Sign-Off Mentors and Practice Teachers				
	Mentors	Sign-off Mentors	Sign-Off Mentors with NMC recorded SPQ's	Practice Teachers
Part-Time		1		
Full-Time	3	3		
Total WTE	3	4		
Is there a process to ensure annual updating for mentors/practice teachers?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is information held on the Local Register of Mentors and Practice Teachers about the availability of mentors communicated to the practice learning environment?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is there a process in place to ensure that the practice learning environment returns updates for the Local Register about availability of mentors?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is there a process in place to advise students of their mentors name at least one week in advance of the practice learning experience commencing?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Can the practice learning environment facilitate at least 40% supervision of the student's time by a mentor/practice teacher when giving direct care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
In addition to the above, can the practice learning environment one hour per week with the allocated Sign off mentor for student/s undertaking their final experience?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Have mentors/practice teachers information on the students' programme of study?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Have mentors/practice teachers information on the students learning outcome for practice learning?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Have mentors/practice teachers information on the students practice assessment requirements?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Have mentors/practice teachers access to the Student's Ongoing Achievement Record?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

What network of support and supervision exists for mentors to enable them to fulfil their responsibilities, assist in making complex judgements and support their professional development	Practice Education Facilitator (Donna) provides annual updates and visits to wards on request.
Is there a process to ensure triennial review of mentors/practice teachers?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the facility encourage, support and develop new mentors via a Mentorship Preparation Programme?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Please document any challenges to meeting the above, including an Action Plan to address these	

For practice learning environments where Mentors/Practice Teachers do not exist but where valuable practice learning experiences are accessed:

In facilities where there are no mentors/practice teachers, and where students are not assessed, are there people who are prepared to supervise students for the particular practice learning experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many?	
How are these supervisors prepared and updated, and by who? Where is this recorded?	

3.2 Policies/Guidelines Available in the Practice Learning Environment

Document	Yes/No	Paper	Intranet
Professional Code of Conduct	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midwives Rules and Standards	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Confidentiality	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Equal Opportunities	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Therapeutic Management of Violence and Aggression	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infection Control	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Adult/ Child Protection	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fire	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moving and Handling	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Levels of Observation (Mental Health Services)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bullying, Harassment and Violence in the workplace	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Service Users right to decline being cared for by a student	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Raising and Escalating Concerns (Whistleblowing)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Procedures for reporting accidents or incidents involving students to the University	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (<i>please specify below</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Health and Safety Representative

Does the practice learning environment have a health and safety representative (<i>please tick</i>)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div style="background-color: black; width: 150px; height: 15px;"></div>
How does the practice learning environment ensure health and safety legislation is complied with?	By adhering to the most recent legislation, Trust policies and procedures, attending updates and mandatory training, use of Datix incident reporting, and by taking part in clinical audit.	

3.4 Quality Assurance and Governance Processes

<ul style="list-style-type: none"> Practice provision reflects a respect for the rights of service users and their carers Staff routinely use policies/guidelines to inform their practice Risk assessments are carried out regularly in relation to the practice area, staff and individual patients/clients The recommendations identified by the risk assessments are implemented and reviewed regularly Care provision is founded on relevant research or evidence based findings Care provision reflects national and local policies and initiatives A process is in place for raising and escalating concerns that is shared with AEs A process is in place for reporting incidents that is shared with AEs 	
In relation to the above are there any significant complaints or incidents that would indicate a problem (<i>please tick</i>)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please elaborate:	

3.5 Additional Experiences

Students are able to gain experience of working with voluntary sector agencies (<i>please tick</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list those agencies with which experience can be gained	

3.6 Which Framework/Model is used for Assessment, Planning and Evaluation of care?

Adapted version of Roper Logan and Tierney ADL framework, utilising a person centred approach

3.7 Learning Resources

Resource	Available	Not Available	Location of Availability e.g. Ward
Internet Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Office
Library Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site library
Journals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site library and online
Teaching/Learning Packages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Online
Student Orientation Pack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Office
Policies and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Office and online
National/Regional Protocols	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Online
Specialist Nursing Teams (<i>please specify</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ISS and ABS
Study Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ward and library
University Lecturer Visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On request

3.8 Access to Multidisciplinary Team

Multidisciplinary Team	Yes/No	Comments
Medical	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Consultant Psychiatrist
Physiotherapy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Occupational Therapy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Dietician	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Speech and Language Therapy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Social Worker	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Podiatry	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Other (<i>please specify</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3.9 Students Evaluation of Practice Learning Environment

(Students routinely complete an evaluation form at the end of each experience and salient information contained in this form should be recorded in the box below.)

Students are asked to complete an evaluation of the practice learning environment, on completion of placement. Feedback is shared with ward staff and QUB Link Lecturer when received.

Students of Nursing and Midwifery require supernumerary status to maximise opportunities to access available learning experiences. Does this environment actively protect and promote students' supernumerary status?

Yes ☒ No ☐

3.10 Staff Development

Practitioners are able to demonstrate that they engage in :			
Continuing Professional Development	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Staff Appraisal Process	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Supervision Policy	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mandatory Training Process	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Annual Mentor/Sign-Off Mentor/Practice Teacher Updating	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other <i>(please specify)</i>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Any "No" responses should be captured in an Action Plan.

4. STAFFING INFORMATION**4.1 Nurses Part of the Register**

Level 1 Sub-Part			Level 2 Sub-Part		
Field of Practice	Full Time	Part Time	Field of Practice	Full Time	Part Time
Adult	0	0	Adult	0	0
Mental Health	0	0	Mental Health	0	0
Learning Disabilities	11	2	Learning Disabilities	0	0
Children	0	0	Children	0	0
Total Number	11	2		0	0

4.2 Midwives Part of the Register

Field of Practice	Full Time	Part Time
Midwifery	0	0

4.3 Specialist Community Public Health Nurses Part of the Register

Field of Practice	Full Time	Part Time
Specialist Community Public Health Nursing - HV	0	0
Specialist Community Public Health Nursing - SN	0	0
Specialist Community Public Health Nursing - OH	0	0

4.4 Staff with NMC Recordable Qualification

Qualification	Sub-Speciality	No.
Mode 1 Prescribing V100	0	0
Community Practitioner Nurse Prescriber V150	0	0
Extended Nurse Prescribing V200	0	0
Extended Supplementary Nursing Prescribing V300	0	0
Lecturer/Practice Educator LPE	0	0
Teacher TCH	0	0
Specialist Practitioner – Adult Nursing SPA	0	0
Specialist Practitioner – Mental Health Nursing SPMH	0	0
Specialist Practitioner – Learning Disability Nursing SPLD	0	0
Specialist Practitioner – Children’s Nursing SPC	0	0
Specialist Practitioner – General Practice SPGP	0	0
Specialist Practitioner – Community Mental Health Nursing SCMN	0	0
Specialist Practitioner – Community Learning Disability Nursing SCLD	0	0
Specialist Practitioner – Community Children’s Nursing SPCC	0	0
Supervisor of Midwives SOM	0	0

5. DECLARATION OF APPROVAL

We declare that this practice learning environment is / is not ☐ suitable as a practice learning environment:

Signed: _____ (Sister / Charge Nurse / Manager)

Signed: _____ (University Lecturer)

Signed: _____ (Practice Education Facilitator)

Signed: _____ (Service User Advocate if applicable)

Date: _____

6. AGREED ACTION PLAN

(Duplicate as Necessary)

Agreed Action and Date for Completion			Planned Date for Review
<p>Further to RQIA recommendations, the ward is currently undergoing a number of improvements; aesthetically and managerial. The satisfaction of students will be reviewed during and after placement by PEF and Link Lecturer. Any cause for placement to be withdrawn, will be discussed and required action taken.</p>			Monthly
Signature (Sister/Charge Nurse/Manager)		Date	
Signature University Lecturer		Date	
Signature Practice Education Facilitator		Date	
<p align="center">Review of Action Plan</p> <p align="center"><i>On review, the <u>original</u> of this form must be returned to the appropriate University, a copy retained by the Manager and a copy forwarded by the Manager to the Practice Education Team.</i></p>			
Signature (Sister/Charge Nurse/Manager)		Date	
Signature University Lecturer		Date	
Signature Practice Education Facilitator		Date	

ADDENDUM FOR AMENDMENT TO EDUCATIONAL AUDIT FOR PRACTICE LEARNING

Name of Provider

(eg Trust/Independent Sector)

Site

(eg Belfast City Hospital)

Ward/Unit/Locality
Date of Addendum

(Day, Month and Year)

Review Date (remains two years from full audit)

(Month and Year only)

Please indicate what amendment has been made to the Education Audit:

			Rationale
Amendment to Audited Numbers	Max numbers of Pre-Registration students at any one time	Max number of Post-Registration students at any one time	
Amendment to Description of Practice Learning Environment			
Amendment to approval of area			
Extension to current audit (maximum extension period is 6 weeks)	Current Expiry Date	New Expiry Date	
Other			

Please indicate whether the amendment is temporary or permanent:

Temporary ☐

Permanent ☐

Notes (if needed):

Sister / Charge Nurse /

Manager

(Print Name)

Signature

Date

University Lecturer

(Print Name):

Signature

Date

PEF

(Print Name)

Signature

Date

The original of this form must be returned to the appropriate University, a copy retained by the Manager and a copy forwarded by the Manager to the Practice Education Team.

PLEASE INDICATE WHICH PRACTICE LEARNING EXPERIENCES (BY YEAR AND LOCATION) CAN BE UNDERTAKEN IN THIS AREA

		Year 1		Year 2		Year 3	
ADULT NURSING	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for Adults requiring invasive interventions <input type="checkbox"/> Caring for Adults requiring non-invasive interventions <input type="checkbox"/> Caring for Adults with long term conditions <input type="checkbox"/> Caring for Adults with complex health problems <input type="checkbox"/> Caring for Older Adults <input type="checkbox"/> Specialist Nurses Alternative Field Experience <input type="checkbox"/> Children's <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Learning Disability	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for Adults requiring invasive interventions <input type="checkbox"/> Caring for Adults requiring non-invasive interventions <input type="checkbox"/> Caring for Adults with long term conditions <input type="checkbox"/> Caring for Adults with complex health problems <input type="checkbox"/> Caring for Older Adults <input type="checkbox"/> Specialist Nurses	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for Adults requiring invasive interventions <input type="checkbox"/> Caring for Adults requiring non-invasive interventions <input type="checkbox"/> Caring for Adults with long term conditions <input type="checkbox"/> Caring for Adults with complex health problems <input type="checkbox"/> Caring for Older Adults <input type="checkbox"/> Specialist Nurses	
	<input type="checkbox"/> Community	<input type="checkbox"/> Health & Wellbeing e.g. HV, Day Centres <input type="checkbox"/> Primary Care Setting e.g. District Nursing <input type="checkbox"/> Caring for Older Adults <input type="checkbox"/> Non-NHS e.g. G.P. Practices <input type="checkbox"/> Nursing Home <input type="checkbox"/> Specialist Nurses Alternative Field Experience <input type="checkbox"/> Children's <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disability	<input type="checkbox"/> Community	<input type="checkbox"/> Health & Wellbeing e.g. HV, Day Centres <input type="checkbox"/> Primary Care Setting e.g. District Nursing <input type="checkbox"/> Caring for Older Adults <input type="checkbox"/> Non-NHS e.g. G.P. Practices <input type="checkbox"/> Nursing Home <input type="checkbox"/> Specialist Nurses	<input type="checkbox"/> Community	<input type="checkbox"/> Health & Wellbeing e.g. HV, Day Centres <input type="checkbox"/> Primary Care Setting e.g. District Nursing <input type="checkbox"/> Caring for Older Adults <input type="checkbox"/> Non-NHS e.g. G.P. Practices <input type="checkbox"/> Nursing Home <input type="checkbox"/> Specialist Nurses	

		MAHI - STM - 102 - 10397					
		Year 1		Year 2		Year 3	
MENTAL HEALTH NURSING	<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Caring for essential needs of users within Recovery Services <input type="checkbox"/> Caring for essential needs of Older Users of MH Services <input type="checkbox"/> Caring for essential needs of users with Complex MH Problems <input type="checkbox"/> Caring for essential needs of users of Inpatient MH Services <input type="checkbox"/> Caring for essential needs of users of Children and Young People Alternative Field Experience <input type="checkbox"/> Children's <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Learning Disability	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for essential needs of users within Recovery Services <input type="checkbox"/> Caring for essential needs of Older Users of MH Services <input type="checkbox"/> Caring for essential needs of users with Complex MH Problems <input type="checkbox"/> Caring for essential needs of users of Inpatient MH Services <input type="checkbox"/> Caring for essential needs of users of Children and Young People	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for essential needs of users within Recovery Services <input type="checkbox"/> Caring for essential needs of Older Users of MH Services <input type="checkbox"/> Caring for essential needs of users with Complex MH Problems <input type="checkbox"/> Caring for essential needs of users of Inpatient MH Services <input type="checkbox"/> Caring for essential needs of users of Children and Young People	
	<input type="checkbox"/> Community	<input type="checkbox"/> Caring for essential needs of users within Primary MH Services <input type="checkbox"/> Caring for essential needs of users within Recovery Services <input type="checkbox"/> Caring for essential needs of Older Users of MH Services <input type="checkbox"/> Caring for essential needs of users with Complex MH problems <input type="checkbox"/> Caring for essential needs of users of Children and Young People <input type="checkbox"/> Caring for essential needs of users of MH provision in voluntary or private sectors Alternative Field Experience <input type="checkbox"/> Children's <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disability	<input type="checkbox"/> Community	<input type="checkbox"/> Caring for essential needs of users within Primary MH Services <input type="checkbox"/> Caring for essential needs of users within Recovery Services <input type="checkbox"/> Caring for essential needs of Older Users of MH Services <input type="checkbox"/> Caring for essential needs of users with Complex MH problems <input type="checkbox"/> Caring for essential needs of users of Children and Young People <input type="checkbox"/> Caring for essential needs of users of MH provision in voluntary or private sectors	<input type="checkbox"/> Community	<input type="checkbox"/> Caring for essential needs of users within Primary MH Services <input type="checkbox"/> Caring for essential needs of users within Recovery Services <input type="checkbox"/> Caring for essential needs of Older Users of MH Services <input type="checkbox"/> Caring for essential needs of users with Complex MH problems <input type="checkbox"/> Caring for essential needs of users of Children and Young People <input type="checkbox"/> Caring for essential needs of users of MH provision in voluntary or private sectors	

LEARNING DISABILITY NURSING	Year 1		Year 2		Year 3	
	<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Caring for Learning Disabilities individuals in specific nursing settings (AMN/Complex Needs)	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for Learning Disabilities individuals in specific assessment & treatment settings (Multiple complex needs/mental health needs/forensics/behaviour distress)	<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Caring for Learning Disabilities individuals in specific assessment & treatment settings (Multiple complex needs/mental health needs/forensics/behaviour distress)
	<input type="checkbox"/> Community <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Non-Nursing	<input type="checkbox"/> Caring for Learning Disabilities Children/Adolescents in family, educational, residential & short term settings <input type="checkbox"/> Caring for Learning Disabilities Adults in family, residential, independent & supported living settings <input type="checkbox"/> Caring for Learning Disabilities Adults in vocational, occupational & recreational settings <input type="checkbox"/> Caring for Older Adults with Learning Disabilities Alternative Field Experience <input type="checkbox"/> Children's <input type="checkbox"/> Mental Health <input type="checkbox"/> Adult	<input type="checkbox"/> Community <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Non-Nursing	<input type="checkbox"/> Caring for Learning Disabilities individuals requiring Community LD Nursing Services <input type="checkbox"/> Caring for Learning Disabilities Children/Adolescents in family, educational, residential & short term settings <input type="checkbox"/> Caring for Learning Disabilities Adults in family, residential, independent & supported living settings <input type="checkbox"/> Caring for Learning Disabilities Adults in vocational, occupational & recreational settings <input checked="" type="checkbox"/> Caring for Learning Disabilities individuals in specific treatment settings (Multiple complex needs/mental health needs/forensics/behaviour distress) <input type="checkbox"/> Caring for Older Adults with Learning Disabilities	<input type="checkbox"/> Community <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Non-Nursing	<input type="checkbox"/> Caring for Learning Disabilities individuals requiring Community LD Nursing Services <input type="checkbox"/> Caring for Learning Disabilities Children/Adolescents in family, educational, residential & short term settings <input type="checkbox"/> Caring for Learning Disabilities Adults in family, residential, independent & supported living settings <input type="checkbox"/> Caring for Learning Disabilities Adults in vocational, occupational & recreational settings <input checked="" type="checkbox"/> Caring for Learning Disabilities individuals in specific treatment settings (Multiple complex needs/mental health needs/forensics/behaviour distress) <input type="checkbox"/> Caring for Older Adults with Learning Disabilities

		Year 1	Year 2	Year 3
CHILDREN'S NURSING	<input type="checkbox"/> Hospital	<input type="checkbox"/> Caring for Children/young people with complex needs and life limiting illness <input type="checkbox"/> Caring for Children/young people in critical care settings <input type="checkbox"/> Caring for Children/young people in short stay settings <input type="checkbox"/> Caring for Children/young people with LD/MH needs <input type="checkbox"/> Caring for Children/young people in acute settings Alternative Field Experience <input type="checkbox"/> Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disability	<input type="checkbox"/> Hospital <input type="checkbox"/> Caring for Children/young people with complex needs and life limiting illness <input type="checkbox"/> Caring for Children/young people in critical care settings <input type="checkbox"/> Caring for Children/young people in short stay settings <input type="checkbox"/> Caring for Children/young people with LD/MH needs <input type="checkbox"/> Caring for Children/young people in acute settings	<input type="checkbox"/> Hospital <input type="checkbox"/> Caring for Children/young people with complex needs and life limiting illness <input type="checkbox"/> Caring for Children/young people in critical care settings <input type="checkbox"/> Caring for Children/young people in short stay settings <input type="checkbox"/> Caring for Children/young people with LD/MH needs <input type="checkbox"/> Caring for Children/young people in acute settings
	<input type="checkbox"/> Community	<input type="checkbox"/> Caring for Children/young people with complex needs and life limiting illness <input type="checkbox"/> Caring for Children/young people in short stay settings <input type="checkbox"/> Caring for Children/young people with LD/MH needs <input type="checkbox"/> Caring for Children/young people requiring community nursing/non-nursing services Alternative Field Experience <input type="checkbox"/> Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Learning Disability	<input type="checkbox"/> Community <input type="checkbox"/> Caring for Children/young people with complex needs and life limiting illness <input type="checkbox"/> Caring for Children/young people in short stay settings <input type="checkbox"/> Caring for Children/young people with LD/MH needs <input type="checkbox"/> Caring for Children/young people requiring community nursing services	<input type="checkbox"/> Community <input type="checkbox"/> Caring for Children/young people with complex needs and life limiting illness <input type="checkbox"/> Caring for Children/young people in short stay settings <input type="checkbox"/> Caring for Children/young people with LD/MH needs <input type="checkbox"/> Caring for Children/young people requiring community nursing services



Future Nurse Future Midwife

Practice Learning Environments

Practice Learning Environment Educational Audit Tool



Practice Learning Environment Educational Audit Tool

1. Introduction

The purpose of this tool is to provide evidence that Practice Learning Environments (PLEs) have the capacity, facilities and resources in place, to deliver safe and effective learning opportunities and practical experience for students, as required to meet the NMC proficiencies for their programme of study. This should be collaboratively reviewed every two years to ensure the environment remains a sound educational setting for such learning to take place. For additional guidance, please read the Practice Learning Environment Education Audit Tool Guidance Document which is available on the NIPEC [FNFM website](#).

2. Description and Contact Details

Name of Provider	Belfast Health and Social Care Trust		
Site/Service	Muckamore Abbey Hospital		
Ward/Unit/Team	Sixmile		
Site Address	1 Abbey Road	Postcode	BT41 4SH
Date of Audit	13/06/2022	Review Date	30/06/2024
Hours of Service	24 hour 7 days a week	Client Capacity	13
Practice Area Manager/Registered Home Manager		Nominated Person	
Helen Ward		Helen Ward	
02895042143		02895042143	
helen.ward@belfasttrust.hscni.net		helen.ward@belfasttrust.hscni.net	
Practice Education Facilitator (where applicable)		Link Lecturer/Practice Tutor	
Helen Crawford		Dr Lynne Marsh	
07810442668		02890975746	
helen.crawford@belfasttrust.hscni.net		l.marsh@qub.ac.uk	
Allocation Reports should be emailed to:			
helen.ward@belfasttrust.hscni.net			
arlene.cassidy@belfasttrust.hscni.net			
clare.mccafferty@belfasttrust.hscni.net			
helen.crawford@belfasttrust.hscni.net			
a. Description of PLE This is a low secure forensic regional learning disability unit with 8 beds in the Treatment unit and 5 in the Assessment unit (can increase to 19 beds dependent on service need). Provides a service for adult male patients, all of whom have a learning disability and most of whom have a forensic history. Some patients may also have co-existing mental health disorders. On admission patients usually present with complex psychiatric illness and/or persistently behaviours that challenge which have posed a clinical risk of harm to themselves or others. The unit offers a robust environment where potential violence and behaviours that challenge are safely managed with the patients. Patients within the unit are admitted for a period of assessment and treatment under the provisions of the Mental Health (NI) Order 1986 and would also fall under the remit of the Criminal Justice System or Department of Justice e.g. hospital orders, Sexual Offender Prevention Orders (SOPOS).			

Due to nature of the needs of patients in the assessment side the students will only work on the treatment side of the unit. This area provides care to 6 patients.

All students will wear an oversized HSC polo shirt whilst on placement. 2 oversized polo shirts will be provided by Sixmile on the students first day and must be returned to Sixmile when the student finishes placement

Students will rotate onto night shift and will also have the opportunity to work with the Out of Hours Coordinators

Learning opportunities available for all students include, though not restricted to:

Personal Care – encouraging patients to attend to their own personal care needs, whilst developing an awareness and appreciation for the patient's right to choice, dignity, privacy and autonomy.

Gaining insight and awareness of a plethora of diagnosed physical and mental health conditions and syndromes, such as Epilepsy, Bi-polar Disorder, Depression, Autism, Arthritis, Hypo/Hypertension, Hypothyroidism and Anaemia etc.

The opportunity to work with a broad multi-disciplinary and wider Interdisciplinary roles/teams: Psychologist, Psychiatrist, Medical Officer, Podiatrist, Dentist, Behavioural Nurse Therapist, Dietician, Social Worker, Speech Therapist, DOJ and Occupational Therapist.

The opportunity to develop assessment, care planning/implementation, referral and evaluation skills including risk Assessment and risk Management

Involvement in Purposeful Inpatient Admissions (PIPA), case conferences, resettlement meetings, formulation meetings and therapeutic meetings

Supporting patients who present with behaviours that challenge through the use of positive behaviour support

Developing an awareness of local and regional policies and adhering to relevant legislation for example Personal Safety Interventions, Vulnerable Adults policy, referral and management of same.

Working with patients and families to promote all aspects of physical and mental health – dietary advice, devising exercise plans and interacting with keyworkers.

The opportunity to hone communication skills; verbal, written, electronic, with other professionals and also patient's families, whilst also having exposure to and opportunity to develop a range of communication skills used with patients; verbal, non-verbal, body language, facial expressions, cues, gestures, Makaton, signs and symbols.

Knowledge and skills in record keeping – written and electronic (PARIS Datix incident reporting), using NMC guidance

Application of safe moving and handling techniques

Involvement in activities with patients, including (but not limited to): cookery, arts and crafts, music, communication skill development and graded community exposure.

Opportunity to work with patients and families, multidisciplinary team and external agencies in relation to discharging planning and resettlement processes

Awareness of allocation of resources including safe staffing models

Awareness and application of infection control policies and environmental cleanliness/safety

Develop an understanding of the need for consent, choice, dignity, respect, privacy and confidentiality of patients and their families/carers

Awareness of links to other agencies for example Department of Justice

Supporting patients with their Nutritional and dietary needs

Awareness and application of medication management and Trust Medicine Code – liaising with hospital Pharmacist and exposure to a broad range of prescription medications, ordering Pharmacy stock/non-stock items. Working within the scope of practice as a student nurse

Awareness of and experience with the Mental Health Order NI (1986), Mental Capacity Act (2016)

Awareness and application of Low Secure Unit Security policy, to include knowledge of Search, restricted items, deprivation of liberty.

Annexe B procedures that are NOT available:

- 2.2 undertake cannulation and venous blood gases
- 2.4 manage and monitor blood component transfusions
- 2.5 manage and interpret cardiac monitors, infusion pumps and other monitoring devices
- 3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility
- 4.7 use aseptic techniques when managing wound and drainage processes
- 5.6 insert, manage and remove oral/nasal/gastric tubes
- 5.7 manage artificial nutrition and hydration using enteral and parenteral routes
- 5.8 manage the administration of IV fluids
- 5.9 manage fluid and nutritional infusion pumps and devices
- 6.2 insert, manage and remove catheters for all genders; and assist with self-catheterisation when required
- 6.3 manage bladder drainage
- 6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate
- 6.6 Undertake stoma care identifying and using appropriate products and approaches

9.9 safely assess and manage invasive medical devices and lines
 10.4 understand and apply organ and tissue donation protocols
 11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications
 11.7 administer injections intravenous routes
 11.8 administer medications using a range of routes – no intravenous route
 11.9 administer and monitor medications using vascular access devices and enteral equipment

Annexe B procedures that are LIMITED:

2.8 undertake chest auscultation and interpret findings - only with Dr and physio
 2.17 providing appropriate safe holding and restraint - Observation of holding and restraint only
 4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures
 8.5 manage inhalation, humidifier and nebuliser devices

b. This environment actively protects students as supernumerary.	Yes
c. A current student orientation pack is available.	Yes
d. Optimum number of pre-registration students this PLE can facilitate, including Return to Practice Students. Due to the nature of the patients presenting with extreme sexual and violent behaviours the preference would be for 2 nd year students onwards	2
e. Please confirm if environment is Hub (i.e. where practice assessors are available for assessment) or Spoke (i.e. where there are only practice supervisors available)	Hub

3. Supervision and Assessment Capacity

Number of:	Part-Time	Full-Time	Total WTE
a. Practice Supervisors	Number	Number	Number
b. Practice Assessors – Pre-registration programmes			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input checked="" type="checkbox"/>	Number	3.0	3.0
d. Children's <input type="checkbox"/>	Number	Number	Number
e. Midwifery <input type="checkbox"/>	Number	Number	Number
c. Practice Assessors – SPQ			
a. Adult <input type="checkbox"/>	Number	Number	Number
b. Mental Health <input type="checkbox"/>	Number	Number	Number
c. Learning Disability <input type="checkbox"/>	Number	Number	Number
d. Children's <input type="checkbox"/>	Number	Number	Number
d. Practice Assessors – SCPHN			
a. Health Visitor <input type="checkbox"/>	Number	Number	Number
b. Occupational Health Nurse <input type="checkbox"/>	Number	Number	Number
c. School Nurse <input type="checkbox"/>	Number	Number	Number
e. Practice Assessor – Other (please specify): Click or tap here to enter text.	Number	Number	Number

In exceptional circumstances the same person may fulfil the role of the Practice Supervisor and Practice Assessor for example, in NMP, SPQ or SCPHN. State rationale here if this applies: Provide Rationale

4. Quality Assurance of PLE

a. Have students' evaluation of PLE been reviewed, and action taken where required? Sept 19 PL7 13/9/21 – 24/10/21 I found this placement very difficult due to the nature of the environment and the staff made the experience do-able with their approaches skills and knowledge. They made me feel welcome from the first day and supported my learning in everyway	Yes
b. In relation to the above are there any issues that could impact on the student learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
c. Are there any significant complaints or incidents that could impact on students' learning experience? If Yes, please elaborate and detail in action plan to address issues: Provide comments	No
d. Are all relevant risk assessments undertaken and current in the PLE and corroborated at time of audit?	Yes
e. Are there any quality initiatives on-going in the PLE - verify and detail below: Medication ordering and delivery system update Patient Experience Audits Hand Hygiene Audits Mattress Audits Documentation Audits	Yes

5. NMC programme Standards

Identify the range of experiences available to students within the PLE, selecting as many boxes as apply. **This PLE can support students' learning to meet:**

<input checked="" type="checkbox"/> NMC Standards for Pre-registration Nursing				<input type="checkbox"/> NMC Standards for Pre-registration Midwifery
<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Children's	<input checked="" type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Older Adults <input type="checkbox"/> Health Visiting <input type="checkbox"/> District/Community Nursing <input type="checkbox"/> Surgical <input type="checkbox"/> Care of the acutely ill –	<input type="checkbox"/> Older adults with mental ill-health <input type="checkbox"/> Children and Young People <input type="checkbox"/> Acute adult experience -	<input type="checkbox"/> Acute (medical or/ & surgical) <input type="checkbox"/> Community Children's with Hub & Spoke: mental health <input type="checkbox"/> Specialist area placement	<input type="checkbox"/> Community Children and/or Adult <input type="checkbox"/> 24 hour supported care <input type="checkbox"/> Children's CYP Acute or Community <input checked="" type="checkbox"/> Acute adult experience -	<input type="checkbox"/> Antenatal <input type="checkbox"/> Intra-natal <input type="checkbox"/> Postnatal <input type="checkbox"/> Community <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Medical/Surgical Experience 4 weeks direct

hospital /community <input type="checkbox"/> LD Experience <input type="checkbox"/> MH Experience	Hospital/Acute Care Home <input type="checkbox"/> LD Experience	and/or Experience <input type="checkbox"/> Health visiting Experience <input type="checkbox"/> LD Experience	Hospital/Acute Care Home Experience <input type="checkbox"/> MH Experience	entry students only
<input type="checkbox"/> NMC Standards for Post-registration Nursing or Midwifery				
<input type="checkbox"/> NMC Standards for Specialist Community Public Health Nurses <input type="checkbox"/> NMC Standards for Specialist Practice Qualification* <input type="checkbox"/> NMC Standards for Prescribing Programmes, please tick <input type="checkbox"/> V100/150* <input type="checkbox"/> V300*				
*please ensure one of these boxes is ticked if including SPQ District Nursing				

6. Declaration of Approval

Outcome of Audit: We declare that this PLE has <input checked="" type="checkbox"/> does not have <input type="checkbox"/> the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experience for students. An action plan is <input type="checkbox"/> Select action plan requirement		
Paul Magowan (ASM)	Practice Area Manager/Nominated Person	
Lynne Marsh	AEI Representative/Link Lecturer/Practice Tutor	
Helen Crawford	Practice Education Facilitator (where applicable)	
Action Plan (if required)		
Agreed Action/s: ASM to complete PA/PS Training	Action due by: 30/09/2022	Review Due by: 30/09/2022
To be completed on Action Plan Review Date		
Reviewed by: Name and position of Reviewer Name and position of Reviewer Name and position of Reviewer	Reviewed on: Enter date.	Outcome: Select outcome.

Amendments to Audited PLE

Statement that "Due to the nature of the behaviours sometimes presented by patients in the Assessment unit, students may not be allocated to work in this area. This is dependent on the risk presented at that time and it is continually reviewed" removed and changed to "Due to nature of the needs of patients in the assessment side the students will only work on the treatment side of the unit. This area provides care to 6 patients".

Amendment to description to include " All students will wear an oversized HSC polo shirt whilst on placement. 2 oversized polo shirts will be provided by Sixmile on the students first day and must be returned to Sixmile when the student finishes placement"

Reviewed by: Helen Crawford Practice Education Facilitator	Amended on: 23/08/2022	Shared with: Helen Ward Manager Lynne Marsh Link Lecturer AEIs clinical allocations
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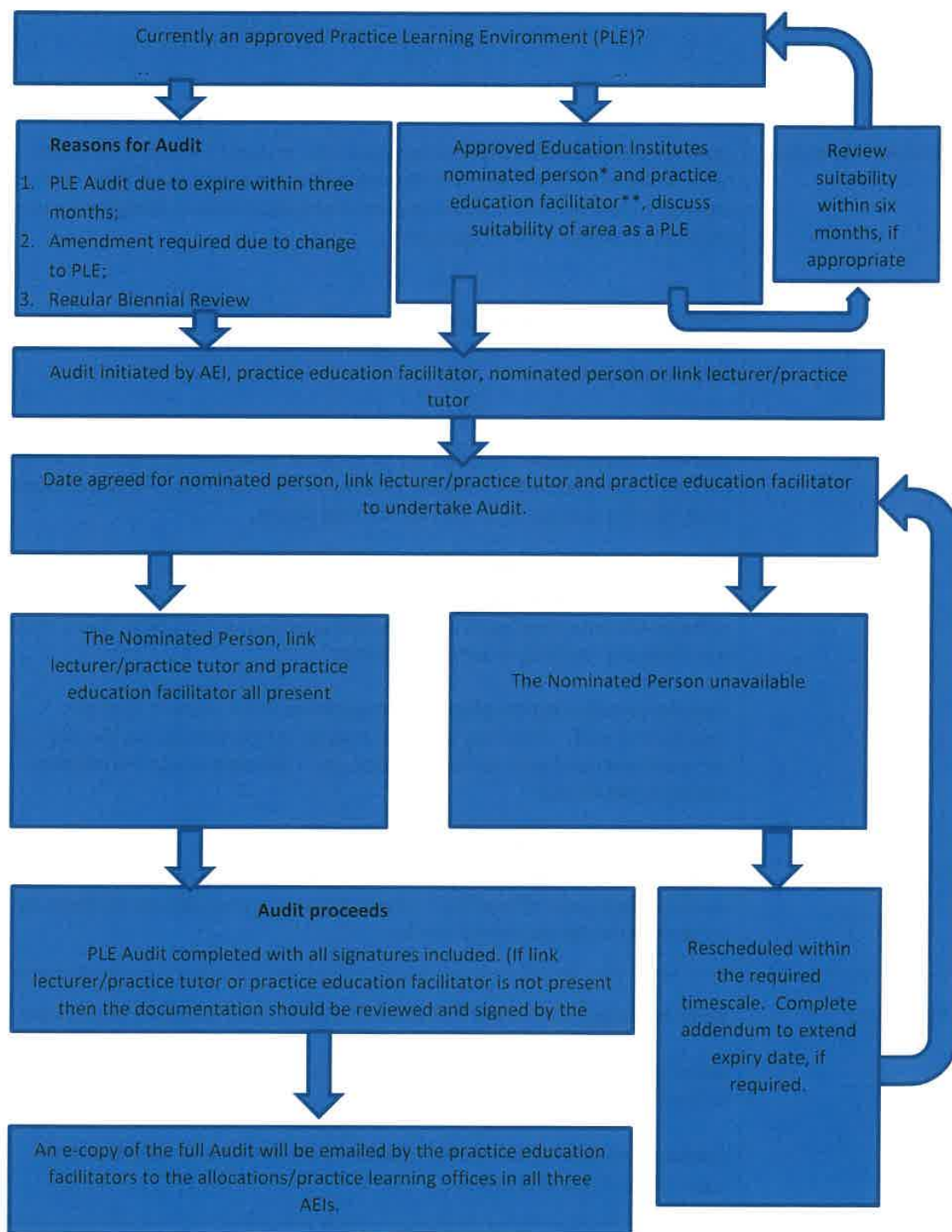
Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Amendments to Audited PLE

Briefly note/date any amendments to the PLE since the last review, if applicable		
Reviewed by: Name and position of Reviewer	Amended on: Enter date.	Shared with: Name and role

Appendix One: Undertaking an Audit – Flow Chart



Nominated person is the ward sister, charge nurse, team leader, registered home manager, or designated person.

Practice education facilitator involvement only where applicable/relevant.

Sample QUB Student Evaluations between March – July 22

Placement Area	Student comments
Behavioural Services	<p>Learning Opportunities My practice supervisor ensured I was able to spend time on the ward to achieve any learning outcomes on my epad. They also ensured to practice and improve my communication skills by bringing me to MDT's and outings with service users.</p> <p>Positive contributions to placement experience Allowed time with service users -given tasks that was a new experience -worked around my portfolio to help me achieve it</p>
Cranfield 2	<p>Learning Opportunities Allowed me to come up with plans and goals to achieve that went alongside what I needed to complete on my EPAD. - Any additional opportunities that came up they let me take part in.</p> <p>Part of the Team I was given jobs to do throughout the day by all staff member, being treated equally to all the others working. - They also placed my name on the rota sheet each day (as supernumerary) but let other know that I was there and working as part of the team.</p> <p>Positive contributions to placement experience Good support from all members of staff. - Ensuring that i got enough breaks throughout the day - If the ward was quiet with no learning that day, I was able to use the office to complete NIPAD wor</p> <p>Satisfaction/ comments I thoroughly enjoyed this practice learning experience. - The staff there were very supportive and always looking for opportunities for me to complete and asking me if I wanted to take part in various things or sit in for team meetings during the weeks.</p>
Cranfield 2	<p>Ward Induction Ward sister had planned a really good induction to the ward.</p> <p>Learning Opportunities My favourite placement to date and the placement I believe I have learnt the most.</p> <p>Satisfaction/ comments I really enjoyed my placement and would love the opportunity to go back again.</p>
Cranfield 2	<p>Positive contributions to placement experience Friendly staff team who made effort to make you feel welcome and to provide learning experiences. Wider MDT involvement in learning student sessions.</p>

	<p>Satisfaction/ comments Overall, I was very satisfied with the quality of this placement. I feel the current media attention of MAH could have made being there more difficult, however, the team were amazing and gave much needed reassurance about the current situation, answering any of our questions. Staff put so much effort into ensuring we were meeting our learning points and ensuring our safety. Something that I found very beneficial was the knowledge and experience of a newly qualified nurse who took a post in Cranfield 2 last year. She was an outstanding nurse and made me feel at complete ease as I was very nervous about this placement.</p>
Cranfield 2	<p>Learning Opportunities My PA and PS regularly ensured I was meeting my learning experience needs, they did so by having regular informal meetings with me and when completing my weekly learning logs. They also liaised with members of the MDT to organise my further learning opportunities.</p> <p>Positive contributions to placement experience Great welcoming team, an abundance of learning opportunities, PA and PS regularly checking in with students to see how they are getting on. Excellent support and encouragement given. Overall I had an amazing time on my management placement on CF2, I learned so much. The staff are an amazing team and they welcomed me from day one. I just want to say thank you to them all for making my management placement very special.</p> <p>Satisfaction/ comments It is an excellent placement that students will be lucky to experience.</p>
Donegore	<p>Ward Induction My practice assessor was not in on my first or second shift to complete my initial discussion, however it was completed within my first week.</p> <p>Learning Opportunities My practice supervisor helped arrange for me to work alongside members of the MDT in order to gain an awareness of their contribution in an LD hospital setting.</p> <p>Positive contributions to placement experience Staff were always helping me to seek out positive learning experiences - I had the opportunity to build therapeutic relationships with the patients on the ward.</p>
Donegore	<p>Learning Opportunities: If they were attending meetings they invited me to come, planned for me to meet with different MDT members.</p> <p>Part of the Team I have answered yes, however, this took some time. At the start of the placement I found this a challenge.</p> <p>Positive contributions to placement experience Supportive PS PA was very helpful and provided me with many opportunities and tasks to complete.</p>

	<p>Satisfaction/ comments This was my first inpatient experience so I feel I got a good learning experience, however if I has of been in this setting before, I feel I would not have learnt much. Due to patients presenting as challenging and high risk behaviours there was limited interaction with 3/6 patients. This ward is extremely short staffed which affected my learning. I found it hard to get time with PS/PA to get NIPAD signed off however, in the end we did get everything signed off.</p>
Sixmile	<p>Ward Induction I got an induction pack on the ward to go through and I was given a pass and keys. I was made aware of the patients backgrounds. I was not told I couldn't share info about myself with the patients and I wasn't told I couldn't be alone with them for even a conversation which was brought up at a later date. I think this needs explicit inducted for students attending this placement in future to promote safety.</p> <p>Learning Opportunities: Myself and other students actively sought out learning opportunities. We were made aware of what was available on the ward but opportunities weren't made available and we had to make those opportunities ourselves.</p> <p>Part of the Team Majority of the team were very welcoming and lovely. Agency staff especially were excellent. Some staff were unprofessional whilst I attended this placement in which they developed a gossipy and clicky environment.</p> <p>Positive contributions to placement experience. I was heavily supported by most staff and especially my PA who was excellent and extensively tried to make opportunities within the ward for me. My tutors at QUB were very supportive and were always on hand when I needed support. The meetings we had with Theresa Greene were so supportive and positive and like group therapy which really helped me and I think would be great for future students also.</p> <p>Satisfaction/ comments It was a good experience overall. Majority of staff were welcoming and supportive. A lot of opportunities to work in MDT.</p>



Student experiences in Muckamore
14th of May 2019
Level 3 MBC

Notes of Meeting

Welcome and apologies

In attendance;

Mrs Carol Chambers, Lead Nurse, Practice Education Coordinator (PEC)

Ms Helen Crawford, Practice Education Facilitator, (PEF)

Dr Lynne Marsh, Senior Lecturer, Professional Lead for Learning Disabilities.

Apologies:

Ms Moira Mannion, Deputy Director of Nursing, Workforce, Education, Regulation and Informatics

Mr Seamus Coyle, Nursing Development Lead (NDL)

1. Overview of placements, placement capacity

- a. Students have reported gaining invaluable management experiences from very supportive staff in Muckamore and overall are learning so much while on placement. However, some voiced worries regarding low levels of staffing.
- b. Their concerns were escalated to Mrs Moira Mannion who addressed the concerns in an email providing much reassurance.
 - E roster - monthly roster is in place for several years.
 - This is reviewed by the senior leaders on site, on a weekly basis and if required due to temporary absence by staff who are unfit for duty daily with alternative arrangements facilitated either by staff movement on site or from the Trust bank.
 - Presently we have a contract with external agency staff who have been working in the teams over the last nine months, these staff are highly skilled and work integral in the teams.



- Vacancies are out to recruitment with an open file, the open day for the Trust is this Saturday.
- We have a live governance meeting each week, with a weekly report to the executive team, the MDT team meeting take place weekly with included review of observations required by each patient inclusive of day care needs.
- Finally, the Trust are highly committed to the NMC standards for our future nurses and the NMC. The 15/16 management placements for the learning disability students, would have been reviewed and if assessed necessary reduced should there have been a concern about a staffing, that would impact on the students learning experience and the achievement of their set learning objectives.

2. Student supports

Continuous student supports available; PEC, Link Lecturer, Mentors, ward managers etc.

3. Orientation and induction plans for the coming year (all mandatory sessions)

a. Learning disability students

Placement 1, 2 & 3; Attend a formalised 2-hour welcome and orientation meeting facilitated by the PEC team on their day of placement in as far as possible.

Placement 4 & 5; Full day induction for second years from November 2019 onwards prior to placement 4 & 5. Date for 2019 is November 11th.

We will also have to revise this being mindful that placement timing may change with the new curriculum in 2020. It is anticipated that this will be a joint Trust initiative and not just a Muckamore induction. Although Muckamore will lead it.

b. Placement 9- Management Students. Attend a formalised 2-hour welcome and orientation meeting facilitated by the PEC team on their day of placement in as far as possible.

c. Placement 6; Attend a formalised 2-hour welcome and orientation meeting facilitated by the PEC team on their day of placement in as far as possible.

d. Other fields of students- Attend a formalised 2-hour welcome and orientation meeting facilitated by the PEC team on their day of placement in as far as possible.



Placement 1 and placement 9 students will all receive a formalised 2-hour orientation meeting facilitated by the Practice Education Team.

From November 19, all second year students will receive a formalised full day induction on the Muckamore site. This has been scheduled for the 11th November 2019 and will continue each November on subsequent years. It is anticipated that this will be a joint Trust initiative and not just a Muckamore induction, although Muckamore will lead it. A database will be held by the Practice Education Team to record the students that have attended.

The Practice Education Team will facilitate a formalised 2 hour orientation meeting for any student that is on placement in Muckamore and who have not attended the formalised full day induction. This will include placement 2 and 3 learning disability students and alternative field students.

4. In Place evaluations

no report received to date re Muckamore- Carol will follow up on this.

5. Educational audits-

Some areas are due to be audited. Helen will confirm which ones and the dates for same.

AOB

- a. Ward managers meeting- this was scheduled for the 1st of May at 10am. Helen and Lynne arrived but the meeting was cancelled. This will have to be rescheduled. Helen to request a meeting with Breige Connery, Operational Manager as this is the 3rd time the ward managers meeting has been cancelled.



Actions from meetings;

Details of Action	Actioned by:	Actioned Completed
Behavioural Services and Cranfield student capacity to reviewed in July 2019	All	Ongoing
Seamus is collating a report from the 3 inductions to date and will provide the rationale for changes that have been discussed going forward based on student evaluations.	Seamus	Ongoing
LD nursing students in principal to attend Muckamore for full day induction in May each year. Agenda for induction to be developed	Seamus Helen	Ongoing- 11 th of November 2019 agreed for this induction
Placement 1 and Placement 9 orientation meeting dates and agenda confirmed	Helen	Completed
In Place evaluations- not received yet	Carol	Ongoing
Educational audits- areas due for auditing to be confirmed	Helen	Ongoing Moyola Day Care due by end of Sept 19 Cranfield 1, Cranfield 2 and Sixmile are due by end of Nov 19

Next meeting date and time; June 25th at 14:30.



Partnership meetings Muckamore & QUB

Microsoft Teams Meeting, 29th June 2021 @ 10.00 hrs

Notes of Meeting

In attendance

Ms Helen Crawford, Practice Education Facilitator, (PEF)
 Dr Lynne Marsh, Senior Lecturer, Learning Disabilities Nursing
 Mrs Patricia McKinney, Divisional Nurse, Muckamore Abbey Hospital
 Mrs Carol Chambers, Lead Nurse, Practice Education Coordinator (PEC)
 Mrs Kelly Anderson, Nurse Development Lead
 Siobhan Bradley, Practice Education Facilitator, (PEF)

Apologies

None

Minutes from 29th of June, 2021 agreed and ratified

Congratulations: We wish to congratulate Mrs Trisha McKinney on her recent appointment and thank her for her engagement with this partnership. Your support has been greatly welcomed and appreciated and the best of luck in your new post.

Overview of placements, placement capacity

Muckamore can currently facilitate up to 11 students across the years and fields. This is constantly under review. More recently, 15 students were being facilitated.

Student supports

- Students continue to have the support of ward managers, senior management, practice assessors, practice supervisors, nurse development lead, practice education team and link lecturer.
- Continue to utilise the action plan to support students and use it across wards rather than just Erne as part of the student induction process for all placement 9 students.

Notes prepared by Lynne Marsh



Orientation and induction plans for the coming year (all mandatory sessions)

- Muckamore Induction day scheduled for the 11th of October, 2021 for 2nd years. Given the Covid situation, this will remain on Teams and Lynne to set up the meeting invite. Helen to share the details of the guest speakers and the agenda for the day prior to the 11th of October.
- The plan is for this induction to be completed prior to students attending Placement 4 rather than placement 5.
- Lynne to develop and share the Teams evaluation prior to the induction.

Placement evaluation

- Continue to encourage all students to evaluate their placement via InPlace.

Audits

- This remains a standing item and audits are being completed as required.

Student evaluations

- InPlace evaluations have not been shared recently with the Trust. Carol will follow up on this and share with the team.

Allocating pregnant students to Muckamore.

- As part of a recent audit of Donegore, a discussion occurred in relation to allocation of pregnant students. There were concerns raised that students were at risk of injury when pregnant and that the allocations would need to be reviewed and would the inclusion of placement not suitable for pregnant student be appropriate. It was deemed necessary to bring this to this committee.
- The current support mechanism is that a pregnancy risk assessment is required to be carried out by the Trust once aware of the student's pregnancy status.
- After much discussion, it was agreed that this process remains in place and will be reviewed on an individual basis and risk assessed as per the partnership agreement.
- An addendum will be added to the Donegore audit to retract this statement and this will be kept under review.

Notes prepared by Lynne Marsh



'Process for raising concerns' guidance (Traffic light system)

- This has been retitled as 'Process for raising concerns' and was shared and discussed with this team. Next step is for Lynne to bring it to the Education committee for discussion and wider sharing.

Identifying additional placement opportunities

- A discussion was held in relation to identifying more learning disability student placements. All Trusts including the Belfast Trust have been tasked with developing more placement opportunities for students across sites given the increasing demands for quality learning placement environments. Siobhan has identified some additional placement opportunities, some of which do not have a Registered Nurse full time on site and Practice Assessors need also to be identified. There were a range of diverse views heard.
 - While it is a great opportunity to develop and grow these placements, Lynne as an RNLD reminded the members was that we do not want to be in a position that the learning disability student nurses' placements become diluted and they will be unable to gain the relevant learning experiences if they are consistently placed in non-nurse led placements. Lynne did agree that these would be very valuable as elective placements for out of field students.
 - Kelly as an RNLD was of the view that these were beneficial opportunities and there was merit in pursuing these placements for the learning disability students.
 - Helen and Siobhan agreed that there was merit in developing these placement opportunities across fields.
 - Trish also favoured these placement being developed and was keen to develop community placements as well.
 - The lack of PA's would need to be addressed as a key point in allocating students to non-nurse placements.
 - Siobhan will continue to scope and audit these additional placements

Notes prepared by Lynne Marsh



Actions from this meeting;

Details of Action	Actioned by:	Actioned Completed
Plan for Muckamore Induction on the 11 th October.	K Anderson H Crawford L Marsh	Agreed for this to go on Teams Evaluations to be shared at the next available opportunity
Student evaluations of induction	K Anderson H Crawford	Evaluations to be shared at the next available opportunity
Audits	H Crawford L Marsh	Ongoing
'Process for raising concerns' guidance	L Marsh	Education committee
Student InPlace Evaluations	C Chambers	Ongoing

Date of next meeting: 15th of November, 2021

Notes prepared by Lynne Marsh

**OPEN UNIVERSITY (BSc HONS, NURSING) and BELFAST HEALTH AND SOCIAL
CARE TRUST, PRACTICE PROGRESS MEETINGS, TERMS OF REFERENCE**

COMMITTEE	BHSCT/OU Practice Link meeting
PURPOSE	<p>To provide a forum to:</p> <ul style="list-style-type: none"> • To regularly review the BHSCT employees/OU nursing students on the OU, BSc (Hons) nursing programme • To identify nursing students with academic or practice issues • To review the practice learning placement allocation process and forward plan allocations prior to the AEI mapping meetings • To review recruitment and selection process • Actively promote an integrated agenda and agree actions
MEMBERSHIP	<p>Chair/ Facilitator</p> <p>Rotate between AEI and Practice</p> <p>Membership: Donna Gallagher: Senior Lecturer in Nursing OU Evelyn Mooney: Interim professional lead OU Una St-Ledger & Mary Findon-Henry: OU (nursing) Staff Tutors Keri Finlay and Lina Furnell: OU faculty coordinators Carol Chambers: Lead Nurse, Practice Education Coordinator Clare O'Hara & Helen Crawford: Practice Education Facilitators (PEF) from OU workstream</p> <p>In attendance: Invite others as agreed by group e.g., practice tutors, other PEF's, OU students, BHSCT managers</p> <p>File Note: OU student progress template which will be added to the BHSCT SharePoint site</p>
Agenda	<ul style="list-style-type: none"> • Review of all BHSCT/OU student nursing cohorts • Student Progress Issues • Placement Allocation Process • Recruitment & Selection • AOB
AUTHORITY	Information sharing

Reviewed 19/04/2022, next review September 2022

	To agree and implement agreed actions required to ensure a quality learning environment.
MEETINGS	Quorum Minimum of 3 Frequency of Meetings: 4 times per year Papers OU nursing student progress template will be shared with BHSCT practice education team and updated at each meeting. Time 2 hours Venue BHSCT or OU (either face to face or on-line)
REPORTING	To: <ul style="list-style-type: none">• Lead Nurse, Practice Education Coordinator• Professional lead (nursing) OU
CONFLICT/ DECLARATION OF INTEREST	None noted.
REVIEW	Jan 2023

Reviewed 19/04/2022, next review September 2022

Open University/Belfast Health and Social Care Trust Progress Meeting

Date 14/04/2022

Purpose: To discuss and agree a forward risk plan for, three, Part 1, OU nursing students/subject to BHSC Protection Plan, and progression to Part 2 of the Open University, BSc (Hons) nursing programme

Attendees

Sheelagh O Connor Belfast Health and Social Care Trust (Divisional Nurse)
Carol Chambers Belfast Health and Social Care Trust (Lead Nurse, Practice Education Co-ordinator)
Helen Crawford Belfast Health and Social Care Trust (Practice Education Facilitator)
Evelyn Mooney Open University (Lecturer in Nursing, Professional Lead Nursing NI Interim)
Mary Findon-Henry Open University (Staff Tutor)

Agreed Plan.

Following OU publication of, end of Part 1, progression to Part 2 programme results 27th April 2022, agree a one-off meeting with each nursing student, face to face, possible venue Muckamore Abbey Hospital, with OU Staff Tutor, and BHSC Practice Education Team representative/s

ACTION: Sheelagh and Carol to agree BHSC representative/s meeting date/venue.

Purpose for the meeting, to rationalise the BHSC Protection Plan, with student nurse's professional support, supervision, and assessment, for progression to Part 2 of the OU/BSc Hons nursing programme.

To clarify possible delay in co-qualification lead/programme lead, OU nursing, endorsing eligibility for NMC registration on successful completion of the BSc (Hons) nursing programme if the MAH inquiry has not reached a conclusion

ACTION: OU to formally put in writing the outcome of the meeting/s with each of the nursing student's, outlining discussion with key points on OU position with respect to progression

Continue Open University/Belfast Health and Social Care Trust nursing partnership monitoring

- Regional, practice learning placement educational audit, practice learning placement mapping, allocation, student support, supervision, and assessment.
- Three monthly progress meetings with BHSC Practice Education Team and OU Staff Tutor/s
- Practice Tutor monthly reports on student progress

Risk Assessment: potential compromise to learning environment

OU Nation or Locality and area: Ireland

Risk assessor name: Claire McGuigan

Job title: Staff Tutor for Nursing, School of Health Wellbeing & Social Care

Date of assessment: 06/08/2018

Employer Link: Elish Macdougall; Senior Manager for Education

Employer Organisation: Belfast Health & Social Care Trust

Risk	Comment
<p><u>Learning environment issue</u></p> <p><u>Title of organisation</u></p> <p>Belfast Health & Social Care Trust (BHSCT)</p> <p>Muckamore Abbey Hospital</p>	<p>Request received from the Nursing and Midwifery Council on 01/08/2018 to report on the safety of the practice-learning environment for students placed at Muckamore Abbey Hospital, managed by Belfast Health and Social Care Trust.</p> <p>A BBC news report of 26/07/2018 cited in the NMC request for information stated:</p> <p>“An adult safeguarding investigation was initiated in September 2017 following reports of inappropriate behaviour and the alleged physical abuse of patients by staff in two wards in the hospital - one of which was the Psychiatric Intensive Care Unit.”</p> <p>On 3rd August 2018, Brenda Creaney, Executive Director of Nursing, Belfast Health & Social Care Trust provided assurance to The Open University that there is only one area under review following Safe guarding allegations and confirmed that it is Cranfield Intensive Care Unit (ICU).</p> <p>On 7th August 2018, The Open University was advised by the Senior Manager Nursing Education, Regulation and Informatics, Elish MacDougall, at BHSCT that Cranfield ICU had been temporarily withdrawn as a practice placement area. This is due to reduced mentor capacity. An action plan has been put in place to address this and the practice area will be re-audited prior to allocation of students.</p>

Updated December , 2018

<p>Date that the Open University became aware of the issue</p>	<p>The Open University became aware of the issue when cited in the media and upon receiving email from NMC dated 1 August 2018.</p> <p>There are no Open University nursing students on placement in the unit or due to go to the unit at this time.</p>
<p>Is there evidence of ongoing learning environment issue(s)?</p>	<p>There are ten practice-learning environments available at Muckamore Abbey Hospital with the capacity to support 23 students at any one time.</p> <p>Nine of these practice-learning environments are not used by The Open University, as they are specific to students studying learning disability nursing.</p> <p>The one practice learning environment is available to The Open University at Muckamore Abbey Hospital that is:</p> <ul style="list-style-type: none"> • Moyola Day Centre <p>The Open University allocated one student to Moyola Day Centre during January and February 2018.</p> <p>This student's end of practice learning evaluation states that "this is an excellent practice placement with great staff that offers a very good and person centred day care package that benefits patients with learning disabilities to improve their recovery. The staffing levels are of a great ratio to promote a holistic approach to a person's care; and it is a great place to showcase how efficient management can directly impact the great quality of care provided by staff". (Open University Feb 2018)</p> <p>Students from The Open University have not escalated any concerns regarding their practice-learning environment at Moyola Day Centre, Muckamore Abbey Hospital.</p> <p>Practice Tutors from The Open University have not escalated any concerns regarding the quality of any practice learning environment at Moyola Day Centre, Muckamore Abbey Hospital.</p>

Implications for a quality learning environment and experience	<p>A student, due to commence the BSc (Hons) Mental Health Nursing qualification in September 2018 is employed on Cranfield ICU as a healthcare support worker.</p> <p>The Open University pre-registration nursing programme is delivered flexibly enabling health care support workers to continue working part-time in their substantive role whilst studying. The student will continue to work on Cranfield ICU as a healthcare support worker. All of the student's mental health nursing practice experiences will be undertaken in mental health nursing audited environments across BHSCT and not at Muckamore Abbey Hospital.</p> <p>Currently, there is not a learning-disability pathway in the Open University pre-registration nursing programme.</p> <p>It is not anticipated that students from the Open University will be allocated to Muckamore Abbey Hospital prior to October, 2018. Students are allocated in partnership with the BHSCT Education Team and robust processes are in place to provide assurance on the quality of the learning environment prior to allocation.</p> <p>The Open University will plan Exposure Placements for the pre-registration nursing students in October 2018 for placements commencing January 2019.</p>
Is there a potential risk?	<p>In terms of the practice placement at Muckamore Abbey Hospital previously accessed by The Open University:</p> <p>1] There is no identified risk at Moyola Day Centre.</p> <p>The Open University will continue to work closely with the Belfast Health and Social Care Trust using the current robust processes to mitigate any potential risk.</p>

Outcome of Risk Assessment in relation to OU students

Level of Risk	Yes	No
No risk		
Minimal risk	✓	
Significant risk		
How is the risk being managed?	No students are currently in practice at Muckamore Abbey Hospital.	

Updated December , 2018

If there is significant risk the following actions should be taken where appropriate and the date the action was completed recorded.

Actions to be taken	

Review date: 24th September 2018

Name of Risk Assessor: Claire McGuigan

Signature of Risk Assessor: *CMcGuigan*

Job title of Risk Assessor: Staff Tutor

Date: 08.08.2018

CC: Employer

Review: Friday 21st September 2018

- Follow up meetings in person and via phone have taken place between Donna Gallagher, Senior Lecturer Nursing and Executive Director of Nursing Brenda Creaney, Deputy Director Moira Mannion, and Senior Manager for Education, Workforce and Informatics Elish MacDougall.
- Liaison continues with Queen's University Belfast and University of Ulster.
- The outcome from the current safeguarding investigation is awaited. The final report of the expert panel is due with the Board of the Trust by end of September.
- On 1st September 2018 a nursing assistant whose substantive employment is on Cranfield PICU commenced the Open University BSc (Hons) Mental Health Nursing. Three other OU nursing students, at various stages of their mental health nursing programmes, are also employed in substantive nursing assistant roles in Muckamore Abbey hospital. Moira Mannion, Carol Chambers Practice Education Coordinator and Donna Gallagher will meet with these students to provide support. The students' practice placements are in appropriate mental health nursing settings.

Name of Reviewer: Donna Gallagher

Job Title: Senior Lecturer

Date: 21/09/2018

Updated December , 2018

Review 10th December 2018

- A further 2 meetings have taken place between Donna Gallagher, Senior Lecturer Nursing and Executive Director of Nursing Brenda Creaney, Deputy Director Moira Mannion, and Senior Manager for Education, Workforce and Informatics Elish MacDougall in November 2018.
- In December Donna Gallagher, Carol Chambers, PEC BHSCT and Donna Stinson, PEF BHSCT met with the 3 Open University Nursing students whose substantive employment is at Muckamore Abbey. All 3 students continue to progress academically and professionally gaining practice learning experiences in the Trust but outside Muckamore Abbey.
- The outcome from the current SAI investigation has concluded and the report shared with Families affected by the SAI in December 2018. The report is presently been redacted for purpose of making the report available to trade union colleagues staff and relevant partner organisations this will be made available by the Trust by end of January 2019.
- Communication has been maintained with HOS QUB and Ulster Universities alongside the Practice Education Coordinator regarding all current Education Audits.

Name of Reviewer: Donna Gallagher
Job Title: Senior Lecturer
12/12/18

Review 25th April 2019

- A further meeting has taken place between Donna Gallagher, Senior Lecturer nursing and Carol Chambers, Practice Education Co-ordinator today, 25/04/19.
- Donna Gallagher and Carol Chambers, PEC BHSCT continue to meet with the 3 Open University Nursing students whose substantive employment is at Muckamore Abbey. All 3 students continue to progress academically and professionally gaining practice learning experiences in the Trust, but outside Muckamore Abbey in other Trust locations. Feedback from students has been very positive.
- The outcome from the current SAI investigation concluded and the report was shared with Families affected by the SAI as planned in December 2018.
- Communication has been maintained with HOS QUB and Ulster Universities alongside the Practice Education Coordinator, Carol Chambers regarding all current Education Audits in place in Muckamore Abbey Hospital.
- Cranmore PICU unit was closed in December 2018, due to staffing cover challenges. The Trust took this decision. The PEC and Donna Gallagher continue to keep this under review at monthly meetings.
- OU students to date have not required access to any practice learning environments in Muckamore Abbey.

Name of Reviewer: Donna Gallagher
Job Title: Senior Lecturer
25/04/19

Updated December , 2018

NIMDTA
Deanery Visit to Trust



FINAL REPORT

Hospital Visited	Muckamore Abbey Hospital, Belfast Trust
Specialty Visited	Psychiatry
Type of Visit	Cyclical
Trust Responsible Officer	Dr X, X Dr X, X Dr X, X
Date of Visit	18 November 2011
Visiting Team	Mr X, X Ms X, X Dr X, X Dr X, X Mrs X, Lay Representative Mrs X, X

Purpose of Deanery Visits	The General Medical Council (GMC) requires UK Deaneries to demonstrate compliance with the standards and requirements that it sets (GMC-The Trainee Doctor). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways, the Northern Ireland Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPS). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland
Purpose of this Visit	This visit is part of a programme of visits to all Psychiatric Units in Northern Ireland in October-December 2011 to assess the training environment and the postgraduate education and training of trainees attached to these units.
Circumstances of this Visit	The Deanery Visiting Team met separately with educational leads, trainees, trainers and management team on the Muckamore Abbey site
Relevant Recent Visits	None
Pre-Visit Meeting Date	3 rd October 2011
Purpose of Pre-Visit Meeting	To review and triangulate the evidence about postgraduate medical education and training in the unit to be visited
Pre-Visit Documentation Review	GMC National Trainee Survey (2010) NIMDTA pre-visit Trainee Survey (Survey Monkey – September 2011) Trust Background Information Template (September 2011)
Types of Visit	<u>Cyclical</u> Planned visitation of all Units within 4 years <u>Interim Visit</u> Decision at Quality Management Group after Grading of Cyclical Visit Reconfiguration of Service <u>Problem-Solving Visit</u> Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.
Re-Grading Outcome	B1 Satisfactory <i>See final page for grading descriptions</i>

Trainees Interviewed		
	Core (CT1-3)	Higher (ST4+)
Interviewed/Total	2/3	4/4
Trainers Interviewed		
Consultants interviewed/total 4/7		
Feedback provided to Trust Team		
Dr X, X Dr X, X Dr X, X Dr X, X Dr X, X Dr X, X		
Contacts to whom the visit report is to be sent to for factual accuracy check		
Dr X, X Dr X, X		

Background
<p>Staff: There are 7 consultants (6.1 WTEs), 1 associate specialist/staff grade (with 1 post vacant), 3 registrar slots (ST4+- 1 currently filled with 2 slot-share less than full time trainees) and 3 core trainees (CT1-3). Educational supervision is provided by Dr X. Educational leadership by X (X) and Dr X (X). Clinical leadership is provided by Dr X (X) and Dr X (X).</p> <p>Rotas: Junior Trainees (CT1-3) work in the evenings, nights and weekends on a 1-in-26 full shift rota as part of Mental Health at Night rota covering Belfast Trust (acute psychiatry in-patient sites at Mater, Belfast City and Knockbracken; Belfast Trust Emergency Departments at Mater and Royal Victoria; and 2 GP out-of-hours services). The Senior Trainees (ST4+) provided 2nd call learning disability cover of Muckamore Abbey in-patients and out-patients in South Eastern, Northern and Belfast Trusts (First on call for emergencies or admission to the Muckamore wards is provided by GPs).</p> <p>Other Sites: In-patient care is only provided on Muckamore Abbey site. Out-patient clinics are provided on a number of sites.</p> <p>Programme: In-house teaching is provided weekly on a Monday lunchtime including case presentations, journal club and audit component (once/month). There is also a Belfast Trust-wide multi-disciplinary psychiatry education meeting on Friday lunchtime (once/month). Trainees are facilitated to attend relevant centrally-run courses – QUB Diploma in Mental Health, Psychotherapy and MRCPsych preparation as appropriate in Belfast.</p>

Findings against GMC's Standards for Training

Domain 1 – Patient Safety

Clinical Supervision

Clinical supervision was described as good. The consultants were accessible. Feedback was usually informal. All trainees had 1-1 weekly 1 hour supervision meetings with their consultants.

Handover

For the junior trainees, there are formal handovers at 8.45am, 4.45pm and 8.45pm as part of the Mental Health at Night rota. There is no formal handover at Muckamore.

Workload

Workload was usually manageable during the day but quite variable at night on the Belfast Mental Health at Night rota. There were some clinics which over-ran and this was made more difficult by these clinics being remote from Muckamore (Bangor) and being late returning to Muckamore after the clinic. The trainees feel this issue is being addressed and should be resolved in January 2012.

Rota

The junior trainees work at night on the Belfast Mental Health at Night rota covering the Belfast Trust in-patient units (Mater, Windsor House-Belfast City Hospital and Knockbracken), Belfast Trust Emergency Departments (Mater and Royal Victoria Hospitals) and GP out-of-hours services. These trainees worked with a senior registered mental health nurse and the next tier of senior cover was provided at the registrar level (ST4+). Some of the trainees had concerns about how they could safely cover multiple sites at the same time. It did not appear to the visiting team that these trainees felt empowered to call the second tier for help when they felt stretched due to simultaneous emergencies on different geographic sites.

EWTD Compliance

There were no issues regarding EWTD compliance

Domain 5 – Delivery of approved curriculum including assessment

Practical Experience

Practical experience is dependent on the team to which the trainee is attached. The trainee attached to the Forensic Ward looked after in-patients, admitted and discharged patients and also gets some experience of community. The trainee attached to the community team was an intrinsic member of the specialised mental health team for learning disability, did 2 clinics per week, and attended link meetings with 4 multidisciplinary teams in the Belfast area. The trainee attached to the acute in-patients team mainly did ward work and attended multi-disciplinary team meetings in the acute in-patient ward and two other in-patient units. The trainee attached to the chronic long stay patients was involved in the care of patients in 3 different ward areas and did 1 clinic/week. Trainees who were slot-sharing did out-patients clinics in Belfast and Bangor. There were no issues regarding tasks of limited educational value.

Training Days

Trainees are released to attend Regional teaching on Psychotherapy or in preparation for MRCPsych as appropriate.

Domain 6 - Support and development of trainees, trainers and local faculty

Induction

Trainees attended generic induction in Belfast Trust, Psychiatry-specialty induction at Windsor House, and unit induction at Muckamore Abbey. The Psychiatry induction was good and ran on the first day and 2 subsequent Fridays and covered a range of psychiatric disorders, Trust guidelines and policies and the arrangements for Mental Health at Night rota. The induction to Muckamore included an explanation of the workings of the hospital, a tour of the site and provision of a handbook by one of the trainees who had worked in the unit before. The trainees missed out on introductions to the consultants.

Education Supervision

Trainees knew who their educational supervisors were, had met with them, had signed an educational agreement and were making progress with their workplace based assessments.

Hospital Specialty Educational Meetings

Trainees described a well organised unit educational meeting on Monday lunchtimes which involved journal club and case presentations and which was well supported by consultants

Audit

Most of the trainees were taking part in audits and there were opportunities to present audits monthly during the Monday lunchtime teaching programme.

Internet Access - Trainees described an inadequate number of computers and slow internet access.

Undermining - No issues were raised

Personal Safety

Trainees had been provided with dis-engagement training at Muckamore. Some of the trainees raised issues about personal safety when visiting patients at the GP out-of-hours service in Belfast (Beldoc). They felt vulnerable, due to perceived lack of secure car parking, when walking back to their cars in the dark after seeing patients during the night at Beldoc.

Trainer Support

Trainer Training Most consultants had attended a Teaching the Teachers course and some expressed an interest in attending a course on Managing Trainees in Difficulty. Trainers were not sure that they were receiving emails from the Belfast Trust Education Centre concerning the Doctors in Difficulty courses or courses for clinical and educational supervisors

Training Capacity. Due to increasing sub-specialisation of the consultants, there are challenges in providing a balance between in-patient and out-patient experience for trainees. In addition, trainees may not get much experience of acute psychiatry.

PA Allocation The consultants feel that time for clinical end educational supervision duties is squeezed but they do have time recognised for 1-1 weekly 1 hour supervision sessions with their trainees

Accountability. Dr X is responsible for postgraduate medical education and training in the Trust

Appraisal. Appraisal for educational roles occurs as part of annual appraisal

Conclusions**Good Practice:**

1. The trainees all rate the unit highly
2. Generic and Specialty-specific induction programmes were both good.
3. Education supervision was good
4. Clinical supervision was good
5. Formal education was good
6. Audit was well supported

Areas for Improvement:

1. The unit induction could be improved by an opportunity to meet the consultants during the session.
2. Practical experience was not well balanced for all trainees. The attachments should be re-organised to provide trainees with both in-patient and out-patient experience.
3. Mental Health at Night. Safety of simultaneous cover of multiple sites – We would request the Specialty Education Lead to investigate whether there are genuine safety issues here or whether this is due to a lack of empowerment on the side of trainees in not feeling able to ask for help from the next tier of seniority.
4. Personal Safety at night and car parking at Beldoc. We would ask the Trust to investigate the trainees concerns re secure car parking.
5. Computer and internet access reported as weak by trainees and trainers.

	Grading Outcome	Description	Action Plan	Update on Action Plan	Re-visit
A1	Excellent	Exceeds expectations under all GMC domains	Not required	Not required	Not necessary
A2	Good	Meets expectations under all GMC domains	Not required	Not required	Not necessary
B1	Satisfactory	Areas for improvement identified, but no significant areas of concern	Required within 10 working days	Required within 6 months	No automatic re-visit
B2	Satisfactory (with conditions)	Areas for improvement identified. Specific concern to be addressed	Required within 10 working days	Required within 6 months	No automatic re-visit
C	Borderline	Areas of concern to be addressed	Required within 10 working days	Required within 3 months	Automatic re-visit within 12 months
D	Unsatisfactory - Not able to assess	Unable to assess due to lack of trainee and/or trainer engagement with visit	Urgent conference with Medical Director and Director of Medical Education within 10 working days.		
E	Unsatisfactory - Urgent action	Urgent action required on significant areas of concern	Required within 10 working days	Required within 3 months	Required within 3 months
F	Unsatisfactory- Unsafe Training Environment – Immediate Action	Immediate action to be taken by notification to nominated Trust representative. Possible withdrawal of trainees/training post after discussion with GMC	Required within 10 working days	Required within 30 working days	Automatic re-visit within 3 months

Trust Action Plan to Deanery Visit Report



All final reports will be sent to the Director of Medical Education, and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS
These reports will be used to inform GMC of both good practice and areas of concern through the Annual Deanery Report.

Hospital Visited	Muckamore, Belfast	Specialty Visited	Psychiatry
Type of Visit	Cyclical	Date of Visit	18 November 2011
Trust Responsible Officer	Dr. Una Carabine	Deadline for submission of Trust Response/Action Plan	N/A
Action Plan Reviewed By QMG	13 August 2012	QMG Grading Decision	B1 Satisfactory

	Grading Outcome	Description	Action Plan	Update on Action Plan	Re-visit
A1	Excellent	Exceeds expectations under all GMC domains	Not required	Not required	Not necessary
A2	Good	Meets expectations under all GMC domains	Not required	Not required	Not necessary
B1	Satisfactory	Areas for improvement identified, but no significant areas of concern	Required within 10 working days	Required within 6 months	No automatic re-visit
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F	Unsatisfactory- Unsafe Training Environment – Immediate Action	Immediate action to be taken by notification to nominated Trust representative. Possible withdrawal of trainees/training post after discussion with GMC	Required within 10 working days	Required within 30 working days	Automatic re-visit within 3 months

Visit Team Findings against GMC Standards for Training					
	Areas For Improvement Identified by Visit Team:	Trust Action Proposed:	Lead and Involved Individuals:	Date to be completed by:	QMG Response:
1	The unit induction could be improved by an opportunity to meet the consultants during the session.	The site educational lead takes part in the induction programme and meets all new trainees. Opportunities will be provided for the LD consultants to meet with all the LD trainees at an early stage.	Dr D Hughes and Colleagues	April 2012	The Deanery QMG acknowledges and accepts this action.
2	Practical experience was not well balanced for all trainees. The attachments should be re-organised to provide trainees with both in-patient and out-patient experience.	<p>The trainee job plans will be reviewed to ensure that they include a balanced experience. Trainees are encouraged to obtain experience in areas outside their individual post for example by attachment to other consultants' clinics and special interest sessions.</p> <p>The Trust intends to appoint a non-training grade doctor. This should increase flexibility in trainee job plans.</p> <p>UPDATE 14.6.12:</p> <p>The Educational Supervisor & Clinical Director have reviewed trainee job plans to ensure that trainees have access to training in both inpatient and outpatient settings. Individual job plans should reflect not only service needs but the training needs, seniority and previous experience of the trainee.</p>	Dr D Hughes	June 2012	The Deanery QMG would acknowledge and accept this update.
3	Mental Health at Night. Safety of simultaneous cover of multiple sites – We would request the Specialty Education Lead to investigate whether there are genuine safety issues here or whether this is due to a lack of empowerment on the side of trainees in not feeling able to ask for help from the next tier of seniority.	<p>As noted in the Windsor visit report "the junior staff could get help from the experienced nursing members of the team and from registrars on the 2nd tier. They had learnt how to prioritise quickly and would have no hesitation in getting a patient transferred by ambulance to the acute hospital if the patient had a major medical problem and the trainee had difficulty in travelling to that site in a timely fashion."</p> <p>Updated written guidance to trainees reinforces the advice to trainees. Clear guidance is given regarding response to emergencies and how to deal with situations when simultaneously calls come from different sites. Trainees are advised to call the second on call if assistance is needed. The second on call can in turn call the consultant. Non-medical (nursing) member of the team can also provide backup.</p> <p>The intensity of calls will be monitored and the system kept under review.</p>	Dr P Sloan	Achieved	The Deanery QM group would like to thank the Trust for carrying out and sending through the results of the 'Mental Health at Night' audit.

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4	Personal Safety at night and car parking at Beldoc. We would ask the Trust to investigate the trainees concerns re secure car parking.	<p>Parking provision will be addressed by Trust management with provision of appropriate access to safe and convenient spaces.</p> <p>UPDATE 14.6.12:- Fobs allowing access to the fenced car part at Fairview have been provided by estate services and are available for trainees on duty with the Mental Health at Night service.</p>	Mr M Carney	May 2012	The Deanery QMG would acknowledge and accept this update.
5	Computer and internet access reported as weak by trainees and trainers.	<p>The Trust will work to improve access to computers and the internet access locally. There are plans to introduce a IT-based Community Information System (PARIS). This will involve increased provision of IT facilities across the site.</p> <p>UPDATE 14.6.12:- There is one ordinary PC and two chip PCs in the library, a chip PC in the journal room, and a chip PC in each trainee's office. Speed and reliability remain an issue, though the ordinary PC in the library should provide reliable and speedy access unless two juniors require this at the same time. The desktop computers should provide reliable and speedy internet access. The internet access in the trainees' offices are the Chip computer arrangement. The Trust recognises that there is an issue with this arrangement with regards to speed and reliability. A number of meetings have taken place with the Trust IT Department, they are aware of the issue, and I understand the issue is on a priority list for action.</p>	ICT Department Dr D Hughes	May 2012	The Deanery QMG would acknowledge and accept this update.

Additional Comments from the Trust:

We would like to thank the Deanery team for their visit which has facilitated the service in reviewing our training scheme. We intend to continue to develop the scheme to respond to the needs of trainees in a changing system of service delivery.

On behalf of the Trust:

Signature of Nominated Trust Responsible Officer

NIMDTA
Deanery Visit to Belfast Trust

FINAL REPORT



Hospitals	Belfast Trust
Specialty Visited	Psychiatry
Type of Visit	Cyclical visit
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Cathy Jack, Medical Director Dr Una Carabine, Director of Medical Education
Date of Visit	25 th May 2017
Visiting Team	Dr Richard Tubman, Associate Dean (Chair) Dr Joanne Minay, Training Programme Director (General Adult), School of Psychiatry Dr Mark Luty, Assistant Director of Medical Education, NHS Ayrshire and Arran; External Representative Dr John Harty, Foundation Representative Mr Eoin Doyle, Lay Representative Mrs Geraldine McCullough, Hospital Specialty Executive Officer, NIMDTA

Purpose of Deanery Visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the Northern Ireland Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPs). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland.
Purpose of this Visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Psychiatry in the Belfast Trust.
Circumstances of this Visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Psychiatry at Mater Hospital.
Relevant previous Visits	Cyclical visits to Psychiatry units in Belfast Trust, 18 th November, 25 th November and 1 st December 2011
Pre-Visit Meeting	24 th May 2017
Purpose of Pre-Visit Meeting	To review and triangulate information about postgraduate medical education and training in the unit to be visited.
Pre-Visit Documentation Review	Previous visit reports 2011 and subsequent Trust Action Plans Trust Background Information Template for Belfast Trust, April 2017 Pre-visit SurveyMonkey® May 2017 GMC National Training Surveys 2016
Types of Visit	<u>Cyclical</u> Planned visitation of all Units within 5 years <u>Re-Visit</u> Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service <u>Problem-Solving Visit</u> Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.
Grading Outcome	B2 : Satisfactory (with conditions) <i>See final page for grading descriptions.</i>

This report reflects the findings from the trainees and trainers who were available to meet with the visiting team on the day of the visit and information arising from the pre-visit survey.

Please note the following recommendations from the Francis Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry on Training and Training Establishments as a Source of Safety Information:

- **Recommendation 160:** Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.
- **Recommendation 161:** Training visits should make an important contribution to the protection of patients. Obtaining information directly from trainees should remain a valuable source of information.

Educational Leads Interviewed

Dr Peter Trimble, Specialty Education Lead in Psychiatry
 Dr Andrew McAllister, Foundation Programme Director (MIH)
 Dr Hilary Boyd, Consultant Psychiatrist (CAMHS)
 Dr Peter Sloan, Consultant Psychiatrist (Adult Psychiatry)

Trainees Interviewed

	F2 and GPST	CT1-3	ST3+
Posts	5 F2, 6 GPST1	19	10 (5 General adult, 1 Psychotherapy, 1 Forensic, 1 Old Age, 2 Intellectual Disability)
Interviewed	4 F2, 2 GPST1	12	6

Trainers Interviewed

Trainers x 15

Feedback provided to Trust Team

Dr Peter Trimble, Specialty Education Lead in Psychiatry
 Dr Andrew McAllister, Foundation Programme Director (MIH)
 Dr Dearbhail Lewis, Foundation Programme Director (RVH)
 Mr Barney McAnearney, Co-Director Mental Health Services BHSC
 Dr Peter Sloan, Consultant Psychiatrist (Adult Psychiatry)
 Dr Hilary Boyd, Consultant Psychiatrist (CAMHS)
 Dr Philip McGarry, Consultant Psychiatrist (Adult Psychiatry)

Contacts to whom the visit report is to be sent to for factual accuracy check

Dr Cathy Jack, Medical Director
 Dr Una Carabine, Director of Medical Education
 Dr Peter Trimble, Specialty Education Lead in Psychiatry

Background

Organisation: Inpatient mental health services are provided in Knockbracken Healthcare Park, Mater Hospital (both adult), Beechcroft (CAMHS) and Muckamore (ID). There are outpatient clinics at several venues across the Trust area. Much of the clinical care is provided in the community setting or in outpatient clinics by a range of consultant-led multidisciplinary teams.

The facilities at Windsor House, BCH and Shaftesbury Square Hospital have closed. There are plans to locate a large component of inpatient adult mental health services in a new centre on the BCH site, although some specialist inpatient services will continue at Knockbracken.

Staff: There are 65 consultant Psychiatrists (34 General adult, 16 CAMHS, 9 ID and 6 Old Age) and 16 Associate Specialist/Specialty Doctors (9 General adult, 3 CAMHS, 2 ID and 2 Old Age) in Belfast Trust.
There are 10 ST3+, who take part in the second tier rotas.
There are 19 core trainees (three of whom have been on long term sick leave), 6 GPST1 and 5 F2 doctors who take part in the first on-call rotas.

National Training Surveys:

NB: BCH and Shaftesbury Square Hospital appeared on the 2016 NTS returns.
There were green indicators for Clinical Supervision out of hours at Knockbracken and at Muckamore and for Handover and Induction in General Psychiatry in the 2016 Trainee Survey.
There were red indicators for Organisational Culture, Time for Trainers and Support for Trainers in Mater Hospital, and a red indicator for Supportive Environment at Muckamore in the 2016 Trainer Survey.

Previous Visits/Concerns: All four visit reports from 2011 (Knockbracken, BCH, Mater, Muckamore) were graded: **B1 Satisfactory.**

Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

Theme 1: Learning Environment and Culture

S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

Induction (R1.10, 1.13, 1.19)

Trust induction in August 2016 was comprehensive and met trainees' needs. There were no delays in getting badges or passwords.

Unit induction lasted for 4 days (three for F2 who did not need CAMHS induction). Teaching covered important areas including rotas, the mental health order and rapid tranquilisation protocols, and there were handouts. Trainees met some of the mental health team at induction.

All trainees received personal alarms and breakaway/MAPA training as part of induction.

Core trainees said that the F2 buddying system hadn't been explained to them so they were not clear on their roles and responsibilities.

ST3+ trainees said that they had received an induction about cross-covering SEHSCT out of hours. However, their lines of responsibility were not clear, and they would have appreciated more explicit written details about cover and handover at weekends.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)

Trainees reported that clinical supervision was good at all times including out of hours. F2 trainees reported that they would feel more comfortable during their unscheduled care shift if they had the support of a senior mental health nurse. Senior help was readily accessible when needed.

F2s reported that some of them liked the previous buddy system as it meant there was an extra pair of hands out of hours. GPST trainees reported that they were never buddied by core trainees even though their previous psychiatry experience was similar to that of F2s. The core/F2 buddy system has now been discontinued largely because of rota pressures.

Tier one trainees reported that F2, GPST and core trainees were all termed "SHO" by nursing staff.

ST3+ trainees reported that they received about 1 hour per week of formal clinical supervision, which was generally good.

Handover (R1.14)

There is a morning handover at 8.30am at Fairview (MIH) throughout the week including weekends. There is a consultant present at this. All unscheduled care patients are discussed.

Handover is person to person on weekday evenings. There is a formal evening handover only at weekends, which the first tier trainee and the on-call registrar attend. The ST3+ trainees said that "they were not sure what their role was" in the weekend handover.

ST3+ trainees reported that there was not a formal handover in Muckamore.

Practical Experience (R1.19)

F2: practical experience depended on which ward F2s were attached to. Ward work comprised about a 50:50 split of medical and psychiatry duties and included admissions, discharges and consultant ward rounds. There was not an excess of non-educational tasks. F2s in acute adult psychiatry did not attend outpatients but those in old age psychiatry did: they were able to see new and review patients and discuss them with the consultant.

F2 trainees covered the wards in Knockbracken and MIH out of hours. They did liaison psychiatry and no longer were "buddied" by the core trainees. They had psychiatric nursing support and could phone the on-call registrar when necessary.

GPST: trainees reported that they got a good balance of inpatient and outpatient work including home visits. They covered two CAMHS units and Muckamore out of hours.

Core: trainees have a wide range of duties depending on their attachments. These included inpatient and outpatient work, home visits, unscheduled care/liaison work, tribunals and prison visits, psychotherapy sessions, etc. In general trainees were satisfied with their clinical experience although core trainees in Muckamore reported that it could be difficult covering the duty bleep, as there were rota gaps.

Core and ST3+ trainees said that there is an imbalance between the F2 and core trainees in exposure to on-call liaison. Core trainees' liaison opportunities have decreased.

ST3+: trainees reported that they received a wide range of opportunities according to their sub-specialty. They were able to carry out duties and make decisions at a suitably senior level.

Workload (R1.7, 1.12)

Workload was said to be variable depending on the placement – MIH was busy but old age psychiatry in Knockbracken was quieter. Out of hours workload was manageable.

EWTR Compliance (R1.12e)

Trainees reported that rotas were complex and at times constructed ad hoc because of rota gaps.

The first tier rota has two trainees covering liaison/unscheduled care and the wards from 5-9pm, then one trainee covering nights or weekends. F2 trainees said that they were currently working an excess of weekends, which they believed was due to rota gaps.

GPST trainees were able to get a half-day off after their shift but reported that the 48-hour shift at weekends could be arduous and was sometimes followed by an outpatient clinic on Monday.

Core trainees reported that they did on average 1:6-7 on-calls, which were manageable. They reported that there had been a high sickness rate, which resulted in a lot of extra shifts needing cover.

Hospital and Regional Specialty Educational Meetings (R1.16)

F2, GPST and core trainees were able to attend regional teaching events. There is no specific regional teaching for higher trainees.

There is protected local teaching each week from 9-11am on Fridays at Musgrave Park Hospital. Trainees said that this was "really good". Consultants attended and presented. Trainees could present at the meeting but said that they would value more opportunities to do so. There is a Balint group on Wednesday morning at Knockbracken. All trainees are encouraged to attend this.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)

The visit team noted the comprehensive new educational facilities in MIH.

Quality Improvement and Audit (R1.3, 1.5, 1.22)

Trainees reported that there were opportunities to do audit or QI projects.

ST3+ trainees reported that there were few opportunities for research in psychiatry.

Patient Care (R1.1, 1.3, 1.4)

Trainees reported that in their view the standard of patient care was excellent. The nurses in unscheduled care were well trained and provided a good service. The nurses in the Forensic service were held in high regard.

Patient Safety (R1.1-1.5)

No issues reported. There is a daily safety brief at the unscheduled care handover, and in Muckamore.

<p>Trainees appear to have a variable understanding of the Trust incident reporting system.</p>
<p>Theme 2: Educational Governance and Leadership</p> <p>S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p>S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>
<p>Educational Supervision (R2.11, 2.14, 2.15)</p> <p>All trainees had named educational supervisors and had met with them regularly. This was generally of good quality, with one notable exception, of which the School of Psychiatry is aware and will follow up at ARCP.</p> <p>There were no barriers to completion of WBAs.</p>
<p>Theme 3: Supporting Learners</p> <p>S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>
<p>Feedback on Performance, Development and Progress (R3.13)</p> <p>Trainees reported that they regularly received informal feedback from consultants and at clinical supervision meetings, which usually lasted approximately 30-60 minutes each week. There were opportunities for feedback at the morning handover meeting.</p> <p>Trainee Safety and Support (R3.2)</p> <p>Trainees said that their safety was taken seriously. They reported that they always saw patients in the company of another staff member. Potentially difficult patients were flagged up on the Paris system. However there were no alarms in the liaison rooms in either of the EDs in RVH or MIH.</p> <p>Trainees reported that the Fairview building had been broken into one evening in the week before the visit (this is their office base out of hours). They said that the nurses were now nervous about working there out of hours. There did not appear to be any security cameras or alarms there. Staff had not been given any feedback or reassurances about their future safety at Fairview.</p> <p>Trainers reported that the Liaison Office in RVH was "dreadful and oppressive". There was a constant leak of water from the physio pool in the floor above into the office.</p> <p>Undermining (R3.3)</p> <p>No specific issues were reported. Trainees reported that they felt supported, valued and appreciated by the mental health nurses.</p> <p>F2 trainees said that they sometimes felt pressurised by consultants and the workforce coordinator to fill rota gaps. Shifts were organised by the workforce coordinator and they "had no real say in the matter". Core trainees also said that they found the rota issue stressful, particularly as in their view "they were not communicated with until the last minute". They said that they felt that they were put under a lot of pressure to fill the gaps.</p> <p>Study Leave (R3.12)</p> <p>No difficulties obtaining study leave. GPST trainees were able to attend Diploma of Mental Health teaching on Wednesdays. The visit team noted the significant up-front costs for trainees in psychotherapy.</p>
<p>Theme 4: Supporting Educators</p> <p>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>
<p>Trainer Support (R4.1-4.6)</p> <p>Trainers reported that their educational roles were included in job planning, they were funded properly and that there was a system for educational appraisal.</p> <p>Trainers were supported to get to training courses and all named supervisors were fully recognised by NIMDTA.</p>
<p>Theme 5: Developing and Implementing Curricula and Assessments</p> <p>S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>
<p>There were no concerns that trainees were unable to meet curricular requirements during the duration of their placement.</p>

Summary of Conclusions

The below conclusions have been categorised as follows:

- i) Educational governance (training)
- ii) Clinical governance or patient safety issues

Comment

Trainees hold the mental health nurses in very high regard. They are skilled, helpful and supportive to trainees. The visit team noted the comprehensive new educational facilities in MIH.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):

1. Trainees receive breakaway training and personal alarms at induction.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance
1. Induction. ST3+ trainees said that they had received an induction about cross-covering SEHSCT out of hours. However, their lines of responsibility were not clear, and they would have appreciated more explicit written details about cover and handover at weekends.	✓	✓
2. Practical Experience. There is an imbalance between the F2 and core trainees in exposure to on-call liaison. Core trainees' liaison opportunities have decreased which is disappointing given the previously good standard.	✓	
3. Potential Patient Safety. Trainees appear to have a variable understanding of the Trust incident reporting system.	✓	✓

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement; patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance
1. Clinical Supervision. Tier one trainees reported that F2, GPST and core trainees were all termed "SHO" by nursing staff. This does not acknowledge the potentially wide range of experience and competences across this group of trainees.	✓	✓
2. EWTR Compliance. Trainees reported that rotas were complex and at times constructed ad hoc. Core trainees said that they found the rota issue stressful, particularly as in their view "they were not communicated with until the last minute". The organisation of rotas would benefit from using an electronic template that could provide allocations and calculated hours well in advance to trainees.	✓	✓

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm; trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance
1. Trainee Safety & Support. Trainees reported that the Fairview building had been broken into in the week before the visit. They said that the nurses were now nervous about working there out of hours. There did not appear to be any security cameras or alarms there. Staff have not been given any feedback or reassurances about their future safety at Fairview.		✓

2. Trainee Safety & Support. Trainers reported that the Liaison Office in RVH was “dreadful and oppressive”. There was a constant leak of water from the physio pool in the floor above into the office. Trainers reported that this is not fit for purpose for training/supervision of trainees. <u>This has been shared for information only.</u>	N/A	N/A
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	Grading Outcome	Description	NIMDTA Review
A1	Excellent	Exceeds expectations for a significant number of GMC standards.	Cyclical
A2	Good	Meets expectations under all GMC standards.	Cyclical
B1	Satisfactory	Areas for improvement identified but no areas of concern. No amber ratings.	No Automatic Revisit / Cyclical
B2	Satisfactory (with conditions)	Areas for improvement identified. Specific concern to be addressed. Amber concern(s) to be addressed. No red ratings.	Cyclical / No Revisit Required - issues will be monitored via Quality Reporting from the LEP or School.
C	Borderline	Areas of concern to be addressed (may include one red or multiple amber RAG ratings).	NIMDTA Review within 12 months (unless all concerns are adequately addressed by the LEP within 6 months of rated action plan being issued). The review may include a revisit.
D1	Unsatisfactory: Urgent Action	Urgent action required on significant areas of concern or multiple red RAG ratings.	NIMDTA Review within 6-12 months of rated action plan being issued. This is expected to include a revisit unless all areas have been adequately addressed.
D2	Unsatisfactory: Unsafe Training Environment - Immediate Action	May apply if multiple red RAG ratings requiring immediate action are identified. LEP representative will be informed and may result in the implementation of the 'Removal of Trainees' process.	NIMDTA Review within 3-6 months which may include a revisit. If no improvements within this period, the 'Removal of Trainees' process may be initiated.
U	Unable to Assess	Unable to assess due to lack of trainee and/or trainer engagement with visit.	

LEP Action Plan to Deanery Visit Report

All final reports including the Trust action plan will be sent to the Director of Medical Education and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS. Final reports and action plans with names redacted will be published on the NIMDTA website. These reports will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

Local Education Provider (LEP) Visited	Belfast Trust	Factual Accuracy Report (15 working days to respond)	Date Issued: 30 June 2017 Date Trust Response Received: NO TRUST RESPONSE RECEIVED.
Specialty Visited	Psychiatry	Interim Report and Action Plan Timeline	Date Issued: 28 July 2017 (For Response by: 18 August 2017) Date Trust Response Received: 18 August 2017 Date Reviewed at QM: 04 September 2017 Date QM Updated Action Plan Issued: 21 September 2017 Action Plan Update Deadlines: 15 December 2017 Date Trust Response Received: Date Reviewed at QM:
Type of Visit	Cyclical		
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Cathy Jack, MD Dr Una Carabine, DME		
Date of Visit	25 May 2017		
QMG Grading Decision & Date	B2: Satisfactory (with conditions) 04 September 2017	Final Report & Action Plan	Date Final Action Plan Issued: Date Final Report Uploaded to Website: Final Report Sent to: Dr Cathy Jack & Dr Una Carabine Date Final Report Sent: 21 September 2017

	Grading Outcome	Description	NIMDTA Review
A1	Excellent	Exceeds expectations for a significant number of GMC standards.	Cyclical
A2	Good	Meets expectations under all GMC standards.	Cyclical
B1	Satisfactory	Areas for improvement identified but no areas of concern. No amber ratings.	No Automatic Revisit / Cyclical
B2	Satisfactory (with conditions)	Areas for improvement identified. Specific concern to be addressed. Amber concern(s) to be addressed. No red ratings.	Cyclical / No Revisit Required - issues will be monitored via Quality Reporting from the LEP or School.
C	Borderline	Areas of concern to be addressed (may include one red or multiple amber RAG ratings).	NIMDTA Review within 12 months (unless all concerns are adequately addressed by the LEP within 6 months of rated action plan being issued). The review may include a revisit.
D1	Unsatisfactory: Urgent Action	Urgent action required on significant areas of concern or multiple red RAG ratings.	NIMDTA Review within 6-12 months of rated action plan being issued. This is expected to include a revisit unless all areas have been adequately addressed.
D2	Unsatisfactory: Unsafe Training Environment - Immediate Action	May apply if multiple red RAG ratings requiring immediate action are identified. LEP representative will be informed and may result in the implementation of the 'Removal of Trainees' process.	NIMDTA Review within 3-6 months which may include a revisit. If no improvements within this period, the 'Removal of Trainees' process may be initiated.
U	Unable to Assess	Unable to assess due to lack of trainee and/or trainer engagement with visit.	

Visit Team Findings against GMC Standards for Training									
	Educational and/or Clinical Governance	Area for Improvement / Area of Concern / Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Trust Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead Individual:	Date to be completed by:	QMG Comment	Risk Rating	Status
1	Clinical Governance	Area of Significant Concern	<p>Trainee Safety & Support. Trainees reported that the Fairview building had been broken into in the week before the visit. They said that the nurses were now nervous about working there out of hours. There did not appear to be any security cameras or alarms there. Staff have not been given any feedback or reassurances about their future safety at Fairview.</p> <p><u>This was supplied for information only.</u></p>	<p>The incident has been investigated and the risk assessment has been reviewed. This was highly unusual event.</p> <p>Mental Health at Night staff are based in Home Treatment Team main office upstairs in Fairview 2. Staff advised to keep in regular contact with colleagues lone working regarding their whereabouts and expected time of return to base.</p> <p>Staff should use Mater psychiatry out-patients department which have been risk assessed at night for GP referrals. Staff are provided with and advised to carry personal alarms and work in pairs in this area.</p> <p>Issues relating to the safety of premises will be kept under review.</p> <p>If staff are concerned about intruders at night, assistance can be called for by phoning hospital security or if necessary contacting the Police Service.</p>	Mr Mel Carney	Completed	The Deanery QM group thank the Trust for the update provided but note that this was supplied for information only. A RAG rating will not be allocated and this will be categorised as closed on the action plan.	N/A	N/A

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2	N/A	Area of Significant Concern	<p>Trainee Safety & Support. Trainers reported that the Liaison Office in RVH was "dreadful and oppressive". There was a constant leak of water from the physio pool in the floor above into the office. Trainers reported that this is not fit for purpose for training/supervision of trainees.</p> <p><u>This has been shared for information only.</u></p>	<p>Since the visit, work has been carried out at the liaison offices at the Royal Victoria Hospital, which have been refurbished and redecorated.</p> <p>It is anticipated that the liaison department will be relocated to more suitable accommodation as part of the overall development of the RVH site, as part of New Directions 2.</p>		<p>Renovations carried out.</p> <p>Date for relocation unknown.</p>	<p>The Deanery QM group thank the Trust for the update provided but note that this was supplied for information only. A RAG rating will not be allocated and this will be categorised as closed on the action plan.</p>	N/A	N/A
3	Educational & Clinical Governance	Area of Concern	<p>Clinical Supervision. Tier one trainees reported that F2, GPST and core trainees were all termed "SHO" by nursing staff. This does not acknowledge the potentially wide range of experience and competences across this group of trainees.</p>	<p>To help identify the grade and experience level of trainees colour coded lanyards which have printed on them the designation of the trainee are issued at induction. Trainees are encouraged to make clear to nursing colleagues their level of experience.</p> <p>Charts describing the different grades and matching them to the lanyard colour will be sent to wards.</p> <p>The Associate Director of Nursing will write to nursing team leaders to remind them of the training grade designations.</p> <p>Awareness of the different medical training grades will be included in nursing induction.</p>	Mr Mel Carney	<p>Lanyards issued August 2017</p>	<p>The Deanery QM group acknowledge and accept the update provided.</p>	Low Impact / Low Likelihood	Stage 5
4	Educational & Clinical Governance	Area of Concern	<p>EWTR Compliance. Trainees reported that rotas were complex and at times constructed ad hoc. Core trainees said that they found the rota issue stressful, particularly as in their view "they were not communicated with until the last minute". The organisation of</p>	<p>It is the Trust's experience that trainees have been reticent at times to offer to provide cover in an emergency for the first 72 hrs and in some instances have had to be contacted repeatedly before they have provided solutions. The Trust will remind trainees at induction of their contractual</p>	Dr P Sloan	<p>August 2017</p>	<p>The Deanery QM group note that the new rota is less complex and should assist trainees obtaining sufficient notice in advance. Please confirm by 15 December 2017 that trainees are notified of their rota six weeks in</p>	Medium Impact / Medium Likelihood	Stage 2

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			<p>rotas would benefit from using an electronic template that could provide allocations and calculated hours well in advance to trainees.</p>	<p>obligation where possible. In addition to this the trainees have agreed that a "first approach list" will be developed and held by Medical Workforce office. The purpose of this list is to ensure that the same trainees who offer to help in an emergency are not always those first approached. Issues can arise when at short notice someone is unable to work a shift or session through illness or unforeseen circumstances. Sometimes there is a late change in allocation of trainees to the Trust or an expected trainee does not take up post.</p> <p>In addition to this, a new rota template has been developed. This should help make clear what duties are planned and aid in maintaining fairness.</p> <p>The template is designed to facilitate fairness in the mechanism for requesting changes to cover gaps arising unavoidably at short notice and without increasing overall hours worked.</p> <p>The new rota is less complex and should allow advance notice of duty.</p> <p>In addition the new head of school has already been working on the mechanism by which NIMDTA communicate with Trusts regarding the allocation of trainees.</p> <p>The issues will be kept under review and feedback sought from trainees.</p>			advance.		
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5	Educational & Clinical Governance	Area for Improvement	Induction. ST3+ trainees said that they had received an induction about cross-covering SEHSCT out of hours. However, their lines of responsibility were not clear, and they would have appreciated more explicit written details about cover and handover at weekends.	Written information is now available from the South Eastern Trust regarding cover of the SEHSCT out of hours. The topic will be addressed in a briefing meeting for trainees.	Dr J Caughey	August 2017	The Deanery QM group require confirmation that the briefing meeting has taken place to enable this item to be closed. In addition, the group would like a copy of the written information as well as confirmation that this info is available on a recurrent basis as the trainees rotate. Please provide by 15 December 2017.	Low Impact / Low Likelihood	Stage 2
6	Educational Governance	Area for Improvement	Practical Experience. There is an imbalance between the F2 and core trainees in exposure to on-call liaison. Core trainees' liaison opportunities have decreased which is disappointing given the previously good standard.	The rota has been restructured as mentioned in point 4. This should facilitate access to experience in liaison assessments for core trainee and address any imbalance. Trainees, particularly those new to psychiatry are encouraged to spend time accompanying a member of the Unscheduled Care Team in order to gain experience of emergency or urgent presentations in psychiatry.	Dr P Sloan	August 2017	The Deanery QM group acknowledge and accept the update provided. However please note that practical experience will continue to be monitored via ARCP.	Low Impact / Low Likelihood	Stage 5
7	Educational & Clinical Governance	Area for Improvement	Potential Patient Safety. Trainees appear to have a variable understanding of the Trust incident reporting system.	This topic will be addressed early in the weekly governance academic programme. Training is available on line. The issue will be communicated to clinical supervisors for inclusion in supervision sessions. As a general point, trainees are advised at induction to raise with their clinical or educational supervisor any concerns they might have.	Dr P Trimble	September 2017	The Deanery QM group acknowledge and accept the update provided.	Low Impact / Low Likelihood	Stage 5

Good Practice Items from Visit Report [if applicable]

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
1. Trainees receive breakaway training and personal alarms at induction.

Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

High Impact: patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

Medium Impact: trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

Low Impact: issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

'Likelihood'

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

High Likelihood: the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

Medium Likelihood: the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

Low Likelihood: the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

'Risk'

Risk is then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

Risk Rating

LIKELIHOOD ↓ IMPACT →	LOW	MEDIUM	HIGH
LOW	GREEN	GREEN	AMBER
MEDIUM	GREEN	AMBER	RED
HIGH	AMBER	RED	RED

Status Ratings

Stage 1: NEW CONCERN IDENTIFIED - a concern has been identified and an action plan is not yet in place.
Stage 2: PLAN IN PLACE - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: PROGRESS BEING MONITORED - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: CHANGE SUSTAINED - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: CLOSE CONCERN - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	Theme 2: Educational Governance & Leadership	Theme 3: Supporting Learners	Theme 4: Supporting Educators	Theme 5: Developing and Implementing Curricula and Assessments
<p>S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p>S1.2: The learning environment and organisational culture value and support education and</p>	<p>S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address</p>	<p>S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

training so that learners are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.	concerns about patient safety. S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.			
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Additional Comments from the Trust:

Directorate comment:

The confusion resulting from R 1.8 Promoting Excellence in relation to supervision and support of F2 Doctors resulted in a number of rota changes on the Knockbracken site and concern expressed by junior doctors who felt at times that the policy undermined their autonomy. They have worked with the Trust to devise a rota which is now acceptable to them, NIMDTA and the Trust. The learning from this has been that policies designed for acute medical sites do not always translate easily to other settings and consideration should be given to this in the future.

On Behalf of the Trust: Director of Medical Education

Signature:

Date:

NIMDTA
Educational Monitoring Visit to Trust



FINAL REPORT

Hospital Visited	Muckamore Abbey Hospital, South Eastern Trust			
Specialty Visited	Psychiatry of Intellectual Disability			
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Chris Hagan, Medical Director, Belfast Trust Dr Claire Riddell, Director of Medical Education, Belfast Trust Dr Dearbhail Lewis, College Specialty Tutor, Psychiatry Specialty Programme Dr Stephen Austin, Associate Medical Director Dr Joanna Dougherty, Clinical Director			
Date of Visit	04 December 2020			
Visiting Team	Mr Kourosh Khosraviani, Associate Dean (Chair) Dr Joanne Miney, Head of School Mr Robert Irvine, Lay Representative Miss Sabrina Duffy, Quality Executive Officer, NIMDTA			
Rating Outcome	Red	Amber	Green	White*
	0	2	1	0

Purpose of Deanery visits	The General Medical Council (GMC) requires UK Deaneries/LETBs to demonstrate compliance with the standards and requirements that it sets (GMC-Promoting Excellence 2016). This activity is called Quality Management and Deaneries need to ensure that Local Education and Training Providers (Hospital Trusts and General Practices) meet GMC standards through robust reporting and monitoring. One of the ways the Northern Ireland Deanery (NIMDTA) carries out its duties is through visiting Local Education and Training Providers (LEPS). NIMDTA is responsible for the educational governance of all GMC-approved foundation and specialty (including General Practice) training programmes in Northern Ireland.
Purpose of this visit	This is a cyclical visit to assess the training environment and the postgraduate education and training of trainees in Psychiatry of Intellectual Disability training at Muckamore Abbey Hospital.
Circumstances of this visit	The Deanery Visiting Team met with educational leads, trainees and trainers in Psychiatry of Intellectual Disability training at Muckamore Abbey Hospital.
Relevant previous visits	Cyclical visit to the Psychiatry unit in Belfast Trust in May 2017
Pre-visit meeting	04 December 2020
Purpose of pre-visit meeting	To review and triangulate information about postgraduate medical education and training in the unit to be visited.
Pre-Visit Documentation Review	Previous visit report and subsequent Trust Action Plan - 24 May 2017 Trust Background Information Template December Pre-visit Smart Survey® - November 2020 GMC National Training Survey 2019
Types of Visit	<u>Cyclical</u> Planned visitation of all Units within 5 years <u>Re-Visit</u> Assess progress of LEP against a previous action plan Decision at Quality Management Group after grading of cyclical visit Reconfiguration of Service <u>Problem-Solving Visit</u> Request of GMC Request of RQIA Quality Management Group after review of submitted evidence sufficient to justify investigation and not suitable for investigation at Trust or Specialty School level.

* Risks identified during the visit which were closed through action planning by the time of the final report.

This report reflects the findings from the trainees and trainers who were available to meet with the visiting team on the day of the visit and information arising from the pre-visit survey.

Please note the following recommendations from the Francis Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry on Training and Training Establishments as a Source of Safety Information:

- **Recommendation 160:** Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.
- **Recommendation 161:** Training visits should make an important contribution to the protection of patients. Obtaining information directly from trainees should remain a valuable source of information.

Educational Leads Interviewed

Dr Dearbhail Lewis, College Specialty Tutor

Trainees Interviewed

	GPST1	CT1 -2	CT3	ST3/4+
Posts	1	1	2	4
Interviewed	1	0	1	3

Trainers Interviewed

Trainers x 3

Feedback provided to Trust Team

Dr Chris Hagan, Medical Director, Belfast Trust
 Dr Claire Riddell, Director of Medical Education, Belfast Trust
 Dr Dearbhail Lewis, College Specialty Tutor, Psychiatry Specialty Programme
 Dr Stephen Austin, Associate Medical Director
 Dr Joanna Dougherty, Clinical Director

Contacts to whom the visit report is to be sent to for factual accuracy check

Dr Claire Riddell, Director of Medical Education, Belfast Trust
 Dr Dearbhail Lewis, College Specialty Tutor, Psychiatry Specialty Programme
 Mrs Kate Crosbie, Postgraduate Education Manager

Background

Organisation: The Belfast sites included in this visit are Muckamore Abbey Hospital which has inpatient beds and the Belfast City Hospital site which has one outpatient clinic. There are intellectual disability consultants who work for the both the Belfast and the South Eastern Trust which has two outpatient clinics.

Staff: There are currently two x consultants and three Specialty Registrars. One consultant is based out in the community and the other is based in Lisburn within the SEHSCT four days a week and one day in Muckamore Abbey Hospital site. Further to this there is 1 x GPST1 trainee, 1 x CT3 trainee, 1 x CT2 trainee and 2 x locum specialty doctors. There is no F1/F2 or Associate Specialists.

Rotas: There is a split rota that consists of on site and off site working as follows:

- 1 x 1.0 WTE & 1x WTE 0.5 On Site consultants
- 1x WTE 1.0 (9-5 Community) Staff Grade and 1x WTE 1.0 Staff Grade (9-5 SEHSCT)
- 1 x GPST1 trainee 1.0 WTE
- 1 x CT3 (LTFT 60%)
- 1 x CT2 1.0 WT
- 1 x Specialty Locum 1.0 WTE
- 1 x Specialty Locum (GP) 0.5 WTE

Other Sites: Knockbracken remaining wards, Acute Mental Health Centre (AMHC) in the Belfast City Hospital & CAMHS in-patient unit based in Forster Green Hospital.

NTS: There was no NTS survey completed this year due to the Covid 19 Pandemic.

Previous Visits/Concerns: The loss of connectivity with trainees working in different sites; loss of opportunity for trainers to touch base with trainees on a more informal basis. This has impacted the timeliness of receipt of rota/impact of rota gaps, the Enhanced Junior Doctor forum working with Medical HR re same. Trainees working in PID being aware of recent investigations who feel very supported by staff in this regard, and made aware of other supports and available/mechanisms for raising concerns.

Findings against GMC's Standards for Medical Education and Training (Promoting Excellence, 2016)

Theme 1: Learning Environment and Culture

S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

Induction (R1.10, 1.13, 1.19)

There appeared to be a very comprehensive approach to induction even given the Pandemic. It was mainly conducted through MS Teams, back up with online documentation which the trainees reported as being very helpful and frequently consulted. There was however concern raised by trainees regarding IT access at different sites. On occasions secretaries have been required to email the last patient letter to trainees for information.

Clinical Supervision (R1.7-1.10, 1.12a, 1.13, 1.15)

This was of a high standard. All trainees felt well supported with appropriate supervision.

Handover (R1.14)

Handover is very informal which would be a concern. It usually involves telephone contact between trainees and on occasion's use of What app groups. Trainees did not feel that this was a significant patient risk given the presently low number of patients.

Practical Experience (R1.19)

All training grades were very happy with the range of clinical material. They were all enthusiastic regarding Psychiatry of Intellectual Disability.

Workload (R1.7, 1.12)

There were no concerns raised regarding the workload.

EWTR Compliance (R1.12e)

All rotas were compliant, there was however concern raised by both trainers and trainees regarding the complexity of the rota, this was due to the requirements of multisite cover on different shifts. The Trust is attempting to address this.

Hospital and Regional Specialty Educational Meetings (R1.16)

There are regular weekly teaching sessions covering the curriculum. There is also once a month Intellectual Disability specific training. These sessions are well supported by consultant trainers.

Educational Resources, Internet Access, Simulation Facilities (R1.19, R1.20)

Within each unit there is good access to IT facilities however as indicated earlier (Induction), access at different sites is problematic and not all trainees have seamless access.

Quality Improvement and Audit (R1.3, 1.5, 1.22)

Trainees are encouraged and supported in both audits and QI projects.

Patient Care (R1.1, 1.3, 1.4)

This is of a high standard. All trainees felt that each patient was cared for in a patient focused care and manner.

Patient Safety (R1.1-1.5)

There are no concerns regarding patient safety.

Theme 2: Educational Governance and Leadership

S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.

S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.

S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Educational Supervision (R2.11, 2.14, 2.15)

All trainees felt well supported by trainers and described easy and frequent access to ES and CS. There are no issues regarding completion of WBAs.

Theme 3: Supporting Learners

S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.

Feedback on Performance, Development and Progress (R3.13)

There are no concerns regarding feedback, this is done in a very supportive manner.

Trainee Safety and Support (R3.2)

There were no concerns raised regarding trainee safety.

Undermining (R3.3)

There are no reports of undermining.

Study Leave (R3.12)

This is accessible and no concerns were raised.

Theme 4: Supporting Educators

S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.

Trainer Support (R4.1-4.6)

All trainers were well supported by the LEP and School. No concerns were raised.

Theme 5: Developing and Implementing Curricula and Assessments

S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

There were no concerns raised.

Summary of Conclusions

The below conclusions have been categorised as follows:

- i) Educational governance (training)
- ii) Clinical governance or patient safety issues

Comment (if applicable)

Areas Working Well

1. Excellent supervision.
2. Supportive environment.

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):

1. The Teaching was highlighted as excellent, and all trainees can access all training provided.
2. All trainees are very well supported by their trainers.
3. The daily huddle to discuss patient care and weekly governance meeting and the drive by all to improve this.

Areas for Improvement (issues identified has a limited impact on a trainee's education and training, or the quality provision for the patient):

	Educational Governance	Clinical Governance	RAG Rating
1. Rota construction is very complex. The Trust is already working to address this. During discussion it was suggested that trainees should be involved in redesigning the rota.		✓	Amber

Areas of Concern (trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement and/or patients within the training environment are receiving safe care but the quality of their care is recognised as requiring improvement):

	Educational Governance	Clinical Governance	RAG Rating
1. Handover. There is no formal process for handover. This needs to be addressed.	✓	✓	Green
2. Induction. Trainees do not have access to all IT resources required. This may be helped by ensuring there is good and timely IT access across all sites and a single portal can be created for handover which can be accessed from any location.	✓	✓	Amber

Areas of Significant Concern (patients/trainees within the training environment are at risk of coming to harm and/or trainees are unable to achieve required outcomes due to poor quality of the training posts/programme):

	Educational Governance	Clinical Governance	RAG Rating
There were no areas of significant concern identified.			

LEP Action Plan to Deanery Visit Report

All final reports including the Trust action plan will be sent to the Director of Medical Education and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS. Final reports and action plans with names redacted will be published on the NIMDTA website. These reports will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

Local Education Provider (LEP) Visited	Belfast Trust				Factual Accuracy Report (15 working days to respond)	Date Issued: 16 December 2020 Date Trust Response Received: 19 January 2021
Specialty Visited	Psychiatry of Intellectual Disability				Interim Report and Action Plan Timeline	Date Issued: 21 January 2021 For Response by: 10 February 2021 Date Trust Response Received: 25 February 2021 Date of PVFU: 26 February 2021 Date Reviewed at QM: 05 March 2021 Date QM Updated Action Plan Issued: 26 March 2021 Action Plan Update Deadliness: 30 April 2021 Date Trust Response Received: 14 May 2021 Date Reviewed at QM: 28 May 2021
Type of Visit	Cyclical Visit					
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Chris Hagan, Medical Director Dr Claire Riddell, DME					
Date of Visit	04 December 2020					
QMG RAG Decision & Date	Red	Amber	Green	White ¹	Final Report & Action Plan	Date Final Action Plan Issued: 28 May 2021 Final Report Sent to: Dr Riddell Date Final Report Sent: 26 March 2021 Date Final Report Uploaded to Website:
	0	2	1	0		
	05 March 2021					

¹ Risks identified during the visit which were closed through action planning by the time of the final report.

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Visit Team Findings against GMC Standards for Training									
	Educational and/or Clinical Governance	Area for Improvement /Area of Concern/ Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Trust Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead Individual:	Date to be completed by:	QMG Comment	RAG Rating	Status
1	Educational & Clinical Governance	Area of Concern	Handover. There is no formal process for handover. This needs to be addressed.	<p><u>Trust Response 25/02/2021:</u></p> <p>This is the responsibility of the CD's in both the BHSCT Muckamore Site and SEHSCT sites to ensure there is a formal handover process available for use to avoid important patient information being missed by the attending trainee, if they have not seen the patient previously. The informal use of a WhatsApp group has the potential for sensitive/confidential patient information being accidentally shared with those it shouldn't be and is not GDPR Compliant. The patient group is very stable in terms of how well known they are. Currently Muckamore is not accepting new admissions, so issues with in-patients are dealt with as they arise, and formal handover on a daily basis is not required, as it would be in other units.</p> <p>We will ensure that trainees are informed to handover any relevant clinical information to their colleagues via phone rather than WhatsApp?</p> <p>We will make this clear at induction.</p> <p><u>LEP Update 14.05.21</u></p> <p>Formal handover should occur to highlight any issues needing action.</p>	CD (sick Leave Feb 2021)	3/2/21	<p>The Deanery QM group thank the Trust for the update provided.</p> <p>This item is now closed. The Trust should ensure that handover of clinical information takes place via phone.</p>	Concern Closed	Stage 5
2	Educational & Clinical Governance	Area of Concern	Induction. Trainees do not have access to all IT resources	<p><u>Trust Response 25/02/2021:</u></p> <p>This is an issue for BHSCT, supplication of IT equipment to the trainees travelling</p>	CD		The Deanery QM group thank the Trust for the update provided.	Medium Impact / Medium	Stage 2

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			<p>required. This may be helped by ensuring there is good and timely IT access across all sites and a single portal can be created for handover which can be accessed from any location.</p>	<p>between different sites should have been addressed during the induction process. This seems to be an issue in the peripheral sites rather than Muckamore. Progress is being made to establish WiFi at the Mount Oriel site. So work is underway with this.</p> <p>LEP Update 14.05.21 The Trust agreed to ensure all trainees have access to this and that usernames, passwords and training on how to use the PARIS system will take place at induction. This has been passed to the Co-Director for action.</p>		<p>To enable this item to be closed, the Deanery QM group require confirmation that this issue has been resolved for trainees.</p> <p>An update on progress is requested by 30th April 2021.</p> <p>Deanery QMG Update 28.05.21 The Deanery QM group thank the Trust for the update provided.</p> <p>The group would like the Trust to continue to monitor and request confirmation following the August 2021 induction. An update will be requested in the September LEP Quality Report due by 30 September 2021.</p> <p>This action plan is now closed.</p>	Likelihood	
3	Clinical Governance	Area for Improvement	<p>Rota. The rota construction is very complex. The Trust is already working to address this. During discussion it was suggested that trainees should be involved in redesigning the rota.</p>	<p>Trust Response 25/02/2021: With the agreement of the Enhanced Junior Doctor forum (which has representation from all training grades) and Psychiatry management, Medical Workforce have drawn up a template for a new rota. This is a much less complex rota, with 2 doctors on full shift out of hours, to cover AMHIC, Knockbracken, Beechcroft and Muckamore. The newly proposed rota aims to have doctors working together to ensure equity of workload. The new rota begins on 3/2/21, and trainee feedback on same will be sought.</p> <p>LEP Update 14.05.21 Rota design is in progress and will be raised with Peter Sloan, CoD for psychiatry. A Trainee survey is to be undertaken. Medical Workforce should be able to advise.</p>	Bernie Macklin (Medical Workforce)	<p>The Deanery QM group thank the Trust for the update provided.</p> <p>To enable this item to be closed, the Deanery QM group require confirmation that the rota issues have been resolved for trainees.</p> <p>An update on progress is requested by 30th April 2021.</p> <p>Deanery QMG Update 28.05.21 The Deanery QM group thank the Trust for the update provided.</p> <p>A further update will be requested in the September LEP Quality Report due by 30 September 2021.</p> <p>This action plan is now closed.</p>	Medium Impact / Medium Likelihood	Stage 3

Good Practice Items / Areas Working Well from Visit Report [if applicable]

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
<ol style="list-style-type: none"> 1. The Teaching was highlighted as excellent, and all trainees can access all training provided. 2. All trainees are very well supported by their trainers. 3. The daily huddle to discuss patient care and weekly governance meeting and the drive by all to improve this.
Areas Working Well
<ol style="list-style-type: none"> 1. Excellent supervision. 2. Supportive environment.

Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

High Impact: patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

Medium Impact: trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

Low Impact: issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

'Likelihood'

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

High Likelihood: the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

Medium Likelihood: the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

Low Likelihood: the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

'Risk'

Risk is then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

Risk Rating

LIKELIHOOD ↓				
	IMPACT →	LOW	MEDIUM	HIGH
LOW		GREEN	GREEN	AMBER
MEDIUM		GREEN	AMBER	RED
HIGH		AMBER	RED	RED

Status Ratings

Stage 1: NEW CONCERN IDENTIFIED - a concern has been identified and an action plan is not yet in place.
Stage 2: PLAN IN PLACE - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: PROGRESS BEING MONITORED - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: CHANGE SUSTAINED - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: CLOSE CONCERN - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	Theme 2: Educational Governance & Leadership	Theme 3: Supporting Learners	Theme 4: Supporting Educators	Theme 5: Developing and Implementing Curricula and Assessments
<p>S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p>S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning</p>	<p>S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p>S2.3: The educational governance system</p>	<p>S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

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outcomes required by their curriculum.	makes sure that education and training is fair and is based on principles of equality and diversity.			
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Additional Comments from the Trust:	
On Behalf of the Trust: Director of Medical Education	Signature:
	Date:

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