

University of the Highlands and Islands Centre for Rural Health Sciences

Nursing and Midwifery Council Exceptional Reporting Policy

Lead Officer (Post):	Head of Centre for Rural Health Sciences
Responsible Office/ Department:	Centre for Rural Health Sciences
Responsible Committee:	Education Partnership Committee
Review Officer (Post):	Associate Head of Centre for Rural Health Sciences
Date policy approved:	18/09/2024
Date policy last reviewed and updated:	18/09/2024
Date policy due for review:	18/09/2026

Purpose of this policy

This document provides guidance on Nursing and Midwifery Council (NMC) exceptional reporting mechanisms within the Centre for Rural Health Sciences in relation to escalating concerns across organisations that deliver regulated NMC programmes. The intended audience for this policy are Executive Nurse Directors, Head and Associate Head of the Centre for Rural Health Sciences.

Definition and scope

UHI delivers all NMC approved programmes in accordance with the NMC standards for education^{1 2}. When risks emerge, or concerns are raised, the Centre must respond swiftly to manage and control risks and concerns appropriately. Risks are described by the NMC as:

• Any risk that may impact or affect the required compliance with NMC education standards, and can include inspections that have generated adverse findings resulting in risk summits, and reports and complaints about the provision of service, practice learning environments and patient safety (Appendix 1).

Additionally, risks or concerns identified by other professional regulators and system regulators that may affect the safe delivery of these standards should also be exceptionally reported.

An exceptional report should be made if:

- students have raised any complaints leading to an internal investigation in the practice learning environment or the approved education institution,
- there's an immediate or impending risk to the safety of students, members of the public or patients,
- an unexpected or unexplained death has occurred,
- a major incident has occurred,
- a placement provider partner has been rated as "inadequate" by the Care Quality Commission (CQC), Health Inspectorate Wales, Healthcare Improvement Scotland or Regulation and Quality Improvement Authority - you do not need to do this if they have been rated by the CQC as "requires improvement",
- significant concerns have been raised by a member of the public, which might affect the student learning environment, the student journey or where there may be a safety concern for members of the public or people who use services.

¹ NMC Standards Framework for Nursing and Midwifery Education 2023 part-1-updated-standards-framework-for-nursing-and-midwifery-education-2023.pdf

NMC Standards for Pre-registration nursing education https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes

³ NMC Quality Assurance Framework 2024 quality-assurance-framework--for-nursing-and-midwifery-education.pdf (nmc.org.uk)

• there's significant public interest in the incident.

Please note that the NMC can also request an exceptional report based on a concern raised by a third party. The NMC's duties around managing and acting on information provided through whistleblowing are set out in the Public Interest Disclosure Act 1998

All reports to NMC should be made by the AEI official correspondent using the template accessed at:

Exceptionally report a risk - The Nursing and Midwifery Council (nmc.org.uk)

The AEI official correspondent is:

Dr Heather Bain: heather.bain@uhi.ac.uk

The AEI official correspondent must respond to a request for an exceptional report within 10 working days of receipt of any request. Reports should be sent to exceptional.reporting@nmc-uk.org

The management of new and emerging risks

Internal University processes in collaboration with the NHS Board should be followed alongside the NMC requirements. The AEI and practice-placement partners provide NMC with timely information and ongoing updates. This indicates that the AEIs have effective internal quality assurance processes in place and are managing the situation appropriately.

The NHS Board reporting process is provided in (Appendix 2).

Private and Independent PLEs

Private and Independent reporting should be made via the Care Home Education Facilitator responsible for that area. The Care Home Education Facilitator will report directly to the Practice Learning Advisor who will then liaise with Associate Head and/ or Head of Centre for Rural Health sciences, and any other relevant parties.

Monitoring

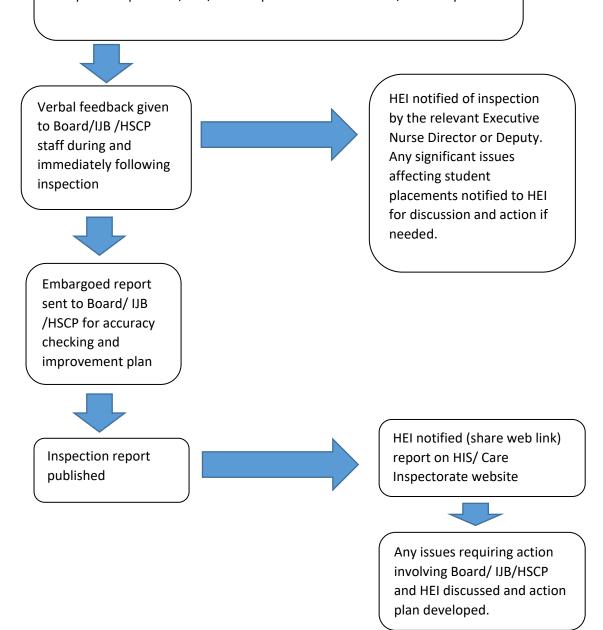
Exceptional Reporting will be an agenda item for Education Partnership Committee (EPC) and the Practice Learning Committee meetings and if required an exceptional meeting will be called.

If the concern is practice related following discussion at EPC, a decision to exceptionally report to NMC will be made. In other cases, the AEI official correspondent in consultation with relevant parties will make the decision to exceptionally report on matters internally. Any affected Boards/private/ independent areas will be notified of the decision.

Appendix 1 External Inspection Visits – Informing HEIs

Announced or Unannounced Inspection to Board/Integrated Joint Board (IJB)/Health and Social Care Partnership (HSCP)

(Healthcare Improvement Scotland (HIS) Safe Delivery of Care in Acute Hospitals Inspections/ HIS/Care Inspectorate – Joint Adult/Child Inspections



Routine feedback at Practice Learning Committee and Education Partnership Committee on these actions

Appendix 2 Serious Incident Flow chart

A concern is raised, or a serious incident occurs, in a clinical environment/s in NHS Highland or NHS Western Isles or other Practice Learning Partner



The incident/concern is documented within the InPase reporting system—If the area of concern is considered to impact on clinical practice areas, and particularly concerning patient safety or the clinical learning environment - the affiliated AEI must be alerted as soon as is practical. Details of the incident, or concern, must be sent to the Head of Centre for Rural Health Sciences, UHI or proxy, as soon as is practical.



Report the occurrence of the incident, or concern, to the NMC as soon as is practical and inform of the intention to develop an action plan to mitigate any negative impact



Convene a pre-determined group – relevant Executive Nurse Director or Deputy and the Head/Associate Head of Centre for Rural Health Sciences to discuss the incident/concern, with the aim of:

- Risk assessing the situation
- Developing an appropriate action plan-this action plan will include documentation of any
 impact the incident or concern may have on patients or the clinical education environment. It
 will also contain actions that will aid mitigation of any negative impact on the patient or
 student nurse/post registration learners within the affected area/s. These actions should
 include appropriate time lines and review dates.



An action plan is developed and agreed, and shared with pertinent AEI colleagues, alongside senior nurses and midwives within the NHS Board. (The action plan timeline will be agreed, and will detail appropriate review dates and output)

The determined actions will be implemented to support mitigation of any negative impact on clinical environments, both clinically and educationally

A report of outcomes will be recorded in a report format



Head of Centre for Rural Health Sciences (or Proxy) will record the outcomes of the action plan within a formal report. This report will be shared with the NMC and identified relevant people.

Version Control and Change History

Version	Date	Approved by	Amendment(s)	Author
0				
1				
2				
3				
4				
5				