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I CAN'T BREATHE EITHER

I CAN'T BREATHE EITHER

*A Strong Knee of Corrupt People and Institutions
is on My Jugular Vein from the Last 8 Years*

Acknowledgements

I would like to dedicate this book to George Floyd who has given me a new lease of life to fight dishonest practices for the benefit of masses.

George Floyd had the knee of a brutal police officer on his neck for 8 minutes46 seconds and left this cruel world. I am having this knee on my jugular vein from the last 8 years and not coming out of it as people and institutions joined hands against a Student Nurse.

I consider myself lucky to be alive in this unprecedented time when the whole world is standing up against racism and injustices. I believe it's a payback time and now the world is ready to eradicate and spit out every evil human being and institution who commits atrocities.

Additionally, I pay gratitude to my Husband who has been a great support for me during all these difficult years. He believes in me and I am convinced that one day my contribution of giving all these years to a great cause will make a difference.

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Author's Note

I am a Frontline Healthcare worker and can't breathe either.

This book is written in the new era and changing scenario everywhere in the world against corrupt practices by people and institutions.

A good portion of this book is the same as of my previous book because the facts remain the same. Names and places mentioned are fictitious to protect confidentiality under the Data Protection Act 1998.

This book is based on my real life experiences of working in the Healthcare sector. It is an honest and true expression of the worst side I have seen at its ugliest form.

I covered what I have gone through while studying Nursing at a University followed by my struggle to get justice to date. Universities and Healthcare settings have been collaborating to abuse Student Nurses for ages. They are dishonest, corrupt and will go to any lengths to punish students who have courage to raise their voice. They conspire with each other to manipulate

the facts and lie to distort the image of students. They boldly lower their grades in absence of any regulations / policy, checks and balances and accountability.

Dishonest University Tutors unjustly fail a student and leave them helpless since there is no transparent system of checks and balances in place.

I exhausted University's internal complaint procedure which took 8 months. Not a single concern was addressed, which was also stated by the Office of Independent Adjudicators report.

Office of Independent Adjudicators (OIA) took another 10 months to arrive at a decision. OIA report concluded that the University violated their procedures multiple times in my case; none of the Fitness to Practice were justified or even applied and concluded 'there is nothing against Mrs. Mughal which can stop her to practice as a Qualified Nurse.'

Despite all this, OIA asked University to **send me an apology and pay £1500 for my distress**. There was no mention of issuing my Nursing Degree. OIA completely ignored its own findings of the University's dishonesty, the manipulating of my grades, corruption and lies to stop me from qualifying as a Nurse.

I contacted all the hierarchy of Health and Social Care Leaders for help without any success.

Background

I started my career as Manager Finance after completion of my Masters in Public Administration and was promoted to General Manager Finance with the ten members of staff.

Thereafter, I joined a Commercial Bank and became 'Diplomaed Associate of Bankers in Pakistan' after passing Banking Diploma Part-1 and Part-2. Examination. I worked in all departments including Credit Management, Foreign Exchange, Accounts, Cash, Clearing and Personnel Administration. I passed both Basic Training and Foreign Exchange Training with distinction and awarded with 2 additional increments.

In the year 2006, I settled in UK as a permanent resident with my Husband. My in-laws were settled here from the early sixties. This was another world where no one was ready to acknowledge my education or extensive work experience.

I started from scratch in this country.

Abstract

During my Nursing studies, I reported two medication errors to my Mentor, NHS Trust and the University. Thereafter, I started facing on-going detriment till date.

These included being downgraded from B+ to D-, failed in Dissertation assessments (I never failed in any academic work or even repeated a subject from my school to Masters), application of unmeritorious Fitness to Practice not 1, 2 but 3, distorting facts in investigation reports and changing records of NHS Trusts to cover-up wrongdoings; misrepresenting facts to the Health Education England, NMC and Office of Independent Adjudicators; injuring my reputation and withdrawing my peer support to achieve their sole purpose of finishing my Nursing Career.

I exhausted University's internal complaint procedures and sought help from Healthcare and University Staff, Student Unions, Health Education England, Health Advisor, Regulatory Bodies, Voluntary

Organisations and Government Hierarchy, but all to no avail.

As a last resort I submitted my complaint to Office of Independent Adjudicators. OIA comes next in tier when a student remains dissatisfied with the University's decision.

OIA crossed all limits in its outcome despite clearly stating: University did not follow their own rules and regulations and did not address a single concern of my formal complaint and none of the FTP was applied. OIA further added; 'there is nothing against Mrs Mughal which can stop her to practice as a Qualified Nurse.' But in remedy OIA advised University to send me an apology and pay £1500 for my distress without addressing my grades change and issuing of my Nursing Degree.

I wrote to OIA to review its decision and seek help from all Health and Social Care hierarchy including Prime Minister in the light of OIA report.

Unfortunately, no one was ready to right the wrong. None of the above responded to my request to investigate the detriments I faced which includes, but

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not limited to; Discrimination, Racism, Victimization, Abuse, Neglect, Bullying, Discrediting of Reputation, Distress, Humiliation, Ill Treatment, Injury to Self-esteem, Loss of Honour, Income, Nursing Experience, Peer Support, Pride, Seniority and Time, Risk to Secure a Job, Sufferings of Family, Unfair and Wastage of Tax Payers Money.

I was due to qualify in September 2015 and with reflection of the next 3 years, I discovered in 2018 that University and other organisations were going beyond their own timelines to give outcome of my complaints to put me down and surrender. I decided to go to another University to resubmit my Dissertation of 40 credits and get my Nursing Degree. The second University wrote to my University to transfer my achieved 320 credits out of 360. University refused saying I was under Fitness to practice ignoring OIA report.

Again, I seek help from all institutions including Prime Minister, the very last contact on 05.06.2020.

I feel strong knee of institutions is on my jugular vein from the last 8 years and I can't breathe.

1. UNIVERSITY

1.1 Children with Learning Disabilities

I joined NHS Community Health Services, Complex Needs Children Team. This provided me wealth of knowledge including Clinical Skills to support children at their own homes in the community. The Supervisor was highly professional and always extended support for the team. She taught us compassion to make a real difference. I thoroughly enjoyed working with children and got appraising comments from my supervisor which worked against me amongst some staff and they ganged up against me. I faced bullying, racism and discrimination and raised my voice against it.

Soon, I noticed effectiveness of my care and realised that I must go into nursing profession.

1.2 Secondment

Government offered huge grants for nursing training due to acute shortage of healthcare staff on a National level.

I applied for a 'Wider Secondment' for nursing studies which was refused by Placement Facilitator who later played a vital role to ruin my nursing career.

My determination enabled me to opt for the unconditional offer of nursing training for the next 3 years surviving upon a nominal monthly bursary.

1.3 APEL

During my interview, I was informed that I will be able to complete my nursing training within 2 years under APEL (Accreditation of Prior Education and Learning) due to my Masters Qualification and practical training.

Later, to my disappointment Nursing Head (a close colleague of Placement Facilitator) wrote that the APEL procedure had not been finalised at the time and closed that chapter for me.

1.4 Compassionate Leave

My Dad was not feeling well. I booked my holidays to see my Dad in October while I was still working with Complex Need Children Team.

When I started admission procedure, I informed University that I will be visiting my poorly Dad in October and my compassionate leave has already been approved.

Unfortunately, University did not allow me to proceed on a compassionate leave to visit my Dad and he passed away on 14th December.

1.5 Disappointment

Studying full time after a break of about 2 decades I was very enthusiastic. I was not impressed as course started in a strange manner and instead of giving us an opportunity and time to let the knowledge sink in and absorb fully, we were given the laborious task of hand written assignments.

I decided to go with the flow and perform according to the best of my abilities.

One Tutor shocked us with his level of competence for basic Anatomy by hanging picture card of a bladder upside down and insisting there was nothing wrong in it despite teaching the same topics for decades.

My previous experiences of studying at the University back home was still far more effective, enjoyable and up to date.

1.6 Conference

During a formal conference, patients, parents, carers, students and community representatives were invited to share their experiences of compassionate care provided to the patients.

Many participants were in tears when I shared my placement experiences and some followed me after the conference to appraise my contribution.

I strongly felt that I was in a right profession at the right time.

1.7 Confidence

'The Male Intermittent Catheterisation' was a bold selection for my very first presentation in front of a Tutor's panel and about 50 fellow students. This was followed by an open questions and answers session. I met the academic criteria and passed comfortably.

This presentation was about the patients with profound learning disabilities who remained unable to

pass urine naturally and need intervention. Therefore, intermittent catheterisation is performed with recommended intervals by a trained Specialist Healthcare member of the staff.

I learned this skill whilst working with Complex Need Children Team.

1.8 First Placement

My first placement was assigned at a Special School;

I thoroughly enjoyed working alongside the Class Teacher and Support Staff and achieved excellent feedback from the Mentor;

“Farida has shown competence in her ability to liaise with all members of staff and to interact with professionalism. She has both, worked with and cared for the children within our setting and showed both empathy and need for discipline.

Farida has helped with the nursing care of our children and has shown good observation of their conditions. She had been willing to take part in all activities and has done so efficiently and effectively. She has continued to widen her knowledge of the children

and their conditions throughout her placement by reading and asking relevant questions.

By working through her action plan, which showed both depth and breadth of learning, Farida has learned a great deal of new skills which will help her develop herself as a professional.”

1.9 Second Placement

Next placement was at a Respite for Children with Learning Disabilities and Challenging Behaviour. Everything worked fine and I achieved excellent feedback from the Mentor;

“Farida has been an enthusiastic and quick learner while she was at The S during her placement. Farida challenges how and why we do what we do as regards the holistic health and wellbeing of the child and their families.

*Farida’s action plan was constructed during the first week and continued to grow to an impressive list. I have read her action plan and confirm that the contents are correct as stated. Farida has administered the drugs through the majority of the routes, oral, topical, rectal, inhaled injections (insulin) as well as managing drugs and feed via gastrostomy route. **Just to note that Farida***

was very good in this area. Farida has gained knowledge of P.E.G feeding both via pump and bolus, managed skin integrity including stoma sites. Has furthered her knowledge regards Diabetes. Farida has gained knowledge and skills of Epilepsy which was quite prevalent during her stay.

Farida's communication skills have further developed and have used different types such as Makaton, schedules, objects of reference in assisting children to make choices.

Farida has assisted in managing the child who becomes ill during their short term care. Has gained further knowledge of Cerebral Palsy, how it effects the child and treatment to improve movement/posture. She spent time with the Physio. Farida has made herself aware of local and national policies and how these are implemented in the day to day running of the unit. Farida had built a good relationship with the children and their families when they came to the unit.

Farida has worked well at S. I would advise Farida to continue with drug administration and to increase awareness of what the drugs are used for/ groups continue to gain competence in personal care, increase

skills/ knowledge of constipation, Epilepsy and the nursing process.

*I have no concerns at this point or now as Farida has showed **consistency, confidence and competence** throughout her placement and is aware of her own limitations.”*

1.10 Third Placement

This placement was assigned at a Psychotic Hospital. My Mentor was happy with my progress and conveyed this to my University's Link Tutor and wrote; *“Farida has made a good start and accepts feedback well. I have been pleased with her progress.”*

My problems started when I reported two drug errors on two different occasions to my Mentors and attitude of staff became hostile towards me.

1.11 Drug error 1

I was administering medication when I noticed that potency of medication available was 50mg whereas the Doctor had prescribed 25mg. I enquired from my Mentor if we were allowed to break tablets to confirm my knowledge. She affirmed that this was not the Trust's policy because the dosage may change if we break the tablet.

Mentor and I ensured that no other patient was prescribed 50mg dose of that medicine by physically checking records of each patient. No other patient was prescribed that particular medicine.

I did not administer the medicine. However, it was noticed that 3 tablets from the pack had already been administered. Pharmacy was contacted to check the prescription and verify the dosage.

I was highly appraised by the Mentor but strangely, she did not invite me to Datix (report online) this incident.

1.12 Drug error 2

I was helping and learning through observation while a Registered Nurse was administering medication in the clinic room. A patient was administered 1ml of liquid medication instead of 10mls. This medicine was written as 1g by the Doctor.

I recalled when I asked my Mentor 'why Doctor had written 1g instead of 10mls?' She replied: *He chose to write it this way, you have to use your brain.*

And this brain was not used by the Qualified Nurse who was working there for the last 7 months and was administering medication on regular basis. I informed

the Nurse that the dosage was 10mls and not 1ml. Despite my disagreement and alerting the Nurse that his calculation was wrong, he chose to administer the wrong dose of medication. I further explained to him that I had administered that medication several times under supervision of my Mentor and 1g was equivalent to 10mls.

When the patient left, I asked the Nurse: *Do you mind if I ask Deputy Manager about this medicine?* He agreed and Deputy Manager affirmed that 1g was 10mls. I informed the Nurse and left the clinic room.

After couple of hours, the Nurse came to me and said: *You were right Farida, 1g is 10mls.* I was not informed if this incident was Datixed either.

I was not happy about the treatment I had received after identification of drug errors and requested a meeting with Management to convey my concerns to keep the patients safe. A Senior Clinical Quality Manager came to the University to listen to my concerns. Instead of giving me support, the Manager pointed out: *No other student ever raised these issues.* I replied: *We all are different and see things differently.* He asked my permission to speak to my Tutor and to the Ward Manager knowing its consequences. I honestly and

truthfully replied: *If this is in the best interest of patients and your organisation* without realising the serious consequences. Thereafter, I suffered heightened ongoing detriments.

1.13 Fourth Placement

At the Fourth Placement, an 'Adult Respite' I was sent alone, whereas, at the previous Placements University used to send 2 or more students. We were 3 students at First Placement, 2 at Second Placement and 2 students at Third Placement. Link Tutor was visiting the setting frequently and meeting with the staff. They were preparing to finish my nursing career.

I experienced hostility and omission by the Mentor and staff from the onset. Staff was not responding to my greetings which was very disturbing for me.

Mentor informed that I will be receiving written weekly feedback about my practice. She provided only 2 and discontinued without any explanation. More significantly, no safety issue was mentioned in those 2 feedbacks but was later fabricated.

I booked my shifts same as my Mentor's and worked 42 hours in the first week. During a meeting with Link

Tutor, Mentor unjustly accused me of booking my shifts to suit me and not following her instructions. They withdrew 3 of my already achieved competencies and linked these with a follow up Action Plan.

I was threatened by PLO4 Manager. She asked me what I would do if failed the placement. *I will try again* was my spontaneous reply. To this she reacted quoting an ex student whom she failed twice and who was now working at McDonald.

Manager also tried to fabricate a safety issue with the intent to fail me with the connivance of Link Tutor. Link Tutor emailed Manager and asked her to confirm about the incident and wrote: *If she had not intervened then it could have been a potential Safety issue for the Patient.* Manager replied: *She had observed me undoing the bolts on the back of a wheelchair. She intervened, told me not to undo the bolts on the back of the chair and ensured the bolts were refastened and re-iterated to me that I should not undo parts of a client wheelchair especially bolts.....as this was a Safety issue.*

I wrote an email to Link Tutor and requested for a change of placement explaining my situation and concluded: *Under the circumstances, it is impossible for*

me to work further at the setting. As such, I kindly request that my placement be changed with immediate effect. I seek the University's support to complete the course I have undertaken. Link Tutor disregarded my request.

I wrote a second email: *I would like to make you aware of my placement issues. Unfortunately, I am not getting the requisite learning and support. I strongly feel that PLO 4 is giving me undue stress and dragging me away from my learning goals.* Link Tutor disregarded my 2nd formal written request.

On another occasion, Link Tutor stated that Placement staff had accused me of acting as an 'inspector' and not as 'a Student Nurse.'

A meeting was called at the University after my repeated requests for change of placement. Link Tutor disregarded Personal Academic Tutor's comments: *I know your problem Farida, you work on this standard (she gestured her hand high) and when you see people working on this standard (she gestured her hand low), you cannot keep quiet and speak up. Please let things go over your head.* Link Tutor tried to cover up the matter and came up with completely a different

perspective: *You are failing at the placement and that is why you are coming up with all these issues.*

My Mentor was finally changed. Later I discovered shocking facts about the new Mentor that she was not a qualified Mentor but was used to get the required results.

A meeting was arranged in the last week of placement attended by Link Tutor, Mentor and myself. In this meeting, Link Tutor asked Mentor: *What grade are you giving to Farida?* Mentor showed Link Tutor the feedback forms and said: *I have received excellent feedback from families and carers of patients about Farida's interaction with them.*

Tutor dismissed Mentor's statement and said: *These are the wrong forms, send them other forms.'*

He again asked Mentor: *You must have decided by now, what grade are you giving?* Mentor put the grading criteria in front of her and said: *In many of these, she is A, and if I see this one- that if she achieved the outcome easily, then no because she faced many challenges. However, this does not affect her grade.*

Link Tutor kept on insisting and asked: *What grade is she getting?*

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Mentor seemed uncomfortable and stated: *I will give her a safe B. Let me put it on her portfolio.*

Tutor stopped Mentor from posting the grade on my portfolio saying: *We will do it later.* He then advised Mentor to get my grade from Placement Three even though it was an ungraded placement. It was agreed in the meeting that if a lower grade is received from Placement, the higher grade will be awarded.

After 5 weeks of this meeting, before posting the overdue grade, Mentor sent me an email and copied it to Link Tutor and Manager with instructions that I have to contact Link Tutor or Manager if needed. Thereafter, to my shock, Grade D was posted. Link Tutor was instrumental in manipulating and lowering the awarded grade from B to D.

Link Tutor breached Nursing Regulations by interfering in the assessment of my grade by the Mentor. On the contrary, he manipulated her to lower my grade!

1.14 Complaint to PAT

I complained to my Personal Academic Tutor about the lowering of my grade. A meeting was convened and

I was informed that I have the right to ask the Mentor about my grade change.

I enquired from Mentor and she replied: *I will meet Link Tutor and will inform.*

Mentor informed that she had met Link Tutor and advised me to ask him why my awarded grade had been lowered.

I asked Link Tutor and he replied that the grade was changed: *When other staff members were asked.*

1.15 Peer Support

I informed my classmates about the lowering of my grade. Class Representative wrote on the closed social media *"We cannot let Mentors bully us. We have to form a Support group,"* to which all class agreed and a meeting was scheduled.

As we were gathering for the scheduled meeting, we learnt that Class Rep had been called by the Link Tutor. He warned her to stay away from my matter. In this manner, he severed off any support I may have had from my class fellows.

1.16 Letter from Employer

I received an Appreciation Letter from my employer along with the testimony of a patient. This letter had been officially circulated to all the wards of my Hospital where I started working part time as a student nurse. I shared the positive feedback of my practice with University and received messages in response.

My Personal academic Tutor wrote; *“Well done this is excellent. This demonstrates how caring and compassionate you are. An example of fantastic nursing care I am so proud of you!”*

PAT and Quality Lead asked my permission to publicise the news of appraisal letter to motivate Student Nurses.

Personal Academic Tutor wrote to Quality Lead: *For info, Being Brilliant*

Quality Lead replied: *That’s wonderful! How do we publicise this?? Can we put a copy of the letter (with Farida’s permission and personal details removed) on our new brilliant wall?!*

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Personal Academic Tutor wrote to me: *Hi Farida, Please see response from XX re your letter. Can we have your permission to publicise this???*

I replied: *It will be an honour for the testimonial to be published. Credit goes to the University and my Tutors.*

PAT: *Many thanks. I will forward this to XX.*

Mental Health Tutor / Care Maker wrote: *This is fantastic Well done*

LD Tutor wrote: *Well done.*

Another LD Tutor wrote: *Wow! Well done.*

Both documents were displayed on University's "We Brilliant Nurses" wall.

Nursing Head completely ignored my achievement.

1.17 Care Maker Role

I was receiving consistent news letters to apply for a Care Maker role. At first I ignored, considering time

restraints and later asked my Personal Academic Tutor for advice. She happily recommended me for this role. The application required PAT's endorsement.

At times, I felt emotional and diluted when exposed to see poor care and lack of compassion. I looked around for likeminded people for catharsis. My Research Tutor filled that gap. She, time and again, stressed the importance of taking up the role of a Care Maker and contributes towards making a positive difference.

Finally I decided to undertake this role. I completed the on-line application. Mental Health Tutor who herself was a Care Maker, advised me to provide a copy of application to Nursing Head for authorisation which I complied. I fulfilled all its requirements and recruited amongst the first 1000 Care Makers in the UK by NHS England.

A Care Maker inauguration ceremony took place in London. I was invited on the stage to share my thoughts and feelings.

The news was published at University and Healthcare forums.

I was invited to attend a 3 days conference in London to finalise '5 Years Forward Plan.' I gave my input during interactive discussions to finalise the main features, strategies and simulation of the plan.

1.18 National Song

I was invited to take part in 'The National Song' of Care Makers which was successfully launched.

1.19 Award

A new category of award: "The Most Inspirational Student Nurse" was announced.

'Self Nomination' was allowed and I received many emails to put my name forward for this category.

I submitted my application on the last day and was nominated for the award. The news was published in the Local Media.

I was informed about the award ceremony with the request to provide a 'High Resolution' pictures.

1.20 Placement Five Background

I wrote to my employer, thanked him for the Appraisal Letter and requested his support to accommodate me for remaining 2 placements of the final year. I conveyed my wish to undertake a Qualified Nurse position on successful completion of my studies. He confirmed his support.

1.21 Placement Facilitator

I received email from Community Health Services 'Clinical Placement Facilitator' to attend a meeting. She was not from the same Trust as my Hospital and was the same person who rejected my request for a 'Wider Secondment' for Nursing Training. She invited me for a meeting and assured me my next placement.

After about 4 months of the above meeting, I sent a brief email request to Placement Facilitator to consider my upcoming placement with one of the followings;

- (a) Neonatal Unit (NNU)
premature & sick babies with
Learning Disabilities
- (b) School Nursing
- (c) Dementia Team at the
Hospital

Clinical Placement Facilitator wrote a very harsh reply to my polite request that: “My understanding of LD Nursing course was a concern for her and my request was inappropriate, and she was considering withdrawing her offer of placement.” She copied the email to Nursing Head, Personal Academic Tutor and Link Tutor.

I replied to her and apologised for any misunderstanding. In her reply, she further blamed me of writing her “repeated emails.”

I wrote back and confirmed that I had written her only one email. She did not acknowledge this email.

1.22 List Published

Thereafter, Placement Five list had been published online on University’s website and mine was showing ‘To be confirmed.’ After waiting for another 4 days, I wrote to the Link Tutor to enquire about my placement. He confirmed that he did not have any information.

I contacted my employer, suggesting some improvements for the Hospital and conveyed my plans to continue my employment and explained that most of

my class mates had already started 20-hour shifts at the settings where they intend to work after qualifying. I added that Placement Five had been allocated to all the Class except me. I also added that Clinical Placement Facilitator was not very helpful in this regard.

My employer thanked me for the suggestions proposed and forwarded my email to Chief Nurse of the Hospital for considering suitable learning opportunities for me. Chief Nurse emailed Clinical Placement Facilitator, suggesting placement with Safeguarding / Dementia team at the Hospital. Chief Nurse wrote an email to me that Clinical Placement Facilitator: *“has tried very hard to source a suitable placement for me, there have been some issues with mentor capacity in the community, and Clinical Placement Facilitator is meeting with them again and will notify the University asap.”*

1.23 Cause for Concern

At the same date, Placement Facilitator emailed Nursing Head and Link Tutor and asked them to see me under *“Cause for Concern”* instead of offering me a placement as suggested by Chief Nurse.

Next morning I received an email from University to see Year 2 Lead Tutor.

1.24 Meeting

Minutes of the meeting were taken by a Secretary. Lead Tutor briefed that the meeting was regarding my complaint about Clinical Placement Facilitator.

He asked me *'How do you know Mr. X, referring to my employer?'*

I replied *'We have employer and employee relationship and are work colleagues in the Hospital. My suggestions to improve patient experience have always been welcomed by him.'*

Then I showed Lead Tutor a copy of the Appreciation Letter.

Lead Tutor commented *'I have seen hundreds of these letters and you never think an executive is your friend, I know him from XX many years and I assure you that if he will see you in the Hospital corridors, he will never say hello or even recognise you. Writing private letters to executives and complaining about the colleagues can initiate a disciplinary action against you. I am warning you to choose careful words in your*

correspondence. You complained about Clinical Placement Facilitator and top Nurse of the Hospital wrote to our top management and then it came to the University. Clinical Placement Facilitator is not employed by Mr. X and she has the right to defend herself, she was trying to help you.'

I explained: *I had no intention to complain about Clinical Placement Facilitator, if you read my email there are other important issues I have discussed. I was invited by CPF and met her, later, she responded very harshly to my polite request. I apologised to her and she further accused me of writing her 'repeated emails.'* I confirmed that I have written her only one email but she never acknowledged (at this point I read the email).

Tutor commented: *I can see your big bunch of paper records, 'we are not here to tell you off or to take disciplinary action against you, let us close it here and from now onwards you need to remember to use careful words in your correspondence.*

Apparently, the matter was closed after my clarification but, in reality, it was not.

1.25 Start of Placement

This placement was planned by Clinical Placement Facilitator to end my Nursing career. To achieve this objective, she assigned my Placement under her own jurisdiction as opposed to Chief Nurse's offer of placement at two wards in the Hospital.

Accordingly, Placement Mentor did not highlight any deficit in my practice during the first 10 weeks of my placement. Total duration of placement was 6 weeks. Link Tutor was stopped to pay a mandatory visit at placement thus breaching Nursing and Midwifery Regulations. On the contrary, Link Tutor visited placement discreetly and finalised '12 deficits' in my practice to fail me.

More significantly, Clinical Placement Facilitator, Link Tutor, Nursing Head and Mentor overlooked the work I had done with patients which was duly posted on their online progress notes on every day basis.

According to nursing regulations *"The Mentor is a key support to students in practice; where students apply their knowledge, learn key skills and achieve the required competence for registration."* Mentor conducted 2 supervision meetings; work done, work in

progress and assignments in pipeline were discussed without any concern.

I was assigned two difficult Caseloads. Both patients had stopped working with Placement staff. Caseload 1 was a male in his 50's living alone with the condition of Schizophrenia and Psychosis. He was assigned by Mentor A.

Caseload 2 was a female in her 50's, living alone with the conditions of Schizophrenia, Psychosis, low HB (Haemoglobin) and Obesity. She was assigned by Mentor B.

1.26 First Visit Caseload 1

Mentor instructed me to arrive at the patient's flat on the second day of my placement. I complied. He introduced me to the patient and left within 5 minutes giving me instructions to take him to the Hospital for blood test. Mentor did not ask me if I was comfortable being left alone with an anxious male patient, or, if I had appropriate vehicle insurance cover to use my car for business purpose.

I felt scared and vulnerable as it was my very first experience of being alone with a psychotic male patient. It was not easy for the patient either because with such conditions, patients feel insecure and anxious with new faces.

My only experience of working with psychotic patients was at Placement Three. At that setting, there were 9 secured locked doors to reach patients, with an individual security alarm and with many staff members around at all times. As a student Nurse, we were not allowed to go near to the patients alone. And here I was, alone in an apartment with a male psychotic patient, meeting him for the very first time without any safety plan in place.

Whilst controlling my own fear, anxiety and shivers, I was empathising with the patient who was shaking his leg anxiously and was smoking heavily. He was not able to see his keys or glasses lying in front of him on his coffee table and was asking where they were.

I avoided making eye contact with the patient or asking him direct questions. I decided instead to tidy the room coming in and out of the room, giving patient a bit of space and time to calm down. I was talking to self loudly *"Let me leave these dishes in kitchen," "I will*

I CAN'T BREATHE EITHER

wipe your table with wet tissue” and “Oh it’s looking good, sun is out now” etc.

I gradually talked about going to the Hospital for blood test and difficulties finding parking over there.

I accomplished the task of taking the patient to the hospital successfully with extreme care while supporting and comforting the patient at all times.

1.27 Epilepsy Training

I was given a task to deliver ‘Epilepsy Training’ at a local bakery in the first week of my placement. Mentor provided obsolete training material whereas the latest training pack was available at the placement which I discovered later. Luckily, I had already completed Epilepsy Training just before starting Placement which was valid for 3 years and, as such, was able to complete this task successfully.

1.28 Sex Education / Female Masturbation

Mentor assigned me to deliver Sex Education to a 27 years old female with Learning Disabilities at a local Day

Centre. He gave me a booklet with pictures of male and female masturbation and sexual intercourse and a DVD.

After my first meeting with the patient, Mentor asked for my feedback and specifically enquired if I had explained about female masturbation. I informed Mentor that the patient was dismissive after seeing the pictures and had remarked that it was disgusting. Mentor enquired how I would take this further in my next session to motivate and convince her for female masturbation.

I asked Mentor: *Does she have the right to choose* but he kept quiet.

1.29 Sexual Intercourse

For the next meeting, Mentor instructed me to deliver a session on sexual intercourse to the same female patient and her boyfriend using the booklet. The boyfriend, in his late 50's, was an employee at the same Day Centre. The booklet started with intimate touching of each other's private parts, kissing and advancing to intercourse in different positions. The boyfriend was blushing and the female was asking him to look at the pictures. As we concluded the session, the female patient said she was feeling wet and went off to the

bathroom. I was in a state of shock about the way I was being trained at Placement Five.

1.30 Practice Appraisal

During a class tutorial, my Class Representative commented in presence of the Link Tutor: *You are doing exceptionally well at Placement Five Farida. I spoke to two of the Nurses and they conveyed this to me.* The Class Rep had been assigned her Placement Four at the same setting and was awarded grade A.

1.31 Annual Review

Mentor B appraised the success I had achieved for Caseload 2. She rewarded by assigning me the responsibility to arrange and to Chair the Annual Review Meeting of Caseload 2 which is considered to be a major achievement for any Student Nurse.

1.32 Midpoint Assessment

Midpoint Assessment meeting was scheduled and I had no idea what was coming up because 12 fabricated

deficits had been finalised in collaboration by the University and Placement staff without my knowledge.

That day, Mentor and Team Manager were in high spirits; smiling, joking and singing whilst going to the meeting room. Mentor gestured me to join them. I followed them in a small meeting room. Manager sat exactly opposite to me and Mentor sat on my right side.

Mentor opened the meeting by saying: *You are the most less performing year 3 student we ever had. Five Registered Nurses said you are not up to the standard.*

I instantly went into state of a shock, my mouth dried up and Mentor cruelly carried on: *You only smile when you go to see the Prime Minister, you are manipulative, you bluffed, you are not 'meal time sensitive,' when you came I turned my face away but you were still standing there, you said 'My Mentor is very good,' and you over familiarise in this way, you.....* He read all the 12 deficits they had finalised. Manager remained quiet and kept staring at me during the meeting.

Gathering all my energy, I tried to explain the work I had done with my caseloads, training, learning I had undertaken and the positive feedback I had received

from Registered Nurses and PLO5 staff. However, Mentor was completely dismissive of my pleas.

I broke down into tears and witnessed a big smile on the Team Manager's face. I was inhumanely treated, humiliated, bullied and abused in this meeting.

The biggest regret of my life is why I had taken all that abuse? Anyone else in my place would have thrown in the towel, left the meeting and given up the Nursing Studies! Finally, the Manager gave me a 2 point Action Plan for the follow up meeting scheduled after 3 weeks. After a day, I was scheduled to attend Roundtable Discussion at No 10.

1.33 Midpoint Meeting Response

I sent a written response to the University for each Fabricated Deficit;

- ***BP cuff** – failure to understand the process of using and accepting the provision of an obese cuff. She continued to search for her expected solution via several staff members as this was not accommodated by me. This demonstrates a lack of insight of her role as a student.*

I visited caseload 2 along with Mentor B to administer Depot Injection. This patient was assigned as my caseload for Weight Management with recommendation to monitor her blood pressure and weight on a weekly basis as the patient suffered with low HB (haemoglobin). This patient had a history of collapsing when outside normally ending up in A&E of the local Hospital. During the home visit, we could not perform BP check because there was only medium BP cuff available in the equipment. It was agreed that a large BP cuff was needed for this patient. On our return, I got a large BP cuff and put it in the equipment box. I was informed that cuff belonged to the Health Action Team and I should liaise with the staff to check its availability and priority of use. This was unusual for me.

I requested Team Manager to get another cuff explaining its need. He suggested getting one from the Day Centre next door. I went to the Day Centre and discovered that Day Centre borrowed the same large cuff when needed and it was the only large BP cuff available at the Placement. I informed the Manager but he remained unconvinced and disputed the need for a second cuff. On the contrary, he asked me to justify the need. He advised to search on internet, compare the

prices, and prepare a presentation justifying the need which will then be reviewed for consideration depending upon availability of funds. His proposal was not comprehensible for me. I asked Health Action Team Nurse if I could get a large cuff from the Hospital. She refused saying: *They are the different trust and you do not understand how we work.* To my understanding, *'We all work around the patient to keep them safe and provide the best support as Multi-Disciplinary Team.*

I considered it gross negligence on part of Placement management for refusing to provide basic equipment to keep patients safe. I believe my repeated protest requests falls under "*Qualified Disclosure in Public Interest.*" Placement Five distorted facts by writing this point as my deficit how could they justify that why their setting of about 53 staff and a big Day Care Centre had only one large BP cuff? How could they imagine that a Health Care Assistant, who start her every day duties with checking patient's Blood Pressure, does not know the use of large BP cuff? How on earth could they justify this as a deficit in my practice?

- *Use of medical abbreviations* – very keen to use standard abbreviations for medical conditions without

being able to demonstrate that she knows what they mean or stand for.

This deficit point was raised by a Health Action Team Nurse who raised 3 deficits in total, mentioned during a manual blood pressure practice session. This deficit was related to my Mother in Law who had COPD and had been on oxygen 24/7 for a number of years. When asked what it was, I replied “a prolonged lung disease” but could not describe it as “*Chronic Obstructive Pulmonary Disease.*” In the Midpoint Assessment meeting, Mentor accused me that I had “bluffed” regarding this explanation and raised it as a deficit in my practice.

- *Vital signs / observation practice – thought that she knew more than she did. She was evasive with her answers when challenged.*

This relates to the above point and was raised by the same Health Action Team Nurse.

- *I was concerned re: data protection – e-mail sent from personal PC identifying SU and address.*

A 'Care Plan Approach' meeting had been booked with a Nurse when University scheduled a Skype Group Tutorial at the same time. I emailed the Nurse regarding this meeting. More significantly, in my email, I did not state patient's personal name or address, or use my personal computer. I wrote patient's initial "M" and abbreviated the surname. Furthermore, I used my official University's Personal Computer to send the email.

It is evident that Mentor was finding faults in my practice.

• On a more general note the presentation on social media safety was embarrassing and not at a standard expected from 3rd years both in terms of content and presentation.

"Internet Safety" power point presentation had been assigned to 2 student Nurses from another University attending Placement setting at the same time. This work was to be completed during their next placement which was pre-assigned. The 2 Nurses had prepared part of the work to be presented at the last allocation meeting before completion of their placement.

A day before the presentation, in the afternoon, I was informed by one of the student Nurses that the Team Manager had said: *All student Nurses will be presenting the Computer Safety assignment tomorrow.* She explained that she showed their assignment to the Manager and his feedback was that it was too wordy for Learning Disability patients and the images needed to be brightened. Student Nurse added: *I am no more working on this presentation and if you want to adapt it, please do so.* I explained to her that I was scheduled to attend an evening class that day and will be able to work late at night on this assignment. We agreed and I completed the presentation and emailed to the Student Nurse 20 slides after midnight. It was agreed that each Nurse will present 5 slides.

Next day, all staff was present as they were specifically invited to attend the student Nurses presentation. During my part, I explained that the presentation had been assigned to me only the previous day in late afternoon. I prepared it at a very short notice during unsocial hours and without any guidelines, either verbal or written from the Mentors. I requested the team to give a realistic timeline and written guidelines for any future work assigned to student

Nurses. This was not liked by the Team Manager and Mentor decided to declare it a deficit in my practice.

- *Use of SU initials within office instead of full name.*

Patient's initials had been used at my previous placements instead of full names. At Placement, I used patient's initials but reverted to using their full names when told to do so. Despite this, Mentor decided to raise this point as a deficit in my practice!

- *Could not remember names of clients in supervision.*

I visited a patient with the Occupational Therapist once only. I used patient's first name during a meeting with Mentor as it was a one-off visit. Yet, this was reported as a deficit in my practice.

- *Overfamiliar /effusive with staff.*

On first day of my placement, Mentor introduced me to the staff and instructed me: *"These are the teams. You find out what they do and create your own work."*

I developed professional relationship with staff from day one. I worked with all the teams and got excellent feedback from them. I had 17 discussions with the Office Manager regarding what I was doing with my caseloads and other patients. I do not remember if I ever said that my Mentor is very good.

• *Energised, confident and assertive for the attendance and acquisition of training/certificates (Less so with client working – currently not energised, insightful or dynamic in this area commensurate with a 3rd year student).*

I was provided a link about the training and courses available by the Mentor. I booked and attended the training and courses related to my Nursing course. At the start of Year 3, University had sent an email to all students with the available trainings and courses with instructions to enhance nursing skills.

At Placement, I successfully offered compassionate, empathetic and therapeutic care to the patients and worked more than the required hours. I performed my duties diligently with commitment as a team member, participated in meetings and community activities and attended trainings to enhance my skills including:

Review Meetings, Discussion with colleagues, Loan working, Telephonic contact with clients, arranging visits, Caseload patient for Weight Management, Caseload patient for Medication Management, Driving and supporting clients for blood tests, neck injections, medication and GP visits managing their behaviour and anxieties, Environmental Assessment, Baseline Dementia Assessment, Use of therapeutic communication with empathy, Liaise with team and patients, Epilepsy Training delivered to staff x 2 (Power Point Presentation prepared, hard copies of notes, certificates arranged, Time management and interactive discussion, Participant's interest maintained throughout) A unique experience, couple of areas noted for improvement (second week), Mental Health Assessment, Compassion in Practice Planning, Leadership Programme, Frameworki training started writing client progress notes, Depot injections administration, Community Support Team Meeting attended to look for the best way to support patient, Client supported for social visit over coffee and interactive communication, Signalong sign language with SALT (Speech and Language Therapist), Allocation meetings, Housing meeting, 'Advocacy' for patient at GP surgery to overcome difficulties regarding PRN,

Prepared Timeline of Medication and Behaviour of a patient, Sexual Attitude and Knowledge Assessment (S.A.K) carried out managing patient's anxieties, keeping calm by offering comfort breaks, Standing/Walking Hoist trial session with Physiotherapists, Behaviour Support Assessment, Next strategy planned, discussed and agreed. Resource development assigned for behaviour support, Gradual Progression Achieved in providing structured knowledge of sex education, Multi Disciplinary Team meetings, Care Plan Approach meeting, Presentation on Computer Security by four student Nurses, Fall Prevention, End of Life Care, Manual blood pressure, Problem solving skills developed handling "Alert" for patient's missed blood test appointment. Team (Mentors and Dr) informed by email that I witnessed the site during previous day's home visit and client confirmed his attendance. I managed to speak to Clozaril Nurse at the Hospital who confirmed the patient's attendance for blood test. The alert was auto-generated due to the Christmas break, as standard time period was exceeded. Case notes finalised, creating alert for the outcome to the team. Outcome acknowledged and appreciated by Dr and Mentor. Hydrotherapy session with Physiotherapists attended. I supported 5 patients with various conditions of mild to profound learning disabilities along with the

team. I learned amazing, individually tailored, person centred support and skills from the team. Interactive communication took place with parents and carers on effectiveness of hydrotherapy, professionalism, excellence of the team and progress they witnessed remained focus of discussion. Home visit, discussed needs, and GP appointment booked straightaway (to request for 'Well Women Checks'), smear test (missed appointment) re-booked. Patient was given the information and choice about hydrotherapy and obtained consent to join hydrotherapy sessions, offered on weekly basis. A referral prepared to support patient having weight issues with the request to be considered for hydrotherapy with Physiotherapist, analysing how it may benefit the client. I participated in Round Table Discussion at No 10 with Health Advisor of Prime Minister, Director Health Education England, Chief Nurse of England and a group of Care Makers. I presented my 'Patient Improvement Plan' Annual Review Meeting was assigned by the Mentor, from preparation to chair it, including inviting/ liaising staff/ carers and booking room, refreshments, date and time. I have offered my services for interpreting at PLO5 and first session was booked with Social Worker. I received excellent feedback from RGN "An excellent piece of

work by M and Farida, regarding timeline of events/medication "Gold Stars" on their PAD please!!"

Despite all the above, yet Mentor raised my efforts as a deficit in my practice.

- *Listening skills need honing.*

This deficit in my practice has no basis at all. I started my placement in the first week of November. I had my first Supervision Meeting with Mentor after 4 weeks in November and second one after 8 weeks in December. No deficits in practice or need to improve my listening skills were highlighted until Midpoint Assessment which took place after 13 weeks of my 16 weeks placement.

- *Not picking up on 'social cues' within a Team setting – lengthy conversations and insensitivity to staff meal breaks.*

A member of staff showed me where the snacks were kept in an open hall, next to the Group Manager. She informed me that members of staff can have these snacks at any time. I clearly remember that one time when I went to grab a snack, a member of staff was

getting ready for her lunch. She may have mistakenly thought that I was there to talk to her. I picked up a snack and left the area without disturbing her.

Farida found it hard to listen to the aforementioned comments and was encouraged to apply the same level of energy, confidence and assertiveness into her direct client work as she currently applies to her accusation of training course, certificates and high profile meetings.

This is a false allegation without any basis, but used as a deficit in my practice! On the contrary, my achievements were exceptional, evident from my records of successful working with caseloads, feedback from placement Mentors, employer and patients. Recruitment as Care Maker and Nomination for Award all based on my practice. Further evidence emerged when my Class Representative complemented my exceptional practice quoting two PLO 5 Registered Nurses of PLO5 during a tutorial in the University.

1.34 Teleconference

A teleconference was arranged to brief us on the agenda of Discussion at No 10 the evening before. I

broke into tears when learnt that one point of discussion will be *“Problems faced by Student Nurses at their current placements.”* It took me a while to absorb this news considering the problems I was facing.

During the teleconference, my proposal to make Nursing Students Assessments ‘Fair and Transparent’ and ultimately ‘Improve Patient Experience’ using Fresh Eyes of Student Nurses was much appreciated. I was asked to bring over hard copies of my proposal for presentation to the delegates at No 10.

1.35 Care Makers Biography

I left a hard copy of my ‘Care Makers Biography’ with my Mentor for his information. I requested Mentor to return my document and he replied: *I will put it on your table.’*

I clarified: *I need my document to attend the meeting at No 10.*

Mentor put on his backpack and left the office ignoring my request. Subsequently, I attended the meeting at No 10 without my document.

1.36 Discussions at No 10

I attended the Roundtable Discussion at No.10 with 12 handpicked Care Makers from all over the UK. There were top leaders of Health and Social Care Sector. Prime Minister's Health Advisor, Director Health Education England, Chief Nursing Officer England, NMC Head and many others were in attendance. Part of the discussion was centred the difficulties faced by Care Makers and Student Nurses at their current placements. I was gripped by the theme of the discussion due to my own circumstances.

The day was full of enthusiasm. I met Chief Nursing Officer England for the very first time and found her to be a polite, caring and friendly down to earth person. We all mingled with each other before leaving 'Richmond House' for No. 10.

I was impressed by the décor at No. 10. It was done to a decent but elegant standard and not lavish, with combination of home touch by lovely friendly cats around. Coffee was offered, sending a strong message of 'cuts' to Care Makers as there were no fancy cookies.

Every one of us was given a fair chance to speak our minds. I touched my situation briefly, presented hard

copies of my Patient Improvement Plan and participated in interactive discussions. I suggested that my Patient Improvement Plan could be introduced at a National Level, to save student Nurses from detriments with transparency under a 'Care Maker Initiative.' My plan was based on using "Fresh Eyes" of Student Nurses to improve nursing training and ultimately patient care. I was confident that one day, ideas and opportunities to improve the services, mentioned in my plan will be picked up on the national level by decision makers. I had initially chosen this subject for my Dissertation, which was declined by the University. It was an honest and true expression, covering almost all aspects of Health and Social Care issues highlighted by Care Makers.

Chief Nurse of England advised me to meet Director Health Education England after the discussions. Director Health Education England gave me her business card and asked me to update her about my situation. I was satisfied with the outcome. A tour of No 10 was given and enjoyed by all.

1.37 4 Hours

One of my case loads (I will call her K) had been booked for morning coffee and thereafter to attend “Well Women Checks” with GP. This patient had previously refused to attend any GP appointment. I spent four hours with her on the day without realising that the next day would be my last day at PLO5.

As I arrived at Placement and got message from the Office Manager that K had called and wanted to talk to me. This call was unexpected because our meeting had been already scheduled. I returned her call, she was anxious because some incident had taken place involving her ex-partner. I reassured and supported K to manage her anxieties. I agreed to pick her up earlier for coffee and to attend GP appointment thereafter. K was very upset and talked about the phone call she had received from her ex husband.

K seemed very anxious. My priority was to meet her changing needs and attend GP appointment successfully. She used to change her mind and leave the GP's clinic. More time was required to support her and to manage her mood and behaviour according to the new development, keeping her pain and distress at a safe level. We had a light breakfast with interactive communication at a superstore's restaurant.

To my shock, no GP was available at the time of the booked appointment. I enquired from reception and they had no satisfactory answer. In my opinion, due to K's non attendance for years, they believed she will not turn-up. Thereafter, they started making arrangements to arrange a GP. I used therapeutic communication with empathy to explain cause of delay to K because she was asking about the time repeatedly. I explained to her about the delay between booked appointment time and the new time for her to be seen. K attempted to leave the clinic most of the time. I explained to her the importance of seeing a GP and staying healthy. I obtained her consent to accompany her during triage by Nurse and physical examination by the Doctor. She agreed for me to support her during the physical examination.

I went to the Nurse on duty and had a word in confidence to examine under the stomach (skin to skin fold) and groin area of K as she did not let anyone examine her physically. K was holding my hand while Nurse examined her maintaining her dignity. Both under stomach and groin area were infected and bleeding. I reassured and supported K to manage pain

and stress during physical examination which triggered further pain.

Her request for a female doctor was met and finally K was seen. I requested Doctor if she could access online Hospital records and find out about her latest HB level which was low in the last report. The doctor successfully checked Hospital records and informed that HB was still low. Iron tablets were prescribed, benefitting from Hospital records. Six lots of 2 creams were issued along with thrush medication.

K was explained about the need for follow-up appointments and booked one with her consent, checking my own availability as K needed my support. Medication was collected from the pharmacy next door and dosage was explained to K.

K broke into tears while saying goodbye and thanking me several times for the day we had spent together.

Next day at PLO5, I discussed with Mentor B the outcome, difficulties, and barriers faced whilst supporting K were. I received very good feedback from the Mentor. She guided me about incorporating this information in the Annual Review Meeting which I

complied. K's progress notes were updated which will remain on records for several years.

1.38 Suspension

My placement was suspended in the follow-up meeting attended by Mentor, Link Tutor and myself. Action Plan given in Midpoint Assessment was achieved successfully but was not discussed in the meeting.

Link Tutor asked Mentor in a relaxed mood: *Would you like me to start or will you crack on?*

Mentor stated: *5 RGN's said you are not up to the standard, Specialty Doctor said you are manipulative, your previous placement staff said you are manipulative.*

I tried to explain about the successful achievement of the Action Plan assigned and the feedback received from RGN's, but all my comments were ignored. When I quoted some feedback which Mentor was copied and which he never acknowledged, Mentor stood up saying: *Why should I? That is a school thing "Gold Star", I do not want to listen, your placement is finished Farida and you leave NOW.*

Mentor and Link Tutor had no intention to review the Action Plan as they were there to terminate my placement.

Names of the 5 RGN's had not been mentioned in the meeting. Later, a report revealed the names and I was shocked to learn that I had not worked with 3 RGN's. And with one RGN, I had a brief 30 minutes session. This strategy was used unjustly to victimise me and discredit my practice.

I was in a state of shock, extremely distressed and approached Speciality Doctor at PLO5 with a counselling request. She initially agreed but when she discovered that it was related to my termination, she refused saying: *You will be fine Farida*. Thereafter, I consulted my GP who referred me for counselling with Occupational Health Therapist.

Simultaneously, I conveyed the difficulties I had faced to Regulatory bodies, Health Education and Quality Assurance to seek their support and to alert them of the gross wrongdoings I had faced. I informed them that PLO5 termination was unlawful, based on false and fabricated accusations, ignoring the work done with patients, ignoring positive feedback from

RGN and staff and a continuation of the problems I faced after my qualified disclosure.

Not a single competency was given and grade F+ was placed on my portfolio despite the fact that PLO5 was not a graded placement and only commentary was required. All this was done by design in collaboration between placement and University staff.

1.39 University Investigations

However, investigations were initiated by the University, after I publicised my work at PLO5 online and informed higher authorities and regulatory bodies of my difficulties. The reports prepared by Mentor, Manager and Link Tutor were a distortion and misrepresentation of facts.

1.40 First Fitness to Practice

First Fitness to Practice was applied when I share Placement Five Mentor feedback with my class fellows.

1.41 Second Fitness to Practice

Second Fitness to Practice proceedings started when Nursing Head suspended my Placement Five unjustly. She had already conveyed to all staff that she was suspending my Placement Five in an email. Nursing Head did not approve of my voicing concerns about Student Nurses facing problems under Care Maker Initiative at No 10. Nursing Head asked me to submit various statements and a Reflective Essay of 2000 words with the same submission date as of my Dissertation. It was a very stressful time for me. However, as detriments escalated, my determination to complete nursing training was strengthened. I worked day and night to fulfil the study, suspension and Fitness to Practice challenges.

1.42 Investigation Report

University's report concluded that my complaints regarding Placement Three were not justified. The investigator covered up the drug errors and denied any wrongdoings by changing statements and records at PLO3. I was not made aware of this fact unless a statement was submitted to Employment Tribunal later. The fact is that drug errors were identified and reported

to Mentors, Link Tutor, Personal Academic Tutor, Placement Lead and Clinical Placement Manager. This was documented in various emails, recorded on my Portfolio and never denied. However, all the records and statements were changed at Placement Three to cover up the drug errors.

1.43 Compensation of £500

Placement Three offered me a compensation of £500 during Employment Tribunal hearing to settle my qualified disclosure.

Regarding Placement Four, investigator had stated in a meeting: *Grade change is a serious matter and I am taking it on board* and informed that next meeting will be regarding Placement Four investigation, which never took place. I was not informed of any steps taken regarding grade change either verbally or in writing and I kept on complaining about my grade lowering at every forum including OIA. Later I got evidence from Head of Pre & Post Registration Nursing that Placement Four Mentor was not qualified to perform Mentoring duties. This is a serious breach of Regulations by University and Placement Management. Clearly University manipulated and abused their authority to lower my

grade using an unqualified Mentor and doing so, also breached Nursing Regulations.

1.44 Patient Improvement Plan

My Dissertation on “Patient Improvement Plan” using “Fresh Eyes” of Student Nurses” outlined below was not approved by the University. My proposal for the Dissertation is outlined below;

Issue:

- Improving Patient Experience

Nursing placement is a vital part of learning and development. It contributes to produce the best Nurses who start improving the patient experience straightaway.

Objective/ rationalisation:

- It is evident from my personal experience that using my fresh ‘pair of eyes’ and raising some concerns, I experienced victimisation and faced detriments at my recent placements and fear further repercussions.

The need for Mentor and student to work together as a team, recognising their responsibilities and to treat each other with

respect is a prerequisite for successful learning outcome.

Eliminating the above factors will lead to a positive placement experience, excellent nursing practice and building strong staff and patient relationship. This will give rise to attract more people with right values to join nursing, high retention, low turnover and improved quality care for patients.

Research method:

- Qualitative method: Data collection and Data analysis via Focus Groups.

Process:

‘Rights, duties and Responsibilities’ form will be signed by the:

Student Nurse

Mentor and

PAT / Link Tutor

- Student Nurses will apply 6C’s in every day placement practice and electronically post the examples of excellent care provided and the malpractices if any to PAT (Personal Academic Tutor), Link Tutor, Mentor and setting Manager. Both good and bad practice alerts will be created

in the records. High level 'Red Alert' will be created for serious malpractices and the site will be accessible to related Trust and Regulatory bodies at all times.

Periodic review will be conducted using reflection.

1.45 Dissertation

At the beginning of my 3rd year, I began working on the dissertation module under supervision of a non LD Tutor. Work on this assignment was continuous throughout the year. I was assigned a Supervisor who had already marked my 5000 words unsupervised research work in the 2nd year which I passed in first attempt.

Now 10,000-word Dissertation topic was duly approved by the Module Lead and I benefited from my Supervisor's advice by numerous email exchanges and in face to face discussions.

I submitted my Dissertation and the University informed that I had not passed, which was a shock for me. I resubmitted my Dissertation, working carefully on each point of the feedback by the markers. Again, I was informed that I had not passed my second attempt.

I passed all exams and placements despite facing continuous detriments and achieved 320/360 credits. University had attempted to fail me on other occasions but, somehow, I was able to come out. Now, the University deployed its last resort, that is, my Dissertation of remaining 40 credits to fail me.

This was University's own failure because they could not support a Student Nurse to qualify after 3 years of hard work, wasting tax payer's precious money of about £50,000.

In nursing training, research work is gradually increased during 3 years i.e. first research assignment is of 2000 words, second assignment of 5000 words and the third Dissertation of 10,000 words. I had passed the first two without any difficulty.

Nursing Head had assigned marking of my Dissertation to the same Tutor with whom my relationship had broken down. The same Tutor assigned me an unqualified Mentor at PLO4 and used her to lower my grade. The same Tutor had openly threatened me to my face.

Sadly, all my complaints about the conduct of marking by this Tutor were dismissed by the University. I had sought support from various staff members before my Dissertation resubmission. My Dissertation Supervisor was conveniently on leave and my Personal Academic Tutor refused to help. I wrote to the Module Lead and Research Tutor to seek their help in absence of support from my Dissertation Supervisor and PAT. No response was received from them, since all concerned staff and Nursing Head were collaborating to ensure that I do not qualify as a Nurse.

Other students who had failed their Dissertation were given confirmation that their resubmission was good enough to pass. As a continuation of detriments, my Dissertation was again assigned to the same Tutor who had threatened me and lowered my Placement Four grade. He used one of his University colleagues as the 3rd marker, to cover up his wrongdoings, fully knowing that I will protest about assigning him the remarking, an issue I had raised with my Dissertation Supervisor when informed that I had failed the first submission.

One of my class fellows failed her Dissertation resubmission and threatened to leave the course saying: *I am leaving this shit out* on the social media

group. Module Lead immediately passed her, she informed us and celebrated on the social media closed group.

I know that my Dissertation was good enough to pass at the first attempt. Unfortunately, students are bound by the University Regulations and neither Government Institutions can challenge them. One can only challenge “Conduct of Marking” of a Tutor, according to the law. But it is not practiced.

Both my Dissertations are posted online and accessible for all to assess themselves.

1.46 Signing Off Placement

Placement Six setting was the same where I completed my Placement Two and was given excellent Mentor feedback about my practice. During Placement Four we were asked to opt where we wanted to go for our final signing off placement, preferably a setting where we would like to take up employment after qualifying. I gave my preference. Link Tutor asked me to get approval from the Mentor and forward it to him. I complied. But I was not given the placement of my

choice until I provided all the email record at the time of placement assignment.

I believe I was allowed to progress to Placement Six because of my proactive action in publicising my work at Placement Five and seeking support from external institutions. Nursing Head had assigned me to write a Reflective Essay. I submitted the essay and was told to re-write it as per University's requirements. Email to this effect was sent to me by my new PAT. Despite their wishes, I reiterated ongoing detriments i had faced in my reflective essay after identifying drug errors.

My progression to PLO6 was incomprehensible for Nursing Head and Link Tutor since they wanted to terminate my studies much earlier and now they were working on their next plan.

My placement was unjustly extended as a means of segregating me from my class cohort. The rest of the class qualified earlier and I was put on disadvantage under immense distress, giving me extra work and extending my Placement Six unjustly. Nursing Head had given me a false perception that I will be completing my Nursing studies.

She had also stated that she will take into account the extra work (regarding production of various statements she had asked, linked to Placement Five Suspension and FTP) and will count it towards Placement hours (although I had already worked more hours than required at Placement Five). Despite her assurance, she extended my Placement Six for a further 6 weeks to punish me.

She approved and sent Portfolios all class to NMC for issuance of a PIN to practice as a Qualified Nurses but left mine out. She further stated (ironically) that I may propose improvements in healthcare after I qualify, commenting on submission of my 'Patient Improvement Plan.' Sadly, she was extremely manipulative and working on her plan to ensure that I do not qualify as a Nurse.

1.47 Stripped Off

At Placement Six, it was my routine to pay periodic visit to patients in their bedrooms during my shift. That particular day, I entered in the bedroom of 16 years old male, D. D was a tall handsome wheelchair bound lad

with complex needs. He preferred to wear his favourite thick grey jog suit, irrespective of hot or cold weather. His Mum had bought him a few sets of the same clothes.

I was shocked to see that D was sitting on the bare mattress of his bed, wearing no clothes except a continence pad. He seemed embarrassed, anxious and disoriented. No one was around him. I knew that sometimes D refused to be hoisted from his bed to wheelchair or to come out from his room. I talked to him, reassured my support with loads of appreciation and gradually put his T-shirt on. I informed the Nurse looking after him about my interaction with D. She was appreciative of my input.

After a little while, a Support Worker called M was literally shouting and was furious with me for intervening in D's matter as she and another support worker were dealing with him. My Nurse called me in the office, locked the door and said: *We cannot work at the setting without their support, so we have to listen to them and follow what they say.*

I was extremely upset and conveyed to the Nurse that I could not remain silent to see such an incident.

I added: *To me this is abuse and patient has been stripped off as a punishment by the two of them.*

My Mentor was not on duty that particular day and following day Mentor asked me about the incident. I explained and he stated that the two support workers were wrong. He knew that the two support workers abused the patient.

1.48 Award Board

The Examination Board and the Award Board to determined the final results for my cohort. Nursing Head had reported that my results had not been determined at that point because I had not completed Placement Six exactly following her plans. This was perhaps one reason why my Placement was extended to prevent me from receiving the approval of Award.

1.49 Grades Revised

All my previously achieved results were downgraded. When I queried about Placement One and Two posted grade B had been changed to D-, my year 1 online results were deleted by the University. I enquired about

University's policy and directive applicable to my years of study to justify why my achieved grades were revised downward but no explanation was given.

Later, I discovered that if a student gets decent grades in all modules and fails in a single component, then University is obliged to give a minimum pass to that student. To prevent me having this privilege, University deliberately downgraded all my achieved grades and failed me in my Dissertation.

1.50 Conduct of Marking

Non-LD Tutors awarded fair Grades throughout my 3 years of study i.e. B-, B-, B+, B, B

Conduct of marking by LD Tutor after my qualified disclosure revealed application of continuous detriments in the grades awarded i.e. C, C, D, D, D, D-, F, F+

2. COMPLAINT

3.1 Formal Complaint

I submitted a formal complaint to the Vice Chancellor of University, highlighting some detriments I had faced during my studies and the unresolved issues. This was dealt by the University as a Stage 1 complaint.

3.2 Third Fitness to Practice

The next day I received a letter for the 3rd FTP.

3.3 Unauthorised Changes

At the same time, multiple unauthorised changes were made on my online Nursing portfolio.

3.4 Termination of Studies

After 5 weeks, the Letter of Termination of my studies was issued by the University.

3.5 No Acknowledgement

I wrote to the Vice Chancellor that your office had not acknowledged my formal complaint but terminated my studies without addressing any of my concern.

3.6 Proceedings of FTP

The 3rd FTP was initiated on the basis of an email which I had written to the Student Advice Manager upon the recommendation of my new Personal Academic Tutor. He had asked me to copy him the email which he then used to refer me to the Nursing Head for the 3rd FTP.

All three Fitness to Practice charges were unmeritorious and Nursing Head manipulated each one to discredit me, segregate me from my class cohort, University staff and Health Education thus ensuring that I do not qualify as a Nurse. The fact is that she used FTP as an excuse to withdraw any support I may have had. Nursing Head did not arrange a teleconference repeatedly requested by the Health Education Head, but wrote back to her that “I was a failing student under FTP, having a distorted perception of self and events to achieve my objectives”.

Nursing Head also manipulated Dean School of Health who stated in our last meeting: *‘It’s a shame that you are under Fitness to Practice proceedings, otherwise you could have completed your Dissertation with another University to pass your course.’*

3.7 **Pre and Post Registration Nursing Head**

I wrote an email to Pre and Post Registration Nursing Head asking for help regarding my grade change at Placement Four. Instead, she wrote back advising Nursing Head **not to award me a Nursing Degree**. This information was revealed in the documents provided in my Subject Access Request under Data Protection Act 1989. She further stated in the email that **student must not know that she was assigned an Unqualified Mentor at Placement Four** This email was written when my formal complaint was still to be investigated. This is a clear evidence of how the University staff collaborated to fail me unjustly.

I was failed in my Dissertation by design and my complaint was not investigated. University hastened to terminate my Nursing studies breaching all rules and regulations.

3.8 **Academic Appeals**

I submitted an academic appeal and an appeal against termination of my studies. I requested that my appeal be considered under my formal complaint. My request was not accepted and University to exhausted every form to deny me a possibility to complete my

studies. Thereafter, they instructed me to submit Academic Appeal and Appeal against Termination and marked both as *Not Upheld*.

In my appeal I explained with evidence that there had been an irregularity in the conduct of marking and assessment of my dissertation by LD Tutor. I attached relevant emails to the Appeal Form. I attended a Termination Appeal Panel hearing supported by my husband. During the hearing, I presented the following matters for the Panel's consideration: The difficulties I experienced at placements Placement Three to Placement Six, my objection to the fitness to practise referral after Placement Five; The behaviour of Tutor and practice Mentors; my dissatisfaction with marking of my Dissertation by a Tutor who was biased.

The Panel did not uphold my appeal under the Termination Appeal Policy. In my opinion, my appeal was only heard to tick the boxes. University did not want me to complete my studies.

In relation to my appeals, OIA stated: *"The evidence cited above indicates that Mrs Mughal wished to appeal on grounds of a successful complaint and we consider that in the circumstances it would have been reasonable*

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for the University to have put the appeal process on hold pending the outcome of the complaint investigations.”

3.9 Alternative Degree

I was informed by a class mate that in the next Award Ceremony, in my absence, University's Award Board announced a BSc Healthcare (ordinary degree) for me on the basis of the credits attained i.e. 320/360.

University never informed me either verbal or written of this effect.

They were ever so determined not to let me complete my Nursing Training, even from any other University with submission of a Dissertation.

My Formal Complaint was still under investigation but the outcome had already been decided by the University. My complaint included conduct of marking detriments and Dissertation was one of them.

Nursing Head was closing each door for me to complete my Nursing Studies. She had already informed

me that: *No member of staff was willing to support me for Dissertation* in the last meeting.

I have not accepted or received this degree yet. I studied Learning Disability Nursing for 3 years.

3.10 Outcome of Complaint

My Formal Complaint was not upheld by the University. Ironically, University had already terminated my studies and announced an alternative degree. The complaint outcome did not address any of my concerns but was used their procedures to cover up University's wrongdoings.

In the appeals outcome letter, the Student Disciplinary Officer referred to the timeframe and estimated that complaint investigation may take longer. In particular, he referred to the interviews that would have to be conducted for assessment of the complaint. He wrote:

"The investigator already has all of the written submissions that you've made over the course of the last six months or so, and will examine these closely with a view to determining whom she needs to interview as part of her assessment of your complaint. Since your

complaint encompasses some serious assertions about members of staff of both the University and its Placement Providers, it is likely to take some months for the investigator to complete her review, and it is therefore likely that it will be well into the next year before she can come to any conclusions.”

Despite all the above statements, appeals and complaint outcome proved that nothing had been done in reality! A shallow, biased and an unprofessional outcome report was produced.

3.11 OIA Comments

With reference to the University's investigations, OIA wrote in their outcome:

“We observe that between late September and the meeting of December; little progress had been made in the investigation of the complaint. We are critical of this initial period of delay. The December meeting progressed the investigation and we note the four page document recording the Notes of the meeting with the investigator which clarifies elements of Mrs Mughal's complaint and different aspects of her programme including their assessment.

It was not until February that Mrs Mughal was notified of the outcome of the investigation. The e-mail notifying her of the conclusion of the investigation specifically referred to the difficult task of assessing the documentation.

We accept that in this case a full investigation process could have been lengthy, particularly if it were necessary to seek information from Placement staff. However, there is no evidence that any such investigation actually occurred. There is no evidence which suggests anyone other than Mrs Mughal was interviewed. We consider that the delay in completing the complaint investigation is not justified by the final outcome report which refers only to Mrs Mughal's own submissions, and consider that this coupled with the lack of clarity about the interrelation between the different procedures (referred to above) will have caused Mrs Mughal distress and inconvenience."

3.12 Completion of Procedure

I protested against the Outcome of my Formal Complaint. University looked briefly at the points reiterated in my email and replied that there was nothing which was not considered. This unjust decision

concluded University's internal process of dealing with my complaint.

3.13 Appeal against Outcome

I submitted an appeal against the outcome of my Stage 1 Formal Complaint in March 2016. The University wrote that my submission was out of time and could not therefore proceed to Stage 2. This e-mail was the 'Completion of Procedures Letter' in respect of my formal complaint. Stage 2 investigations were imminent to uncover the responsibility of massive wrongdoings by some staff at the University and Placement settings.

3.14 OIA Comments

With reference to my email request and University's response, when I consulted OIA commented:

" We have considered Mrs Mughal's e-mail of March and in order to assess whether the issues she had raised had already been considered by the University we looked at the Report prepared at Stage 1; the initial decision. Whilst it may be correct for the University to have stated "there is nothing there which was not considered" (OIA emphasis) at the earlier stage, we

observe that Mrs Mughal's listed heads of complaint were not all addressed in the outcome Report dated February." "The record of the meeting with the independent investigator in December indicates that the investigator sought to understand the detail of Mrs Mughal's complaints. Reference is made to Mrs Mughal's following concerns: • that she had been refused a change of placement after she requested it; • that one of her grades had been downgraded (from a B to a D); • that she had felt a lack of support in her placement; • that concerns she had in PLO4 and PLO5 had not been fully addressed."

OIA stressed in the next point: *"Mrs Mughal's additional documentation contained in the Red folder contained four clear heads of complaint which were: 66..1. Concerns about suspension from PLO5 66..2. Lack of support and guidance 66..3. Unjust application of Fitness to Practise procedures 66..4. Changes made to her Pebblepad portfolio."*

3.15 OIA Stated Further

"We acknowledge that the evidence provided in the folder is difficult to link to the heads of complaint but consider that the issues themselves are clear. The final report (sent in February) fails to identify the author

which we understand to be the independent and impartial investigator (PB). It is in our view difficult to reconcile the tone and content of the report with the record of the meeting with the investigator in December. The tone of the report reads as a critique of the manner of Mrs Mughal's submissions rather than an impartial evaluation of their validity. We consider above all that the issues of concern Mrs Mughal raised were not addressed at all in the body of that report. We have seen in the documentation the report (of March) prepared at Stage 1 for the earlier complaint by Mrs Mughal and observe that in form and content it differs significantly from this Stage 1 report. We are critical of the failure of this report to set out clearly its basis, its findings and any recommendations that may be considered. We note and accept that some of Mrs Mughal's complaints had already been considered in the earlier complaint and that she had not escalated that investigation after notification of the outcome. Nonetheless the Stage 1 report of February does not address the specific issues set out in paragraph 66 and we are critical of this."

3.16 OIA Finally Stated

"We consider that the final decision of the University is misleading inasmuch as the complaint issues may

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have been “considered” but the University has failed to evidence that those issues were investigated or properly addressed.”

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4. JUSTICE

4.1 ACAS

I consulted Government's recommended organisation for early conciliation against University and the 3 Placement settings where I was mistreated.

No conciliation was offered but my matter was accepted. 4 certificates were issued that I had fulfilled legal requirements to file a claim in the Court of Law against the University and 3 Placement settings.

4.2 Court of Law

It was a big decision for me to seek justice from a Court of Law. I had made Qualified Disclosures in public interest which had not been investigated by the University and, thereafter, I had started facing continuous on-going detriments.

I was desperate to find legal help and seek financial aid as my husband had been made redundant at the same time and we did not have a large amount of money to pay for legal representation. I knocked every door without any success. I contacted various attorneys to get advice and spent a fortune in doing so. Some of them asked for a fee starting from £2500 at initiation

and going up to £15000 to file Appeal against FTP only. Unfortunately, I did not get a favourable response on a 'No Win No Fee' basis and paid out another £570 for evaluation of my evidence document. I was unable to meet the legal fee obligations. Therefore, I decided to self-represent my case in the Court of Law and applied for fee exemption.

Finally, I submitted my claim online which was restricted to a brief summary of 300 words against the University and 3 Trusts under Public Disclosure Act 1998. I was asked by the Tribunal to send my detailed claim which I complied. I requested Employment Tribunal to exercise its discretion to cover the period of unlawful acts resulting from my disclosure as it was not reasonably practical for me to lodge a claim without exhausting the University's internal procedures.

To fulfil the legal requirements, I exhausted the internal procedures and received a Completion of Procedures letter from the University in April, without having had any of my concerns addressed.

I submitted my whistle blowing claim against University and 3 Trusts *within three months of the date of the act or the failure to act or, where that act or*

failure is or was part of a series of similar acts or failures, the last of them. There is an exception whereby Employment Tribunals have discretion to extend the time limit for “*such further period as the tribunal considers reasonable in a case where it is satisfied that it was not reasonably practicable for the complaint to be presented before the end of that period of three months*”. The University rejected my Stage 1 complaint. Background to this rejection was that in September I had made a Stage 1 complaint about on-going detriments and results. Following this, in November, I had been informed that the University’s Assessment Board had determined that I could no longer continue to study on the course as I had not passed my assessments and had, therefore, failed to meet the academic requirements of the course. I was asked to appeal against this letter in accordance with the Student Complaints Procedure. In December, I provided a statement in support of my original complaint of September. The last day to bring a claim in respect of the rejection was three months after February, that is, 1st May.

However, time limits were subject to the process of ACAS Early Conciliation, which ‘stopped the clock.’ I could only present an Employment Tribunal claim once I

had an ACAS Early Conciliation certificate. In March, I initiated ACAS Early Conciliation in respect of PLO3, 4 and 5. I received the ACAS Early Conciliation certificates in April, the limitation date to present an Employment Tribunal claim would be one month after that date – I submitted my claim in May.

The University's online summary of the Learning Disability Nursing BSc (Hons) course states: *It gives a registration through the Nursing and Midwifery Council (NMC)" and "is compliant with Nursing and Midwifery Council requirements."* In addition, the Nursing and Midwifery Council website states: *Pre-registration Nursing – Learning Disabilities – BSc (Hones)' at the University is an 'approved programme.*

Therefore, I believe that work experience and course are covered by section 43K (1)(cb) Employment Rights Act 1996. The fact that section 43K(1)(cb) Employment Rights Act 1996 states "is or was..." means that I would continue to be protected even when I was no longer being provided with such work experience.

After 2 weeks I received Notice of a Claim, Notice of Preliminary Hearing Case Management and few other support documents from the Court. My claim qualified

for hearing and was accepted by the Tribunal. A 'Remedy Statement' was also requested by the Tribunal. I submitted detailed claim and 'Award Request.'

At the first Preliminary Hearing, the young Hon Judge was very understanding and realised that I was exposed to a Court of Law for the very first time by self representation and that I was fighting my case against four experienced lawyers from reputable firms.

'Case Management Order' was issued but was not delivered to me either by post or a soft copy by email. All 4 Respondents had received their copies of Case Management Order. According to this order, I was due to submit "Statement of Disclosures and Statement of Detriments." I sent 3 emails to the Employment Tribunal requesting a copy of their order but all to no avail. I submitted my "Statement of Disclosures and Statement of Detriments" in absence of Case Management Order after getting a soft copy from one of the Respondents. This point was raised during the Final Preliminary Hearing but dismissed by the Hon Judge saying: *Our records show you were despatched a copy.*

I submitted the following skeleton document during Preliminary Hearing to support my claim:

Q-1 *Whether complaints can be brought against the second respondent (the University), given that it is an educational establishment. Employment Rights Act 1996 ('ERA') S43K sets out situations, beyond those set out in section 230(3), where the Act deems someone a 'worker.'*

S43K Extension of meaning of "worker" etc. for Part IVA

- (1) For the purpose of this part "worker" includes an individual who is not a worker as defined by section 230 (3) but who –
- (a) Works or worked for a person in circumstances in which –
 - (i) he is or was introduced, or supplied to do that work by a third person, and
 - (ii) the terms on which he is or was engaged to do the work are, or were, in practice substantially determined not by him but by the person for whom he works or worked, by the third person or by both of them.

There are two ways in which I would like to submit my relationship with the University covered by S43K.

1. That my relationship with the University falls within the scope of ERA S43K (1) (a). I worked for PLOs in circumstances in which I was introduced or supplied by a third person. The terms on which I was engaged to work for the (PLO and/or the University) were determined by the Nursing & Midwifery Council/ University and/or the PLOs.

Other exceptions detailed in s43K(1) are there for the avoidance of doubt and not to rule out claims under s43K(1)(a) that bear any resemblance to the exceptions.

Case Law: McTigue v University Hospital Bristol NHS Foundation Trust holds that it is not necessary for a claimant to show, where there are multiple organisations involved, which organisation determines their terms of employment to the greatest extent, merely that any organisation substantially determines the terms on which the claimant was engaged to do the work.

University substantially had control over the terms on which I was engaged to work at the placements. The Nursing Degree and each PLO were governed by the terms of an Honorary Contract and Bursary Agreement

entered into between me and the University, signed on 16th Sept 2012 ("The Agreement"). Amongst other things, the Agreement stipulated that during the period of any PLO, I was required to undertake such learning activities as were assigned to me by the teaching staff and manager of any department in which I undertook a PLO and these activities must be carried out in accordance with the directions and limitations outlined by the nominated teacher at that PLO. During a PLO, I was also required to attend and conform to the codes of behaviour and appearance established by the Manager of the PLO and to refer any matters which give concern to the immediate teacher at the time. In addition, I was required to accept the instructions of the teacher appointed to the PLO.

2. And/or in the alternative, I would like to submit that I be deemed a worker by ERA S43K (1)(d).

S43K (1) (d) deems someone a worker where he is or was 'provided with work experience pursuant to a training course or programme or with training for employment (or with 'both') otherwise than -

(ii) by an educational establishment on a course run by that establishment; and any reference to a worker's

contract, to employment or to a worker being “employed” construed accordingly.

I believe, the effect of s43(1)(d)(ii) is to rule out claims against universities that are purely around academic courses, and not to rule out claims that involve vocational training and work experience, such as my nursing degree. My course was not a typical academic degree, as shown by the six PLOs I attended as well as the vocational nature of my studies.

In essence, the University arranged the work experience at PLO settings who organised my work:

- The courses were run by other institutions;
- These institutions directed my work and responsibilities;
- These institutions graded my work.

Q-2 To what extent, if any, can the Claimant's complaints be brought against any of the Respondents, given that the Protected Disclosures (Extension of Meaning of Worker) Order 2015, which extended protection to student Nurses who would not otherwise be workers, only came into effect on 6 April 2015 and does not have retrospective effect?

In this regard, I would like to submit that the law was changed to clarify what had already been intended in the passing of the Public Interest Disclosure Act ('the Act'). At the time the Act was passed student Nurses did not typically achieve their qualifications through nursing degrees at academic institutions as they do now. It was intended that the Act would apply to "Student Nurses" and it was not foreseen that this would be problematic due to their having terms of employment that sat more clearly within the Act's definition of 'worker.'

Subsequently the way in which student Nurses achieved their qualification changed and they could no longer rely on their terms of employment that previously made it clear they were to be defined as workers for the purposes of the Act.

The law was hence changed to make it easier for student Nurses to show they were covered by the provisions of the Act. This was not a new protection afforded by the legislature, but a response to the change in delivery of their qualification that had left many unable to argue their employment relationship was covered by the Act.

Q-3 *Are any of the Claimant's complaints out of time, having regard to section 48(3) of the Employment Rights Act 1996?*

- i. A whistleblowing claim must be presented at an Employment Tribunal within three months of the date of the act or the failure to act or, where that act or failure is part of a series of similar acts or failures, the last of them.
- ii. There is an exception whereby Employment Tribunals have discretion to extend the time limit for "such further period as the tribunal considers reasonable in a case where it is satisfied that it was not reasonably practicable for the complaint to be presented before the end of that period of three months".

My whistle blowing claim was presented at Employment Tribunal within three months of the date of the act or the failure to act or, where that act or *"failure is or was part of a series of similar acts or failures, the last of them."*

Q-4 To the extent that any complaint was presented after the end of the period of three months beginning with the date of the act or failure (or last act or failure in a series) to which the complaint relates, was it nonetheless presented within a reasonable period in circumstances in which it was not reasonably practicable to present the complaint within the ordinary three month period?

It was not reasonably practicable to bring my claim to Employment Tribunal before exhausting University's Internal Procedures besides; I was facing continued on-going detriments after my qualified disclosures at PLO3.

I was unaware of how the law would be misinterpreted to favour the Respondents. 4 Respondents were represented by 2 most senior renowned Solicitors and 2 Counsels / Barristers (specialised in courtroom advocacy and litigation), wasting Tax Payers money.

After 2 weeks, I submitted 'Chronological Statement of Detriments' and 'Evidence of detriments' to the 4 Respondents and Tribunal.

At Preliminary Hearing, scope of case was discussed and the next hearing date was given after 10 weeks. Document submission schedule was given by the court. Documents were to be exchanged after 4 weeks, 'Witness Statement' after the following 4 weeks and 'Skeleton Argument' was to be submitted one week prior to the hearing date.

During this period, I had no concept of day or night and was only getting few hours sleep. I was ever so content and thankful and thought my difficulties were almost over and I was about to receive Justice in the Interest of Justice. By now, I was literally shattered and exhausted of resisting and fighting the system for the past four years.

I submitted 'Statement of Qualified Disclosures', 'Evidence of Qualified Disclosures' and 'Witness Statement' sent to 4 Respondents. 6 copies of Bundle of all documents were prepared for the final hearing.

Schedule of the 2 days of Final Hearing venue and court was changed at the last minute with a new Hon Judge.

Tribunal Final 2-day Hearing started with well dressed, smartly dressed legal representatives wearing expensive perfumes and carrying leather trolley bags and brief cases were entering the building in a queue with us. I was only supported by my husband.

Day progressed with 'bone chilling' statements by the Hon Judge who hammered me consistently with extremely harsh comments like *'Problem is You'* pointing his finger at me and 'suffocating' me every time I attempted to speak by rejecting my argument, using a yard stick of *"was it after '15th April 2015' when the Whistleblowers law came into being?"*

The Hon judge stated that he will not consider my matter retrospectively. I was wondering why I had been given the hard task of preparing the various statements of thousands of pages for the last 7 months if those were not going to be considered in the Court's proceedings.

In the current situation and, on the basis of plea taken by the Hon Judge, acceptance of my Claim for Hearing was a wrong decision by the Employment Tribunal. The basis of my claim was that I had requested Employment Tribunal to cover the whole

period of unlawful acts resulting from my disclosure retrospectively as it was not reasonably practical for me to lodge a claim without exhausting the University's internal procedures.

The Hon Judge was polite and friendly with legal representatives of the 4 Respondents, exchanging smiles most of the time. However, his way of behaviour towards me was anything except polite. In fact, I felt that on several occasions his attitude towards me was literally hostile.

I had hoped to get justice from the Court of Law which did not materialise and, on the contrary, I was disadvantaged. The Hon judge did not demonstrate fairness in carrying out his role and fulfilling his responsibilities to deliver justice. He treated me harshly and unfairly and prevented me to speak and reveal the truth in the Court of Law and more significantly, failed to do justice.

I have lost confidence in the Judicial System. Greater efforts are needed to improve trust to get rid of this vicious circle in the interest of justice.

Injustice attacks and preys on truth by using evil strategies to deprive people of their rights thus not fulfilling their obligations to uphold the law and deliver justice without prejudices.

4.3 Judgement and Reconsideration

The Hon Judge dismissed my claim against the University on the first day of the hearing on the grounds that a claim cannot be made against an academic establishment. The Hon Judge rejected my plea that my relationship with the University falls under sections ERA s43K (1)(a) and ERA s43K (1)(d)(ii).

On the second day, my claim against the 3 Trusts was similarly dismissed on the grounds that the new law came into effect on 6 April 2015.

The Hon Judge rejected my claim on the grounds that the law protects Student Nurses with effect from 6th April 15 and reiterated that he will not accept my argument that the law was already in place but, either, (i) extended or (ii) clarified on 6 April 2015. The Hon Judge rejected my qualified disclosures and plea of a continuous series of on-going detriments which I had faced. He added that there is no protection for Student

Nurses for any unlawful act(s) committed against them prior to 6 April 2015. Further, Hon Judge stated that Student Nurses can be subjected to any number of detriments or unlawful acts prior to 6 April 2015, as there was no law to offer them protection.

The Hon Judge wrote his judgement:

- 1. Section 43-1K of Employment Rights Act 1989 Act which was brought into force by the Protected Disclosures (Extension of Meaning of Workers) Order 2015 on the 6th April 2015 was not enacted with retrospective effect.*
- 2. The Claimant was not a worker within the ambit of these provisions whilst pursuing her studies at the Respondent University. The claim against the Second Respondent is dismissed.*
- 3. On the concession by the Claimant that her claim form contains no complaint against the First and Fourth Respondents that post dates section 43K coming force and on the unopposed application of the First and Fourth Respondents, the claim against them is dismissed.*

On the concession by the Claimant that her claim against the Third Respondent contains no complaint

that post dates the coming into force the Section 43 K, the claim against them is dismissed.

Reconsideration of the Judgement application was submitted and rejected by the Court!

4.4 Flaw

The Hon Judge's ruling in my whistle blowing claim clearly highlights the flaw in the current legislation which should be immediately addressed and rectified by Parliament, Secretary of State, relevant institutions and Decision Makers involved in the Healthcare sector.

Universities and placement settings must be held responsible and accountable for any wrongdoings, unlawful acts or breach of regulations and Student Nurses whistle blowing claims must be considered with retrospective effect. Consideration must be given to the fact that Student Nurses are obliged to complete the requirements of University's internal procedures before they can file any claim.

I believe the ruling in my claim by the Employment Tribunal Hon Judge will make matters worse for Student Nurses as both the University and placement staff will

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now believe they have a free hand to act as they wish without fear of any accountability or legal repercussions.

**5. OFFICE OF INDEPENDENT
ADJUDICATORS**

5.1 Recovery from Shock

A new year started. It took me a long time to recover from the bitter experiences I had faced at the highest pillar of a society, its Judiciary. I had become extremely drained and exhausted after the judgement. I had cut myself off from the outer world. I opted not to have a phone or a watch. I could not come to terms with my feeling of helplessness and failure to get justice at each forum. I wanted to speak out about my experience of attending a Court of Law but was not sure what amounts to a contempt of court. This was the 5th year of my difficulties which were getting worse by the day.

My husband genuinely became concerned about my health and wellbeing and seriously considered inviting my sister from back home to come and continued to offer me his help and support.

However, I was up and running again, looking for alternative options after couple of months.

5.2 Subject Access Request (SAR)

I sent a Subject Access Request to the University and wrote:

“Please provide the following personal information under Subject Access Request that the University holds under Data Protection Act 1998.

- 1. Internal document /policy to supplement the Assessment & Feedback policy and whether there is a note on my personnel file to evidence the specific reasons recorded in respect of my grades revision at the relevant time.*
- 2. Marking criteria and any relevant guidelines governing any discretion the University might have to review.*
- 3. Results / grades for Year 1, 2 and 3 with breakup and how these were constituted including grade D- awarded for NPR-1017P despite excellent feedback from both Mentors and achieving all NMC competencies and NPR-2058P awarded grade B was changed to D.*
- 4. Any notes on my personal file showing what reason(s) were recorded to support the downgrading of my assessment.*

5. *Any note on my file about the removal of my Year 1 online results after I complained about the unjustified grade D-.*

6. *Correspondence between University Care Makers. I was stopped by Nursing Head to perform my duties as a Care Maker.*

7. *Correspondence between University and award nomination for 'Most Inspirational Student Nurse of 2014.' News of my nomination was published in local newspapers.*

8. *Correspondence between University and Care Quality Commission regarding my qualified disclosure and on-going continued detriments faced.*

9. *Correspondence between University and Nursing and Midwifery Council regarding my qualified disclosure and on-going continued detriments faced.*

10. *Correspondence between University and Royal College of Nursing regarding my qualified disclosure and on-going continued detriments faced.*

11. *Correspondence between University and Health Education regarding my qualified disclosure and on-going continued detriments faced.*

12. Correspondence between University and Health Education East Midland regarding my qualified disclosure and on-going continued detriments faced.

13. Correspondence between University and Head of Pre & Post Registration Professional Practice Education & Training Team as she refused to employ me in her letter written to Nursing Head.

14. Feedback received by University from PLO3.

15. Feedback received by University from PLO4.

16. Feedback received by University from PLO5.

17. Copy of my NMC portfolio Year 1, 2 and 3. Unauthorised changes were made on my portfolio by University staff to distort facts.

18. Copy of final portfolio submitted to Nursing and Midwifery Council by the University.

19. Record of total Placement Hours worked during 3 years.

20. Signed copies of Dissertation Markers feedback (2 for 1st submission and 3 for re-submission).

21. Copy of Office Manager PLO5 feedback provided to Nursing Head. In this feedback she specifically wrote that 'Farida stood up for patients' rights.' The copy of this feedback was not provided to me by Nursing Head despite multiple requests.

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22. Any note / information added to my accessible data by the University. I remain unable to secure any job. A cheque for £10 and two forms of identification are attached herewith."

University did not provide any document to support lowering of my grades. And despite the fact that I specifically requested a copy of feedback of PLO5 Office Manager, University remained silent.

5.3 OIA Outcome

I submitted my compliant to OIA about the University's decision to terminate my studies, without addressing my concerns including grades revised downwards, its decision of unjustly awarding me an alternative degree, Completion of Procedures and additional issues for which there was no Completion of Procedures adopted.

With regard to my complaint about the University's decision to terminate my studies, it was noted by OIA that the Completion of Procedures Letter suggests that I wait until the outcome of all outstanding procedures before requesting an OIA review. OIA noted that the University did not set out in the final Completion of Procedures Letter all the details of all the procedures that I had invoked, including the earlier procedures for which the University had advised me to wait before contacting the OIA. It may not have been clear at that time whether the original deadline for submitting a complaint to the OIA still stood. OIA accepted that the University's advice in the letter explains why I delayed in submitting my OIA complaint in respect of the earlier procedure. Accordingly, OIA did not consider that my complaint was out of time.

5.4 An Apology and £1500

OIA's investigations lasted for about 10 months. OIA recommended that the University send me an apology and pay me £1500 for my distress.

OIA concluded:

"We consider that the University failed to address fully, or at all, the complaints raised by Mrs Mughal in its outcome report of 2 February 2016 and that the quality and content of the report did not justify the delay in the completion of the Stage 1 investigation. We are not persuaded that it was reasonable to have applied the strict timescale for the escalation of the complaint to Stage 2 in the circumstances. Furthermore we do not consider that the interrelation between the different procedures was clear to Mrs Mughal and that it would have been appropriate to have suspended the appeal processes pending the outcome of the complaint investigation.

We have concluded that the Fitness to Practise procedures are technically not eligible under the Rules of the OIA Scheme because they were not completed. However we observe that:

- *the University has an obligation to use the Fitness to Practise procedures where it has concerns; and*

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- *no adverse finding has been made against Mrs Mughal in terms of her fitness to practise as a professional; and*
- *the Fitness to Practise proceedings did not have a bearing on the decision to terminate Mrs Mughal's registration which was made as a result of an exercise of academic judgment."*

In my opinion, OIA's investigation was flawed.

OIA omitted all the detriments and hardships I had faced at the University and Placement Settings after my Qualified Disclosure in Public Interest, the abuse I suffered both from both University and Placement staff, the fact that the Nursing Head was determined to fail me, inhuman treatment by PLO5 Mentor and Manager who did not acknowledged my work done with the patients, who failed me in my practice unjustly, my Personal Academic Tutor who tricked me into writing an email and used it to apply FTP, Link Tutor who threatened me and lowered my grade and failed me in my Dissertation.

OIA only considered that University had not followed its internal procedures.

6. LAST APPEAL

6.1 MP

I wrote an email to my MP and requested for his help and support in the light of the findings of OIA;

'With reference to my various emails I would like to request you to order issuance of my Nursing Degree. In this regard I would like to submit as below;

- 1. To date, my concerns, in particular the problems I faced at the University and placements after my qualified disclosure in public interest at PLO3 have not been fairly investigated by either the University or any institution.*
- 2. My formal complaint, submitted was not acknowledged for 5 weeks. The next day of which, Nursing Head started proceedings for 3rd unmeritorious FTP.*
- 3. University hastened to terminate my studies without addressing a single concern of my complaint.*
- 4. The basis of my termination was that 'I had not passed my assessments and failed to meet the academic requirements of the programme' although I achieved 320/360 credits despite facing problems. Letter of termination was issued prior to investigation of my formal*

complaint of detriments of unfair assessment of Dissertation and grades.

- 5. I requested University my appeal be considered under Formal Complaint submitted which was not accepted.*
- 6. University's investigations of placements PLO3, PLO4 and PLO5 were a cover up of wrongdoings of University and placement staff.*
- 7. The unfair outcome of University investigations resulted in PLO3 drug error records and my online portfolio being unlawfully changed.*
- 8. OIA concluded that University's investigation of five months fails to address adequately the complaint issues.*
- 9. I would like to quote University's email written to OIA which is self explanatory; "I confirm that the appellant in this case has been referred to the FtP Policy twice, each at Level 1. The latter process was stalled by the efforts to resolve her complaints, and then obviated by the fact of the termination of her studies. I understand that in the (hopefully unlikely) event that she's reinstated, efforts would be made to complete the second iteration." This implies University is instigating OIA not to reinstate me, thus interfering in OIA's decision.*

10. *I received my Formal Complaint outcome in Feb 2016. Therefore, Termination of Studies letter of Nov 2015 becomes null & void in absence of investigation of my Formal Complaint.*
11. *As such, University's letter of Completion of Procedures becomes null & void in absence of investigation of my Formal Complaint.*
12. *OIA wrote in its outcome "The University's decision dated 10 December 2015. The University decided to dismiss both Mrs Mughal's academic appeal against the grade awarded for her dissertation, and her termination appeal against her withdrawal from her course." OIA further wrote "At a meeting on 25 January 2016 the Examination Board awarded Mrs Mughal a BSc Healthcare (ordinary degree) on the basis of the credit attained during her studies." This award is null & void as my Formal Complaint was still under investigation.*
13. *Conduct of marking by Link Tutor, with whom my relationship had broken down and who threatened me, is highly questionable. As such Dissertation assessment and results becomes null & void. My Formal Complaint raised this concern. I have concrete evidence how my assessments and grade detriments were planned*

by the collaborated effort of Clinical Placement Facilitator, Nursing Head, Link Tutor and placement Mentors.

14. University failed to provide justification why my online Year1 results were removed when challenged.

15. Till date, University has failed to provide justification to change all my grades downwards despite Formal Complaint and Subject Access Request.

16. OIA concluded: "We consider that the University failed to address fully, or at all, the complaints raised by Mrs Mughal in its outcome report of 2 February 2016 and that the quality and content of the report did not justify the delay in the completion of the Stage 1 investigation. We are not persuaded that it was reasonable to have applied the strict timescale for the escalation of the complaint to Stage 2 in the circumstances. Furthermore we do not consider that the interrelation between the different procedures was clear to Mrs Mughal and that it would have been appropriate to have suspended the appeal processes pending the outcome of the complaint investigation. We have concluded that the Fitness to Practise procedures are technically

not eligible under the Rules of the OIA Scheme because they were not completed. • no adverse finding has been made against Mrs Mughal in terms of her fitness to practise as a professional; and • the Fitness to Practise proceedings did not have a bearing on the decision to terminate Mrs Mughal's registration which was made as a result of an exercise of academic judgment."

17. I have serious reservations about OIA's investigations. Unfortunately, OIA have omitted major concerns which were and the problems I faced.

It is evident from the above that University caused me unimaginable detriments of injustice, abuse, immense distress and deprivation of my right to practice as a qualified nurse from the last 2 years and 5 months (from the date when my studies were completed). University should have taken the corrective measures without further loss of time.

I have already written to the respective NHS Trusts to investigate the matter, where I was

mistreated and abused by Placement Staff in collaboration with University personnel.

I have not studied BSc Healthcare, the degree which University unjustly decided to award me as I achieved 320/360 credits with the intention to close doors for me to practice as a Qualified Nurse. Each and every excuse of University is invalid and covered in OIA outcome.

I am confident that I am very much capable of providing compassionate care to improve patient experience.

I have not given up and I will not give up until justice has done Sir.

My MP responded very late and informed that he could not help.

6.2 In Confidence

I approached a renowned Healthcare Leader for help and support. He had recently written a report on abuse at healthcare settings. This was due to his genuine passion for justice in healthcare and improving patient care.

My email written to him read:

'Hon Judge dismissed my claim against University on day 1 of the hearings on the grounds that a claim cannot be made against an educational establishment. Hon Judge rejected my plea that my relationship with the University falls under sections ERA s43K (1)(a) and ERA s43K (1)(d)(ii); see attachment.

The claims against the 3 NHS Trusts were similarly dismissed on the grounds that the new law which protects Student Nurses came into effect on 6 April 2015. Hon Judge rejected my claim on the grounds that the law for Student Nurses came into being on 6th April 2015 and reiterated that he will not accept the law was either (i) extended or (ii) clarified on 6 April 2015. He added that there is no protection for me for any unlawful act(s) committed by the Respondents prior to this date. As such, I could be subjected to any number of detriments or unlawful acts prior to 6 April 2015. Hon Judge rejected my qualified disclosures and plea of a continuous series of on-going detriments which I faced after my whistleblowing i.e. reported drug administration errors and malpractices (Infection Prevention & Control Violations) at my 2 placements.

I asked his advice on two issues regarding my claim against the University and Multiple Trusts:

First, please advice if a Student Nurse can bring a whistleblowing claim against an educational establishment on the grounds that her/his relationship with the University falls under sections ERA s43K (1)(a) and/or ERA s43K (1)(d)(ii).

A Nursing Degree is not purely academic but involves 50% vocational studies and 50% practice training at local NHS Trusts (Hospitals, Short Term Respite, Community and Mental Health Settings etc.) arranged by the University. The Nursing Degree and practice training are governed by the terms of a Contract and Bursary Agreement between the University and the Student. Can a claim against an educational establishment be dismissed on the basis that Student Nurses are not deemed to be workers?

Second, please advice if a whistleblowing claim can be raised for qualified disclosures made prior to 6 April 2015, given that the new law which protects Student Nurses came into effect on 6 April 2015. The scenario is that a continuous series of on-going detriments ensued after the qualified disclosures i.e. reporting of

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drug administration errors and malpractices (Infection Prevention & Control Violations). Can a claim be dismissed on the grounds that this new law offers no protection for Student Nurses where disclosures were made prior to 6 April 2015?

Student Nurses are vulnerable and face limitless repercussions, detriments, victimisation and/or unlawful acts committed against them as there is no legal protection prior to 6 April 2015. Further, there is no accountability of University staff and/or practice training staff, if they act dishonestly, breach their employment contract and violate the trust placed on them. Student Nurses are unfamiliar with legal matters and required to exhaust University's lengthy internal procedures before going to court of law which can invalidate their legal claim due to time constraints.

Is there any legal remedy to overcome the above mentioned barriers?"

I received the below reply from his office:

'Unfortunately xxx xxxx cannot assist as has not undertaken the course to enable him to take instructions direct from members of the public. To

assist you he suggests you approach Public Concern at Work.'

Public Concern at Work had already been consulted at each stage and was unable to resolve my concerns.

6.3 Healthcare Head

Healthcare Head was contacted with details of my matter and requested for help and support. His office replied seeking my permission to write to the University.

Thereafter, I did not hear from Healthcare Head or his office for the next 10 months.

A final re-request was sent to Healthcare Head. This time I received the below reply:

"I was sorry to read that you feel you have suffered detriment because of whistle blowing. I can, however, assure you that the Department of Health is committed to improving openness in NHS ensuring that whistleblowers are considered an asset and receive proper support. As part of ensuring that individuals feel safe to speak up, the Government instigated a

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package of legislative changes to ensure employment law protections extended to student Nurses who, in the public interest, make a protected disclosure concerning their work experience. The legislation was aimed at enabling people to bring a claim against the healthcare provider providing that training.

Ministers want to ensure that the safest and most transparent healthcare system in the world, and I hope it will reassure you to know that the Department is continuing to work with employers, unions and NHS staff to eradicate bullying and harassment in the NHS in order to achieve this

I am sorry I cannot assist more directly, but I hope this reply is of some help."

I have only faced detriments after my whistleblowing. I have not received any support whatsoever to date. I need the support of Healthcare Decision Makers and Judiciary to revisit my case, hold accountable all those who have mistreated me and give my Nursing Degree which have been denied by the corrupt mafia in place at the University and Healthcare Settings!

6.4 Department of Health

At the end of 5th year, I contacted Department of Health Education and wrote:

“OIA was contacted about the on-going problems and detriments I faced after my qualified disclosure. I have just received OIA outcome of their investigations lasting about 10 months. OIA has recommended that University send an apology and pay me a sum of £1500 for my distress. I quote below the OIA conclusion;

“We consider that the University failed to address fully, or at all, the complaints raised by Mrs Mughal in its outcome report of 2 February 2016 and that the quality and content of the report did not justify the delay in the completion of the Stage 1 investigation. We are not persuaded that it was reasonable to have applied the strict timescale for the escalation of the complaint to Stage 2 in the circumstances. Furthermore we do not consider that the interrelation between the different procedures was clear to Mrs Mughal and that it would have been appropriate to have suspended the appeal processes pending the outcome of the complaint investigation.

We have concluded that the Fitness to Practise procedures are technically not eligible under the Rules of the OIA Scheme because they were not completed.

However we observe that: • the University has an obligation to use the Fitness to Practise procedures where it has concerns; and • no adverse finding has been made against Mrs Mughal in terms of her fitness to practise as a professional; and • the Fitness to Practise proceedings did not have a bearing on the decision to terminate Mrs Mughal's registration which was made as a result of an exercise of academic judgment."

OIA's investigation was flawed and omitted major facts and evidences provided. It is clear now that Nursing Head misrepresented and distorted the facts by writing to you that 'I was a failing student, under fitness to practice.'

NHS Head was contacted in Feb 2017 and I received an email from Commissioning Head, to seek my permission to write to the University. Thereafter, I did not hear from them for 10 months. I have already sent NHS Head, my second request to investigate NHS placements, where I was mistreated.

University unjustly decided to award me BSc Healthcare degree in lieu of the credits I achieved. I did not study 'BSc Healthcare.' I studied BSc Nursing Learning Disabilities for 3 Years.

They also stopped me from qualifying as a Nurse from elsewhere. I believe they are taking this stance on some other premise. Nursing Head declared that 'no staff member is ready to support me, to complete my course.' At present, I am working at my local Hospital as a Health Care Assistant, on zero contract, while my batch mates are 'Senior Nurses' now, leading shifts.

Kindly reconsider all my results / grades and the policy which allowed University to revise my grades downwards during the period of my study.

I am a mature person and time is very precious for me. It is now 6th year since I started my Nursing studies. I was assured by the then Admission Lead that I will be able to APEL and complete my studies within 2 years.

I have not given up and I will never give up till justice is done."

No response received from the Department of Health Education.

6.5 Placements

I wrote the below in an email to the Head of Placement Three and Four:

'I requested Healthcare Head to order an inquiry of the placements where I was humiliated and mistreated. He advised me to contact the respective trusts with request to conduct a truth finding inquiry.

My name is Farida Mughal, Student No xxxxxxxx BSc (Hon) LD Nursing. I was offered an unconditional place on the above course. Clinical Placement Facilitator declined my request for a Wider Secondment for Nursing Training. This was despite the fact that Admission Lead University of Northampton informed me that I will be completing my BSc (Hon) LD Nursing Degree in 2 years, benefitting from APEL. This was on the strong basis of my Clinical Skills acquired while working with Complex Needs Children Team; I was already on NMC register as a Specialist Nursery Nurse and my Masters Degree was acknowledged by UK NARIC as British Bachelors Degree equivalence.

I have completed 5 out of 6 placements at your Trust and got excellent Mentor's feedback and achieved all competencies at PLO1 and PLO2.

My problems started at PLO3 after I identified drug administration errors on 2 occasions at a Psychotic Hospital. Thereafter, I faced continues ongoing detriments at my placements. An attempt was made to fail me at PLO4 on the basis of a fabricated security issue. My awarded grade was lowered from B to D with intervention of University's Link Tutor by assigning me an unqualified Mentor to manipulate my Grades. He said to my face 'Farida you look for your corner and I will look for mine.' PLO4 Manager threatened to fail me quoting a student who was failed twice. She further wrote an email correspondence about me that "It will enable her next mentor to assess her competency and give her the realization of her practice." Consequently, PLO5 was the most humiliating, degrading and abusive experience I ever had in my life.

At PLO4, Link Tutor made unprecedented 6 visits, met Manager and Staff, agenda of which was not known to me. I experienced hostility and omission by Mentor and staff on the onset which was brought to the attention of University. I also complained that I was not achieving learning objectives and requested a change of placement which was denied.

University sent 2 or more students at one setting but I was sent alone at PLO4. LT informed that PLO4 staff had accused me of acting as an 'inspector' and not as 'a student nurse.' He stated that I had made accusations about PLO4 staff. I explained that I had not reported 13 malpractices witnessed at PLO4. Understandably, my reporting of malpractices was disliked by LT and the staff.

My Mentor was changed. New Mentor awarded me grade B in the last week of placement. LT stopped her from posting the grade on my portfolio saying 'We will do it later.' Thereafter, grade D was posted on my portfolio after 5 weeks.

A complaint was submitted with my PAT. In the investigation meeting, I was informed that I had the right to ask the Mentor why my grade was changed. I enquired from the Mentor, she replied 'I will meet LT and will inform.' Mentor informed me that she had met LT and advised me to ask LT why I had been downgraded. When I asked LT, he conveyed that the grade was changed when other staff members were asked. This is unjust and conflict of interest as I had reported hostility of staff and malpractices observed at PLO4; and now the staffs were giving untrue and defamatory negative comments which were not

investigated by the University despite written complaint.

When I informed my classmates about grade change, Class Rep stated on closed social media "We cannot let Mentors to bully us. We have to form a support group," to which all the class agreed. When we were gathering for the scheduled meeting, we learnt that Class Rep had been called by LT who, apparently, warned her to stay away from my affairs. Thus, LT severed off any support I may have had from my class fellows and left me in a situation where I had no trust or support from the University or my class mates.

PLO4 Mentor showed LT feedback saying 'I have got excellent written feedback from families and carers of SUs about Farida's work and interaction with them.' LT was dismissive saying, 'These are wrong forms, send them other forms,' which clearly shows the unfair treatment of LT and his intention to manipulate my assessments causing me distress.

LT never acknowledged any of my achievements including Testimonials from patients, selection as Care Maker and Nomination for Award etc.

Another concern identified at PLO4 was noted when Manager asked me what I would do if failed the placement. I replied 'I will try again.' To this she said: "We failed a student, and when he repeated, we failed him again. Now he works at MacDonal'd's." This was an open threat to me and at the same times shows how the staff and LTs misuse their powers.

I requested Head of Pre & Post Nursing Registration for help to sort unjust lowering of my grade at PLO4. She complained to NH that 'her colleagues were getting stressed because of my request therefore she will not employ me in her Trust.'

I attended a Roundtable Discussion at No 10 Downing Street in the capacity of a Care Maker and touched my situation briefly as one point of discussion was 'Problems faced by Student Nurses at their Current Placements.' I was directed to Director Health Education who requested an email update. On compliance, she sent various requests to the University to arrange a Teleconference amongst herself, my PAT and myself which was ignored by Nursing Head.

Later Care Regulatory body responded to my complaints and ordered an enquiry. Investigations

carried out by the University were a collaborative cover up of wrongdoings by University and placement staff. All records were changed at PLO3 which I discovered during Employment Tribunal hearing. PLO3 offered me a compensation of £500 to settle my claim during Employment Tribunal hearing.

Nursing Head unjustly asked me to produce various statements linked to her unjust Suspension and FTP and assured me that she will consider these hours towards PLO5 which was suspended 3 weeks earlier. NH did not fulfil her promise and my PLO6 was extended for a further 6 weeks in lieu of PLO5.

Nursing Head finalised and sent Portfolios of my Cohort for issuance of a PIN to NMC and kept me behind as she had no intension to let me qualify as a Nurse. When I successfully passed PLO6, only last piece of work in Nursing Head's hands was my Dissertation. She assigned Link Tutor second marking who played an instrumental role in lowering my grade and he failed me. I protested to my Dissertation Supervisor and she assured that he will not mark my resubmission. Yet again, Nursing Head assigned him my resubmission and he failed me again. To hide his guilt, he requested a 3rd marker, Module Lead, the same Module Lead who passed my Class fellow within half an hour

when she threatens saying "I am leaving this shit out" on a closed Social Media group of our class.

The students who failed Dissertation were given OK for resubmission except me. Four members of staff refused to look at my resubmission including my new PAT.

I submitted my Formal Complaint to the Vice Chancellor and next day Nursing Head sent me a letter for 3rd FtP. University issued a 'Termination of Studies' notification in Nov 2015 before addressing my Formal Complaint.

Nursing Head and Link Tutor never acknowledged any of my achievements including Appreciation letter from a Hospital along with a Patient's Testimony displayed on "WE Brilliant Nurses Wall" of the University with the recommendation of PAT and Quality Lead, my selection as a Care Maker, my nomination as "The Most Inspirational Student Nurse of 2014", published in Local Media. On the contrary, I believe Nursing Head stopped my award.

Unauthorised changes were made on my online Portfolio, Nursing Head misrepresented the facts to

Health Education that 'I was a failing student under Fitness to Practice,' and 'I had a distorted perception of self and events.' All my grades were lowered to D-without any justification.

My request to know if any specific note was placed on my personal file and the policy under which my grades were lowered was not entertained, even under SAR (Subject Access Request) of Data Protection Act 1998.

Throughout my difficulties I complained to Link Tutors, PAT, Nursing Head, Dean School of Health, Student Advice Manager, Director Student and Academic Services, Head of Pre & Post Registration Nursing, QAF, CQC, NMC, MP, Parliamentary Ombudsman, PM Health Advisor, No 10, Employment Tribunal, Public Concern at Work and, finally OIA.

I received OIA (Office of Independent Adjudicators) outcome on 23.11.2017 which concluded;

"We consider that the University failed to address fully, or at all, the complaints raised by Mrs Mughal in its outcome report of 2 February 2016 and that the quality and content of the report did not justify the delay in the completion of the Stage 1 investigation. We

are not persuaded that it was reasonable to have applied the strict timescale for the escalation of the complaint to Stage 2 in the circumstances. Furthermore we do not consider that the interrelation between the different procedures was clear to Mrs Mughal and that it would have been appropriate to have suspended the appeal processes pending the outcome of the complaint investigation.

We have concluded that the Fitness to Practise procedures are technically not eligible under the Rules of the OIA Scheme because they were not completed. However we observe that: • the University has an obligation to use the Fitness to Practise procedures where it has concerns; and • no adverse finding has been made against Mrs Mughal in terms of her fitness to practise as a professional; and • the Fitness to Practise proceedings did not have a bearing on the decision to terminate Mrs Mughal's registration which was made as a result of an exercise of academic judgment.”

I was not subjected to any Fitness to Practice proceedings. Furthermore, no adverse findings were made against me.

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Accordingly, I kindly request you to order a fact finding inquiry at the Trust to investigate and determine how those, who were given responsibility and authority to train Nurses, breached all Regulations, abused their trust and treated a nursing student in an inhumane and degrading manner, in collaboration with University staff.'

I publicised the work I had done on my portfolio. Around this time, Nursing Head decided to remove me from my placement and emailed all staff to this effect. I was unaware of her plans and continued with my efforts to get support.

I shared PLO 5 Mentor's comments on "a closed media group of my classmates" and briefed them about my difficulties. Nursing Head used this to apply FTP, to effectively terminate my studies. She emailed me to meet her regarding potential breach of confidentiality and planned FTP for sharing Mentor's comments with my classmates.

My experience of ill-treatment and bullying was extreme at PLO5 to say the least; I quote my Class Rep's response regarding PLO5 Mentor comments:

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"I would be mortified with those comments, you must be very strong!"

6.6 New Dean

I wrote an email to the University's new Dean:

"In view of the OIA findings, I was not subjected to any Fitness to Practice proceedings. Furthermore, no adverse findings were made against me. As such, there is nothing which stops me to practice as a Qualified Nurse.

Therefore, my BSc (Hon) Nursing Degree may please be awarded with retrospective effect. To complete this procedure, I am prepared to submit my Dissertation or my previous submissions may please be re-assessed. Dean School of Health is requested to please make a note of it.

In case of non-compliance, I will request Healthcare Head and Director Health Education England to conduct a detailed independent truth finding inquiry and not as a cover-up to save the reputation of few individuals.

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Time is of essence for me. Therefore, kindly do the needful on priority."

No response received.

6.7 Prime Minister

I have complained to PM Office using online portal for uncounted times, last written on 06.06.2020.

Every time I submit a complaint, it was forwarded to the people and institutions who themselves are responsible for my situation.

6.8 Another University

In the year 2019, I decided to go to another University to complete my Dissertation. They requested University to transfer my 320 credits.

University refused saying I was under Fitness to Practice, disregarding the OIA report.

6.9 No Accountability

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Again, I wrote to each institution including Prime Minister of UK that University lied and refused to transfer my credits.

Sadly, no one responded. I believe there is no system of accountability in place in this country.

6.10 Last Comments

I am confident that blood of George Floyd will not go in vain and this movement will change the ugly face of this world making it a better place for all.

I earnestly request the all responsible to look at my matter and 'let me breathe.'