

**2013-14**

**Annual monitoring report of performance in mitigating  
key risks identified in the NMC Quality Assurance  
framework for nursing and midwifery education**

Programme provider	Swansea University
Programmes monitored	Registered nurse - adult; Registered nurse –children
Date of monitoring event	26 – 27 February 2014
Managing Reviewer	Shirley Cutts
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Ann Foley, Teresa Smith
Placement partner visits undertaken during the review	<p>Towy ward - Glangwili hospital, Carmarthen  Clinical decision unit - Glangwili hospital, Carmarthen  Coronary care unit - Glangwili hospital, Carmarthen  Surgical day unit Glangwili hospital, Carmarthen  A&amp;E department - Morriston hospital, Swansea  Tan yr Alt, nursing home  Ward 11&amp; 12 - Singleton hospital  Maggies centre  Chemotherapy day unit, Singleton hospital  Cilgerran ward, Glangwili hospital, Carmarthen  SCBU, Glangwili hospital, Carmarthen  PAU and Children’s wards, Morriston hospital  Neath Port Talbot, community team  Neonatal unit, Singleton hospital</p>
Date of Report Publication	4 July 2014

## Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation. We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care.

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

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users

and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as “met”, “not met” or “requires improvement” When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

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

## Introduction to Swansea University's programmes

The College of Health and Human Science (the college) within Swansea University delivers a number of nursing programmes across two sites. This monitoring review focuses on the adult and children's fields of the pre-registration nursing programme. Practice placements are provided over a large geographical area with students being supported by the teaching staff, practice education facilitators and education liaison nurses (the term PEF will be used to describe both). All documents are provided in Welsh and English and students have the opportunity to choose Welsh-speaking mentors. A Welsh-speaking tutor is to be appointed.

A robust process is in place to ensure that the programme manager is informed of any Health Inspectorate Wales (HIW) reports related to practice placements and action is promptly taken when necessary.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders.

## Summary of public protection context and findings

We found that the interviews include academic staff, students, service users and practice placement partners. Disclosure and barring service (DBS) checks and health screening are undertaken on all applicants offered a place. All students must declare good health and character each year.

From our findings we concluded that admissions and progression procedures are sound and effectively implemented to ensure students entering and progressing on the programmes meet NMC standards and requirements, which is fundamental to protection of the public.

Partnership working is strong at both strategic and operational levels. Evidence of this strong partnership working was confirmed by nurse managers, PEFs and mentors in both the public and independent sectors. Educational audits of practice placements are robust ensuring placements are suitable learning environments for students, which will enable them to achieve programme outcomes and competencies.

We found that the policy and guidelines for raising concerns in practice placements are robust. Students and practice placement staff demonstrate understanding of the process, how to implement it and were confident to use it, if necessary. The policy is supported by a 'student concern reflective toolkit', which enables students to explore their thoughts and feelings if they are concerned about poor practices in practice placements. These processes encompass the principles of public protection.

Our findings confirm there are adequately prepared mentors and sign-off mentors to support the student numbers. Students are supported in practice placements by a named mentor for a minimum period of 40% of time as required by the NMC; in many cases the period of time is exceeded.

Students told us that mentors have a good understanding of assessment of practice documentation and are supportive and competent in undertaking the assessment process.

Assessment processes and competencies are clearly understood by well-prepared mentors/sign off mentors who recognise the importance of their role in determining a student is fit to practise, thereby protecting the public.

We found that employers and commissioners are confident that students are fit for practice on completion of the programme and that approximately 70% of those completing choose to stay, and are employed, in the area. A competent workforce is an essential component in public protection.

### Summary of areas that require improvement

During the visit it was identified that some of the university processes for internal appointments do not ensure that NMC standards and requirements are met and that they require improvement; specifically that academic staff have a recordable teaching qualification.

- The university must ensure that the criteria for the appointment of internal candidates meet NMC standards and requirements.

### Summary of areas for future monitoring

- Registrant academic staff members hold NMC recordable teaching qualifications.
- Review service user involvement in delivery of the programme and provision of feedback on student performance.

### Summary of notable practice

#### Fitness for practice

The embedding of the 'Saving 1000 Lives' initiative throughout all three years of the nursing programme provides the students with knowledge and understanding of the concepts of quality improvement and clinical governance. Opportunities are provided for them to further develop and implement this knowledge.

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

#### Academic team

The team are enthusiastic about the programme and are committed to continue programme developments in response to student feedback.

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

Mentors, employers and commissioners are positive about the skills, knowledge and attributes of the students. Students are seen as highly employable on completion of the programme.

**Students**

Students are enthusiastic about the programme and state that it prepares them well for nursing practice. They confirmed that they are well supported by their mentors and tutors.

**Service users and carers**

Service users and carers contribute to the nursing programme including admissions and recruitment and programme development. They attend group meetings and are involved in pilot projects aimed at increasing service user and carer participation.

**Relevant issues from external quality assurance reports**

No formal concerns have been raised in relation to Swansea University or its partner health boards. However, the following are considered:

Hywel Dda University Health Board (HB) has been the subject of media concern as a result of proposed changes to service provision.

Abertawe Bro Morgannwg University HB has been the subject of media concern in relation to the care of a (single) patient. This event arose in a clinical area not attended by students studying nursing programmes at Swansea University.

There have been reported concerns by students about events witnessed in practice. There are robust systems in place to support students to report such situations and to enable those students to deal with the events following their actions. Reporting and management of any concerns related to unsafe practice takes place in line with All Wales guidance.

At the monitoring event we found that a designated senior manager in each HB liaises with the programme manager if any adverse reports are received from HIW. This results in students being removed from the relevant practice placement whilst an investigation is undertaken and an alternative placement is found. Once remedial action has been undertaken in the practice placement the link lecturer (LL) undertakes an educational audit, the number of students using the practice area is reviewed and mentors are updated.

Our findings confirmed that representatives from partner HBs meet four times per year with the director of quality and the director of pre-qualifying studies to discuss placement issues and any required enhancements for student support and placement

learning.
<b>Evidence / Reference Source</b>
<ol style="list-style-type: none"> <li>1. Swansea University self-assessment report, 2013/14</li> <li>2. Health Inspectorate Wales reports, April 2013, June 2012, March 2012</li> <li>3. Interview with director of quality, 26 February 2014</li> </ol>
<b>Follow up on recommendations from approval events within the last year</b>
<p>Specialist community public health nursing (SCPHN) programme (health visiting and school nursing) was approved in April 2013.</p> <p>There were no recommendations to consider.</p>
<b>Evidence / Reference Source</b>
<ol style="list-style-type: none"> <li>1. Swansea University self-assessment report, 2013/14</li> </ol>
<b>Specific issues to follow up from self-report</b>
<p>All actions highlighted in the self-report are complete. A specific issue followed up is:</p> <ul style="list-style-type: none"> <li>• Changes to the university QA system to manage university academic staff appointments</li> </ul> <p>The human resources department monitors the appointment of new academic staff and ensures that professional and academic requirements are met. Professional requirements for annual registration with the NMC are monitored and a database is maintained. All newly appointed lecturers without a teaching qualification are required to undertake a recognised teaching programme on employment.</p>
<b>Evidence / Reference Source</b>
<ol style="list-style-type: none"> <li>1. NMC self-assessment report 2013</li> <li>2. Interviews with director of quality, and PM, 26 and 27 February 2014</li> <li>3. Swansea University, staff development policy</li> </ol>



Findings against key risks
<p><b>Key risk 1 – Resources</b></p> <p><b>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</b></p> <p><b>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</b></p>
<p>Risk indicator 1.1.1 - registrant teachers hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role</p>
<p>What we found before the event</p>
<p>Three new academic staff members have been appointed to replace three vacancies. A database is used to monitor the NMC registration status of professional lecturers, which is managed by the human resources department. Programme leaders for the pre-registration nursing programmes (adult and child) both have current NMC registration in the relevant field. A NMC recordable teaching qualification was not identified for the programme leader, pre-registration nursing (adult).</p> <p>All newly appointed lecturers are supported to achieve a NMC recognised teaching qualification, as required.</p> <p>The permanent academic workforce is enhanced through the contribution to teaching by clinical staff members and other professionals with honorary appointments.</p> <p>There is a high commitment within the college to the development of lecturers through the use of personal development plans.</p>
<p>What we found at the event</p>
<p>We found that the programme is managed by the programme manager (PM) who has both a strategic and operational role. The PM is supported by two deputy PMs and four nursing field co-ordinators. All are current NMC registrants with due regard and all have a NMC recordable teaching qualification.</p> <p>The PM has current NMC registration and a teaching qualification which has not yet been recorded on the NMC register.</p> <p>This omission was brought to the attention of the director of quality within the college who acknowledges that university procedures regarding internal staff appointments to</p>

senior professional positions needs to be reviewed. We were informed that this is now an agenda item for the next meeting with heads of departments.

We found that the PM accepts that a more vigorous pursuance with the NMC to ensure this teaching qualification is recorded needs to take place.

#### Evidence / Reference Source

1. Swansea University self-assessment report, 2013/14
2. NMC Programme monitoring report 2012-2013
3. Annual report 2010/2011
4. Swansea University, staff development policy
5. NMC web site checked, 26 February 2014
6. PM teaching qualification certificate
7. Interview with director of quality 26 - 27 February 2014

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

#### What we found before the event

The university and both HBs ensure there are sufficient mentors and sign off mentors to support student numbers. PEFs monitor the number of mentors.

There has been ongoing service reconfiguration in both HBs leading to the loss of several ward based placement areas. This has led to student placements being rescheduled.

#### What we found at the event

We were informed that mentorship is included as one of the indicators in the Abertawe Bro Morgannwg University (ABMU) HB fundamentals of care metrics data. It records the percentage of designated registered nurse mentors who are up to date with annual mentorship training and the percentage of designated registered nurse mentors who have mentored at least two students in the last rolling three years. Team leaders for practice placements are responsible for recording this data each month.

Our findings confirm there are adequately prepared mentors and sign-off mentors to support the student numbers. Students are supported in practice placement by a named mentor for a minimum period of 40% of time as required by the NMC; in many cases this period of time is exceeded.

Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Swansea University NMC annual report, page 23, 2010/2011</li> <li>2. Swansea University self-assessment report, 2013/14</li> <li>3. Mentorship document</li> <li>4. Interviews with students and PEFs 26 - 27 February 2014</li> </ol>
<b>Outcome: Standard requires improvement</b>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• The university must ensure that the criteria for the appointment of internal candidates meet NMC standards and requirements. (1.1.1).</li> </ul>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Registrant academic staff hold NMC recordable teaching qualifications.</li> </ul>

<b>Findings against key risks</b>
<p><b>Key risk 2 – Admissions &amp; Progression</b></p> <p><b>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</b></p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>A dedicated university website is available with information for applicants invited for interview.</p> <p>Student recruitment takes place in line with principles of equality of access and opportunity. There have been recent changes to interview processes, which include: the adoption of group interviews that focus on good communication skills, the applicant's ability to demonstrate a caring and compassionate nature and awareness of professional and ethical values, which are reported as effective. Service users and current students are involved in these interviews.</p> <p>Health screening and DBS checks are required for all applicants who are offered a</p>

<p>place. Fitness to practise procedures are in place for students on application and once enrolled on the programme.</p>
<p>What we found at the event</p>
<p>We were informed that the approach to interviews has been revised. Interviews are now centralised in Swansea with candidates for all fields being observed and assessed together.</p> <p>Equality and diversity training is given to all involved in the interview process.</p> <p>The interview lasts for three hours and requires candidates to participate in two group work activities and two individual scenarios. Lecturers, students, service users and practice partners participate in the observation, assessment and decision making.</p> <p>Informal discussions also take place where candidates are given the opportunity to talk to field specific tutors as well as the previously mentioned observers.</p> <p>Our findings confirm that DBS checks and health screening are undertaken on all applicants offered a place on the programme. Any disclosures during this process result in the candidate being called for interview with the director of quality for pre-registration students and/or the programme director. If deemed necessary the case can then be escalated to a fitness to practise panel, where practice partners are represented. Certificates are received by the admissions department and scrutinised by academic staff.</p> <p>We concluded from our findings that all admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the programmes meet NMC standards and requirements which is fundamental to protection of the public.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Swansea University annual report page 24, 2011/2012,</li> <li>2. NMC self-assessment report, 2013</li> <li>3. Swansea University admissions policy</li> <li>4. Policy and procedures in respect of disclosure of criminal record(s) for applicants to pre-qualifying professional programmes undated</li> <li>5. Policy and procedure in relation to fitness to practise</li> <li>6. Pre- registration nursing programme board of studies, 3 October 2013</li> <li>7. Interviews with admission tutors, and head of academic services, 26 -27 February 2014</li> </ol>
<p>Risk indicator 2.1.2 - programme providers procedures address issues of poor</p>

performance in both theory and practice
What we found before the event
<p>A college fitness to practise panel is in place.</p> <p>The policy for raising concerns in practice placements provides guidance for students who wish to raise concerns about health care workers and for mentors who wish to raise concerns about students.</p>
What we found at the event
<p>We found that guidelines for raising concerns in practice placements are robust. Students and practice placement staff demonstrated understanding of the process, how to implement it and were confident to use it, if necessary.</p> <p>An algorithm outlining the process to be followed for reporting and action planning is included in the mentor portfolio. Processes for raising and escalating concerns are clearly set out in student documentation, on supporting mentor web pages and included in many ward induction packs.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Swansea University annual report page 25, 2010/2011</li> <li>2. College: Policy and procedure for raising concerns in practice</li> <li>3. Fitness to practise and professional suitability panel, September 2013</li> <li>4. Policy and procedure in relation to fitness to practise: for students enrolled onto pre-qualifying programmes</li> <li>5. Interviews with students, mentors and PM, 26 -27 February 2014</li> </ol>
Risk indicator 2.1.3- programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
There has only been one fitness to practise case in the last year.
What we found at the event

<p>We can confirm that pre-registration nursing students are required to self-declare good health and good character electronically on their re-enrolment each year on the programme. Their enrolment cannot proceed without completion of this section of the form.</p> <p>Mentors were able to give us examples of when they had used the procedure to raise concerns about a student's practice. All identified that they had been well supported by the programme team.</p>
<p>Evidence / Reference Source</p>
<p>1. Interviews with director of quality, academic services officer and mentors, 26- 27 February 2014</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>There is evidence of use of the accreditation of prior learning (APL) process.</p> <p>Interviews with the AP(E)L co-ordinator are part of the process.</p> <p>Mechanisms are in place to provide a robust process for managing claims for APL credit into pre-registration nursing programmes. There are few claims; this reflects the funding arrangements for many professional programmes in Wales.</p>
<p>What we found at the event</p>
<p>We found that the majority of AP(E)L process is robust and meets NMC requirements. The claims are mainly from health care assistants (HCA) wishing to access the pre-registration nursing programme. The College and the two HBs have developed a programme which enables HCAs to progress to band four. The learning outcomes of this programme are mapped to year one of the pre-registration programme, enabling application through the normal channels.</p> <p>Applications are assessed by the AP(E)L co-ordinator. An interview takes place where a mapping exercise is undertaken against year one of the nursing programme. This is then forwarded to the AP(E)L panel. Successful applicants are then provided with the learning outcomes of the relevant module(s) and guided on the development of a portfolio.</p>

Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Swansea University annual Report pages 24 – 25, 2010/2011</li> <li>2. Swansea University self- assessment Report, 2013/14</li> <li>3. Initial Visit interview with director of quality</li> <li>4. Four portfolios demonstrating APL evidence</li> </ol>
<b>Outcome: Standard met</b>
Comments: no further comments
Areas for future monitoring: none

<b>Findings against key risks</b>
<b>Key risk 3- Practice learning</b>
<ol style="list-style-type: none"> <li><b>3.1 Inadequate governance of and in practice learning</b></li> <li><b>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</b></li> <li><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></li> </ol>
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
<p>The educational audit tool is a Pan Wales format.</p> <p>The audit review group which meets quarterly includes representatives from practice placement areas and the university.</p> <p>Service reconfigurations in both Hywel Dda University HB and ABM University HB have led to the loss of several placement areas. Existing placement capacity has been reviewed and confirmed as meeting the needs for the numbers of students.</p>

The Wales Centre for Practice Innovation (WCPI) has just held its second annual conference to disseminate practice innovations developed in the past year. This conference showcases the work of staff of all grades and is attended by qualified nursing staff, student nurses and health care support workers.

A number of new practice innovation units (PIUs) have now come online under the auspices of the WCPI.

The policy for raising concerns in practice provides guidance for students who wish to raise concerns about poor clinical practice and for mentors and other health care practitioners who wish to raise concerns about students. In November 2013 two separate safeguarding incidents were witnessed by student nurses. Both incidents are currently being investigated.

#### What we found at the event

We found evidence that partnership working is strong and effective at both strategic and operational levels. This was confirmed by PEFs, nurse managers and mentors, including the independent sector.

An example of partnership working is the development of the educational audit tool which is a Pan Wales format.

Our findings demonstrate that the educational audit process is undertaken by the LL and a representative from the practice area. An audit co-ordinator in the HBs has been introduced who ensures the audit is completed every two years which meets NMC requirements. The audit includes details of the type of students, the year of the programme and maximum student numbers. The audit review group meets quarterly to monitor all audits and action plans. The group is chaired by the director of quality and is attended by PEFs and lecturers.

We found that a small number of placement areas are shared with another AEI and an agreement is in place regarding which LL is responsible for conducting the audit.

We were informed that service reconfigurations in both Hywel Dda University HB and ABM University HB have led to the loss of several placement areas. We were told that on occasion some student placements had to be rearranged at short notice. Students confirmed that the impact of this disruption was minimised by support from mentors and practice placement teams.

Students are able to demonstrate their understanding of the policy for raising concerns about unsafe practice. One student told us that they had raised concerns and they received effective support mechanisms. This is supported by a 'student concern reflective toolkit', an online resource which enables students to explore their thoughts and feelings if they are concerned about poor practices in practice placements.

#### Evidence / Reference Source



1. Swansea University self-assessment report, 2013/14
2. NMC programme monitoring report p3, p8, 2012-2013, ,
3. Swansea University annual report p26, p30 2010/2011,
4. All Wales nursing and midwifery education initiative, bachelor of nursing educational audit, practice learning environment
5. Audit review group, terms of reference
6. Audit review group meeting, 10 January 2013, 17 February 2014
7. Statement of compliance template
8. College: Policy for raising concerns in practice
9. Student concern reflective toolkit
10. Interviews with PEFs, nurse managers, mentors and students, 26 -27 February 2014

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

What we found before the event

The service user and carer involvement strategy outlines why the group and the strategy are being developed but does not identify how they will be involved. Discussion at the initial visit to the university indicated that service users and carers are involved in the admissions process.

What we found at the event

We found evidence that practitioners are involved in programme development and delivery and their input is reported as valued by the students.

A senior lecturer takes the lead for service user and carer involvement. A database of approximately 40 service users has been established and a mapping tool is used to ascertain that their preferred method of involvement is being completed.

We concluded from our findings that their involvement in programme development and the admission process is well established but participation in teaching and assessment of students is still in the development stage. However a number of pilots have taken place with mental health students to assess the most effective ways of involving service users in teaching. We were told these could now be rolled out to all fields of nursing.

Assessment of practice documents includes a place for service users to comment on student performance; we found this is not compulsory and is not always used. One of the PEFs has developed a more robust feedback sheet for service users. The approval of this tool is supported by the review team with plans for a speedy implementation.

Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Service user and carer involvement group terms of reference</li> <li>2. Service user and carer involvement (health) strategy 2011-2013</li> <li>3. Interview with senior lecturers, programme manager and PEF 26 -27 February 2014</li> </ol>
Risk indicator 3.2.2 - academic staff support students in practice
What we found before the event
LLs are appointed to practice areas. Their role is to support mentors and ensure the quality of the learning environment through the educational audit.
What we found at the event
<p>We found evidence that the LL role is clearly defined, however it has been agreed that a review of the role is required to enhance student support in the placement areas. We observed that currently when the LL visits their link placement area they do not always meet with students, resulting in students being mainly supported by their increasingly busy mentors. Spending more time with students while undertaking link visits would also enable lecturers to meet the NMC requirement that 20% of the nurse educator's time should be spent in clinical practice.</p> <p>If a concern is raised regarding a student's performance in practice, the personal tutor is involved in supporting the mentor and developing an action plan.</p> <p>We found that students are satisfied with the on-going level of support they receive from academic staff, particularly personal tutors, during placement learning. Various electronic mechanisms, for example email and the virtual learning environment blackboard, assist in maintaining lines of contact. In addition, students are able to visit the university or request telephone contact.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Swansea University self-assessment report 2013/14</li> <li>2. NMC Programme monitoring report 2012/2013</li> <li>3. Guidance for the link lecturer/tutor</li> <li>4. Raising concerns – guidance for students</li> <li>5. Lone worker policy for students during placement learning opportunities (PLOs)</li> <li>6. Flowchart – lines of communication between education and independent sector</li> </ol>

<p>7. Flowchart – lines of communication between education and service</p> <p>8. Learning &amp; teaching committee minutes, 11 September 2013</p> <p>9. Interviews with PM, mentors, students 26 -27 February 2014</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The National Student Survey (NSS) (2011) identified the excellent support students receive from mentors.</p> <p>There is an approved mentor preparation programme in place and a programme of annual mentor updates. PEFs deliver the majority of updates.</p> <p>A number of roadshows have taken place in order to disseminate information to mentors and practice teachers about the changes that have been made within the new nursing programme.</p>
<p>What we found at the event</p>
<p>We found that information for mentors is provided in a variety of formats. The mentorship website includes details of how to develop a portfolio for triennial review, and information on mentor updates. Formal update sessions are provided in the HBs with some bespoke sessions on mandatory training days and in individual practice settings. Update sessions are planned, prepared and delivered by the PEFs. The content of mentor updates is discussed at audit review meetings. We saw evidence that evaluations of these are positive and demonstrate that the sessions are interactive.</p> <p>Students told us that mentors have a good understanding of assessment of practice documentation and they are supportive and competent in undertaking the assessment process.</p> <p>It was acknowledged in 2013 that mentors and ward staff were facing exceptional pressures which might compromise their support of students. Additional support for mentors has been developed and implemented in the form of lead/champion mentors. These have been introduced in placement areas where the lead mentor supports trainee and newly qualified mentors with their role.</p>
<p>Evidence / Reference Source</p>
<p>1. Swansea University self-assessment report 2013/14</p> <p>2. NMC programme monitoring report page 8, 2012/2013</p>

<ol style="list-style-type: none"> <li>3. NMC annual report pg. 26 2010/2011</li> <li>4. Proforma for new module, mentor and assessor preparation, 29 February 2012</li> <li>5. Aspects of mentorship - mentor update power point presentation</li> <li>6. Audit review group meeting, 10 Jan 2013 and 17 February 2014</li> <li>7. Interviews with mentors, students and PEFs 26 -27 February 2014</li> </ol>
<p>Risk indicator 3.3.2 - mentors, sign off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review</p>
<p>What we found before the event</p>
<p>Mentor updates are delivered in a variety of formats.</p>
<p>What we found at the event</p>
<p>Mentors reported to us that they are able to attend annual updates.</p> <p>The requirements to meet triennial review are clearly set out in the mentor portfolio which is issued to mentors at the start of each three year period of mentor activity. Triennial review is a discrete part of the annual personal development process undertaken by all staff. Some of the mentors interviewed were unclear of the requirements for triennial review, but the documentation assured us that this is addressed and monitored.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Swansea university annual report page 26, 2010/2011</li> <li>2. Aspects of mentorship</li> <li>3. Summary of mentor update evaluations 2013</li> <li>4. Interviews with mentors and PEFs 10 26 -27 February 2014</li> </ol>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>This risk indicator was awarded a satisfactory grade in the 2011/2012 monitoring process.</p>

<p>The accuracy and contemporaneous nature of the mentor database is being improved. A database of mentors is maintained and cross-checked with HB records.</p>
<p>What we found at the event</p>
<p>We confirm from our findings that the mentor registers are maintained by the PEFs and held in the HBs on a secured drive which is backed up daily on the main server.</p> <p>The date of initial preparation, annual review and triennial review dates for all entrants are recorded on the database, together with their field of practice and work location. A RAG (red, amber, green) rating system is used to provide an immediate visual representation of the 'live' status of mentors and reports can be obtained on an area by area basis. Mentor registers are audited monthly by the PEFs.</p> <p>If an update is not undertaken then the mentor's details are transferred from the 'live' to an archived database. It is possible to reactivate a mentor's entry once they have completed any agreed outstanding updates or competencies.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Swansea university self-assessment report 2013</li> <li>2. NMC programme monitoring report p2 2012-2013</li> <li>3. NMC annual report 2010/2011, p26, p27</li> <li>4. Aspects of mentorship</li> <li>5. Mentor registers</li> <li>8. Interviews with mentors and PEFs 26 -27 February 2014</li> </ol>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• Service user and carer involvement in programme development and the admission process is well established but participation in teaching and assessment of students is still in the development stage.</li> </ul>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Review service user involvement in delivery of the programme and providing feedback on student performance.</li> </ul>

Findings against key risks
<p><b>Key risk 4 - Fitness to Practice</b></p> <p><b>4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for</b></p> <p><b>4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for</b></p>
<p>Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>Programme documentation demonstrates the NMC learning outcomes and competencies to be achieved at progression points and at the end of the programme.</p>
<p>What we found at the event</p>
<p>We found that there is a range of effective teaching and learning strategies, including simulated learning, which are effective in preparing students for practice and enables students to achieve NMC outcomes and competencies.</p> <p>The programme team were able to illustrate to us how the learning outcomes and proficiencies are managed at progression points during the programme. The skills facilities provide opportunities for students to develop and practice clinical skills. A structured approach to the development of clinical skills is taken, using initiatives such as 'recognising the sick patient' and 'infection control'. Students rehearse scenarios of increasing complexity in the clinical skills suite and are provided with formative feedback. This is important preparation of clinical skills prior to the students going into practice to offer patient care, therefore contributing to public protection.</p> <p>We were made aware of the 'butterfly scheme' which is a cross field initiative that introduces students to the concept and management of dementia. The outcomes of the scheme are embedded in the learning outcomes for identified modules. Dementia champions are identified in the HBs.</p> <p>The 1000 lives project is an NHS Wales national improvement project that has been embedded in the programme. The aim of the project is for 25% of the workforce to be trained in quality improvement by 2016. The lead for this development in the college has mapped the philosophy against the learning outcomes for each module and has developed a programme of teaching which develops the philosophy and methodology of</p>

<p>quality improvement throughout the programme.</p> <p>We observed examples of students identifying a need for change in practice and implementing the change, the details of which have been presented and disseminated at a conference. To supplement the compulsory taught component an e-learning pack of four short modules has been developed. Successful completion leads to a bronze award. This is open to students, lecturers and practice staff and so far 70 students have completed the modules.</p> <p>We found evidence that the assessment strategies are effective and varied and include objective structured clinical examinations (OSCEs) and a patchwork text. Feedback is provided to students within a three week time frame enabling them to recognise areas they may need to develop.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Interviews with senior lecturers, programme manager, director of quality and students 26 -27 February 2014</li> <li>2. Teaching materials</li> <li>3. PEF/College HHS joint forum 15 May 2013</li> <li>4. Policy for obtaining consent for participation in practical skills sessions</li> </ol>
<p>Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>OSCEs are video recorded providing access for external examiners and prompt feedback for students.</p>
<p>What we found at the event</p>
<p>We can confirm that employers and commissioners are confident that students are fit for practice and employable on completion of the programme. Approximately 70% of those completing the programme choose to stay and are employed in the area.</p> <p>Practice placements are managed through the academic services department who try to ensure that all students receive a good range of practice learning experiences. This is monitored by personal tutors who review assessment of practice with their students annually providing an opportunity to discuss the breadth of practice experience.</p> <p>A small number of students indicated to us that their practice experience had been quite narrow. However the placements manager was unaware of this issue, explaining that a process is in place for students to request a change in placement, which should address</p>

<p>this type of issue.</p> <p>The organisation of placements in the September 2012 curriculum is intended to enable integration of theory and practice by attendance in both the college and practice placements each week. Feedback from students, however, indicated that this led to a lack of continuity in practice and was compromising their ability to meet assessment requirements. The structure of the programme has now been addressed by the programme teams.</p> <p>Our findings concluded the practice assessment documentation clearly articulates where NMC practice learning outcomes, competencies and progression points are achieved. Assessment processes and competencies are clearly understood by well-prepared mentors/sign off mentors who recognise the importance of their role in determining a student is fit to practise thereby protecting the public.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. NMC annual report pg. 28, 2010/11, p28</li> <li>2. Absence and making back time policy for professional programmes, August 2012</li> <li>3. Nine orientation packs viewed</li> <li>4. Minutes of the pre -registration nursing programme board of studies, 03 October 2013</li> <li>5. Interviews with students, mentors, nursing managers, programme team, programme manager, head of academic services and placements manager 26 -27 February 2014</li> <li>6. Teleconference with commissioner 26 February 2014</li> </ol>
<p style="text-align: center;"><b>Outcome: Standard met</b></p>
<p>Comments: no further comments</p>
<p>Areas for future monitoring: none</p>

<p style="text-align: center;"><b>Findings against key risks</b></p>
<p><b>Key risk 5- Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>



<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>The NSS Survey 2012 indicated some issues in relation to student feedback on assessment.</p> <p>Students evaluate all theory modules and practice placements. Evaluations report the poor organisation of timetables and communication of cancelled lectures. A university quality assurance timetable is in place, with specific activities for each board of studies to complete throughout the year. The quality office also has a timetable of internal audits.</p> <p>Processes are in place to formalise and track outcomes from professional body inspections.</p>
<p>What we found at the event</p>
<p>We found that students are required to complete evaluations of both theory and practice. Evaluation of practice forms is completed in a timetabled session and PEFs are invited to attend to discuss placement experiences. Feedback to practice areas is via the PEFs. Some areas commented to us that negative feedback is received promptly but positive feedback is not so promptly received. The programme team are addressing this.</p> <p>The college has addressed many of the issues that have appeared in the NSS over the last few years, for example, meeting the three week assessment feedback target, see 4.1, introducing a new moderation policy and minimising timetable changes.</p> <p>Our findings conclude that quality assurance processes are effective and robust.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Swansea University self-assessment report, 2013 /14</li> <li>2. NMC programme monitoring report, page 6 2012/2013</li> <li>3. NMC annual report 2010/2011</li> <li>4. Annual programme review procedures</li> <li>5. Curriculum quality committee terms of reference</li> <li>6. College level learning and teaching committee: Terms of reference</li> <li>7. Process for dealing with professional body reports</li> <li>8. Audit review group meeting, 10 January 2013, 17 February 2014</li> <li>9. Partnership arrangements for pre-registration student nurse practice learning evaluations (reviewed September</li> </ol>

<p>2013)</p> <p>10. Pre- registration nursing programme board of studies, 03 October 2013</p> <p>11. Interviews with director of quality, head of academic services and PM, 26 -27 February 2014</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>External examiners report that the processes and standards in the college are very good and comparable with other institutions UK wide.</p> <p>External examiners are invited to meet with students and mentors but uptake is variable.</p> <p>It was explained at the initial visit that a new procedure has been developed to ensure that all external examiners will meet with mentors and students. This will commence in March 2013.</p> <p>Escalating concerns policies are identified in section 3.2.2.</p>
<p>What we found at the event</p>
<p>External examiners have due regard for the nursing field they are examining.</p> <p>We found that external examiner reports confirm that they have access to students' assessment of practice documents and that they are invited to visit practice areas. We were informed that uptake of this opportunity has been patchy but this has now been addressed. An external examiner event in March 2014 will enable external examiners to meet the teaching team and visit some practice areas. In addition, new external examiners are also invited to attend the university induction event on the following day although this is not mandatory.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Swansea university annual report pg. 26, 21010/2011</li> <li>2. Guidance for external examiners for initial undergraduate and taught postgraduate programmes</li> <li>3. Five external examiner reports viewed</li> <li>4. Interview with PM 26 February 2014</li> </ol>
<p style="text-align: center;"><b>Outcome: Standard met</b></p>

Comments: no further comments
Areas for future monitoring: none

Personnel supporting programme monitoring
<b>Initial visit on 28 January 2014 prior to monitoring event. Meetings with:</b>
Director of quality in the College of Human and Health Sciences Director of pre-qualifying studies Programme manager for pre-registration nursing Lead for child nursing Quality officers x 2
<b>During monitoring event. Meetings with:</b>
College of Human and Health Sciences, Director of quality Programme Manager for Pre-registration Nursing Programme co-ordinator; children's' nursing Quality officer Senior lecturers x 4 Admissions tutors x2 Head of academic services Placement manager

Meetings with:

Mentors / sign-off mentors	32
Practice teachers	0
Service users / Carers	0

Practice Education Facilitator	5
Director / manager nursing	1
Director / manager midwifery	0
Education commissioners or equivalent	0
Designated Medical Practitioners	0
Other:	0

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Nursing - Adult	Year 1: 5 Year 2: 7 Year 3: 7
Nursing - Child	Year 1: 8 Year 2: 4 Year 3: 4