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	University of Central Lancashire
Programmes monitored	Registered Nurse - Adult; Registered Specialist Comm Public Health Nursing – HV
Date of monitoring event	12– 13 March 2014
Managing Reviewer	Brenda Poulton
Lay Reviewer	Kirstie Pickles
Registrant Reviewer(s)	Carole Proud, Juliet Drummond
Placement partner visits undertaken during the review	Royal Blackburn hospital, Emergency Department and Medical Assessment Unit
	Royal Preston Hospital, Respiratory Unit and Surgical Admissions
	Blackpool Victoria Hospital, Surgical Orthopaedic
	Rapid Response Team, Blackpool Stadium
	The Fold, Burnley
	Daisyfield Mill, Blackburn
	Minerva Health Centre, Preston
	Coppull Clinic, Coppull
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.

Mott MacDonald

Protecting the public through quality assurance
of education and supervision of midwives

NMC Nursing &
Midwifery
Council

Summary of findings against key risks

Category	Risk				
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	3.2.1Practitioners 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.		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to University of Central Lancashire's programmes

The School of health is one of sixteen schools at the University of Central Lancashire (UCLan). The school is divided into nine divisions which include not only nursing and midwifery provision but other professions allied to health. The pre-registration nursing programmes were reapproved in 2012 and the specialist community public health nursing (SCPHN) in 2010. This review focused on pre-registration nursing - adult and SCPHN - health visiting (HV). Students on both these programmes were very positive about the programmes. Both the commissioner and the employers confirmed that the programmes produce nurses and health visitors who are fit for practice and fit for purpose.

For the academic year 2013/14 the school was commissioned for 414 adult nursing students, which have been spread over three intakes; September, January and March. 24 HV students commenced the programme in September 2013 and a further 10 in January 2014.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements which have been subject to adverse concerns as a result of Keogh and Care Quality Commission (CQC) reviews.

Summary of public protection context and findings

To ensure pre-registration nursing students received safe and effective practice learning experiences the Practice Learning Support Unit (PLSU) works in partnership with practice placement providers across the North West of England. This ensures that sufficient appropriately qualified mentors are available to support student numbers. Furthermore, the university and its practice placement partners carefully monitor student supernumerary status and take action where this might be breached, thus promoting effective student learning and maintaining public protection.

Our findings show that the health visitor implementation plan has not impacted negatively on the quality of learning for pre-registration nursing or health visiting students. SCPHN health visiting students are effectively supervised by qualified practice teachers.

The university has robust procedures for the recruitment and selection of students. We found a strong service user presence in all aspects of the selection process. The community engagement service user support (Comensus) group are embedded in all aspects of programme development, delivery and evaluation and are confident that public protection is assured.

The School of health has sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP)

procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures and examples of where students have been subject to remedial action or had their programme terminated which demonstrates the rigour of the process in ensuring public protection. Furthermore, we are confident that practice placement staff have the confidence and knowledge to implement the cause for concern policy in situations where students are not achieving the required competences and may be a danger to public protection.

We found effective partnerships between the university, the commissioners and practice placement partners. UCLan has pledged commitment to the Placement Charter launched across the North West placement circuit by Health Education North West. This inter-professional charter demonstrates a placement's commitment to provide a safe and high quality learning environment for all learners.

We found that students feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

Two of UCLan's practice provider trusts were part of the Keogh review 2013. As a result of this review East Lancashire Hospitals NHS Trust (ELHT) was placed under special measures whereas Blackpool Teaching Hospitals NHS Foundation Trust (BHFT) was not. Both trusts have robust action plans in place. Actions have focused on improving leadership and governance, plus substantial increases in nursing staffing levels. The university has collaborated with trusts in the development of a shared mapping document which is proving useful in the commitment to share clinical governance issues between the trusts and the university. Additionally, trusts are running listening events to keep students and staff up to date on progress with action plans and to address any concerns. There is a clear cause for concern policy in place and a new link lecturer policy has been developed. All NMC key risks are controlled.

Summary of areas that require improvement

None noted.

Summary of areas for future monitoring

- The development of the academic in practice role

- Progress with action plans for the two Keogh trusts.

- Ensuring supernumerary status for pre-registration adult nursing students is maintained.

- Effective implementation of the revised university link lecturer (LL) policy.

Summary of notable practice

Practice Learning

Development of the process for communication and action planning relating to NHS and higher education institution (HEI) monitoring is a model developed by UCLan in consultation with directors of nursing and deans across the north west. The flowchart demonstrates lines of communication for quality monitoring of patient experience for trusts, and quality monitoring of student experience for universities. At the decision making level there is a clear communication line between leads at director of nursing level and the dean of the school. This has ensured that the notification of a CQC visit to a trust is swiftly communicated to the university. At the informal communication level there are networks capturing intelligence in trusts and likewise such networks in the university.

Service user and carer involvement is embedded into programme development and delivery. Comensus is a network of service users with a full time coordinator funded by the School of health. Comensus members not only contribute to course development and delivery but they may also attend the school executive team, and programme approval events.

Summary of feedback from groups involved in the review

Academic team

We found that academic staff in the School of health work hard to develop open and supportive partnerships with their practice placement partners. They have developed a range of core support systems to enhance student learning. Noteworthy is the associate lecturer scheme which supports first year students and has reduced attrition rates in recent years. The school supports a number of research active staff and is working to improve its rating for the forthcoming research excellence framework. Members of staff presented several examples of good practice and awards for which staff/students had been nominated or won.

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

The commissioner reports a strong partnership and business-like relationship with UCLan. The university is especially praised for its support of local trusts and commitment to recruit locally. Senior nurses within the two Keogh trusts value the university's contribution in assisting with implementation plans and participating in student listening events. Mentors are supported in their role by practice education facilitators (PEF) and the academic team. They demonstrate good understanding of the assessment and progression of students. Through the efforts of PEFs and mentors, service changes and re-configurations have not impacted negatively on the student experience. Practice teachers (PT) are positive regarding the support from the SCPHN lecturers at the university and the strength of the partnership working. Both the commissioner and the employers confirm that the programmes produce nurses and

health visitors who are fit for practice and fit for purpose.

Students

Student nurses praised the academic programme and clinical placements and enjoy the opportunities the programme presents. Likewise, student HVs commented on the merits of their programme, despite it being very busy. All students commented positively on the availability and approachability of lecturing staff and mentors/practice teachers. Student nurses value the service user input into the course. However, some student nurses told us that they did not always feel supernumerary on some wards. This concern has been addressed by the university and the trust concerned.

Service users and carers

The Comensus group are a committed and highly enthusiastic group of volunteers. Many have been involved with the school and health programmes for several years. They value the experience not only for the satisfaction of improving the student experience but also for the social interaction it offers them as a group. The members feel that the School of health sees them as making a vital contribution to the development and delivery of programmes not only in nursing and midwifery but to other health related disciplines.

Relevant issues from external quality assurance reports

Keogh reviews and Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning.

The following reports require action(s):

The Keogh report for BHFT in July 2013, identified the following areas of concern:

- The pace of change at the trust has been slow. The leadership team at the trust has been trying to do too much and needs to focus on the key areas of concern;

- The trust has significant staffing and recruitment challenges, plus there are gaps in the leadership team that need to be filled with permanent appointments;

- Communication was raised as a major concern, both from patients and staff groups;

- There appears to be a considerable disconnect between those that deliver services, especially acute care, and those that set strategic direction;

- The incident review system is unreliable in terms of consistent classification of serious incidents, multi-disciplinary investigation and dissemination of findings.

ELHT is a Keogh trust under special measures. The following issues required attention:

- There was a higher than expected mortality rate;

- There was a lack of visible leadership;

- There were inadequacies of quality governance assurance systems and quality

of patient safety;

- Response times to patient complaints were poor;
- Staffing levels were unsafe.

Other CQC reports from across the North West demonstrated no concerns.

During the monitoring visit we were told that BHFT had committed considerable investment to staffing. Previously, the lack of leadership had resulted in inefficient management of nursing rotas and excessive use of bank staff. The previous staff rostering scheme has been revised to ensure appropriate staffing ratios on all shifts. Student listening events, addressing learning from incidents, are presented for each student year group. The escalating concerns policy has been strengthened (see 3.1.1).

The senior nursing team at ELHT undertook a nurse staffing review. From September 2013, additional qualified nurses and health care assistants were appointed resulting in a net gain of 121 qualified nurses. A further 80 appointments are pending, several of which are newly qualified nurses awaiting registration.

Following the Keogh review no students were removed from clinical placements and an open session was held to explain to students the implications of the Keogh report. PEFs provided extra support as required. Students were also sent a memo drawn up in collaboration with UCLan. The School of health is working closely with the two Keogh trusts and a two way communication process is being implemented at senior management level with nurse directors (see 3.1.1).

Evidence / Reference Source

1. NHS Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report July 2013

2. Meeting with Associate Director of Nursing for Scheduled Care, BHFT, 13 March 2014.

3. ELHT, meeting with Chief nurse, Deputy Chief nurse and education manager 12 March 2014

4. Memo to students from Education and workforce lead, ELHT, July 2013

5. Keogh review report, letter to staff from chief executive, ELHT, July 2013

6. Francis (2013) report, letter to students from the Dean of the School of health (undated)

7. UCLan, School of Health, Process for communication and action planning relating to NHS trust and HEI monitoring, version 0 3- 04 February 2014

Follow up on recommendations from approval events within the last year

Approval BSc (Hons) Midwifery (three year programme), May 2013

Recommendation:

- The team should consider negative marking when formulating the multiple choice

questions in module MW1302 (Baby and Family 1).

Approval BSc (Hons) Midwifery 18 month programme, May 2013

Recommendation:

- The team should review the clinical assessment document and amend the knowledge base criteria first "pass" column by removing "at times relevant or inconsistent information".

Approval Return to Practice - midwifery, May 2013

No recommendations.

At the monitoring visit we found that the midwifery team are currently planning the feasibility of implementing negative marking for module MW1302, which commences delivery in the next semester. The clinical assessment document has been amended to reflect the recommendations made.

All recommendations are addressed.

Evidence / Reference Source

1. NMC Programme approval report: midwifery (3 year programme), May 2013
2. NMC Programme approval report: midwifery (18 month programme) May 2013
3. NMC Programme approval report: Return to practice, (midwifery), May 2013

Specific issues to follow up from self-report

All actions highlighted in the self-report are complete. Specific issues followed up include:

Challenges to placement capacity

Service reconfigurations/team mergers and ward closures have impacted on the student placement capacity in some areas. Additionally placement circuits shared with neighbouring universities, put further pressure on placement capacity.

We found that changes to service provision are notified by PEFs to the PLSU and students are reallocated across the placement circuit or follow their mentor to a new placement. There is good collaboration between the head of the PLSU and academic staff at neighbouring universities to ensure equitable sharing of placements.

Health visitor (HV) implementation plan

The increase in HV student numbers has put more pressure on practice teachers. Additionally there is reduced availability of HV placements for pre-registration nursing students.

We found pre-registration adult nursing students, requesting HV placements, have been

accommodated and others have been allocated to district nursing placements.

There is support for practice teachers mentoring two HV students (see 1.2.1).

University link lecturers (LL)

Changes of members of staff have caused a time lapse in allocation of LL to new and existing placements.

We found there has been a review of the LL allocation model to increase efficiency and effectiveness of the process. (3.2.2).

Mentor updates and triennial reviews

A minority of mentors were not updated annually and some had not completed triennial reviews.

We found an increased number of mentor update sessions had been made available.

There has been active use of the live mentor database, by PEFs, to target those individuals who need updating in order to complete their triennial review (see 3.3.3).

Evidence / Reference Source

1. NMC Annual Self Assessment Programme Monitoring , 13 December 2013

2. Meeting with Head of PLSU, 12 March 2014

Findings against key risks

Key risk 1 – Resources

1.1   Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes

Risk indicator 1.1.1 - registrant teachers hold NMC recordable teaching qualifications and have experience/qualifications commensurate with role

What we found before the event

All programme leads and the majority of other nursing and midwifery staff hold a NMC

recordable teacher qualification. All newly appointed staff complete a structured workbook and checklist of activities and are allocated an experienced preceptor who will provide support for up to six months. All lecturers have experience and qualifications commensurate with their role.

What we found at the event

All lecturers have appropriate experience and qualifications to meet NMC standards.

There are systems in place to monitor NMC registration annually.

Evidence / Reference Source

1. NMC Monitoring Report, November 2010

2. NMC Register checked 03 March 2014

3. Staff CVs, undated

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 PLSU works in partnership with practice placement providers across the North West of England to ensure sufficient appropriately qualified mentors are available to meet student numbers.

The educational audit tool includes details of appropriately qualified mentors, sign off mentors and practice teachers for each practice learning environment. The number available determines the capacity for each practice learning environment and is agreed in partnership between LLs, PEFs and practice placement staff.

Students are not counted in practice placement team numbers to ensure supernumerary status is achieved and they can make the most of available learning opportunities, including relevant spoke experiences. If students' report that supernumerary status is not being achieved, PEFs review staffing levels/mentor support and make an informed decision to continue with the placement or to temporarily remove it off the circuit.

For the September 2013 HV intake there are 24 students of which 21 are supervised directly by a qualified PT; one is supervised by a student PT and two are supervised by PTs under preceptorship.

For the January 2014 intake there are 10 students: seven supervised directly by PTs

and three by preceptorship PTs.

What we found at the event

We found that the practice development manager (PDM) is working to develop community placements in general medical practices. Hub and spoke short placements are being developed.

There are sufficient qualified mentors/sign off mentors available to support pre-registration (adult) nursing student numbers; students' work 40% of the time with their mentors; the student mentor ratio is one to one; and the off duty reflects that students are supernumerary.

The head of the PLSU noted at a recent listening event that student supernumerary status might be compromised in a trust with staffing problems. Reassurance has been given by the teaching and assessing quality manager (TAQM) that this concern has been escalated to managers/matrons and will be presented at trust board level. The trust is confident that they enforce supernumerary status for students. We were informed by mentors that this is the case.

The maximum number of student HVs to a PT is two to one. Where this occurs the PT is supported by the wider HV team and a sign off mentor may support the PT with the organisation of learning experiences for the student HV.

Evidence / Reference Source

1. BSc/PG Dip –SCPHN September 2013/14, recruitment student PT placement list

2. SCPHN/HV January 2014, recruitment student PT placement list

3. Meeting with Divisional leader for children, family and community health, 12. March 2014

4. Meeting with Head of PLSU, 12 March 2014

5. Telephone discussion with Teaching and Assessing Quality Manager, Royal Preston Hospital, 13 March 2014

6. Interviews with students and mentors / sign-off mentors and PTs, 12-13 March 2014

Outcome: Standard met

Comments:

- Some nursing students alerted us to the fact that they did not always feel they were treated as supernumerary in the practice learning environment. We investigated this fully and concluded that supernumerary status is generally maintained and that managers and mentors monitor this closely.

Areas for future monitoring:

- Ensuring supernumerary status for pre-registration adult nursing students is maintained.

Findings against key risks

Key risk 2 – Admissions & progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements.

What we found before the event

All students have Disclosure and Barring service (DBS) and occupational health screening before course commencement. Subsequently, there is annual declaration of good health and good conduct.

As part of the selection event all candidates undertake a numeracy and literacy exercise; a group activity which is designed to assess their values base; and, an individual interview. The school has contributed to the Health Education North West (HE NW) initiative around assessing for values and the resultant situational judgement tool, which has been developed in conjunction with practice placement partners and universities. The recruitment and selection process is completed in partnership with local practice placement partners and Comensus.

What we found at the event

Comensus told us that they attend interviews for some programmes e.g. SCPHN, HV, but are unable to do so for pre-registration nursing (adult) as there are too many interviews for them to accommodate within their current resources. Instead, Comensus are represented at the induction day and provide a question to be used at interview. Comensus confirmed that all participating members have interview, equality and diversity training.

Rotas demonstrated that both clinical and academic staff were present at pre-registration (adult) nursing interviews. Practice placement providers ensure students have DBS and health clearance by linking with PEFs to confirm the screenings have

been undertaken. All trust staff receive equality and diversity training.

PTs reported an active role in recruitment and selection of student SCPHN, HVs. All sponsored HV students are employed by the trust during the programme. The trust undertakes DBS checks and occupational health clearance as part of the admissions process.

Opportunity is given for all students to alert recruitment staff if they require reasonable adjustments in university or practice.

Evidence / Reference Source

1. School of Health: Preparation for practice placement handbook, 2013/14
2. Pre-registration interview pro forma (undated)
3. Individual interviews focusing on values and seeking answers complementing messages from 'Why health visiting? report and the 'six c's', 26 January 2014
4. Meeting with Divisional leader for children, family and community health, 12 March 2014.
5. Meeting with four members of Community engagement and service user support (Comensus), 12 March 2014
6. Interviews with students, academics and clinical staff, 12- 13 March 2014
7. Rota of practice staff attending interviews, 2013/14

Risk indicator 2.1.2 - programme providers procedures address issues of poor performance in both theory and practice

What we found before the event

There is a clear FtP process to address concerns about a student's suitability for professional education and training and/or FtP. Additionally there is a fitness to study procedure which applies to students who present with difficulties due to their physical or mental health or well-being. These procedures are included in the student handbook.

What we found at the event

During the last academic year there were five FtP cases: one midwifery, one pre-registration mental health nursing and three pre-registration adult nursing. All cases related to dishonesty and unprofessional behaviour. Two of these students resigned prior to the FtP meeting; two students have been subject to remedial action; and, one student had nurse training terminated giving reassurance that they are being dealt with effectively and the public is protected.

Evidence / Reference Source
1. School of Health: Fitness to practise procedure (professional courses), undated
2. Fitness to study procedure, undated
3. Log of FtP cases, 2012-13
4. Example of FtP case where student was allowed to proceed with remedial action, 2013
5. UCLan, Regulations for the Conduct of Students, September 2012

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 is a school process for addressing issues of poor performance of students in practice. Mentor annual updates include exploration of issues such as failing students.

What we found at the event

We found that mentors, PTs and practice placement providers understood and use the process for addressing issues of poor performance in practice. Furthermore, they confirmed the accessibility of academic staff for discussing poorly performing students. Action plans viewed show close liaison of academic and clinical staff in providing support for addressing poor performance in practice.

Evidence / Reference Source
1. Interviews with students, mentors, PTs and service managers, 12- 13 March 2014
2. Sample action plans for students experiencing difficulties, 2013

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

What we found before the event

Students are informed about accreditation of prior learning (APL) through the course

handbook.

What we found at the event

Application of the APL process was evidenced through three example claims. These involved: APL of a single module from an appropriate programme; APL of year one of the pre-registration nursing degree, having provided sufficient practice and academic evidence; and, transfer to year two of the adult nursing programme, having completed year one of the pre-registration learning disability programme.

We found that some students were aware of the system to accredit prior learning and two students had actually used the system.

Evidence / Reference Source

1. UCLan: Academic Quality Assurance 2013/14, appendix 2 academic regulations, 02 July 2013

2. APL Scheme: Preparing a claim for credit using prior certificated learning (undated)

3. School of Health: APL course handbook, 2013-14, page 8

4. Gain credit for previous learning through reflection on and evaluation of experiences, Student handbook, for specific module accreditation, August 2010

5. Transfer in from another university protocol, undated

6. Three example APL claims dated 2012 and 2013

7. Interviews with students, 12-13 March 2014

Outcome: Standard met

Comments: no further comments.

Areas for future monitoring: none.

Findings against key risks

Key risk 3- Practice Learning

3.1   Inadequate governance of and in practice learning

3.2   Programme providers fail to provide learning opportunities of suitable quality for students

3.3   Assurance and confirmation of student achievement is unreliable or invalid

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

An annual review of the NHS contract by HENW, takes place in January of each year and an action plan is agreed. In addition HENW monitors the NHS contract on a quarterly basis. Learning development agreements are in place with all local NHS trusts via HENW and these are monitored annually.

In June 2013 the Placement Charter was launched across the North West placement circuit by HENW. This inter-professional charter demonstrates the placement's "commitment to provide a safe and high quality learning environment for all learners". UCLan has pledged commitment to this initiative. This is being monitored through the educational audit process and student evaluations. A new on-line student evaluation tool is being developed across the North West and this will include questions about the impact of the Placement Charter. Currently the school aims to undertake yearly audits of active placements but are moving towards extending this to 18 months. This is in response to practice placement providers feedback and will come in line with other universities across the North West where there is sharing of placement areas. Areas with outstanding audits are being targeted.

There are two monthly multi professional practice learning advisory group (PLAG) meetings that include academic staff, clinical practice and student representatives and they review/develop practice policy. PEFs and practice development managers (PDMs) meet every six weeks to discuss, review and implement operational initiatives. There is close liaison between PEFs and the Head of the PLSU and pre-registration principal lecturers (PLs) about incidents affecting student learning environments. Each incident is individually assessed and responded to as required. There are separate six monthly formal meetings with directors of nursing (DoN). Following the first report of the Francis Inquiry there was recognition of a gap in quality surveillance information and this initiated discussion with the DoNs to develop a process for sharing information, which could impact on the student experience. Subsequently a shared mapping document has been developed with the DoNs. This document identifies the complexities of the two way lines of communication between practice placement providers and the university.

There is an escalating concerns process for students in the 'Preparation for Practice Placement' handbook. Before commencing practice placements students are informed about how to raise and escalate concerns in both NHS and non-NHS settings.

What we found at the event

The Dean of the School of health is a member of the DoN forum which is beneficial in the sharing of information across organisations. We found that the shared mapping document is already proving useful in the commitment to share clinical governance issues between the trusts and the university.

Interviews with the commissioner, staff and students confirmed effective partnerships between practice placement providers and the School of health.

All staff and students interviewed were aware of the pathway for raising and escalating concerns and the appropriate form to complete. Some students had experience of reporting a cause for concern.

Any escalated concerns are directed to the head of the PLSU and are logged. Examples of incident reports include needle stick injuries; verbal abuse of a patient; and, identification of a poor learning environment. Our findings demonstrated that all incidents are clearly described with the email trail, outcomes and action plans as required.

PEFs, LL, managers and mentors are aware of the Keogh report. They are awaiting feedback from the CQC in relation to their follow up visits. Students confirm communication by email about the outcomes of external quality visits.

Multi professional audits are completed by mentors, LL and PEFs with action plans as appropriate.

Evidence / Reference Source

1.   School of Health: Annual review meeting, 16 January 2013

2.   NHS Northwest Quality Assurance Framework for contracted programmes: annual / ongoing review - action plan, January 2013-January 2014- Draft.

3.   Achieving excellence in learning and care, Placement Charter Poster, undated

4.   Pre-registration partnership forum: Notes of meeting held on 13 February 2013, 08 May 2013, 03 July 2013, 01 October 2013, 14 November 2013, 16 December 2013

5.   HEIs Trust partnership meetings, 20 January 2013, 15 May 2013, 18 September 2013

6.   Learning and development agreement between Health Education England and the provider, Sample template, undated.

7.   School of health newsletter October 2013 Page 14, commitment to placement charter.

8.   Process for Identifying, Communicating and action planning relating to NHS trust and HEI quality monitoring (shared mapping document) Final draft, February 2014

9.   SCPHN/CSP team and PEF meeting, 24 May 2013

10.   Raising and escalating concerns (including safeguarding / serious untoward incidents) November 2013.

11.   PLSU Incident log, ongoing.

12.   BSc (Hons) and Post Grad specialist community public health nurse, mid course committee minutes, 23 May 2013

13.   Telephone interview with commissioner, HE (NW) 12 March 2014

14. Interviews with academic staff, students, mentors, PEFs and ward managers, 12- 13 March 2014

15. Multi-professional audit document, undated

16. Practice placements completed audits and action plans, ongoing

---

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

---

What we found before the event:

Pre-registration nursing and SCPHN (HV) students complete a section of their professional portfolio on the service user care perspective. UCLAn works with service users and carers via Comensus, an organised group of volunteers, from a wide range of life experiences.

What we found at the event

We found that Comensus is an innovative way of involving service users, carers and the wider community across the schools at UCLan. The School of health funds a full time co-ordinator for the Comensus group. Group members are involved in delivery of a wide range of teaching sessions and participate in objectives structured clinical examination OSCEs. At a strategic level there is a Comensus member on the school executive and a member was recently appointed as an honorary teaching fellow of the university. Furthermore, the Comensus writing group has been involved in joint publications for lay and academic audiences.

Pre-registration nursing (adult)

PEFs and practice managers confirmed involvement in programme development and delivery. Clinical staff are present at induction days.

SCPHN (HV)

PTs are invited to four curriculum development/awareness sessions each academic year and three sessions to moderate the practice assessment document. Practice placement providers confirmed that they have been involved in programme development. PTs attend the university twice per year to participate in cross marking of HV student portfolios.

Evidence / Reference Source

---

1. Comensus annual report, August 2012-July 2013

2. Comensus action plan outcomes, 2013

3.   The Comensus project, Guide to accessible writing, undated

4.   UCLan, School of Health and Comensus, Leaflet undated

5.   Supporting the Comensus writing collective, Service user and carer involvement in education for health and social care, Wiley Blackwell, 2010

6.   The Comensus writing collective, We aren't all winners: A discussion piece on failure to fail from a service user perspective, Journal of Practice Teaching and Learning 11(3), pp8-16, 24 May 2013

7.   Lists of teaching sessions delivered by Comensus group members, 2012/13

8.   Meeting with co-ordinator and three members of the Comensus group, 12 March 2014

9.   School of health: Professional portfolio BSc and PG Dip SCPHN, 08 September 2013

10. Interviews with students, mentors, PEFs, PTs, 12-13 March 2014

11. Review of service user feedback documentation in student practice assessment documents (PAD), ongoing

---

Risk indicator 3.2.2 - academic staff support students in practice

---

What we found before the event

PEFs are currently based within NHS Trusts. They have responsibility for ensuring and enhancing the quality of practice learning environments and providing support to both students and mentors. In addition each practice placement has an allocated university LL. This role has recently been reviewed and a new draft policy issued.

What we found at the event

We found that the draft policy will ensure LLs maintain a physical presence equivalent to two days per month in their link placement areas. They will attend practice placement team meetings and support students, mentors, PEFs or practice staff as required. Additionally LLs will monitor CQC reports, monthly, for identified link areas and alert PLs and the PLSU to any areas of concern. LLs will collaborate with service partners in the completion and monitoring of educational audits; delivery of mentor updates; review of student evaluations; and, facilitation of student forums.

Pre-registration nursing (adult) students and mentors are aware of the LL and are complimentary about their input and role. LLs currently visit placement and provide support when concerns are raised by students or mentors. Individual placement profiles are available for the majority of practice learning environments. Students confirm that support is available for students with special needs.

SCPHN (HV)

All students receive one visit, in practice, from a member of the SCPHN programme team. This is increased if concerns are raised about a student's performance or learning opportunities in practice. Additional support is given to students via timetabled 'home

group' sessions with their personal tutor.

Evidence / Reference Source

1. School of Health: Preparation for Practice Placement Handbook, 2013/14

2. University Link Lecturer (Nursing and Midwifery), Draft, 12 March 2014

3. Meeting with Divisional Leader for Children, Family and Community Health, 12 March 2014

4. Record of a SCPHN (HV) tripartite meeting, December 2013

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

Mentors and PTs undertake approved mentor education/PT education programmes, which conform to NMC standards.

What we found at the event

For pre-registration nursing (adult), we found that, mentors and sign off mentors fully understand their role in relation to assessing practice. Students are assessed using the Direct observation of nursing assessment (DoNA) approach which is reflected in their practice assessment documentation. Mentors described to us the progression and the sign off process. Final placement assessment summary sheets are completed by sign off mentors and they spend an hour a week with students in the final placement.

SCPHN (HV)

We found that PTs are positive regarding the updates and support they receive from the university. PTs meet on a monthly basis for peer supervision and for support and development of the PT role.

Evidence / Reference Source

1. School of Health: ELHT mentor update pack, 2013/14

2. Example mentor portfolio, ongoing

3. Associated mentor and sign off mentor workbooks, ongoing.

4. Sign off mentor workshops in 2013 and 2014

5. Adult student local induction packs, undated.

6. Interviews with mentors, sign-off mentors, PTs and PEFs, 12-13 March 2014

7. BSc (Hons) and PG Dip SCPHN Mid course committee minutes, 23 May 2013

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

What we found before the event

Mentors attend annual updates in venues in the trusts, where they receive updates on assessment processes, curriculum developments and professional issues as well as exploring issues such as failing students. These updates are delivered collaboratively between academic staff and PEFs. PTs attend the university three times per year for updates.

What we found at the event

For pre-registration nursing (adult) we found that mentors and sign off mentors are released to have annual updates to fulfil their triennial review. A workbook is completed to support this process. There is considerable flexibility in provision of updates. These may take place at the learning and development unit (LDU) or LDU members will come to the ward to update staff. An e-learning annual update is also available.

SCPHN (HV) managers confirmed the trust's commitment to ensuring there are well prepared and well supported PTs. PTs attend generic PEF led mentor updates as well as PT forums at the university. All PTs are clear about the requirements for triennial review.

Evidence / Reference Source

1. School of Health: Practice teacher forum and course committees, 16 January 2014

2. Interviews with mentors, sign-of mentors, practice teachers and PEFs, 12 -13 March 2014.

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

What we found before the event

Live mentor databases are held in practice settings and maintained by PEFs with

university access to data as required. Mentor preparation, updates and triennial reviews are recorded on the database and regularly monitored.

What we found at the event

We found that databases for mentors and PTs were accurate and up to date. Systems are in place to remove mentors that fail to complete an annual mentor update programme. Triennial reviews are in place, with one trust embedding this in the annual performance review process.

Evidence / Reference Source

1. Inspection of mentor databases, 12 -13 March 2014

Outcome: Standard met

Comments:

- We were impressed by the scope of the revised lecturer university LL policy, which should effectively link practice learning environments with academic course teams. This is especially important in the monitoring of clinical governance issues associated with CQC and Keogh reviews.

Areas for future monitoring:

- Effective implementation of the revised LL policy.
- Progress with action plans for the two Keogh trusts.

Findings against key risks

Key risk 4 - Fitness to Practice

4.1   Approved programmes fail to address all required learning outcomes 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

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

What we found before the event

All pre-registration nursing (adult) students experience clinical instruction in nursing related to: general and specialist medicine, general and specialist surgery, child care and paediatrics, maternity care, mental health and psychiatry, care of the elderly and home nursing. To ensure that EU regulations are met, pre- registration (adult) nursing students complete the cross field portfolio drawing upon clinical experience obtained during a range of field specific clinical placements.

SCPHN (HV) students undertake five compulsory core modules; a context of practice module; and, one optional module as directed by the seconding trust (nurse prescribing or safeguarding children or professional development or managing unplanned pregnancy).

What we found at the event

For pre-registration nursing (adult), we found that all NMC standards are integrated into the programme. Students are positive about the teaching and learning strategies used. These incorporate lectures, group work, use of simulation in the skills lab and e-learning. Students confirm sufficient and timely feedback from assignments. Student individual hours of theory and practice comply with NMC standards.

The hub and spoke approach to placement learning experience is positively viewed and described as effective by both students and mentors.

For SCPHN (HV), we found that the student portfolio highlights achievement in theoretical modules as well as practice. This is moderated three times during the programme by lecturers and PTs working together. Personal tutors lead in monitoring students' progress throughout the programme. V100 nurse prescribing is an optional module, dictated by trust requirements. Currently, all students are attached to only one trust, which does require HV students to complete the V100 programme. In response to trust requests additional safeguarding study days are to be included in the HV programme from the next academic year.

Evidence / Reference Source

1. Preparation for Practice placement handbook, 2013/14.
2. Programme specification SCPHN BSc and PG Dip, May 2009.
3. Periodic Review, 27.04.10, Minor change 09 May 2012
4. BSc (Hons) SCPHN, Handbook, September 2012

5. BSc and PG Dip SCPHN Practice assessment document, September 2013-14

6. Professional Portfolio BSc and PG Dip SCPHN, 08 September 2013

7. Portfolio feedback sheet (undated)

8. Interviews with students, mentors and practice teachers, 12- 13 March 2014

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

---

What we found before the event

Pre-registration nursing (adult) and SCPHN HV assessment of practice documentation identifies the practice learning outcomes, competencies and proficiencies students have to achieve.

What we found at the event

For pre-registration nursing (adult) we found that individual placement profiles are written by practice staff and available for the majority of placement areas. Students can access these via the virtual placement circuit. Student nurses make frequent use of the profiles which include recommended reading material, clinical skills likely to be performed, shift details, available learning opportunities and additional hub and spoke opportunities. European Directives are met by students during their placement. This is reflected in the students' completed PADs and their cross field portfolio.

We found that SCPHN (HV) students are positive about their learning in practice. Where learning opportunities are limited, for example V100 nurse prescribing, PTs arrange alternative learning opportunities with pharmacists, specialist nurses and GPs.

For both programmes, managers and the commissioner confirm that completing students are fit for practice and fit for purpose.

Evidence / Reference Source

---

1. Trust induction of students in Year 1, 2 and 3, undated

2. Practice assessment document Year 1, 2 and 3 (PADs)

3. Sample of cross field portfolios

4. A selection of students PADs, ongoing

Outcome: Standard met

Comments: no further comments.

Areas for future monitoring: none.

Findings against key risks

Key risk 5- Quality Assurance
5.1   Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

Student feedback relating to practice experience is actively encouraged through evaluation both in the NHS trust and via the university's online process - students' perceptions of practice experience (SPOPE). Student feedback informs the development of action plans if improvements are required; there is a change in student capacity; or, potential removal of the placement temporarily or permanently is indicated.
There are staff/student liaison meetings every semester which are well attended by students and staff. Minutes show evidence of student concerns being addressed.
There is evidence of SCPHN (HV) feedback and action in response to this.

What we found at the event

Pre-registration nursing (adult) students confirm completion of SPOPE which is then shared with mentors and managers at mentor updates as well as displayed in the clinical area. There is a development of 'you said' and 'we did' approach. This is demonstrated on a share point on the trust intranet and discussed at PEF forums. Student nurses are aware of the mechanism for feedback via class reps to the staff student liaison meeting. Specific examples demonstrate that student feedback has resulted in improved performance.
SCPHN (HV) students and PTs told us that their voice is listened to by the programme team and feedback is acted upon. A new module has been developed to meet student

concerns relating to skills development. Evaluation of practice learning is fed back to the placement providers and forms part of the educational audit of practice. Regular module evaluation occurs and the course committee is described by students and practitioners as well attended and proactive.

Evidence / Reference Source

1. School of Health: Pre-registration nursing degree staff/student liaison committee (adult field)

   14 March 2013,11 July 2013, 12 December 2013

2. Annual monitoring for academic year 2012/13

3. Course/subject report SCPHN BSc (Hons) PG Dip ,Nov 2013

4. Interviews with students, mentors, PTs, 12-13 March 2014

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

The pre-registration nursing (adult) external examiner reports are detailed and constructive. External examiners confirm that the programmes are meeting learning outcomes and NMC standards. All external examiner reports receive a timely and appropriate response with any suggested actions addressed. There is evidence of external examiners meeting with students in practice.

SCPHN (HV) external examiners review a selection of practice portfolios They confirm evidence of integration of theory to practice. Furthermore, practice teachers' assessments of students in meeting their competences are valid. The course team respond promptly to external examiner reports and address any suggestions for improvement.

What we found at the event

We found that for both programmes students and mentors/PTs are confident that concerns and complaints raised in practice are appropriately dealt with. They are able to explain the process and to provide examples of concerns and how they were addressed.

There is evidence that external examiners engage with both theory and practice. The school acts upon external examiner suggestions.

Evidence / Reference Source

1. Pre-registration nursing(adult): external examiner reports: 24 January 2013, 02 September 2012; 05 August 2013; 12 August 2013, 08 January 2014, 14 August 2013; 24 August 2013; 29 August 2013; 10 October 2013

2. SCPHN (HV) external examiner report ,13 September 2013

3. Response to external examiner reports pre-registration nursing (adult) nursing, 11 March 2013

4. Response to external examiner SCPHN(HV), 05 October 2013 and 24 February 2013

5. Minutes of course board , 04 September 2013

6. Interviews with PEFs, service manager, mentors/PTs and students, 12 -13 March 2014

Outcome: Standard met

Comments: no further comments.

Areas for future monitoring: none.

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 20 February 2014
Meetings with:
Dean Associate Dean
At monitoring event
Meetings with:
Dean Associate Dean x 2 Divisional Leader, Pre-registration nursing Divisional leader for children, family and community Health Programme leader, BSc (Hons) Pre-registration nursing (adult) Programme Leader, Dip HE Pre-registration nursing (adult) Head of Placement Learning Support Unit Commissioner, Health Education North West Chief Nurse, East Lancashire Hospitals' NHS Trust Deputy Chief Nurse, East Lancashire Hospitals' NHS Trust Medical Education Manager, East Lancashire Hospitals' NHS Trust Coordinator, Comensus Comensus members x 3 Associate Director of Nursing for Scheduled Care, Blackpool Teaching Hospitals' NHS Foundation Trust

Meetings with:

Mentors / sign-off mentors	14
Practice teachers	9

Service users / Carers	3
Practice Education Facilitator	8
Director / manager nursing	3
Director / manager midwifery	0
Education commissioners or equivalent	1
Designated Medical Practitioners	0
Other:	1 Training manager / mentor and PT database developer

Meetings with students:

Student Type	Number met
Nursing - Adult	Year 1: 3 Year 2: 11 Year 3: 8
SCPHN - HV	12
Nurse Prescriber – V100	12