

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 Bedfordshire
Programmes monitored	Registered Nurse - Children; Registered Specialist Community Public Health Nursing - HV
Date of monitoring event	05-06 March 2014
Managing Reviewer	Irene McTaggart
Lay Reviewer	Natalie Paisey
Registrant Reviewer(s)	Suzan Smallman, Jane Howarth
Placement partner visits undertaken during the review	Cambridge Community Services, children's community services Buckingham Healthcare NHS Trust (Stoke Mandeville Hospital) St. Francis Ward Bedford Hospital NHS Trust, Riverbank Children's Ward South Essex Partnership Trust, Bedford Cambridge Community Services, Futures House, Luton
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
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 Bedfordshire University's programmes

The University of Bedfordshire has five campuses: Luton, Bedford, Butterfield Park, Putteridge Bury and Buckinghamshire (Aylesbury). The Faculty of Health and Social Sciences has its base at Luton campus where programmes in the field of healthcare, psychology, social science, applied social studies and sports therapy are delivered.

The faculty provides a range of nursing programmes including pre-registration nursing, midwifery, and undergraduate and postgraduate post qualifying courses including specialist community public health nursing (SCPHN) programmes. The focus of this monitoring review is pre-registration nursing child field and SCPHN health visiting (HV).

In 2012 the health departments were reorganised which resulted in an imbalance of experienced and inexperienced staff. Strategies have been implemented to provide staff development and support, and to ensure the quality of the education experience for students is not compromised.

SCPHN HV student numbers have significantly increased and practice placement providers and commissioners report the university has effectively managed and supported this increase.

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

Recruitment and selection processes comply with NMC standards and requirements. Included in these admission processes is a values based face to face interview involving service users, carers and practice placement providers. For interviews for the child field of nursing practice, parents of children and young people are included.

Our findings confirm the implementation of rigorous admission processes. A particular aspect that directly speaks to the public protection agenda is the development of anti-fraud processes within the admission processes to prevent the risk of false identity documentation. This has been commended by NHS Protect.

There is effective partnership working between the education providers and their practice placement providers and there are sound policies and procedures in place to manage poor performance of students.

We found evidence of the university and practice placement providers working together to ensure processes are in place to provide a high standard of teaching, learning and assessment in practice through quality mentorship, link lecturer support and open communication and partnership working. Practice teachers described to reviewers how the regular tripartite meetings facilitate very early detection of causes for concern.

Practice placement providers and commissioners confirmed that students exiting the programmes are safe, competent and fit for practice. This is a reassuring element for protecting the public.

The university is effectively managing adverse CQC visit outcomes. It was clear to us that when CQC reports stated that standards have not been met, a joint approach has been taken regarding practice learning environments to ensure that students are actively supported. This is another example of how the public is being protected.

We conclude from our findings that the university is managing the key risks required to meet the NMC standards for each of the programmes monitored.

Summary of areas that require improvement

None noted.

Summary of areas for future monitoring

- The development of the academic in practice role.
- The effective management of external monitoring outcomes, such as CQC reports.
- Appropriate and effective staff resources to support the delivery of programmes.
- Further enhancement of service user and carer engagement in the development, delivery and evaluation of programmes.

Summary of notable practice

Fitness for practice

The use of a 'service improvement approach' student project as an alternative to a dissertation increases student awareness of leadership and change management and has a direct result on care delivery.

Summary of feedback from groups involved in the review

Academic team

We found the academic team to be enthusiastic and appropriately qualified for their role and for contribution to the delivery of the approved programmes. It was reported that the faculty provides supportive strategies for staff development.

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

Mentors/sign-off mentors and practice education facilitators (PEFs) informed us that they are able to shape curriculum developments and the learning objectives of students within the practice learning environment.

They confirmed that there is an effective working partnership with the university. There is a range of opportunities provided to meet with the university to discuss potential developments, areas for improvement and issues of concern. Link lecturers are reported as visible and supportive of students and practice teachers, PEFs, mentors and sign-off mentors.

Practice teachers, sign-off mentors and mentors are supported to undertake annual updates and are confident in fulfilling their roles.

Students

Students confirmed to us that they experience a wide variety of good quality learning opportunities during their programme and are well supported by academic staff, mentors and practice teachers. They demonstrated awareness of the policies for whistle-blowing and cause for concern.

We found that students understand the requirements to achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the relevant part of the NMC register on successful completion of the programmes.

Service users and carers

It was evident that progress in the engagement of service users and carers in the approved programmes since the last NMC monitoring visit has been made. Examples include service user and carer involvement in curriculum development, pre-registration nursing and midwifery interview panels and assessment (objective structured clinical examinations (OSCEs), as both assessors and simulated patients, in nursing and SCPHN HV programmes.

We have seen evidence that Health Education East of England (HEEE) (2014) has commended the university for ensuring that student interviews include service users, students and practice placement provider representatives in each stage of the selection and recruitment processes. The university was also commended for initiating research which explores service users' views of values expressed during recruitment.

Relevant issues from external quality assurance reports

Keogh reviews and CQC reports were considered for practice placements used by the university to support students learning.

The following reports require action(s):

Buckinghamshire Healthcare Trust was placed under special measures following a Keogh review in 2013. A risk summit action plan was then agreed, following the findings.

Sixteen CQC reports were reviewed and six of those reports identified standards were not met. These reports are for the health care providers identified below:

Amersham Hospital was reviewed and action needed in relation to staffing (November 2013).

In July 2013, NHS Bedford Hospitals NHS Trust, Bedford Hospital had actions required

in relation to respecting and involving people who use services, care and welfare of people who use services, meeting nutritional needs, cooperating with other providers and protecting people who use services from abuse. Enforcement action was taken for staffing; supporting workers and assessing and monitoring the quality of service provision. In December 2013, following a revisit by CQC, standards were reported as met with the exception of assessing and monitoring the quality of service provision which had enforcement action taken.

Luton and Dunstable Hospital required action for staffing and records (October 2013).

Prospect Park Hospital required action for respecting and involving people who use services and care and welfare of people who use services (November 2013).

Stoke Mandeville Hospital required action for staffing and supporting workers (September 2013).

NHS Bedford Hospitals NHS Trust, Wellor Wing required improvements for treating people with respect and involving them in their care and caring for people safely and protecting them from harm (January 2014).

At the monitoring visit we were able to confirm that there are robust governance procedures in place as a result of concerns following the Keogh and CQC reports. The university has effective collaborative relationships with practice placement providers who inform the university, in a timely manner, about relevant external quality assurance reports and subsequent action plans.

HEEE report the university as being responsive to adverse CQC reports by examining the implications for students' educational experiences and taking appropriate actions.

HEEE managers monitor the CQC website and if anything of concern is noted the trust and university are approached to obtain reassurance that actions are in place and students are being actively supported.

Students have been kept informed of strategies to manage concerns and provided with support throughout.

Evidence / Reference Source

1. CQC report Amersham Hospital, November 2013
2. CQC report NHS Bedford Hospitals NHS Trust, Bedford Hospital, July 2013
3. CQC report NHS Bedford Hospitals NHS Trust, Bedford Hospital, December 2013
4. CQC report Luton and Dunstable Hospital, October 2013
5. CQC report Prospect Park Hospital, November 2013
6. CQC report Stoke Mandeville Hospital September 2013
7. CQC report NHS South Essex Partnership Trust
8. CQC report NHS Bedford Hospitals NHS Trust, Wellor Wing, January 2014
9. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report, Keogh KBE, July 2013

10. Bedford Hospital Trust Paediatric meetings : Action log 06 December 2013
11. Bedford Hospital NHS Trust Risk Summit Response Assurance Group
12. Risk Log November 2013
13. HEEE performance quality assurance framework 2013/14 - annual review
14. Meeting with: School senior programme management team 05 March 2014
15. Meeting with: Head of Bedfordshire and Hertfordshire Workforce Partnership Health Education East of England 05 March 2014

Follow up on recommendations from approval events within the last year

All recommendations from approval events have been completed.

Evidence / Reference Source

1. University of Bedfordshire self-assessment, 2013
2. NMC Programme Approval Report: Nursing March 2012

Specific issues to follow up from self-report

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

- Withdrawal of paediatric medical students at Bedford NHS Trust Hospital (BNHST) due to concerns about the practice areas not meeting educational standards.

We found a range of ongoing strategies in place to manage concerns. The BNHST risk summit response assurance group is one example of a partnership approach which has been put in place with practice placement providers to ensure that pre-registration nursing programme requirements can be met with the provision of effective support for students closely monitored.

- Re-organisation of health departments resulting in loss of academic staff due to voluntary severance:

It was evident that the university has developed a successful recruitment strategy to employ more academic staff to mitigate against academic staff shortages due to the reorganisation of the university's health departments. A staff induction, mentoring programme and a monthly teaching practice development group is in place to support and develop newly appointed and inexperienced staff.

- Commissioned numbers for SCPHN (HV) have doubled and there are now two intakes per year:

Academic staff posts have been increased to manage the increase in SCPHN HV

student numbers. We were told that these posts are on a fixed term contract as commissioned numbers are expected to return to normal figures after two years. Changes have been made to the master's programme delivery plan to allow students who successfully complete the postgraduate diploma to apply for registration as a health visitor, which we were told is viewed as a positive development by students and employers.

The university is offering additional support to practice teachers and mentors by link lecturers and practice leads from the university in relation to the community services tendering process. The students' experience is reviewed regularly to ensure changes in community services are not impacting on their learning.

- South Essex Partnership Trust staff are increasingly being based from home as there are fewer centralised offices:

We noted that changes in the South Essex Partnership Trust are reported to have had no impact on students' learning and support.

Evidence / Reference Source

1. AEI self-assessment 2013
2. Bedford Hospital NHS Trust (BHT) Risk summit response assurance group
3. Risk log November 2013
4. BHT Paediatric action log December 2013
5. Practice learning environment audit tool October 2013
6. Luton and Dunstable University Hospital flow chart for student's to raise concerns in placement
7. Luton and Dunstable Placement Guidelines for pre-registration students (non-medical)
8. Luton and Dunstable Terms of reference for Privacy and Dignity benchmarking group
9. Meetings with:
 - Head of Bedfordshire and Hertfordshire Workforce Partnership, Health Education East of England (BHWP) 05 March
 - Director of Education and Quality, Health Education Thames Valley(HETV), 05.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
<p>The university is currently in discussion with the NMC in relation to the completion of the process for a recordable teaching qualification for a lecturer.</p> <p>Staff development within the university is managed at departmental level. All new staff have an induction programme followed by a one year mentoring scheme and probationary period. Those who have no registered teaching qualification commence the university's PG Certificate in Teaching in Higher Education at the first available intake. On completion of this programme they apply to the NMC for registration as a teacher.</p> <p>Staff development is reviewed and monitored through the annual staff review. This process includes workload planning and allocation, research and scholarly activity, Disclosure Barring Service (DBS) clearance, mandatory training and review of NMC registration and teacher status.</p> <p>A process is in place to check members of academic staff are, and continue to be, registered with the NMC.</p>
What we found at the event
<p>We can confirm that academic staff have current registration with the NMC and have relevant clinical and professional experience required to deliver the programmes. The majority of staff hold a NMC recordable teaching qualification with the remaining staff expected to have completed or commenced the university's PG Certificate in Teaching in Higher Education by September 2014.</p> <p>We found that all programme leaders act with due regard and all with the exception of one SCPHN (school nursing) lead have a recordable teaching qualification. This member of staff is in the process of recording their teaching qualification with the NMC prior to commencing the role of programme leader in September 2014. Until the recordable teaching qualification is recorded the programme will be supported by the programme portfolio lead and head of department who has a recordable teaching qualification.</p>
Evidence / Reference Source
1. Programme team presentation 05 -06 March 2014

<ol style="list-style-type: none"> 2. Process for monitoring staff active registration status 3. AEI self-assessment 2013 4. NMC draft programme monitoring report, December 2012 5. Staff CVs 6. NMC database 7. NMC Register checked, 28 February 2014 8. Staff organogram clinical education and leadership 9. Pre-registration nursing submission document May 2012 10. Health Education East of England performance quality assurance framework 2013 -14 annual review
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>Mentor databases are reviewed every two weeks by PEFs to confirm mentor numbers.</p>
<p>What we found at the event</p>
<p>We were able to confirm from the mentor registers that there are sufficient appropriately qualified mentors/sign-off mentors and practice teachers to support the volume of students.</p> <p>We were informed that mentor databases are reviewed every two weeks by PEFs who inform the university quarterly about placement capacity and mentor numbers.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Programme team presentation 5- 6 March 2014 2. NMC draft programme monitoring report, December 2012 3. Faculty of Health and Social Sciences, Practice learning strategy and policy, pre-registration health care courses October 2013 4. Meetings with: Head of BHWP, Director of Education and Quality, HETV 05-06 March 2014 5. Pre-registration nursing practice assessment strategy January 2013 6. Health Education East of England (HEEE) Performance quality assurance framework 2013-14 annual review 7. Mentor registers viewed in all practice placement areas visited, 05-06 March 2014
<p>Outcome: Standard met</p>

Comments: no further comments
Areas for future monitoring: none

Findings against key risks
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</p>
Risk indicator 2.1.1 - admission processes follow NMC requirements
What we found before the event
<p>The recruitment, selection and admissions processes include a values based face to face interview involving service users, carers and practice placement providers.</p> <p>The university has a policy for managing students entering the pre-registration programme under 18 years of age.</p>
What we found at the event
<p>We can confirm that recruitment and selection processes comply with NMC standards and requirements. Included in these admission processes is a values based face to face interview involving service users, carers and practice placement providers. For the child field of practice interviews this includes parents of children and young people.</p> <p>For the SCPHN HV programme students reported to us that although their employer interview panel does not include service users and carers, some of the questions posed to them at interview were devised by service users, and for the pre-registration midwifery programme third year midwifery students contribute to the interviews.</p> <p>All interview panel members must have attended equality and diversity training within the last two years prior to their involvement in interview sessions.</p> <p>We have seen evidence that HEEE (2014) has commended the university for ensuring that student interviews include service users, students, and practice placement provider representatives in each stage of the selection and recruitment processes. They also commended the university for initiating research which explores service users' views of values expressed during recruitment.</p> <p>All students are required to undergo health screening and an enhanced DBS check</p>

prior to any practice placement being undertaken. For SCPHN HV students the university verifies with the employing trusts that satisfactory DBS and health checks are in place prior to them commencing placements. Students with convictions on either their application form or DBS are referred to a DBS panel to determine their suitability for the programme. The panel includes representatives from practice placement providers.

We were informed that the university had been commended by NHS Protect for the anti-fraud processes they have developed to prevent the risk of false identity documentation.

We can confirm that the university has a policy for managing students entering the pre-registration programme under 18 years of age and students confirmed to the reviewers that they complete a self-declaration of good health and good character at progression points and at the end of the programme.

Evidence / Reference Source

1. Recruitment and selection strategy for nursing, midwifery and ODP courses 2014-2015
2. Recruitment and selection policy September 2013
3. Service user and carer involvement strategy
4. Process of checking qualification and identity
5. Recognition of prior learning policy and procedure
6. Policy for safeguarding children and vulnerable adults
7. University process for students under the age of 18 years
8. Equality and diversity policy and strategy 2012-2017
9. HEEE performance quality assurance framework 2013-14 annual review
10. Interview assessment recording sheet
11. MSc/PGDip SCPHN (HV) course handbook 2012
12. BSc (Hons) Nursing with Registered Nurse curriculum handbook 2012
13. Meetings with: Head of BHWP, Director of Education and Quality, HETV students, mentors and practice teachers, Family support workers, Service managers, 05-06 March 2014

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

What we found before the event

Policies, procedures and documentation are used to ensure a triangulated approach to allow effective management of issues related to poor performance.

These include provision of appropriate examination boards such as the Student Attainment and Review (StAR) Boards which are held three times each year for undergraduate and postgraduate programmes.

<p>What we found at the event</p>
<p>We found that the university has sound policies and procedures in place to manage poor performance in both theory and practice which are understood by all academic and practice staff.</p> <p>Students interviewed confirmed to reviewers their understanding of the requirements of the programme and the consequences of poor performance.</p> <p>A personal academic tutoring system is in place to support students and allow early identification and management of poor performance in theory and practice.</p> <p>We saw evidence of a transparent and robust fitness to practise policy in place. There were 28 pre-registration nursing students and one pre-registration midwifery student referred in relation to fitness to practise issues during the academic year 2012/13.</p> <p>The outcomes of the fitness to practise panel confirms that cases are dealt with appropriately to support the student but most importantly to protect the public.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. University of Bedfordshire self-assessment 2013 2. MSc/PGDip SCPHN HV course handbook 2012 3. BSc (Hons) Nursing with registered nurse curriculum handbook 2012 4. Quality handbook Chapter 6, Boards of Examiners, January 2012 5. Personal academic tutor briefing paper 2013 6. UoB Fitness to practise procedure, March 2013 7. Faculty of Health and Social Sciences Practice learning strategy and policy pre-registration health care courses, October 2013 8. Meetings with: Head of BHWP, Director of Education and Quality, HETV, students, mentors, practice teachers, service managers, 05.03.14 and 06.03.14
<p>Risk indicator 2.1.3- programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>The students are required to successfully complete a field specific practice assessment document (PAD) and an ongoing achievement record for each period of practice learning.</p>
<p>What we found at the event</p>

We found that the university has sound policies and procedures in place to manage poor performance in both theory and practice. An 'issues in practice' flowchart is provided to all practice placements and is understood by students, mentors and practice teachers.

The PAD document makes it clear that if there are any concerns about a student's performance, the mentor should contact the link lecturer or practice educator and an action plan must be developed and implemented.

Mentors and PEFs confirmed to us their understanding of how to raise concerns about students in practice and stated a dedicated email address is used to submit concerns. All concerns are monitored by a cause for concern monthly meeting with both university and trust representatives with feedback being given to all parties involved. Some concerns will require initiation of the fitness to practise procedure.

Evidence / Reference Source

1. Programme team presentation 05 and 06 March 2014
2. Faculty of Health and Social Sciences: Raising and escalating concerns about standards of care and practice: Guidance for health care students
3. Faculty of Health and Social Sciences practice learning strategy and policy, Pre-registration health care courses
4. MSc/PGDip SCPHN HV Course Handbook 2012
5. BSc (Hons) Nursing with registered nurse curriculum handbook 2012
6. Pre-registration nursing practice assessment strategy January 2013
7. NMC draft programme monitoring report, December 2012
8. Meetings with: Head of BHWP, Director of Education and Quality, HETV students, Mentors, practice teachers, service managers, 05.03.14 and 06.03.14

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

There is a clearly articulated accreditation of prior learning (APL) policy led by an academic co-ordinator and managed via an APL panel and examination boards. APL has occurred in pre-registration nursing and SCPHN programmes. In the past year six students have used APL onto the pre-registration nursing programme (five adult field and one mental health field).

Students who have completed the foundation degree for assistant practitioners were mapped against the pre-registration nursing programme as equivalent to the first year.

This has proven successful in widening participation. Foundation degree students are

offered additional support and tuition relating to medicines management.
What we found at the event
<p>We can confirm that the APL process is robust and in accordance with NMC requirements. We saw evidence that the university has utilised this process six times in the pre-registration nursing programme during the last year.</p> <p>We also saw evidence of a robust mapping tool for students to APL nurse prescribing programmes V150 and V300 into the SCPHN programmes.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> 1. SCPHN (HV) Standards of proficiency acquisition manual (SPAMS) 2. Recognition of prior learning policy and procedures 2012 3. University of Bedfordshire, Academic regulations 2012-13
Outcome: Standard met
Comments: no further comments
Areas for future monitoring: none

Findings against key risks
<p>Key risk 3- Practice Learning</p> <p>3.1 Inadequate governance of and in practice learning</p> <p>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 Assurance and confirmation of student achievement is unreliable or invalid</p>
<p>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</p>

What we found before the event

Service providers and the university work together to ensure processes are in place to provide a high standard of teaching, learning and assessment in practice through quality mentorship, link lecturer support, open communication and partnership.

There is a cause for concern policy to ensure clinical governance issues are communicated to the university.

What we found at the event

Effective partnership working between multiple education and practice placement providers at a strategic and operational level is evident with examples such as the Quality Education Practice Liaison (QEPL) group which ensures joint, effective governance of practice learning by the university and practice placement providers.

The annual learning development agreements (LDAs) between the trusts and university are used to record placement capacity. We also found that expectations and obligations of all partners involved in practice learning, including students, are annotated in the University of Bedfordshire practice placement agreement (health care) template Jan 2013.

It was evident that practice placement providers and the university work together to ensure processes are in place to provide a high standard of teaching, learning and assessment in practice through quality mentorship, link lecturer support, open communication and partnership. It was also clear that when CQC reports state standards have not been met a joint approach has been taken regarding practice learning environments and the student experience.

The practice learning environment audit tool was developed in partnership between the university and practice staff through the Practice Experience Group and a policy is in place to maximise effective sharing of educational audit information when placements are used by other providers.

The university is developing a single student information system which will merge three previous practice information databases in order to enhance programme administration.

We can confirm that there are policies and procedures relating to raising and escalating concerns both in relation to students in practice and in the university, and concerns related to staff and patient safety issues. Students confirmed to us that they understood the process and that they would follow it if required. They also confirmed that students attend programme boards where student feedback is received and actioned where appropriate.

Practice teachers described to reviewers how the regular tripartite meeting between academic staff, the student and practice teacher facilitates very early detection of causes for concern.

Practice placement providers reported to us that regular meetings are held with the university team. Mentors also stated that they have an excellent relationship with link

lecturers who are easy to contact and who respond in a timely way.
Evidence / Reference Source
<ol style="list-style-type: none"> 1. University of Bedfordshire Practice Placement Agreement (Health Care) Template January 2013 2. Bedfordshire and Hertfordshire Workforce Partnership 3. MSc/PGDip SCPHN HV) Course Handbook 2012 4. BSc (Hons) Nursing with registered nurse curriculum handbook 2012 5. Operational Contract Management Meeting Terms of Reference – Bedfordshire 6. BSc (Hons) Nursing with registered nurse curriculum handbook 2012 7. Faculty of Health and Social Sciences: Practice learning strategy and policy Pre-registration health care courses 8. Practice learning strategy and policy October 2013 9. Practice learning environment audit tool 10. Luton and Dunstable Escalation of concerns policy 11. Healthcare governance reporting, November 2013 12. Whistleblowing policy and procedure 13. Meetings with: students, mentors, practice teachers, service managers, 05-06 March 2014 14. Meetings with: Head of BHWP, Director of Education and Quality, HETV, 05- 06 March 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
Each service user has a university risk assessment completed to determine if they are suitable to participate in service user activities. Where possible reasonable adjustments are made or the service user/carer is made aware of the reason why they are not able to participate.
What we found at the event
<p>We can confirm that practitioners, service users and carers are involved in curriculum development, teaching and assessment activities. Examples of service user involvement include review of curricula, discussing their experiences during classroom sessions, teaching input from the expert patient group (EPPCIC) and service user groups such as the Alzheimer’s Society and Diabetes UK.</p> <p>Involvement in student assessments includes objective structured clinical examinations (OSCE) where they act as the client or assessor and in the PAD. Children’s views of</p>

healthcare have been sought via a local Brownie pack and there are plans for further consultation via schools. Children and young people also contribute to the students' PAD. We were made aware that consultation is ongoing with other universities who have greater experience in the inclusion of children and young people in their service user carer strategy.

We were informed that practice teachers use a variety of methods to regularly seek feedback from service users on the performance of students; this is then annotated in the students' standards of proficiency acquisition manual (SPAMS).

The SCPHN HV programme management team includes practice teachers, practice placement providers and students. However, it was reported to us that there are no service users or carer representatives as it is sometimes difficult for them to attend.

Service users and carers are supported by a member of academic staff with in-house training packages being delivered two or three times per year to prepare them for their role. We were informed of plans that are proceeding to develop new training packages with an external company which were trialled at the start of this academic year.

Students reported to us that some of the questions posed to them at interview were devised by service users and that their evaluation of the sessions taught by service users and carers is that they are valuable and informative. They also informed us that their equality and diversity training had been delivered by a service user, and that in order to acquire feedback on their performance from service users they had provided a 'traffic light' pro-forma to use. This is being adapted to assist children and young people to provide feedback in the same way.

SCPHN HV students reported to us that they had attended an informal workshop that was facilitated by members of the South Asian community to improve cultural awareness of the community.

It is evident that progress has been made since the last NMC monitoring visit and risks are being met; however there are opportunities which should be taken to strengthen this aspect of provision.

Evidence / Reference Source

1. BSc (Hons) Nursing with registered nurse curriculum handbook 2012 page 14
2. MSc/PGDip SCPHN HV Course handbook 2012
3. Service user and carer involvement strategy
4. HEEE performance quality assurance framework 2013-14 - annual review
5. Embedding Ambassadors in Community Health (EACH) Project
6. Cultural Awareness workshop, Bedfordshire Race & Equalities Council – Bedford March 2013
7. EACH Project Evaluation, January 2014
8. Examples of written children and young peoples' feedback on student performance.
9. EPPCIC (Expert patient group) student evaluations, April 2013
10. Meetings with: Head of BHWP, Director of Education and Quality, HETV, 05-06 March 2014

<p>11. Meetings with: Practice educators, students, mentors, practice teachers, service managers, family support workers, 05-06 March 2014</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice</p>
<p>What we found before the event</p>
<p>The link lecturer is normally expected to visit a placement area six times per year and attend QEPL meetings.</p> <p>The practice education group reviews policies regarding practice placement documentation to ensure currency.</p> <p>If any shortfalls are highlighted an action plan would be developed. The action plans will then be discussed at the quarterly QEPL meetings or other quality monitoring meetings as agreed by the Director of practice learning and practice placement provider.</p>
<p>What we found at the event</p>
<p>We can confirm that the academic staff spends 20% of their time engaging in the support of practice learning.</p> <p>The Director of practice learning has a strategic role working collaboratively with practice placement providers. Any issues arising from educational audits are reported, reviewed and completed and then escalated to the Director of practice learning who develops an action plan with the practice placement provider, if necessary.</p> <p>A link lecturer system is in place to facilitate and support the work of the practice education lead (PEL) to identify, monitor and enhance the practice learning environment. The PEL or allocated link lecturer liaises with the practice placement provider to ensure that sufficient learning experiences are available. Link lecturers wear a uniform to ensure they are easily identifiable in practice learning environments and they record electronic details of their visits as confirmation that the visits have taken place. Practice placement providers confirmed to us that the academic staff supports students in practice.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. University of Bedfordshire, Self assessment report 2013 2. Framework for academic workload planning 2011-12 3. Pre-registration nursing practice assessment strategy 4. Practice learning strategy and policy October 2013 5. Meetings with: Head of BHWP, Director of Education and Quality, HETV 05-06 March 2014

6. Meetings with: practice educators, students, mentors, practice teachers, service managers, 05-06 March 2014

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

There is an NMC approved mentorship unit 'mentorship and supervision of professional practice' programme and also an approved practice teacher preparation unit.

Additional preparation programmes were provided to ensure sufficient practice teachers are available to support the increased numbers of SCPHN (HV) students.

Face to face updates are provided in the practice learning environment throughout the year with dates available one year in advance.

What we found at the event

We found that there is an NMC approved mentorship unit 'mentorship and supervision of professional practice' available to any professional wishing to mentor or supervise pre-registration students and also an approved practice teacher preparation unit. Additional preparation programmes were provided in order to ensure there were sufficient practice teachers available to support the increased number of SCPHN HV students.

Practice teacher development days are provided by the university and face to face updates are provided in the practice learning environment throughout the year. The dates for these are available one year in advance.

Mentors and practice teachers confirmed to the reviewers that they are well prepared and confident in undertaking the role and supported by employers to attend updates. Students also reported that they felt well supported in practice by their mentors and practice teachers.

Evidence / Reference Source

1. Practice learning strategy and policy October 2013
2. Practice placement agreements
3. Practice teacher preparation unit information form (UIF0708)
4. University mentor update resources and lesson plans
5. Mentor registers all areas visited
6. Meetings with: students, mentors, practice teachers, service managers, 05-06 March 2014

<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>Systems are in place to ensure that mentors and practice teachers attend updates. Any mentor not attending an update is changed from 'active' to 'inactive' on the register and no longer supports students.</p>
<p>What we found at the event</p>
<p>There is evidence of effective systems in place to ensure that mentors and practice teachers attend annual updates and to meet requirements for triennial review. Any mentor not attending an update is changed from 'active' to 'inactive' on the register and is no longer able to support students.</p> <p>Mentors and practice teachers confirmed to us their compliance with annual updates and triennial reviews.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Practice learning strategy and policy, October 2013 2. Mentor registers in all placement areas visited, 05-06 March 2014 3. Meetings with: Practice educators, mentors, practice teachers, 05-06 March 2014
<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>Mentor registers are held in trusts and regularly updated by PEFs.</p>
<p>What we found at the event</p>
<p>We found that all live mentor registers were up to date and that the PEF reviews them every two weeks. Any mentor not attending an update is changed from 'active' to 'inactive' on the register and is no longer able to support students. PEFs told us they inform the university quarterly about placement capacity and mentor numbers.</p>

Evidence / Reference Source
<ol style="list-style-type: none"> 1. Practice learning strategy and policy October 2013 2. Meeting with: mentors, practice educators, practice teachers, 05- 06 March 2014 3. Mentor registers all areas visited 05-06 March 2014
Outcome: Standard met
Comments: no further comments
Areas for future monitoring: none

Findings against key risks
<p>Key risk 4 - Fitness to Practice</p> <p>4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for</p> <p>4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for</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
What we found before the event
<p>External examiners are consulted about simulation scenarios used for assessment purposes in advance and will be able to access video footage of these events where possible to ensure inter-rater reliability and validity of the assessment process. All external examiners are invited to attend, and all attended OSCEs in the last year. External examiners moderate OSCEs.</p> <p>OSCEs are included in the assessment strategy in all fields of nursing and midwifery. Assessors are drawn from staff based at both campuses for all OSCEs to ensure parity of assessment across sites.</p> <p>Practice placement providers are involved in grading OSCEs.</p>

<p>What we found at the event</p>
<p>We found evidence of a variety of teaching methods used to prepare students for placements and in meeting the learning outcomes, competencies and proficiencies for completion of their programme.</p> <p>The university has a simulation centre which provides opportunities for students to rehearse and achieve essential skills and mentors reported to us that they were involved in the assessment process of simulated practice experience.</p> <p>Pre-registration students told us that they had been provided with varied learning experiences throughout the programmes, in both practice and theory, and this included the opportunity to practice skills in the skills laboratory prior to going into placement to participate in patient care.</p> <p>SCPHN HV students told us that they had benefited from simulated learning and that theory and practice are well integrated in the programme.</p> <p>Our findings confirm that all students are clear about the learning outcomes and competencies to be met at progression points and for entry to the register. Formative and summative assessment processes are used effectively in confirming the required levels of achievement in theory and practice.</p> <p>Student achievement is ratified through the portfolio examination board and subsequently the university's scheme board. The programme co-ordinators confirm the students' eligibility to register with the NMC.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. MSc/PGDip SCPHN HV) Course handbook 2012 2. BSc (Hons) Nursing with registered nurse curriculum handbook 2012 3. Pre-registration nursing practice assessment strategy 4. Quality Handbook Chapter 8 Assessment of learning 2012-13 5. Statement re moderation of OSCEs in nursing and midwifery 6. Meetings with: Head of BHWP, Director of Education and Quality, HETV, students, 05-06 March 2014 7. SCPHN (HV) Standards of proficiency acquisition manual (SPAMS) 8. Pre-registration nursing student practice assessment documentation
<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>All NMC requirements and competencies are reflected within the programmes and are fully addressed within practice placements under the supervision of mentors/practice teachers who are accountable for signing off competencies / proficiencies.</p>
<p>What we found at the event</p>
<p>We were informed that there is a quality enhancement in practice learning group which is responsible for reviewing, implementing and monitoring all aspects of practice learning.</p> <p>Child:</p> <p>The PAD is used to grade the assessment of practice using the KSF framework and each student is also required to complete a skills log. Progression points are at the end of each year and students must attain a pass in all assessments to successfully negotiate progression points. Sign off mentors must make final assessment of practice judgements and confirm NMC competencies have been achieved for entry to the NMC register.</p> <p>The use of 'a service improvement approach' student project as an alternative to a dissertation is an example of notable practice as it increases students' awareness of leadership and change management and has a direct result on care delivery.</p> <p>SCPHN HV:</p> <p>Practice is assessed by using the skills acquisition, and verification of proficiencies annotated in the SPAMS. Both parts must be fully and successfully completed before the end of the programme.</p> <p>The practice teacher must make the final assessment of practice and confirm that the required SCPHN HV proficiencies for entry to the register have been achieved.</p> <p>The reviewers were able to view samples of practice documentation and confirm that the NMC standards and requirements are adequately planned for and students achieve the required outcomes at progression points.</p> <p>Mentors, practice teachers and students told us that there is an appropriate range of practice learning experiences in all programmes to achieve NMC competencies / proficiencies.</p> <p>Practice placement providers and commissioners confirmed to us that students exiting the programmes are safe, competent and fit for practice.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none">1. MSc/PGDip SCPHN HV, Course handbook 20122. BSc (Hons) Nursing with registered nurse curriculum handbook 20123. Variations to regulations section 5.4.2 nursing submission document May 20124. Recording learning achievement and hours completed for award

<p>5. Specialist Community Public Health Nursing (Health Visiting) Standards of proficiency acquisition manual (SPAM) December 2009</p> <p>6. Pre-registration nursing student practice assessment documentation Meetings with: practice educators, students, mentors, practice teachers, employers, 05-06 March 2014</p>
Outcome: Standard met
Comments: no further comments
Areas for future monitoring: none

Findings against key risks
<p>Key risk 5- Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</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>Pre-registration students complete an online evaluation of placement. Feedback is collated and sent to the lead for education in each trust. Appropriate action plans are constructed if any issues are identified.</p> <p>The same process is followed for the SCPHN HV programme although HV students complete a paper based evaluation form.</p>
<p>What we found at the event</p>
<p>We found that pre-registration students complete online evaluation forms at the end of each practice placement about their experience and the learning environment. Feedback is collated and given to the lead for education in the practice placement area. SCPHN HV students follow a similar but paper based process.</p> <p>Placements receive feedback, both positive and negative, and joint action plans are</p>

<p>developed as required.</p> <p>We were assured that any adverse incident affecting students' learning are communicated through established channels so that agreed actions and mitigation can be taken.</p> <p>There are electronic boards throughout the school and the Bedfordshire Resources for Education Online (BREO) website and the 'you said we did' scheme ensures that students are made aware of actions taken as a result of their evaluations.</p> <p>Students told us that they are confident that their views are respected and actions are completed wherever appropriate.</p> <p>We found internal and external quality mechanisms are in place to evaluate programmes and address areas for development and enhancement and they are effective. The pre-registration nursing (child) and SCPHN HV programmes are evaluated well by students.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Annual monitoring policy and processes (Quality Handbook) 2. Practice Learning Strategy and Policy Document 3. On-line placement evaluation tool 4. Bedfordshire Resources for Education Online (BREO) website 5. Meetings with: Director of Education and Quality, HETV, students, mentors, practice teachers, 05-06 March 2014
<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>A 'raising and escalating concerns about standards of care and practice: Guidance for health care students' is available and understood by all.</p> <p>External examiners are invited to meet with students and visit practice areas. The university external examiner pro-forma includes a section for commentary on practice.</p> <p>External examiners for pre-registration nursing programmes moderate PADs, skills logs and on-going achievement records.</p> <p>The external examiner HV is involved in all aspects of practice assessment, however has not yet visited practice placements.</p>
<p>What we found at the event</p>

<p>Raising and escalating concerns about standards of care and practice procedure and processes are in place and our findings confirm they are clearly understood by students, mentors and practice teachers.</p> <p>We can confirm that external examiners are involved in all aspects of practice assessment and that they are expected to meet with students and visit practice learning environments. There was evidence that the external examiner for the pre-registration programme had complied with this requirement. The university external examiner report pro-forma includes a section for them to comment on practice. We were also assured that external examiners moderate OSCEs to ensure inter-rater reliability and validity of the assessment process.</p> <p>Geographic limitations made it difficult to arrange practice learning environment visits for the SCPHN HV external examiner; however we were informed that future visits will be arranged to coincide with other events where students and practice teachers will be attending.</p> <p>External examiners are required to attend an annual conference to ensure the currency of their knowledge regarding the university QA regulations and assessment processes. They attend examination boards and we saw evidence of the positive reports they had submitted for both of the programmes monitored. These reports are shared with practice partners at the portfolio committee which takes place three times per year.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Faculty of Health and Social Sciences, Raising and escalating concerns about standards of care and practice: Guidance for health care students 2. Annual monitoring policy and processes (Quality Handbook) 3. External examiner report and action plan pre-registration nursing, 2012/ 13 4. External examiner report, SCPHN HV, 2012/13 5. Meetings with: Director of Education and Quality, HETV, students, mentors, practice teachers, 05-06 March 2014
<p>Outcome: Standard met</p>
<p>Comments: no further comments</p>
<p>Areas for future monitoring: none</p>

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 03 February 2014
Meetings with:
Associate Dean Senior Lecturer, course co-ordinator district nursing Portfolio lead for pre-registration nursing Course co-ordinator SCPHN Director practice learning Principal lecturer, Healthcare and academic quality enhancement Portfolio lead, post qualifying healthcare Head of Department, healthcare practice
At monitoring event
Meetings with:
Head of Department: Healthcare practice, LME Director of practice learning Dean of Faculty Professor in leadership Course co-ordinator children's nursing Portfolio lead, pre-registration nursing Portfolio lead, post qualifying healthcare Course co-ordinator, district community nursing Senior lecturer, SCPHN HV Senior lecturer, nurse prescribing Acting Head of Department: Clinical education and leadership Senior lecturer, children's nursing Head of Bedfordshire and Hertfordshire Workforce Partnership, Health Education East of England Director of education and quality, Health Education Thames Valley

Meetings with:

Mentors / sign-off mentors	14
Practice teachers	10
Service users / Carers	2
Practice Education Facilitator	4
Director / manager nursing	12
Director / manager midwifery	0
Education commissioners or equivalent	2
Designated Medical Practitioners	0
Other:	3 Family support workers

Meetings with students:

Student Type	Number met
Nurse - Child	Year 1: 2 Year 2: 5 Year 3: 8
SCPHN - HV	15