

2015-16

Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Bournemouth University
Programmes monitored	Mentorship; Registered Nurse - Adult
Date of monitoring event	09-10 Mar 2016
Managing Reviewer	Brenda Poulton
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Gibson D'Cruz, Peter Griffin
Placement partner visits undertaken during the review	<p>Lake Road Surgery, Verwood</p> <p>Eye ward, Royal Bournemouth and Christchurch Hospital</p> <p>Colten Care Homes (based at Kingfishers)</p> <p>Alderney Hospital (Haymoor)</p> <p>Julia's House</p> <p>Wimborne Community Hospital</p> <p>Christchurch District Nursing Team</p> <p>Muscliff Nursing Home</p> <p>Winterborne Hospital</p> <p>Salisbury District Hospital</p>
Date of Report	

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies 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.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures that AEIs continue to meet our education standards. 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 AEIs and it engages nurses, midwives, students, service users, carers and educators.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

The NMC may conduct an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement to strengthen the risk control: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for

public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be 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 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 placement settings		
	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 and understand the process they have engaged with	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 in accordance with NMC standards	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and 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 Bournemouth University's programmes

Bournemouth University (BU) has recently undergone restructuring, moving from schools to four faculties. The faculty of health and social sciences is divided into three departments: nursing and clinical sciences; human sciences and public health; and, social sciences and social work. The faculty provides a pre-registration nursing programme (adult, child and mental health) at undergraduate and postgraduate level; pre-registration midwifery (three year programme) and a range of post qualifying programmes, including mentorship. This monitoring review focuses on the pre-registration nursing (adult) programme and the mentorship programme. The university was reapproved to deliver the pre-registration nursing programme in January 2013 and the mentorship programme in June 2012.

The university works with two commissioning organisations, Health Education (HE) Wessex and HE South West. As the latter organisation has a small provision HE Wessex manages both contracts.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Attention was paid to students' learning experience in several practice placement organisations that have been rated as requiring improvement by the Care Quality Commission (CQC). Additionally, student experience was explored within the Southern Health Trust which has been the subject of an independent inquiry commissioned by HE England.

Summary of public protection context and findings

Our findings conclude that Bournemouth University has systems in place to monitor and control all five of the key risks to assure protection of the public.

The control of key risks is outlined below.

Resources: met

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) programme and mentorship programme to meet NMC standards.

There are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration nursing (adult) and mentorship programmes.

Admissions and progression: met

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) and mentorship programmes meet NMC standards and requirements which is fundamental to the protection of the public.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

Disclosure and barring service (DBS) checks, occupational health clearance and

mandatory training are completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

The faculty of health and social sciences has sound policies and procedures in place to address issues of poor performance in both theory and practice. Practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in 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 their programme terminated, demonstrating the rigour of the process in ensuring public protection.

Practice learning: met

We found that partnership working is strong and effective at both strategic and operational levels. We can confirm that the university and both NHS and private, voluntary and independent (PVI) sector placement providers respond quickly to concerns regarding standards in practice areas.

Service user and carer involvement is well embedded in both the pre-registration nursing (adult) programme and the mentorship programme.

We found there is considerable investment in the preparation and support of mentors and the completion of mentor annual updates is robust. All mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by sign-off mentors about assessing and signing-off competence to ensure students are fit for practice to protect the public.

We found that mentor registers for the pre-registration nursing (adult) programme are up to date and accurate. Additionally, mentorship students are being supervised by mentors whose entry onto the mentor register is up to date and accurate.

Fitness for practice: met

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Adult nursing students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentor students report being adequately prepared to effectively supervise students. Mentors and employers describe students completing the pre-registration nursing (adult) programme as fit for practice and employment.

Quality assurance: met

Our findings conclude that overall there are effective QA processes in place to manage risks, address areas for development and enhance the delivery of the mentorship and pre-registration nursing (adult) programmes.

We did not find any evidence to suggest there are any adverse effects on student learning in practice placement organisations that have been rated as requiring improvement by the CQC. Additionally, we are confident that the independent inquiry at the Southern Health Trust has had no adverse effects on the quality of student learning.

We found the university has effective partnership working and governance arrangements at all levels to ensure shared responsibility for students learning in the

practice environments. There are effective QA processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (adult) and mentorship programmes.

Summary of areas that require improvement

None identified

Summary of areas for future monitoring

To ensure that all mentors feel confident and competent in the use of the online practice assessment tool.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

The university has invested in the role of the university practice learning adviser (UPLA). There are five whole time equivalent UPLAs. Their role is to support mentors and students; to work as a link between the academic and practice learning settings, and to work in collaboration with link teachers to enrich practice learning. This role is unique in that it compliments other practice learning roles such as link teachers and practice education facilitators (PEFs).

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

Nursing (adult)

We found that the programme team has effective working relationships with practice placement providers. There are systems to support student nurses in both the academic and practice settings. The team informed us that the students who successfully complete the programme are fit for practice and the majority of them are offered employment with local healthcare organisations.

Mentorship

The academic team presented a clear and succinct overview of the programme and faculty vision. They work closely with practice partners in supporting students through the theoretical and practice phases of the programme. There is a general view among the team that the programme is rigorous and robust. Up to 400 nurses and midwives, each year, undertake the mentorship programme at academic level seven, level six or the non-accredited portfolio route. Links with practice placement partners are good and there has been investment in UPLAs.

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

All mentors/sign-off mentors and PEFs reported an effective working relationship with the academic team, especially the UPLAs who are consistently visible in practice settings.

The mentors/sign-off mentors and PEFs spoke of a strong commitment in ensuring that students have a positive and rich experience during placement learning. The mentors/sign-off mentors told us that they are well-prepared for their role through the mentorship preparation programme and subsequently at mentor update sessions conducted by link teachers and/or UPLAs. UPLAs work in collaboration with practice placement providers to maintain the database of mentors and placement education audits. Some mentors had experience of working with failing students. When issues arise with students they are dealt with satisfactorily, documentation is fully completed and learning opportunities are identified. A new online portfolio has been introduced and mentors confirm access and are keen to see it succeed.

Employers and commissioners confirm that students are fit for practice and employment on completion of the pre-registration nursing (adult) programme.

Students

The students are very impressive as a whole. Regardless of where they are within the programmes, the students interviewed demonstrated good knowledge, a dedication to their current and future profession and a desire to ensure that the dignity and safety of patients is always their first priority.

Nursing (adult)

The students that we met during the monitoring event were confident and articulate. They were complimentary about the university and spoke highly of the academic team. Students reported that they were always provided with feedback from the evaluations of modules that they have completed. On the whole the academic team had responded to their evaluations or gave a rationale for why some changes could not be easily made.

Additionally students told us they have effective mentor support in practice. They fully understand the roles and functions of the support available from mentors and academic advisers and appreciate their input. If matters of concern arise around their programme or clinical experiences, they are able to identify to whom these matters should be addressed.

Mentorship

We found that students currently undertaking the programme are all enjoying the

experience. They appreciate the commitment involved and confirm that their learning time is protected and adequate support is available throughout.

Service users and carers

The NMC approved programmes provided by the university are designed to ensure that service users and carers' contribution is embedded within the student education processes. There is sufficient evidence to demonstrate service user and carer input to programme development, student selection, programme delivery and evaluation of students' practice.

Relevant issues from external quality assurance reports

CQC reports were considered for practice placements used by the university to support students' learning. These external QA reports provide the reviewing team with context and background to inform the monitoring review.

The following reports require action(s):

CQC inspection report of Avon and Wiltshire Mental Health Partnership NHS Trust, 24 July 2015

The CQC inspected core services provided by the Avon and Wiltshire Mental Health Partnership NHS Trust between 10 and 13 June 2014 with follow up visits on 11 December and between 17 and 18 December 2015. Although improvements were observed at the most recent visit some compliance actions remain. These relate to: patient and service user safety; staffing levels; and, mandatory staff training (1).

The placement concerns protocol has a clear process for addressing concerns raised by CQC reports (see section 3.1.1). Having followed this process appropriate action has been taken to protect student learning (87).

CQC inspection report of Ashley Grange Nursing Home, 14 December 2015

The CQC inspected Ashley Grange Nursing Home on the 30 September and 1 October 2015. Assessments of mental capacity; use of monitoring charts to ensure adequate fluid intake; and, effective use of care plans all required improvement (2).

Placements at this nursing home are currently suspended until the full QA process has been completed (87).

CQC inspection report, Dorset Healthcare University NHS Foundation Trust, 16 October 2015

The CQC inspected hospital and community mental health services provided by the Dorset Healthcare University NHS Foundation Trust between 23 and 26 June 2015. Effective assessment; infection control; staffing levels; medicines' management; inconsistency in service responsiveness; and, quality of care, all required improvement (3).

We were told that this trust was having a follow up CQC inspection at the time of our monitoring review. Some areas referred to in the report have already been suspended as practice placements due to issues that would impact on the learning environment and remain under review for placement provision (87).

CQC inspection report, Great Western Hospital, 19 January 2016

The CQC inspected all departments at Great Western Hospital on 2, 11, 12 and 15 October 2015. Safety and risk assessment; shortfalls in levels of nursing staff; care of patients with mental health needs in the emergency department; reporting and learning from near miss incidents; infection control; record keeping; medicines' management; and, staff mandatory training all required improvement (4).

No practice placement areas, within this trust, used by BU students were specifically identified in the CQC report. Those placement areas that are used were rated as outstanding by CQC (87).

CQC inspection report, Andover War Memorial Hospital, Hampshire Hospitals NHS Foundation Trust, 12 November 2015

The CQC inspected Andover War Memorial Hospital on 28 July 2015. The urgent and emergency services department had insufficient processes for identifying and managing risk; leadership was ineffective; and, not all staff were up to date with mandatory training. Services in surgery also required improvements in the monitoring of standards of care and regular updating of staff (5).

Specific areas requiring improvements are not used as practice placements by BU students. Those practice areas that are used by BU students are rated as good within the CQC report. Furthermore, the learning environment lead confirmed that a review of the areas of concern had been completed and that a full action plan is in place across the organisation (87).

CQC inspection report, Lyme Regis Medical Centre, 15 October 2015

The CQC inspected Lyme Regis Medical Centre on the 5 and 10 August 2015. Effectiveness of services was rated as inadequate and enforcement action was instigated. This related to provision of services in the medical centre's minor injuries unit (MIU). Staff working in the MIU had not had their competencies assessed and did not have the level of training recommended for the provision of urgent care. Medicines had been issued without the appropriate authorisation (6).

Areas rated as inadequate and subject to enforcement action are not accessed by BU students. A meeting was held between the UPLA and the placement link to review the learning environment accessed by BU students. The conclusion was that placement provision would continue to be monitored by BU using quality measures detailed in the placement concerns protocol. Furthermore, we were told that the medical centre has recently had a CQC follow up visit and is now compliant with CQC requirements (63, 87).

CQC inspection report, Parkstone Health Centre, 24 December 2015

The CQC inspected Parkstone Health Centre on 16 September 2015. Although the health centre was rated good overall the safety of services required improvement. Issues identified were: not all staff appointed had the necessary employment checks; prescriptions were not logged and tracked throughout the practice; vaccines were not always stored in a safe and secure way; and, patient group directives were not always authorised appropriately (7).

A review of relevant issues and actions was undertaken by the UPLA with the practice

manager and appropriate action has been taken to protect student learning (87).

CQC inspection report, Queen Alexandra Hospital, Portsmouth Hospital NHS Trust, 19 June 2015

The CQC inspected Queen Alexandra Hospital between 10 and 13 February with unannounced visits on 22 February and 2 March 2015. The full range of services was addressed. Action was required in relation to: sufficient information at nursing handovers to ensure effective patient care; effective systems to monitor quality of care; staff awareness of standard protocols; nursing staff confidence in raising and escalating concerns; timely discharge summaries sent to general practitioners (GPs); risk assessment for infection control; consistent use of the fall's action plan; effective record keeping; safe nurse staffing levels; required skill mix to ensure patient safety; nurse mandatory training and clinical supervision; and, non-healthcare professionals being used to triage patients (8).

Contact was made with the trust education lead and assurance was given that the trust has a robust action plan in place to address the issues identified. Furthermore, practice placement areas accessed by BU students have been rated good or outstanding by the CQC (87).

CQC inspection report, Somerset Partnership NHS Foundation Trust, 17 December 2015

The CQC inspected Somerset Partnership NHS Foundation Trust, between 8 and 11 September 2015. The inspection focused on mental health services. Ensuring that those providing care to service users had the qualifications, competence skills and experience to provide it safely; infection control; medicines management; knowledge and application of the Mental Health Act; risk assessment in community services; and, capacity to consent, all required improvement (9).

The university made contact with the trust educational leads and assurance was given by the director of governance that an action plan was in place. The university has undertaken their usual quality assurance procedure (see 3.1.1) to ensure the protection of student learning (87).

CQC inspection report, Southern Health NHS Foundation Trust, 25 February 2015 and 2 October 2015

The CQC inspected community healthcare, mental health and learning disability services in the Southern Health NHS Foundation Trust between 7 and 10 October 2014 with an unannounced follow up visit in August 2015. Safety of the environment; protection of privacy for patients; accuracy of care plans; and, staff understanding and implementation of the Mental Health Act code of practice all required improvements (10-11).

Independent review of deaths of people with learning disability or mental health problems in contact with Southern Health NHS Foundation Trust April 2011 to March 2015, December 2015

NHS England commissioned an independent review of unexpected deaths of people who received care from learning disability and mental health services at the Southern Health NHS Foundation Trust. The key findings of the report were: many investigations of unexpected deaths were of poor quality; a lack of leadership, focus and sufficient

time spent carefully reporting and investigating deaths; lack of family involvement in investigation after death; and, opportunities for the trust to learn and improve were missed (12).

University of Bournemouth exceptional report to NMC, 11 December 2015

The university alerted the NMC to the media coverage of the independent enquiry into unexpected deaths at the Southern Health NHS Foundation Trust. The university informed the NMC that: they were currently unaware of any concerns regarding the quality of care in this trust; they place small numbers of mental health and adult nursing students in the trust; and, they were in the process of contacting the trust's educational lead to seek clarification. The NMC has been contacted by the acting director of nursing at the trust offering to set up a conference call with representatives from the trust, the NMC and affected AEs. This offer was declined by the NMC but during the monitoring review a teleconference was convened with senior managers in the trust (13).

The CQC reports and independent review of Southern Health NHS Foundation Trust were reviewed by BU head of practice development and the relevant UPLA. Contact was made with the trust education lead on each occasion of the reports being published. The trust actions to address concerns were shared with the university; standard QA measures (see section 3.1.1) were applied; and, student capacity was reviewed in some areas leading to a reduction in numbers of students to ensure the quality of the learning environment. Additionally, a letter was sent to all students accessing placement areas in the trust, appraising them of the situation and reiterating points of contact (87, 89).

Representatives of the Southern Health NHS Foundation Trust told us that they emailed all the AEs which placed students in the trust, within 24 hours of press coverage of the independent review. Subsequently there were telephone conversations with representatives of the AEs involved (including BU) to explain actions being taken. Practice placement areas of concern were all re-audited jointly with the AEs and student evaluations were scrutinised. Students were overall positive about their placement experience within the trust. Subsequently, the trust has developed and sent out new induction packs to students commencing placement. There is clearer information of the importance of raising and escalating any concerns. The CQC is currently undertaking more in depth reviews at several sites within the trust (66).

Other CQC compliance reports, relevant to placement areas used by BU for approved nursing and midwifery programmes, were considered but did not require further discussion as part of the review.

Our findings confirm that the faculty's placement management process is robust and effectively addresses the challenges that exist from the escalation process of concerns and clinical governance reporting. We found that effective procedures are in place to protect student learning and inform decisions for any withdrawal of placements (see section 3.1.1).

Follow up on recommendations from approval events within the last year

There have been no approval events within the last year.

Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self-assessment report are completed.

Specific issues followed up include:

Response to CQC reports

In response to previous concerns about placement partners' experience of CQC concerns, the university has a well organised approach to ensure quality student experience. There are established methods of assessing the quality of the practice placement in collaboration with placement providers. These processes have supported individualised approaches to any placement areas where any threats to the quality of the learning environment have been identified (for example, when a review by the CQC has identified areas of concern) (14).

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 have experience / qualifications commensurate with role.

What we found before the event

The university has organised a monthly scrutiny of the NMC register to ensure all teachers have active registration. Additionally there is an active database of NMC approved teaching qualifications held by nurse and midwife teachers in the faculty. All new academic staff teaching on the nursing and midwifery programmes undertake an NMC approved postgraduate certificate of education within the first year of their appointment if they do not already hold such a qualification (16).

All programme leaders have active registration and a teacher qualification recorded on the NMC register (56–57).

What we found at the event

We found that academics within the faculty are expected to combine professional practice, education and research within their role (60).

<p>We were told that there are measures in place to ensure that nursing and midwifery lecturers fulfil the requirements for revalidation with the NMC. An action learning set has been convened for the first group of lecturers whose revalidation is imminent. The purpose is to develop the necessary documentation, generate reflective discussions, and organise appropriate appraisers and confirmers (106).</p> <p>Nursing (adult)</p> <p>We saw evidence that teachers supporting the pre-registration adult nursing programme hold current NMC registration, have qualifications commensurate with their role, and hold or are working towards an NMC recorded teacher qualification (56–57).</p> <p>Mentorship</p> <p>The programme lead for the mentorship programme is a UPLA, who has the relevant qualifications and experience and holds an NMC recorded teacher qualification. Other teachers supporting the programme are appropriately qualified and hold or are working towards an NMC recorded teacher qualification (56-57 and 60).</p> <p>We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver pre-registration nursing (adult) and mentorship programmes to meet NMC standards.</p>
<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>Nursing (adult)</p> <p>The university uses the ARC online placement management system to allocate students to practice placements. The system allows both the university and its practice placement providers to view core placement details, educational audits of the practice learning environment and mentor databases (17).</p> <p>Mentorship</p> <p>Supervision of qualified nurses and midwives enrolled on the mentorship programme is undertaken by an experienced qualified mentor selected by the mentor student. These mentors are required to complete a self-declaration detailing their name; mentor details and their database status (on the local mentor register). The university administration will then complete a random check of signatures. This is in addition to checks already in place for midwifery where link midwifery tutors undertake the supervision of midwife mentor students (38).</p>
<p>What we found at the event</p>
<p>Nursing (adult)</p> <p>The UPLAs and PEFs described the system that is used to allocate students to</p>

placement areas and gave assurance that there are sufficient practice learning environments, with appropriate learning opportunities to meet the needs of the programme. The ARC system collates data from the placement education audits and mentor database and this information is used to allocate students to placements with sufficient mentors/sign-off mentors and with learning opportunities that correspond with the requirements of the programme (68, 76, 92-93, 98).

Placements are allocated 10 weeks in advance and students can access their next placement eight weeks in advance (90).

We found that there are sufficient qualified mentors/sign-off mentors available to support the number of allocated students. All the mentors/sign-off mentors reported that they work with their student for more than 40 per cent of the placement time and the students that we met confirmed this (67-69, 73-74, 76).

A hub and spoke model is used to enhance placement learning by providing students with a wide range of learning opportunities. The students and mentors told us that the mentor in the hub placement is responsible for agreeing the student's learning experience in the spoke placement and providing ongoing support, if required. Additionally, students confirmed that they have a clear understanding of hub and spoke placements and mentor support is effective (59, 67-69, 74, 76).

Mentorship

Students undertaking the mentor preparation programme are required to identify a supervisor for the duration of the programme. From discussions it is clear that there are adequate numbers of supervising mentors and in some cases supervision may be shared among a number of suitably experienced mentors (70-72, 75, 77, 105).

We conclude from our findings that there are sufficient appropriately qualified mentors/sign-off mentors available to support the number of students in both programmes. All mentors/sign-off mentors act with due regard.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

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

<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>Nursing (adult)</p> <p>Prospective nursing students apply and are shortlisted via the University and College Admissions Service (UCAS). The selection process includes group and individual face-to-face interviews conducted with practice placement providers. Service users are involved in the group interviews. All interviewers have equality and diversity training prior to being involved in the selection process. Values based recruitment is used and the university has recently gained funding from HE Wessex to evaluate this approach. The selection process does not include literacy or numeracy testing. However, NMC standards are met as the university specifies that applicants must have GCSE English and mathematics (or level two equivalents), at grade C or above, as compulsory entry requirements. All successful applicants have a DBS check and occupational health (OH) screening, prior to commencing the programme. Results are tracked and students are not permitted to commence placement until satisfactory DBS and OH screening is completed (18-19, 27, 55)</p> <p>There is a policy for the management of students who are under the age of 18 years at programme commencement (20).</p> <p>Students self declare good health and good character annually (21).</p> <p>Mentorship</p> <p>Nurses and midwives undertaking the mentorship programme must have completed at least 12 months, or part time equivalent, post registration experience. Additionally, they must be working in an area where there are student nurses or midwives requiring teaching and assessing in practice (53-54).</p> <p>Attrition rates for the most recently completely cohort (2011-15) of pre-registration nursing students are 16 per cent for the adult field; 26 per cent for the child field; and, two per cent for the mental health field. For the same period in midwifery the attrition rate was 30 per cent (52).</p>
<p>What we found at the event</p>
<p>Nursing (adult)</p> <p>We found that the recruitment and admissions processes comply with NMC standards and requirements. Academic staff and practitioners told us they have equality and diversity training. We were also told that service users and carers have specific interview preparation which includes equality and diversity training (32, 90, 101).</p> <p>Students confirmed that DBS checks had been made before commencement of their placements and that, thereafter, annual self-declarations of good health and character are made until the completion of their programme. Additionally, students told us that service users are involved in the interviewing process along with representatives of the</p>

<p>respective trusts. All the mentors/sign-off mentors and managers are confident of the processes used by the university to ensure that student nurses are not allowed to undertake a placement if they do not have satisfactory character and health clearance. There have been no students under the age of 18 years accepted on the programme (67-69, 73-74, 76, 90).</p> <p>Mentorship</p> <p>Nurses and midwives undertaking the mentorship programme all confirmed that they have completed at least 12 months post-registration full time employment and have access to student nurses or midwives requiring learning and assessment in practice. Following one year of registration nurses and midwives are encouraged to apply for the mentorship programme. Some were keen to progress; some felt they were gently pushed. We met with some students on the first day of their mentorship programme and all confirmed that they had management support to undertake the programme. Furthermore, they had already booked five days release from practice to complete the required protected study time (70, 77, 100).</p> <p>The faculty has a strategy for increasing retention on NHS commissioned programmes. The strategy aims to identify and support students who are at risk of leaving. For example, there are academic leads for the tracking and supporting of nursing and midwifery students who need to interrupt their programme. Additionally, there is a peer assisted learning scheme in which senior students support junior students in practice (62, 86).</p> <p>We conclude that all admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the adult nursing and mentorship programmes meet NMC standards and requirements.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>There are clear FtP policies and procedures. The pre-registration nursing programme student handbook explains the FtP process. Students are instructed about its application during introductory sessions and prior to commencing practice placement (22, 59).</p>
<p>What we found at the event</p>
<p>The students that we met during the event stated that they are aware of the FtP policies and procedures in the university. They reported that they had received a number of teaching sessions addressing professionalism and are now more aware of the need to use social media in a responsible and professional way (67-69, 74, 76).</p> <p>We were shown evidence of three nursing and midwifery FtP cases which occurred during the last academic year. Two were midwifery students and one was an adult nursing student. Documentary evidence shows that one student was referred for a</p>

<p>range of issues including drug errors and inappropriate use of social media and withdrew from the programme; a second student was referred for failure to comply with an action plan following a previous FtP referral and was expelled from the university; and, the third student had suffered a serious experience affecting both physical and mental health. This student was suspended from practice until confirmed as fit to return to the programme (49).</p> <p>Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders, including adult nursing and mentor students. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<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 university has developed a placement concerns protocol. This includes a flow chart for practitioners to follow should they have concerns about a student's progress or behaviour (23).</p>
<p>What we found at the event</p>
<p>Nursing (adult)</p> <p>The mentors that we met reported that they are confident in addressing issues of poor performance in practice. They stated that, at the intermediate point of a placement, they develop and implement action plans to address areas of weakness in a student's performance, if one is needed. The mentors told us that, if the need arose, they would be confident to fail a student in the summative assessment of practice. Furthermore, mentors confirm that they receive support from the academic team when addressing poor performance in practice (67-69, 74, 76).</p> <p>Mentorship</p> <p>The mentors, trainee mentors and educational leads confirmed that they are all aware of the importance of addressing poor performance. They are confident of their ability to do so and confirmed they have the support from fellow mentors, education leads and UPLAs. Annual updates offer opportunity to review together and discuss complex issues of poor performance. Mentors expressed the importance of ensuring action plans are in place to address issues of poor performance (70–71, 77).</p> <p>We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.</p>

Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

The university has a clear policy and process for the recognition of prior learning (24).

What we found at the event

Nursing (adult)

We were told that there have been six successful claims for accreditation of prior experiential learning (APEL) during the last academic year. All of these were transfers of which one was an internal transfer from the mental health to the adult nursing field. The remainder were transfers from another approved AEI. The faculty has a robust policy for candidates wishing to transfer to BU nursing programmes. This includes: provision of references from their current programme; a transcript of elements of the programme successfully completed, and number of hours spent in practice; and, proof that they have completed the required mandatory training. Candidates are only considered at the end of a completed year one or year two of their nurse education programme. We reviewed two successful APEL claims for students transferring from another AEI into year two of the adult nursing programme. Both applicants had been interviewed using the values based recruitment process and had completed a new DBS and OH assessment (83–85, 90).

Mentorship

APEL is used for the non-accredited route for the mentorship programme. It is appropriate for nurses and midwives whose mentor qualification is not recognised by the NMC but are experienced associate mentors. We were told by a mentorship student undertaking this route that it is mapped against NMC Standards to support learning and assessment in practice (2008) and the process works well (70).

We found systems for the accreditation of prior learning and achievement are robust and well managed within the faculty.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

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

Contract management meetings with HE Wessex are held three times per year with one being designated as an annual review. Service level agreements are agreed with all practice placement partners and are reviewed as part of the university's overall QA activity (25-26, 50).

Regular placement learning meetings are held with practice partners. Additionally, separate nursing and midwifery forums are held twice yearly with directors of nursing and midwifery and commissioners to discuss strategic issues including placement activity (28, 45, 51).

There is a policy and process for escalating concerns and responding to adverse clinical governance concerns (placement concerns protocol). The placement concerns protocol provides a framework to deal with issues that may affect the quality of the learning environment. This has been used by the university and practice placement providers to inform actions in the event of concerns raised by CQC inspections (23, 30).

There is an established process for undertaking educational audits of the practice learning environment. These are completed every two years between the university and practice placement providers unless the quality of the learning environment has been compromised (for example, by a CQC review, adverse student evaluation, alteration in placement profile). The educational audit can include student representation, which can be through direct participation as well as through a structured review of the practice placement evaluations completed by students (29).

The standards within the educational audit reflect those required by the NMC and specifically consider supernumerary status, student supervision and feedback mechanisms (31).

Educational audits are now completed using the ARC software system meaning that they are centrally available to placement providers as well as the university. Furthermore, this facility allows comprehensive reporting of actions and themes for each placement provider as well as the facility to report on student activity within that organisation. It supports the concept of being a 'live' document with shared access to student evaluations, action plans and student activity at any time by the placement

provider and the university (17).

What we found at the event

Representatives of the commissioning organisation, HE Wessex, report good working relationships with the university. In addition to contract management meetings they are involved in more informal operational meetings with the university to monitor the jointly agreed improvement plan. The commissioners told us that the university has been receptive as an early implementer of the values based recruitment project. There are good working relationships between the five universities in the catchment area with the sharing of good practice as appropriate (65).

We were told that trusts inform the university of any CQC inspections and any feedback is received within 24 hours. Additionally, the university is signed up to email alerts on the CQC website and this works well for CQC inspections conducted in the PVI sector (63).

The placement concerns protocol includes measures to be taken when a CQC report requires action. The process involves formal linking arrangements between BU personnel and individual practice placement providers to: activate appropriate mentor updates and management of student concerns; educational audits to assess the quality of learning environments; scrutiny of student practice placement evaluations to inform actions to support the quality of the learning environment; use of recall days for students to review placements with academic personnel (see section 4.2.1); and, partnership meetings between BU and practice placement providers to support parity of collaborative action planning across practice placement providers (63, 87).

We were told that incidences of raising and escalating concerns are logged. In the past year there have been two such incidents. An example was given of a student who observed inappropriate professional conduct which became the subject of a disciplinary hearing for the practitioner concerned. The student was supported by the university during the investigation by the trust. This student has subsequently made a video in which she discusses the process and reflects on the experience. This video is used for the preparation of students prior to their placement experience (63).

Nursing (adult)

Mentors and managers reported that there is an effective and professional partnership with the university. All the staff that we met during practice placement visits are aware of who to contact, at the university, if they have a concern about a student. Managers told us that they report any reconfigurations of service to university link lecturers ensuring that the learning experience of students is not adversely affected. In addition, the managers confirm that there are effective processes in place to inform the university of any quality inspections or assessments that take place in their area and any adverse issues identified (67-69, 74, 76).

All the practice settings have had an educational audit undertaken in the last two years. The audit documents that were reviewed at the event included the placement profile, number and status of the mentors/sign-off mentors and a summary of the evaluations completed by students who had a placement in this setting (67-69, 74, 76, 92-93, 95).

<p>The UPLAs play a key role, alongside managers and mentors, in supporting students in practice. Where placements are shared with other AEIs, the UPLAs liaise with relevant staff in these AEIs to ensure that the placement learning experiences of all students, irrespective of which AEI they belong to, are not adversely affected (67-69, 74, 76).</p> <p>Mentorship</p> <p>There is clear evidence of effective partnerships between education and service providers. There was a university education representative and service representative at each venue. They had clearly planned the event together and all visits ran smoothly (70-72, 75, 77,100, 105).</p> <p>We conclude that there are well established and effective partnerships between education and service providers at all levels within the NHS and PVI sector. NMC risks are effectively managed.</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>Practitioners are involved in programme design and delivery. All curriculum development teams have nominated representatives from practice. In addition specialist practitioners contribute to programmes as visiting lecturers (28).</p> <p>The carer and service user partnership group (CSUP) plays an integral role in the delivery and development of the university’s health and social care programmes. The CSUP is a group of people who have used a wide range of health and social care services, or who are carers for family members or friends. The group is involved at various points of each student’s journey: participating in recruitment activities for nursing and midwifery programmes; taking part in teaching and learning activities; involvement in the assessment of students’ work; and, contributing to research (32-33).</p> <p>Within the assessment of a student nurse’s practice there are clear opportunities for service users to participate and feedback on the role of the student in their care (58).</p>
<p>What we found at the event</p>
<p>We met with one of the co-coordinators of the CSUP who was formerly a service user but is now employed on a part time basis by the university. The CSUP currently has 60 core members who are experts by experience and link with more than 60 organisations that contribute across the faculty to lectures, consultation sessions, assessment panels, role plays, simulation exercises, admissions, curriculum design and portfolio reading (64).</p> <p>The CSUP currently has 84 people on the database and continues to actively recruit via training events, word of mouth and community outreach. Full training is given in preparation for any activities in which service users and carers are involved. There is a website and a regular newsletter. Service users and carers are paid an hourly rate plus</p>

travel expenses, for their involvement. Student evaluations are always undertaken after any event and feedback is given to participating service users and carers (64, 101–104).

Nursing (adult)

The students reported that they have attended a number of teaching sessions in university that had been conducted by practitioners from the practice placement providers and service users. They commented positively on the value of these sessions and found the sessions from the service users to be of great significance as it gave them a better insight into a service user's perspective of care (67-69, 74, 76).

Service users contribute to the assessment of a student's competence by providing feedback and comments. The mentors told us that they play a key role in this by approaching a service user, on behalf of the student, to gain participation and consent for the feedback which is included in the student's assessment documentation (67-69, 74, 76).

On the day of the review 20 service users were participating in a simulation activity with adult nursing students. This involved scenarios in which service users with specific conditions (for example, diabetes) acted as patients with additional complications. The students took patient histories and then role played a 'hand over' to a tutor and their performance was assessed (64).

Mentorship

Managers and mentors were aware of programme developments. Some managers had been involved with the recruitment and selection of pre-registration nursing students. Others would like to be involved but knew their line manager was involved. Mentorship students were confident about obtaining service user feedback on the care provided by student nurses and midwives and entering this in the appropriate section of the practice assessment document (70-72, 75, 77).

Our findings confirm that practitioners and service users and carers are involved in the development and delivery of pre-registration nursing (adult) nursing and mentorship programmes.

Risk indicator 3.2.2 - academic staff support students in practice placement settings

What we found before the event

Nursing (adult)

Each student is allocated an academic advisor who gives support throughout their three year programme and offers pastoral support whilst on placement. All academics within the faculty have a practice link area which enables them to meet the NMC requirements for 20 per cent of their time in practice (34-35).

The university has introduced fast-track SMS texting facilities to enable immediate communication with students should this be required. Furthermore, there is a policy that ensures response to student emails within three working days (15, 36-37).

Mentorship

The faculty employs UPLAs, each of whom cover a geographical area, enabling clear links between the university and the practice learning environments. UPLAs support mentors and trainee mentors in the workplace as well as creating and sustaining a quality learning environment (36-37).

What we found at the event

We were told that the faculty employs five whole time equivalent UPLAs who work in one of the five placement localities to which students are assigned. They work collaboratively with practice colleagues providing professional advice and guidance to ensure effective learning experiences for students. In addition to supporting mentors and mentor trainees their responsibilities may include: attending practice based meetings; co-ordinating attendance by practice staff at curriculum development and programme review meetings; linking with the programme leader on specific issues; and, involvement in student induction (37, 61).

Nursing (adult)

There is a good level of support from the academic team for students in placement. Students say they are visited within placement by the UPLA and undertake a series of 'recall days' during placement so that they can engage in updating and reflection. Some students found the recall days to be useful whilst others did not. However, all agreed that it did provide an opportunity of peer review which they find is a useful feature of the events (67-69, 73-74, 76).

Students and mentors told us that they receive good support from academic staff, especially the UPLAs. The students also confirm that their named academic advisors are approachable and accessible and a source of valuable support (67-69 74, 76).

Mentors told us that link teachers visit the practice settings to support students on a frequent basis. Furthermore, both mentors and students are aware of how to contact the link teachers, if needed. The UPLAs have a variety of roles and functions with staff in the practice settings and the mentors/sign-off mentors viewed the UPLAs as their first point of contact for any issue related to a student. Managers are very complimentary of the UPLAs as they are visible and have a good working relationship with staff in the practice setting (67-69, 74, 76).

Mentorship

We found evidence of academic support for students undertaking the mentorship programme. All are able to identify links with the university and UPLA. The learning and assessment programme handbooks identify numerous contacts to assist mentor students in practice (53-54, 70-72, 75, 77).

Our findings conclude that UPLAs, academic advisers and link lecturers effectively support students and mentors in practice placement settings for pre-registration nursing (adult) and mentorship programmes.

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

<p>What we found before the event</p>
<p>The learning and assessment in practice programme was approved in 2012 and is presented at diploma, undergraduate and postgraduate level. Additionally, there is a non-accredited APEL route achieved by presentation of a portfolio (see 2.1.4) (38).</p> <p>The mentorship programme has one intake of trainee mentors per month. These programmes are run not only at the main university site but also at satellite sites in Yeovil for nurses and Portsmouth for midwives. During the last academic year 269 students commenced the mentorship programme and 220 successfully completed (46, 55).</p>
<p>What we found at the event</p>
<p>We were told that the majority of students undertake the accredited programme with an increase in the number completing the programme at academic level seven (postgraduate) and a decrease in those undertaking the programme at level five (diploma). The programme is managed by the UPLA team who promote access to tutor support and pastoral care. This has resulted in a decrease in non-submission of course work and subsequent failure on the programme (60).</p> <p>Mentors and sign-off mentors all report high levels of satisfaction with the mentor preparation programme which effectively prepares them for their mentor role (39-40, 53-54, 91, 97, 99, 105).</p> <p>We conclude that nursing and midwifery mentors are effectively prepared for their role in assessing practice.</p>
<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 and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>The university works in collaboration with practice placement partners to deliver an annual mentorship conference in a range of venues within its catchment area. Additionally the UPLA team provides theme days for mentors to update them on changes in healthcare delivery and developments in the nursing programmes. There is a guide for mentoring students which includes: any changes to assessment documentation; grading of practice; the role of the sign-off mentor; dealing with poor practice; and, examples of wording for achievement of outcomes/competencies (39-42).</p>
<p>What we found at the event</p>
<p>Nursing (adult) and mentorship</p>

We were told that the mentor conferences and theme days are inter-professional, attended not only by nursing and midwifery mentors but all mentors/assessors supporting BU students. The conferences are therefore generic exploring, for example, emerging health and social care policies and their application in practice. The most recent theme day was a four hour workshop addressing evidence based practice. The essential guide is devoted to nursing and midwifery mentorship; is available to all practice areas in hard copy and online; and, is regularly updated by the UPLA team. Face-to-face mentor updates are provided in all areas addressing pertinent issues, for example grading of practice workshops, understanding triennial review. A list of mentor updates is provided on the UPLA website. Mentors can sign up to specific updates and this generates a register which is completed at the event and sent to the relevant PEF or UPLA who updates mentor registers. Mentors are released from practice to attend updates and PEFs follow up those mentors who do not attend (61).

All the mentors that we met reported that they had attended an update session in the last year. Many of them had attended face-to-face mentor update sessions that had been facilitated either by PEFs or UPLAs whereas other mentors had attended a mentor conference as an alternative to a face-to-face session (67-69, 74, 76).

All mentors stated that they are aware of the requirements and date for their triennial review. During a visit to a placement setting, one mentor showed us the documents that had been completed in order to meet the requirements for her triennial review (67-69, 74, 76).

We were told that from February 2015 an online practice assessment for learning (OPAL) tool has been introduced for adult nursing and midwifery programmes. From July 2014, OPAL has been included in mentor updates and the mentorship programme. The OPAL team has produced guides to use at presentations. There has been an OPAL slot at each mentor conference since summer 2014. In all relevant practice placement areas there are OPAL champions who will assist mentors and/or mentor trainees in the use of the online tool. The OPAL reference group produces a quarterly newsletter which is sent out via OPAL champions, the UPLA team and posted on the practice assessor website. Additionally, there is a support email address which has been widely disseminated. Since the introduction of the online assessment tool an OPAL factsheet has been sent to each practice placement area prior to the student commencing. Furthermore, the programme lead and UPLA team have conducted 75 updates in practice focussing on training the trainers (91, 106).

There were mixed responses from mentors regarding the ease of use of the OPAL system but several mentors commented on the usefulness of the themed update sessions to assist them in the use of the system. However, some students commented that a number of mentors are unaware of how to use the new system effectively whilst others were satisfied (42, 58, 67-69, 73-74, 76, 91).

We conclude that mentors and sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

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

What we found before the event

Mentor registers were checked during the monitoring review.
What we found at the event
<p>Nursing (adult)</p> <p>During the event, a number of mentor databases were viewed and these were found to be accurate and current. PEFs and UPLAs play a key role in maintaining the NHS database, whilst the UPLAs undertake this role for the database for the PVI sector. All the databases viewed also hold a record of triennial review dates (67-69, 74, 76).</p> <p>PEFs ensure that practice placements are made aware if a mentor has not attended an update session in the last year. This ensures that students are not allocated to a mentor/sign-off mentor who is not 'live' on the database (67-69, 74, 76).</p> <p>Mentorship</p> <p>Each practice setting visited was able to provide an up-to-date electronic register of mentors. For each mentor the register shows: the date of the last update; when the triennial review is due; and, annotation as sign-off mentor, if applicable. All mentors confirmed a mandatory training schedule was followed. Audits for each setting were viewed and correlated with the mentor status (70-72, 75, 77, 94).</p> <p>We conclude that records of mentors and sign-off mentors are accurate and up-to-date and meet the NMC requirements.</p>
Outcome: Standard met
<p>Comments:</p> <p>We are confident that the programme team are providing ongoing preparation and support for the implementation of the new online practice assessment tool. However, this requires continued monitoring to ensure that all mentors feel confident and competent to use the tool and student assessment processes remain effective.</p>
<p>Areas for future monitoring:</p> <p>To ensure that all mentors feel confident and competent in the use of the online practice assessment tool.</p>

Findings against key risks
<p>Key risk 4 - Fitness for Practice</p> <p>4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards</p> <p>4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards</p>

Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for

What we found before the event

Nursing (adult)

A blended approach to learning is used, and students are introduced to a range of self-managed resources within the virtual learning environment. Students are supported to rehearse and prepare for their first practice placement during their first term. It is during this period that mandatory training is delivered. Opportunity to rehearse or simulate practice skills away from care delivery is a feature of all three years of learning.

Assessments focus on the integration of subject knowledge in both theory and practice, through written assignments, presentations, examinations, the assessment of clinical competence, reflection of practice and the development of a portfolio (43).

To meet the requirements of the European Union (EU) directives students must complete a portfolio of evidence relating to the care of people with mental illness and learning disabilities and involvement with children and maternity care (47-48).

Mentorship

The documentation for the mentorship programme makes it explicit that there should be a minimum of 10 days study of which five days is protected study time, including two days that are mandatory attendance days (38).

What we found at the event

Nursing (adult)

We were told that to ensure that students have the necessary numerical skills for safe administration of medicines they complete the online Safe Medicate assessment. Furthermore, before their first placement students have clinical skills sessions, as part of the applied pathophysiology, which include a formative assessment to Safe Medicate. These sessions are repeated in year two (90).

The students that we met reported that a range of teaching strategies are employed in the university and these are effective in enhancing their learning. We met one group of students after they had just completed a simulated session, which focussed on their skills of patient assessment and this was rated as enjoyable and effective (67-69, 74, 76).

All the students reported that there are sessions that prepare them for placements and these sessions are supplemented by sessions in the practice setting that are conducted by practice staff. A number of PEFs told us that they facilitate simulated skills sessions in the practice setting that are attended by a range of healthcare professionals (67-69, 74, 76).

All the students that we met told us that they are aware of the requirements of EU

directives and the work that they would have to complete in order to achieve these requirements. Some students would prefer to undertake placements in mental health or midwifery settings rather than completing a portfolio in order to achieve these requirements (67-69, 74, 76).

We found that the assessment strategy for the programme includes formative and summative assessments, in both theory and practice (59).

Mentorship

We found that the majority of students are extremely positive about the programme and conversant with the required learning outcomes to achieve NMC mentorship standards. Students confirmed that the taught element of the programme is relevant in practice and that the programme guides adequately explain the assessment criteria. We reviewed a sample of completed student portfolios which demonstrated achievement of the required learning outcomes (53, 54, 70, 77, 97).

We conclude from our findings that learning, teaching and assessment strategies in the approved programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Risk indicator 4.2.1 – documentary evidence to support students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

Nursing (adult)

Mentors grade students’ practice on a percentage scale using knowledge and skills grading criteria. The pass mark is 40 per cent and students whose grade falls below this must be assessed and graded by a second marker. Subsequently the mentor and the student must agree a development plan in order for the student to progress. Conversely students achieving a grade of 70 per cent or over must be assessed and graded by a second marker to promote reliability (42).

Mentorship

The assessment strategy advocates that 50 per cent of the assessment is focused on practice. During the programme approval event the programme team was commended for the quality of the simulated sign-off scenarios used within the programme (38).

What we found at the event

Nursing (adult)

The programme has a number of ‘recall’ days which occur during the practice learning time. On these days, students attend the university where they discuss their practice experiences. Many of the students that we met commented positively on the value of these days as it enabled them to reflect on their practice experiences with a lecturer and

their peers (67-69, 74, 76).

All the students that we met are very clear of the requirements that must be met in order to progress to the next stage of the programme. The students stated that they were made aware of the requirements for progression in their handbook which was then supplemented by verbal information from academic staff (67-69, 74, 76).

Mentors/sign-off mentors told us that they are confident in their ability to grade practice fairly and consistently. Students are aware that if they are awarded a mark in excess of 70 per cent or below 40 per cent, then the assessment is reassessed by a second mentor to ensure that the first mark was valid. A few students reported that this process does take place and stated that their mark was not changed following the second assessment and a discussion between the first and second mentor (67-69, 74, 76).

All the mentors are aware of the introduction of OPAL. Students who are using this tool commented positively on its user-friendliness and accessibility which allows the mentor to complete it at a time when it was suitable for them. There was a mixed view on this new format for the assessment of practice from mentors/sign-off mentors. Some found it of great value and commented on its ease of use. Other mentors/sign-off mentors found this tool to be time-consuming and difficult to navigate through (67-69, 74, 76, 91).

Managers and education commissioners confirm that students exiting the pre-registration nursing (adult) programme are safe, competent and fit for practice. The BU employment report shows that in the last year 95 per cent of graduates from the programme have gained employment in nursing roles and the remainder were either on maternity leave or went on to further study (62, 65, 107).

Mentorship

Supervising mentors and education leads report high levels of confidence and competence when working with mentorship students. Mentors and sign-off mentors confirmed that there are numerous opportunities and events to help them support mentor students in the achievement of competency. All mentor students interviewed were confident in their role. Assessment documentation provides an ideal opportunity for mentors and sign-off mentors to identify poor performance and potentially failing students and also put in place remedial supportive programmes. At the beginning of the mentorship programme students are given extensive guides and documentation to support their learning and successful achievement of the programme learning outcomes (53-54, 70, 72, 97, 105).

We conclude that students on the pre-registration nursing (adult) programme achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the NMC register. Additionally, we conclude that students completing the mentor programme achieve learning outcomes and competencies for inclusion on local mentor registers.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

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

BU has collaborated with HE Wessex, other AElS and practice placement partners to create a standardised placement evaluation tool for students. BU will be an early implementer of this resource. This will enhance the current placement evaluation system through the facility for students to overtly comment on their willingness to recommend a placement area to another student and for a relative to be cared for in that area. A negative response will trigger an alert enabling supportive follow up and investigation to take place in line with the protocol for raising concerns (15).

What we found at the event

Nursing (adult)

Students told us they complete module evaluations for both theory and practice. It was the general consensus of students that their feedback is acted upon and that outcomes are published on the university website (67-69, 73-74, 76, 95).

Students evaluate placements using the ARC web system. They must complete evaluation of their most recent placement before being able to access notification of a subsequent placement. The university and practice placement partners can run evaluation reports over a period of time. Termly reports of all evaluations for each trust are generated each year with graphs to demonstrate trends. There are action points for any items highlighted in red. Actions are taken and these feed into educational audits (63, 67-69, 74, 76, 95).

Mentorship

Mentors and mentor students evaluate the programme positively. There is excellent support both in practice settings and at the university. No matter was raised that required follow up (70-72, 75, 77, 96, 100, 105).

Our findings conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the mentorship and pre-registration nursing (adult) programmes.

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

Bournemouth University has a student complaints policy and procedure (44).

What we found at the event

Nursing (adult)

There is good evidence to support that students are fully aware of procedures for the making of complaints and that they are fully aware of how to raise a patient safety concern. The excellent links between practice placement providers and the university facilitate these procedures. Students indicated that they are aware of how to make such a complaint if circumstances dictated and would not hesitate to do so if deemed appropriate (67–69, 73, 76).

There are three external examiners for the programme and all have the NMC required qualifications and experience to fulfil their role. All external examiner reports are clear and confirm that the programme meets the required learning outcomes and NMC standards and competencies. External examiners have the opportunity to review a sample of student practice assessment documents when they attend the examination board. For the online practice assessment documents external examiners are given a secure login to the system and can view all elements of practice assessment. Additionally, all external examiners visited practice and met with mentors and students from each year of the programme. Students are positive about the programme and the support they receive from practice placements and university staff (78, 82).

Mentorship

All mentors and mentor students are confident that if they have a concern they would discuss it with their line manager or mentor respectively. With annual conferences, updates and education links mentors have many opportunities to resolve issues locally and promptly. No major concerns were identified by mentors or students. Common issues such as achievement of skills, workload and staff shortages were identified but all were confident in working to resolve these issues. No complaints about the programme were raised (70-72, 75, 77, 96, 100, 105).

The external examiner has the necessary NMC required qualifications and experience to fulfil the role. The external examiner report confirms that the programme meets NMC mentorship standards. There is evidence that the external examiner reviews student assessment portfolios and has had the opportunity to meet with students (61, 80).

For both the adult nursing and mentorship programmes there is evidence that the

university followed up on recommendations from external examiner reports (79, 81).
We conclude from our findings that the university has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant parties.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. CQC inspection report, Avon and Wiltshire Mental Health Partnership NHS Trust, 24 July 2015
2. CQC inspection report, Ashley Grange Nursing Home, 14 December 2015
3. CQC inspection report, Dorset Healthcare University NHS Foundation Trust, 16 October 2015
4. CQC inspection report, Great Western Hospital, 19 January 2016
5. CQC inspection report, Andover War Memorial Hospital, Hampshire Hospitals NHS Foundation Trust, 12 November 2015
6. CQC inspection report, Lyme Regis Medical Centre, 15 October 2015
7. CQC inspection report, Parkstone Health Centre, 24 December 2015
8. CQC inspection report, Portsmouth Hospital NHS Trust, 19 June 2015
9. CQC inspection report, Somerset Partnership NHS Foundation Trust, 17 December 2015
10. CQC inspection report, Southern Health NHS Foundation Trust, 25 February 2015
11. CQC inspection report, Southern Health NHS Foundation Trust, 2 October 2015
12. NHS England, Independent review of deaths of people with learning disability or mental health problems in contact with Southern Health NHS Foundation Trust April 2011 to March 2015, December 2015
13. University of Bournemouth exceptional report to NMC: mental health and adult nursing practice learning environments for student nurses, 11 December 2015
14. Bournemouth University self-assessment report, 2014/15
15. Bournemouth University self-assessment report, 2015/16
16. Bournemouth University, School of Health and Social Care, Process for monitoring academic staff active registration and teacher status, November 2013
17. Bournemouth University, ARC software system functionality, PowerPoint slide, undated
18. Recruitment, selection and admission (taught programmes): policy and procedures, September 2014
19. Interview procedure for each course – updated for 2014 Intake
20. Bournemouth University, Admission and support for students entering the university under the age of 18: policy and procedure, May 2014
21. Process for obtaining self-declaration for good health and good character by all nursing and midwifery students, March 2014
22. Bournemouth University, fitness to practise procedure, 15 September 2015
23. Bournemouth University, placement concerns protocol, August 2012
24. Bournemouth University, recognition of prior learning and UK credit transfer: policy and procedure, undated
25. Education provider agreement for the provision of education and training services between Wessex local education and training board and Bournemouth University, contract management group terms of reference, November 2013

26. *Statement of service level agreements with practice partners, November 13*
27. *NMC Programme approval report, pre-registration nursing - adult, January 2013*
28. *Bournemouth University, extract from strategic contract review, organisation and communication, 2013*
29. *Audit process, PowerPoint slide, undated*
30. *Quality assurance process for practice placements, in response to red monitor rating, May 2013*
31. *Bournemouth University, sample of educational audit, undated*
32. *Bournemouth University, carer and service user partnership group (CSUP) website, accessed 11 February 2016*
33. *Bournemouth University, School of health and social care, carer and service user strategy, May 2013*
34. *Bournemouth University, academic adviser policy, June 2010*
35. *Nursing staff practice links, undated*
36. *Bournemouth University, School of Health and Social Care, provision of practice learning experiences: a review of support of pre-registration student learning, March 2012*
37. *Bournemouth University, role of the university practice learning adviser, August 2010*
38. *NMC Programme approval report, learning and assessment in practice, mentor, June 2012*
39. *Mentorship Conference 2015, facilitation of learning, Salisbury, 1 July 2015*
40. *Mentorship Conference 2015, facilitation of learning, Yeovil, 18 November 2015*
41. *Bournemouth University, context of practice workbook, 2013*
42. *Bournemouth University, an essential guide to the practice assessment tool for pre-registration student nurse programmes (adult nursing), December 2012/13*
43. *Bournemouth University, Pre-registration nursing framework: BSc (Hons) Adult Nursing; Postgraduate diploma adult nursing, programme specification, July 2015*
44. *Bournemouth University, student complaints: policy and procedure, September 2015*
45. *Minutes of the nursing forum meeting, 19 November 2015 and 7 May 2015*
46. *Faculty of Health and Social Care, mentorship pass rates 2014/15*
47. *BSc (Hons) Adult nursing: Year one NMC Standards for nurse education and European directives 2005/36/EC (EUs)*
48. *BSc (Hons) Adult Nursing: Years two and three NMC Standards for nurse education and European Directives 2005/36/EC (EUs)*
49. *Completed fitness to practise panels, 2014/15*
50. *Annual strategic meeting between Bournemouth University and Dorset Healthcare NHS Foundation trust, 2015*
51. *Notes and actions, Dorset locality placement learning group, 27 January, 2016*
52. *Attrition figures for undergraduate nursing and midwifery programmes, 2011-14 and 2012-15*
53. *Learning and assessment in practice, level six, unit guide, 2015/16*
54. *Learning and assessment in practice, level seven, unit guide, 2015/16*
55. *Bournemouth University, initial visit, meeting with senior university staff, 23 February 2016*

56. Bournemouth University, staff CVs, February 2016
57. NMC register checked, 25 February 2106
58. Bournemouth University, practice assessment tool, pre-registration nursing (adult), years one, two and three, undated
59. Bournemouth University, faculty of health and social science, pre-registration nursing framework, programme handbook, for BSc (hons) nursing (adult, child, mental health), 2015/16
60. Initial meeting with programme team and presentation, 9 March 2016
61. Meeting with continuing practice development (CPD) framework lead and mentorship programme lead, 9 March 2016
62. Meeting with director of employment engagement and contract management, 9 March 2016
63. Meeting with head of practice development and practice learning adviser team, 9 March 2016
64. Meeting with service user and carer lead, 9 March 2016
65. Teleconference with commissioner, 9 March 2016
66. Teleconference with deputy director of nursing and learning environment leads, Southern Health NHS Foundation Trust, 9 March 2016
67. Practice visit – adult nursing, meeting with students, mentors and managers Lake Road Surgery, 9 March 2016
68. Practice visit – adult nursing, meeting with students, mentors and managers, Royal Bournemouth and Christchurch Hospital, 9 March 2016
69. Practice visit – adult nursing, meeting with students, mentors and managers Colten Care Homes, 9 March 2016
70. Practice visit – mentorship, meeting student mentors, supervising mentors, managers and student nurses, Alderney Hospital, 9 March 2016
71. Practice visit – mentorship, meeting student mentors, supervising mentors, managers and student nurses, Julia's House, 9 March 2016
72. Practice visit – mentorship, meeting student mentors, supervising mentors, managers and student nurses, Wimbourne Community Hospital, 9 March 2016
73. Practice visit – adult nursing, meeting with students, mentors and managers, Christchurch district nursing team, 9 March 2016
74. Meeting with year two student nurses, Bournemouth University, 9 March 2016
75. Practice visit – mentorship, meeting student mentors, supervising mentors, managers and student nurses, Muscliff Nursing Home, 9 March 2016
76. Practice visit – adult nursing, meeting with students, mentors and managers Winterbourne Hospital, 10 March 2016
77. Practice visit – mentorship, meeting student mentors, supervising mentors, managers and student nurses, Salisbury District Hospital, 10 March 2016
78. External examiner reports, adult nursing, 7 July 2015; 17 August 2015; 02 September 2015.
79. Bournemouth University responses to three external examiner reports, adult nursing, undated
80. External examiner report, mentorship, 14 June 2015

81. Bournemouth University response to mentorship external examiner report, undated
82. Reports of engagement with adult nursing students, in practice, from three external examiners, March 2016
83. Transfer in policy for candidates wishing to transfer to Bournemouth University adult nursing from other approved adult nursing programmes, 22 February 2016
84. APEL transfers into the adult nursing programme, 2015/16
85. Examples of successful APEL claims, August 2015
86. Bournemouth University, faculty of health and social sciences, attrition strategy for increasing retention of NHS commissioned programmes, January 2016
87. Care Quality Commission reports, actions undertaken by Bournemouth University, 4 March 2016
88. Bournemouth University, employment report, February 2016
89. Letters and briefings from Southern Health NHS Foundation Trust, 9 December 2015, 10 December 2015 and 17 December 2015
90. Meeting with framework lead for undergraduate programmes and academic lead for adult nursing admissions, 10 March 2016
91. Process for supporting mentors and students in the implementation of the online practice assessment for learning (OPAL) tool, 10 March 2016
92. Practice learning environment profiles for all adult nursing placements visited, viewed 9 and 10 March 2016
93. Education audit documents for all adult nursing placements visited, viewed 9 and 10 March 2016
94. Practice learning environment profiles for all mentorship placements visited, viewed 9 and 10 March 2016
95. Student placement evaluations for all adult nursing placements visited, viewed 9 and 10 March 2016
96. Student placement evaluations for all mentorship placements visited, viewed 9 and 10 March 2016
97. Examples of portfolios compiled by mentorship students, viewed 9 and 10 March 2016
98. Mentor registers for all adult nursing placements visited, viewed 9 and 10 March 2016
99. Mentor registers for all mentorship placements visited, viewed 9 and 10 March 2016
100. Meeting with mentorship students, University of Bournemouth, 10 March 2016
101. Bournemouth University, getting involved in education and research within the school of health and social care, service user and carer information, 2014
102. Flyer for recruitment of carer and service user partnership, undated
103. Faculty of health and social sciences, care and service user participation - student feedback, 1 February 2016
104. Graphs of student feedback for specific user and carer lead sessions, undated
105. Written statement from newly qualified mentor documenting her experience of the mentorship programme, 9 March 2016
106. Meeting with deputy dean, education and professional practice, 10 March 2016
107. Bournemouth University employment report, 4 February 2016

Personnel supporting programme monitoring

Prior to monitoring event

Date of initial visit: 23 Feb 2016

Meetings with:

Deputy dean education and professional practice
Head of practice education
Programme lead adult nursing
Quality and education enhancement officer

At monitoring event

Meetings with:

Executive dean
Deputy dean education and professional practice
Head of practice education
Programme lead adult nursing
Quality and education enhancement officer
University practice learning adviser and programme lead for mentorship
Director of employer engagement and contracts manager
Framework lead for undergraduate programmes

Meetings with:

Mentors / sign-off mentors	22
Practice teachers	
Service users / Carers	1
Practice Education Facilitator	2
Director / manager nursing	7
Director / manager midwifery	

Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	10 Practice education/development leads and UPLAs x 8 Learning environment leads x 2 (via teleconference)

Meetings with students:

Student Type	Number met
Mentorship	Year 1: 23 Year 2: 0 Year 3: 0 Year 4: 0
Registered Nurse - Adult	Year 1: 12 Year 2: 19 Year 3: 3 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0

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