

2015-16

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

Programme provider	University of Bolton
Programmes monitored	Registered Specialist Comm Public Health Nursing - HV; Registered Nurse - Adult
Date of monitoring event	13-14 Apr 2016
Managing Reviewer	Peter Thompson
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Eleri Mills, Michelle Laing
Placement partner visits undertaken during the review	<p>SCPHN-HV placements: Pikes Lane Health Centre, Bolton, Urban Care and Neighbourhood Centre (UCAN), Windsor House, Bury.</p> <p>Pre-registration nursing (adult) placements: Lancashire Teaching Hospital NHS Trust, Bolton Hospital NHS Foundation Trust, Central Manchester NHS Foundation Trust, Spiral Hospital, Independent sector</p>
Date of Report	25 Apr 2016

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 University of Bolton's programmes

The School of Human and Health Sciences (SHHS) within the University of Bolton (UoB), offers a wide range of provision that includes pre-registration nursing, community and public health nursing, community and youth work, and a foundation degree in health and social care.

The school works in partnership with a number of NHS trusts across the north west of England and is situated within the area managed by Health England North West (HENW).

The focus for this monitoring event is the pre-registration nursing (adult) programme and the specialist community public health nursing (SCPHN) programme. The main campus for teaching is at the university's Dean Road campus in Bolton.

The pre-registration nursing programme is offered at BSc (Hons) level and is delivered in partnership with three local NHS trusts. The programme offers opportunities for self-funded, non-commissioned students to study for the academic award, which gives eligibility for entry to the NMC professional register.

The BSc (Hons) pre-registration nursing programme was initially approved in September 2014 in partnership with Lancashire Teaching Hospitals NHS Foundation Trust (LTHFT). The programme has two intakes a year, in February and September, admitting 12 students in February 2015 and 27 students in September 2015.

The programme was subject to a major modification in July 2015 to approve partnership for delivery with Bolton Foundation Trust (Bolton FT) and Central Manchester University Hospitals NHS Foundation Trust (CMUHFT). A further 49 students commenced in February 2016.

The registered SCPHN health visiting (HV) (SCPHN-HV) programme was approved in June 2012 and has seen numbers of students falling from 71 in 2013-2014 to the current number of 29 students. This coincides with the end of the NHS health visitor implementation plan, 2011-2015. The programme is offered at degree level and on a full and part time basis. A major modification event in 2013 separated out the practice documentation for the V100 prescribing component of the programme.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Practice placement visits included practice placement providers across the north west of England, including NHS inpatient services, community providers and one provider from the voluntary and independent sector.

Summary of public protection context and findings

We found the NMC key risk relating to fitness for practice is currently not controlled within the SCPHN–HV programme. The UoB must identify and implement an action plan to address this key risk to ensure the SCPHN-HV programme meets NMC standards to protect the public.

Our findings conclude all other key risks are controlled but that the university's control of key risks relating to admissions and progression and to practice learning require

improvement. These are described below in relation to the key risks.

Resources: met

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

There are sufficient appropriately qualified sign-off mentors and practice teachers available to support the number of students studying the pre-registration nursing (adult) programme and the SCPHN–HV programme to meet NMC standards.

Admissions and progression: requires improvement

We found that admission and selection processes follow NMC requirements and that these involve practitioners and service users and carers. We can confirm that all panel members are given equality and diversity training which is closely monitored within the pre-registration nursing (adult) programme. However, monitoring of compliance of equality and diversity training of practitioners and service users involved in selection of candidates for the SCPHN-HV is weak and requires improvement to strengthen the risk control.

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 university has procedures in place to address issues of poor performance in both theory and practice.

We confirm that the professional misconduct/professional unsuitability procedures are sufficiently robust to manage issues of concern about a student's behaviour whether academic, or practice related. We found evidence of effective implementation of these procedures, which demonstrates the rigour of the process in ensuring public protection.

Practice learning: requires improvement

We found that the university has well established and effective working relationships with HENW and its partner NHS trusts and placement providers at both a strategic and at operational levels. The university has worked closely with three NHS providers within the north west to develop, implement and support a non-commissioned pre-registration nursing (adult) programme.

We found that the university is in the process of strengthening partnership arrangements with other approved educational institutions (AEIs) with which it shares practice placements. This is working well within NHS inpatient services where we found evidence of effective sharing of educational audit information. However this was still not fully established in some community providers visited where we found that practice partners were expected to complete individual educational audits for each of the AEIs. We conclude that this requires improvement in order to provide full assurance that the risk is controlled. The university has worked in partnership with commissioners and practice placement providers and has responded in a timely and appropriate manner following adverse Care Quality Commission (CQC) reviews within some placement areas and we are confident that there are no adverse effects on students' learning.

Students and practitioners understand and have access to an escalating concerns policy should they need to raise issues of concern arising in practice placements. We are confident that concerns are investigated and dealt with effectively and the public is

protected.

The university has a service user and carer initiatives strategy and has appointed coordinators at school level and at programme level. Service users and carers are involved in all aspects of the pre-registration nursing (adult) programme and the SCPHN–HV programme. Within the pre-registration nursing (adult) programme we found evidence of notable practice in the form of a patient coaching arrangement where trained service users and carers facilitate and support students' reflections following practice placements.

We found that there is considerable investment in the preparation and support of mentors, sign-off mentors and practice teachers, and the completion of mentor annual updates is robust. All mentors and practice teachers are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by sign-off mentors and practice teachers about assessing and signing-off competence to ensure students are fit for practice and to protect the public. Mentor and practice teacher information and updating activities are captured on live registers held within placement providers. However, we found that there are delays in updating the SCPHN–HV registers following practice teacher updates and that this threatens the integrity of the live register. We conclude that this is a weakness in risk control measures and requires improvement in order to enhance assurance for public protection.

There is a good network of direct support for students in practice placements from mentors, sign-off mentors, practice teachers and academic staff. Within the pre-registration nursing (adult) programme the funding arrangements of the non-commissioned programme affords an extra layer of support through a network of clinical tutors.

Fitness for practice: not met

Our findings conclude that learning, teaching and assessment strategies enables students to meet the required programme learning outcomes, NMC standards and competencies of the pre-registration nursing (adult) programme and the SCPHN–HV programme.

We confirm that the progression points of the pre-registration nursing (adult) programme are clearly documented and achievements of students verified by external examiners with due regard.

Within the SCPHN–HV programme we found that the mechanisms for making the final checks that students have met all requirements for entry to the NMC register fail to ensure that students have completed 50 days of consolidated practice and meet NMC standards for entry to the NMC register. We conclude that risk control systems and processes within the fitness for practice element of the SCPHN–HV programme are weak and that significant and urgent improvements are required in order that public protection can be assured.

3 June 2016 - a review of the evidence against the action plan under the risk area fitness for practice (standard R4.2.1) confirmed that that mechanisms are now in place to make the final checks in ensuring that students completing the SCPHN–HV programme have met all requirements for entry to the NMC register.

Quality assurance: met

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

Summary of areas that require improvement

2.1.1 The programme team is not able to confirm that the monitoring of compliance of equality and diversity training of practitioners and service users involved in selection of candidates for the SCPHN-HV was managed appropriately to meet NMC standards. The university should develop mechanisms to ensure that all panel members involved in the selection for NMC approved programmes have undertaken equality and diversity training.

3.1.1 The university needs to develop partnerships with other local educational institutions who use the same practice placement locations in order to avoid duplication of educational audits and thus minimise the risk of over capacity of students in placement areas.

3.3.3 The university needs to improve its communication pathways in order to ensure timely confirmation of sharing practice teacher updating with the placement providers to maintain an accurate and up to date mentor database.

4.2.1 The mechanisms for making the final checks of the SCPHN–HV programme are weak. An urgent review of processes required to ensure students have met all requirements for entry to the NMC register, including completing 50 days of consolidated practice.

3 June 2016 - a review of the evidence against the action plan confirmed that that mechanisms are now in place to make the final checks in ensuring that students completing the SCPHN-HV programme have met all requirements for entry to the NMC register.

Summary of areas for future monitoring

Mechanisms are in place to check that SCPHN-HV selection panel members have undertaken equality and diversity training.

Partnership working in the sharing of educational audits with local educational institutions.

That the live register for practice teachers is accurate and up to date and reflects all practice teacher updating activity.

Documentation and final checks confirm that all students completing the SCPHN-HV programme are eligible to enter the NMC register.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

Patient as coach team (PaCT)

Students, academic staff and service users described service users' and carers' contributions to the student experience of placements through 'coaching' sessions. These sessions, held within two weeks of each placement completion consist of small group action learning sets which are facilitated by the service user/carer. The service user is a trained 'coach' and facilitates reflection and helps students to focus upon themes related to the '6Cs'. Students evaluate this very well and the service users recognise that the students appear to be relaxed and willing to disclose within a safe learning group and that they seem to appreciate the neutrality as a facilitator. The service users are selected and fully briefed and debriefed for this undertaking. Students have six opportunities within the three-year programme to participate. The champion for the service user and carer initiative reported that she has been successful in recruiting 10 service users and carers to fulfil this role and the school has designated an experienced academic to provide the support and training to the patient coaches. Students, service users and academic staff see this aspect of service user and carer involvement in a very positive light and we feel that it should be recognised as notable practice for recognition and dissemination. See section 3.2.1

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

All members of the academic team expressed commitment to, and enthusiasm for, the programmes they deliver. They have an obvious pride in their locality, partnership working and the calibre of the students they are preparing for future practice.

Lecturers from both the nursing and SCPHN-HV programmes visit practice. Lecturers report efficient and supportive working relationships with practice partners.

The academic team delivering the pre-registration nursing (adult) programme realise the benefits of the non-commissioned model of delivery and value the closer working relationships with service colleagues.

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

Mentors and practice teachers feel that they had been well prepared to undertake their role in supporting and assessing students during practice learning opportunities. They are enthusiastic about the programmes delivered by the university and expressed the view that students successfully completing would gain sufficient knowledge and skills to

undertake the role of a registered nurse or health visitor. They feel supported by the academic staff of the university and feel confident that there are clear processes and procedures to guide them in dealing with professional issues in practice.

Employers and managers are very pleased with the partnership working arrangements with the university. The commissioner confirmed that the university is flexible and responsive and is producing competent practitioners who are highly employable.

Students

Students expressed satisfaction with their programmes of study and the learning opportunities they encounter in both the university and in practice. Students stated that they feel their learning in the university provides them with sufficient underpinning knowledge to successfully undertake practice learning opportunities. Students feel well supported in practice placements by programme staff acting as link lecturers, and by clinical tutors, mentors and practice teachers in all aspects of their learning.

The SCPHN-HV students felt particularly well supported by the programme lead in both university and practice, stating 'nothing is too much trouble and you always get an answer'.

Service users and carers

Service users are fully engaged in all aspects of programme planning and delivery. Within the pre-registration nursing (adult) programme they feel that they make valuable contributions and, in particular, their involvement as 'patient coaches' is giving them opportunities to prepare nurses for the future who understand service user and carer needs and perspectives.

Service users and carers involved in the SCPHN-HV programme confirmed that their involvement in selection gives them a sense of satisfaction and they feel that their voice is heard in shaping the way that health visitors are prepared.

Service users and carers, met during placement visits, reported that the students they met were competent, kind and caring and extremely good representatives of the profession they wished to enter. A notable comment was 'the right people are on the course'.

Relevant issues from external quality assurance reports

CQC reports were considered for practice placements used by the university to support students' learning. These external quality assurance reports provide the reviewing team with context and background to inform the monitoring review (1-2).

Bridgewater Community NHS Trust, Bevan House, Wigan (provides community and specialist healthcare). Date of report 17 April 2014.

CQC carried out an announced visit and gave an overall grading of requiring improvement in relation to report mechanisms, risk assessment, development of specific guidance and care protocols for inpatient services and identified the need to develop training for staff working in inpatient services, raise awareness of recording of do not resuscitate (DNR) decisions and cardio pulmonary resuscitation interventions (CPR) and to review staff levels and recruit more permanent staff (1).

Lancashire Teaching Hospitals NHS Foundation Trust (the Royal Preston Hospital and Chorley and South Ribble hospital). Date of report 14 November 2014.

CQC inspected the trust as part of a comprehensive inspection programme after receiving some concerns about staffing and the use of overnight facilities that were not fit for purpose. The overall grading awarded was requiring improvement and this was in relation to the area above safety where there were ongoing challenges of recruiting adequate nursing staff and a heavy reliance on staff working extra shifts and bank and agency staff to maintain staffing levels. The inspectors were concerned about the ratio of midwives to live births within the Royal Preston Hospital, which was 1:34 and fell short of the national recommendations of 1:28. Within the area of responsiveness the trust had areas requiring improvement, which related to average bed occupancy of 90 percent. The high demand for beds meant patients waited a long time to be placed in an area best suited to their needs and were waiting an unacceptably long time of admission to an inpatient area, with some having to remain in the emergency department overnight. This was having a knock-on effect on surgical services operations, which were being cancelled because of the lack of inpatient events and intensive care beds (2).

What we found at the event

The school continues to work closely with all practice placement partners and an effective two way communication process is in place at university senior management level with nurse directors. It gave details of actions taken to the adverse reports following CQC inspections and gave assurances that agreed that students' learning had not been compromised. (3).

The university confirmed that it has developed a process, agreed with placement and education providers and HENW, whereby the heads of nursing communicate directly with the UoB regarding any quality matters pertaining to placement learning such as raising and escalation of concerns and CQC visits. Senior managers from the trusts regularly confirm outcomes of inspections (3- 5, 54, 61, 85, 89-91, 128).

At the time of the monitoring event the university received an interim report from the chief executive officer of NHS; Bolton NHS Foundation Trust, integrated care organisation/Royal Bolton Hospital, which had been inspected by CQC on 24 March 2016. The report confirmed the positive outcome of the report (3, 85, 89).

On the second day of the monitoring event we were told by the head of school that the senior nursing manager from the LTHFT had reported an escalation of concerns about the accident and emergency department at Chorley Hospital. Due to the inability to recruit middle grade medical staff the trust had decided to re-designate the department as an urgent care centre and to suspend emergency admissions. The head of school confirmed that she had instructed the designated university link lecturer to visit the department to carry out an onsite review as part of the protocol for responding to concerns raised about care provision. She also confirmed that she had completed an exceptional report to alert the NMC (91).

Our findings confirm the school's placement management process is robust and effectively addresses the many challenges that exist from the escalation process of concerns, clinical governance reporting and service re-configurations. We found effective procedures in place to protect student learning and to assess if placements need to be withdrawn (see section 3.1.1).

Follow up on recommendations from approval events within the last year

There was one major modification event held in July 2015 in relation to the pre-registration nursing (adult) programme. This event related to approving partnerships arrangements with Bolton FT and CMUHFT for the delivery of this non-commissioned programme (5).

The two conditions of the major modification were met and the university responded fully in addressing the three recommendations as follows:

- Recommendation one: Provide clear mapping of the strategies employed to facilitate clear communication between the NHS trusts and the university, particularly in relation to students with learning disabilities and contingency planning for potential negative CQC findings on placements. In response the university has reviewed documentation and ensured that the communication strategy is now much clearer in the relevant documents (see section 3.1)
- Recommendation two: Explicit criteria and parameters should be developed and shared about the consideration of applicants who have previously failed an NMC approved programme of study. In response the university has reviewed the information content in order to make it more explicit for applicants (see section 2.1).
- Recommendation three: Arrangements for sharing placements across NHS trusts should be developed (university recommendation). In response the university has developed shared arrangements across trusts (see section 3.1).

Specific issues to follow up from self-report

The school has given a detailed report on the ongoing actions and closure in relation to key issues identified for 2014–2015 in the self-assessment report (4-5).

Key issues identified within the 2015-2016 report are:

The need to ensure that all heads of nursing communicate directly with the UoB following processes agreed in respect of any quality matters pertaining to placement learning, such as raising and escalation of concerns, or following CQC visits. A process has been agreed between placement/education providers and UoB and HENW at strategic level (see section 3.1).

The need to ensure that new members of the academic teaching team delivering the pre- registration adult nursing programme undertake, if necessary, an approved NMC teacher programme so that all staff achieve NMC recordable teacher status within the coming year (see section 1.1).

The need to work with the admissions team to ensure compliance with NMC requirements and student satisfaction and to review existing recruitment processes as necessary (see section 2.1).

The need to ensure that all staff are familiar with the revised university fitness to practise policy (see section 2.1).

Findings against key risks
<p>Key risk 1 – Resources</p> <p>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>
<p>Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>We found documentary evidence that there are adequate resources to deliver the approved programmes to the standards required by the NMC (6, 8, 10-13).</p>
<p>What we found at the event</p>
<p>We saw evidence that teachers supporting the pre-registration nursing (adult) programme and the SCPHN–HV programme have current NMC registration and either hold, or are working towards, an NMC recordable teaching qualification. They hold qualifications and experience commensurate with their role (6-7).</p> <p>The university has processes in place to effectively monitor academic staff members to ensure active NMC registration is maintained. All newly appointed nursing teachers, as a requirement of the contract of employment, must achieve teacher status. A research and scholarship policy is in place whereby academic staff are required to engage in scholarship and research (85-86, 94-95).</p> <p>The workload allocation process clearly identifies 20 percent of time for engagement in practice for each nurse teacher (8, 85). Programme team members confirmed that they are required to maintain a presence within clinical practice and provided examples that included teaching, research, audit and supporting mentors (94-95).</p> <p>Pre-registration nursing (adult) programme</p> <p>The programme leader has due regard, current NMC registration and a recorded teacher qualification (6-7).</p> <p>We can confirm that the number of teachers is increasing in relevant skills and experience to support the expansion of numbers and development of the programme (32, 85-86, 92). The complement of staff includes teachers with professional qualifications in mental health, midwifery and specialist community practice, and a learning disabilities teacher commences employment in June 2016 (85). Staff are confident this will ensure that the students will have access to resources to develop their knowledge and experience across all fields of nursing (13, 66, 85, 93).</p>

SCPHN-HV programme

The size of the academic team has decreased in response to reducing student numbers at the end of the Department of Health, health visitor implementation plan 2011 to 2015 call to action (6, 85). We found that the programme team supporting the SCPHN-HV programme consists of three teachers with due regard (6-7). The programme leader has maintained active registration as a SCPHN health visitor and nurse prescriber and has a recorded nurse teaching qualification (7). The other two teachers hold current registration with due regard with one nearing completion of the NMC recorded teaching qualification (13, 85).

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

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

What we found before the event

Documentary evidence identifies ongoing partnership working to ensure there are sufficient numbers of appropriately qualified mentors, sign-off mentors and practice teachers to support students on the pre-registration nursing (adult) programme and the SCPHN–HV programme. Statements of compliance and contractual agreements with placement partners pledge that resources are provided and maintained to support students. Students’ evaluation of practice confirms good levels of support (9-12, 32).

Within the pre-registration nursing (adult) programme, the partner trusts are funding trust-based clinical tutors (49). These clinical tutors enhance practice based support for students by delivering skills development within their respective trusts and also support academic staff in carrying out trust-based teaching, which is a strong feature of the programme design (32, 49).

What we found at the event

We found that numbers of qualified mentors and practice teachers are monitored locally through educational audit and during practice placement visits by practice education facilitators and link lecturers. There is clear accountability for the allocation of students to practice settings with sufficient suitable mentors, sign-off mentors and practice teachers available (59, 70-71, 85-86, 89, 121).

We were told that the school does not have a centralised allocation team and that allocation of students to mentors and practice teachers is arranged through close partnership arrangements between programme leaders and designated senior staff within each placement provider (89).

Pre-registration nursing (adult) programme

Allocation of students is articulated within memoranda of agreements between the

university and each of the three placement partners, and is managed through clear allocation processes (33-34). The programme leader checks practice database entries for accurate and regular records annually and ensure that programme and service provider information on numbers and availability of mentors is consistent. This process collects intelligence from educational audits completed by other universities sharing placements, the live register of mentors and sign-off mentors and considers students' evaluation of their placement experiences (52-54, 59). The sources of the database include audits carried out by other approved academic institutions who use the same placements (89, 90).

All nursing students confirmed that they had been assigned a named mentor with whom they worked for a minimum of 40 percent of their time on placement. Students confirmed that they are confident in mentors' knowledge of their programme and associated documentation (82, 99, 101, 103, 107, 111). Mentors confirmed that allocation processes are clear and that they are informed of the arrival of students in advance of placement commencement (102, 104).

SCPHN–HV programme

We found that there are sufficient and suitable sign-off practice teachers, practice teachers and mentors with due regard available to mentor students (85, 30, 120). All students are allocated a sign-off practice teacher and in some case a practice teacher or mentor with due regard prior to commencing placement or during the induction week (54, 59, 63, 67, 112-117). The programme leader carries out annual monitoring of practice teachers' availability to meet the 12 month commitment when allocating a student. The allocation of students is agreed between the programme lead and the trust managers prior to the commencement of each cohort (86). The maximum number of SCPHN students allocated to a sign-off practice teacher, practice teacher or mentor by a practice placement provider is one (42, 52-53, 59, 86, 89, 94). We found that some students were being supervised by practice teachers and mentors who were effectively mentored and supported by named sign-off practice teachers providing 'long arm' support (95-96).

Sign-off practice teachers, practice teachers and mentors all acted with due regard (95-96, 112–117, 120).

All health visitor students confirmed that they had been assigned a named practice teacher with whom they worked on a one to one basis during their placement. They confirmed that they are confident in their practice teachers' knowledge of their programme and associated documentation (89, 95, 112, 114).

We conclude from our findings that there are sufficient qualified mentors/sign-off mentors and practice teachers available to support pre-registration nursing (adult) students and SCPHN-HV students.

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Entry criteria is clearly stated in online information available to candidates including detailed requirements in relation to numeracy, literacy and an International English Language Test (IELT) which is set at a minimum of seven (14, 17-18).

Service users and carers and clinical practitioners receive equality and diversity training and are involved in selection of candidates for the pre-registration nursing (adult) programme and the SCPHN–HV programme (16).

Disclosure and barring checks (DBS) and occupational health checks are made on entry to the programmes (14, 17-18).

Pre-registration nursing students apply through the Universities and Colleges Admissions Service (UCAS) with separate applications for each of the three partner trusts. At application, students are required to declare a preference for one of the three trusts supporting the programme (14, 22, 32).

SCPHN–HV students apply through the NHS jobs service, directly to the trust of preference. They are employed on the basis of sponsorship or employment to complete the programme and are commissioned through HENW (14, 18, 68).

What we found at the event

Students described the selection process applied by the university, which meets NMC requirements (99, 101, 103, 107, 111-112, 114). The university has a clear policy relating to the recruitment and support of students under 18 years of age. There is explicit criteria for applicants who have previously failed an NMC approved programme of study. The scheduling of the first clinical placement ensures that students have reached 18 years of age before being allocated to practice (14-15, 89, 92).

Academic staff members, practice placement providers and service users consider the values based interview approach is an effective tool in ensuring that students have the

necessary personal attributes to work appropriately with service users, including good communication skills and adaptability (20, 85-86, 89, 92).

Pre-registration nursing (adult programme)

We found that service users and carers are involved in the selection of student nurses. They are given clear criteria for selection and contribute fully to the panel decisions made (14, 16, 19-20, 27-29, 73-74, 87).

A record of the academic staff's completion of the equality and diversity training is kept, and we can confirm that all academic staff members supporting the pre-registration nursing (adult) programme are compliant (27-29).

We found that service users and carers involved in selection and recruitment of students have received equality and diversity training. The admissions tutor checks that all selection panel members are compliant with equality and diversity training and all selection panel members sign a declaration to this effect (28-29, 88).

We found there are robust processes in place for obtaining DBS checks, health screening and references. Practice placement providers confirmed mechanisms are in place for sharing information and that joint decision-making takes place with the university if issues arise (9, 14, 17, 32).

Students confirmed that they sign a declaration of good health and good character annually, which ensures the university's responsibility for public protection and meets NMC requirements (31, 99, 101, 103).

SCPHN-HV programme

We found that admission to the programme is undertaken by the academic team working in partnership with a number of local NHS organisations (14). Recruitment arrangements are with the practice placement provider and are advertised through NHS jobs, an online recruitment service for the NHS. The practice placement provider organises shortlisting and interviews over three to four days in conjunction with the academic team, with practice staff and service users involved in the interview process (53, 85, 94-96, 112-119).

We can confirm that checks of health and conduct are part of the admissions processes by the practice placement provider and the university (14, 18, 36). Students who are successful at interview, are subject to DBS and are required to submit satisfactory professional and academic references. Numeracy assessment is undertaken by the practice placement provider for all applicants without a prescribing qualification (11, 14, 36, 94). The human resources team within each practice placement provider manages this and confirmation of status is shared with the academic team. The programme lead checks that all students have active registration with the NMC on entry (11, 94, 112-114).

We found that there were two midwives enrolled on the programme. Both midwives told us that they have an allocated supervisor of midwives and have completed the required intention to practice with their local supervising authority for their current year. They knew that there is a requirement for this to be maintained for the duration of their SCPHN programme (94). They reported that they had met this requirement with little prompting from the school and that they would have appreciated more information. The school may wish to consider providing information in both programme handbooks in

which direct entry midwives maintain their intention to practise and process for the checking of this.

We found that there were two students in year one enrolled on the part time route over two years (94, 116). The university may wish to consider providing information in both programme handbooks to include processes for part time students to declare their good health and character status in year two.

We can confirm that all panel members had completed equality and diversity training. We found that mechanisms for checking compliance with equality and diversity training of practitioners and service users involved in selection of SCPHN–HV students are weak and requires improvement to strengthen the risk control (86, 94).

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

What we found before the event

We found that the school has a fitness to practise policy and procedure to address concerns relating to the professional behaviour of students in both academic and clinical settings. Students, academic staff and placement providers are informed of processes for monitoring performance (17-18, 22-23, 40, 122).

The school maintains close tracking of student progression and attrition and reports to its placement partners. Within the nursing programme there have been three students who have departed since the programme commenced, Two of these did so because of financial challenges while one left on health grounds (43-44, 49, 68).

What we found at the event

We can confirm that the university's fitness to practise policy and procedures are robust in addressing issues related to poor student behaviour in practice and theory settings. Academic staff, students, mentors and practice teachers confirm awareness of the policy and are able to describe poor behaviour, which may result in a referral to the fitness to practise committee (48, 85-86, 88, 90).

A personal tutor system within the university provides opportunities for monitoring individual students' progress and achievement in both theory and practice, which is achieved through regular and focused progression meetings (17-18, 88, 93-94).

Senior staff and programme teams confirmed that there had been no fitness to practise cases reported in relation to the pre-registration nursing (adult) programme or the SCPHN-HV programme. In pre-registration nursing two students have been seen by personal tutors in relation to the use of social media networks and classroom conduct but neither case had been escalated to the fitness to practice panel (48, 85-86, 93-94, 129-130).

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice, which are clearly

<p>understood by all stakeholders. 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>We found documentary evidence which informed and supported practice placement providers in addressing issues of poor performance of pre-registration nursing (adult) and SCPHN-HV students (21-23, 30, 32, 48, 55, 65).</p> <p>The placement providers have risk assessment policies that are aligned to the university's fitness to practise policy (15, 32, 65).</p>
<p>What we found at the event</p>
<p>All practice assessment documentation includes the processes for managing failing students in practice, We saw evidence that failing students are recognised and assisted through action planning and support which involve both the mentor and university link lecturer, supported by the practice education facilitator (PEF) or clinical tutor for pre-registration adult nursing students, or from the university link lecturer and practice teacher for the SCPHN–HV students (17-18, 21-22, 86, 93-94).</p> <p>Students confirm access to disabilities support following disclosure. Students understand the process of referral for disabilities assessment and the allocation of additional teaching and learning support resources, which are communicated to academic and practice placement providers on a need to know basis (99, 103, 111-112, 114).</p> <p>We found that programme teams, mentors, practice teachers, and students are aware of the process for addressing issues of poor performance in practice (99-104, 111-112, 114).</p> <p>We found that clear collaboration and dialogue between the university and practice placement providers ensures that processes are implemented (85-86, 89, 92-94).</p> <p>Pre-registration nursing (adult) programme</p> <p>All staff confirmed that issues of concern in relation to a student's performance are identified early and acted upon with the involvement of the link lecturer, clinical tutor and PEF and are confident that issues are thoroughly investigated, as required (93, 98, 100, 102, 104, 108, 110).</p> <p>We found that mentors are guided by a cause for concern flow chart, which is clearly on display in the placement areas visited and explained in students' practice assessment documents and in mentor handbooks (30, 89-90, 93, 100, 102, 110).</p> <p>A feature of the non-commissioned programme is the provision of trust-based clinical tutors who provide additional support and monitoring of students when in placement</p>

<p>settings (32, 85, 93).</p> <p>SCPHN-HV</p> <p>We found that practice teachers are aware of the protocol and procedures for raising matters of concern in community practice to manage failing students (21, 112-113).</p> <p>SCPHN students are required to complete a practice evidence portfolio (PEP), which gives clear directions about managing failing students. The PEP requires attendance monitoring in practice. Students reported that they are given clear information about the criteria for achievement and the role of the practice teacher in monitoring progress (18, 23, 112, 114).</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>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>We found documentary information of clear systems for the accreditation of prior learning (APL) and achievement. However the university reports that, because of the infancy of the pre-registration programme it is just reaching the progression point at the end of year one and is expecting some applications from outside by students wishing to transfer in and internally from students completing the foundation degree programme who may wish to continue their studies. The APL policy and procedures are clear and recognise fully the maximum amount of credit that can be awarded is 50 percent (24).</p>
<p>What we found at the event</p>
<p>We found that the university has a clear process in place for APL and the programme leader supports students in making claims (24).</p> <p>We saw evidence that APL claims are supported with clear guidance and support and are assessed rigorously, although the academic staff were unable to confirm any scrutiny by the external examiners in the process (88). All claims are ratified at the appropriate assessment board (25-26).</p> <p>Pre-registration nursing (adult) programme</p> <p>Staff confirmed there is an identified programme lead to deal with APL applications from initial queries through to acceptance. This is then processed through the assessment board for ratification (25-26, 35, 88). The APL processes in place allow for transfer from other institutions. Academic staff were also able to confirm that, at the time of monitoring, one student has been granted APL based upon achievement in completing</p>

the assistant practitioner/foundation degree route and had just commenced the second year of the programme (24, 93).

SCPHN–HV programme

We found that APL claims were undertaken by students who had completed the V150 community nurse prescribing and V300 supplementary and independent prescribing programme and safeguarding modules, and were received through an assessment board. We can confirm that claims awarded did not exceed NMC regulation of 50 percent. We found that APL claims had been signed by the programme leader and submitted to the assessment board for ratification (23, 25, 36, 94, 88, 112).

The programme team may wish to consider processes for external examiner sampling of APL portfolios.

Outcome: Standard requires improvement

Comments:

The programme team are not able to confirm that the monitoring of compliance of equality and diversity training of practitioners and service users involved in selection of candidates for the SCPHN-HV is managed appropriately to meet NMC standards.

Areas for future monitoring:

That the university checks to ensure that all panel members involved in the selection for NMC approved programmes have undertaken equality and diversity training.

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

We found documentary evidence of partnerships between the university, commissioners for education, and other AEs and service providers. The partnership working is evident at strategic and operational levels and ensures provision and governance of practice placements to support nurse education (4, 9-11, 32).

Raising and escalating concerns policies are in place to ensure that students' concerns are fully investigated and supported (3-4, 21).

There are arrangements in place to manage educational audits and to share information in relation to external monitoring activity such as CQC (32, 52-53, 62).

What we found at the event

The university is working closely with all practice partners to implement the agreed mechanisms for responding to the raising and escalation of concerns, and in sharing and responding to the outcomes of quality monitoring, such as CQC, that has taken place within healthcare organisations. There is strong evidence that these mechanisms are fully implemented and that the university escalate any concerns in accordance with NMC requirements (31, 33, 45, 50 122-125).

Senior academic and placement managers and the HENW commissioner confirmed that formal engagement with education commissioners and practice placement partners is achieved through quarterly meetings with the contracts manager of HENW and head of North West Placement Development Network. Joint meetings with managers are held three times per year and consider placement issues such as capacity, educational audit and responses to external monitoring (64, 71-72, 91-92).

Live placement databases are held within the partner trusts. Processes for undertaking educational audit is in accordance with the NMC requirements, and the school exercises an additional level of scrutiny in completing an annual placements education audit report (PEAR) which is informed by student, mentor and service user feedback. We conclude that the university has effective mechanisms in place to ensure that placements used by other AEIs have been audited and meet the requirements to support students in practice (62, 89, 92). We found examples of educational audits requiring action plans, which were monitored by the PEF and the university link lecturer. We viewed a live database of placements within the trusts which demonstrates a robust process for initiating the completion of audits when due. We found that audits were in date, met NMC requirements and confirmed resources to support student learning (51-52, 63, 81, 86, 96, 98, 118).

Pre-registration nursing (adult) programme

We found that the programme leader communicates regularly with PEFs, clinical tutors and other senior clinical managers in the NHS trusts and is confident that she would be quickly alerted of any clinical governance issues. The processes for joint actions arising from adverse clinical governance issues places patients' and students' safety at the forefront of all action plans (3, 45, 50, 52, 86, 98, 102).

A raising and escalating concerns policy is in place in the university and placement provider organisations. Students, academic staff or practitioners can raise issues of concern arising in practice placements. These are monitored by the programme leader/pathway leaders and escalated as appropriate within the placement organisation and university, ensuring that concerns are fully investigated and supported (52, 56, 58, 60-61, 84).

A multi-professional audit tool developed for use across the placement areas facilitates

a streamlined approach to managing the quality assurance of practice placements and to enhance students' learning. The UoB meets with representatives for the other AEs using practice placements; this was confirmed by PEFs and clinical nurse tutors (51-54). In addition, the audit tool ensures information is shared more easily with other universities using placement areas to help manage capacity issues (89).

SCPHN–HV programme

We found that the programme lead carries out scrutiny of educational placements, using the PEAR tool, before each student cohort commences the programme and before arranging allocation of students. However we found that liaison with other AEs using community placements was weak. Practice teachers and community managers informed us that educational auditing activity was duplicated and that, without the scrutiny of the programme leader, it could not be assured that placements had the resources to support students. We saw evidence of multiple audits held with placements (52, 117).

This is an area in need of improvement and the university should liaise more effectively with other AEs to ensure closer partnership working. We found that there were no examples of escalation of a placement for removal and reinstatement onto the placement circuit (86, 89).

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

What we found before the event

The school has a patient and carer initiatives policy, which specifies its commitment in terms of duty of care, training payment, roles and responsibilities. The school has appointed a service user champion who is responsible for day-to-day delivery and operations. The patient and carer initiative strategy confirms the range of activities, including input into curriculum planning, involvement in programme delivery and assessment within practice (16, 73-74).

There are details that identify the range of activities undertaken by practitioners within the development and delivery of programmes.

What we found at the event

We confirm that practitioners and service users and carers are involved in all aspects of programme development and delivery (16, 73-74, 87, 93-94, 99, 105).

Pre-registration nursing (adult) programme

Service users and carers have contributed to programme design and development, participated in the formulation of questions for student selection and are involved in the assessment of students in practice. All pre-registration nursing practice learning documents provide opportunities for service users to comment upon care received from students (10-11, 18, 57, 59, 45-46, 87-88). Students and the programme team are able

to confirm that service users are involved in teaching and provide life stories to support scheduled teaching. Examples we found included looking after individuals with complex health, end of life care and dementia care (47, 68-69, 99, 101, 103, 107, 112-114, 116).

Students, academic staff and service users described service users' and carers' contributions to the student experience of placements through 'coaching' sessions (99, 101, 103). These sessions, held within two weeks of each placement completion consist of small group action learning sets which are facilitated by the service user/carer. The service user is a trained 'coach' and facilitates reflection and helps students to focus upon themes related to the '6Cs'. Students evaluate this very well. The service users recognise that the students appear to be relaxed and willing to disclose within a safe learning group and they seem to appreciate their neutrality as a facilitator. The service users are selected and fully briefed and debriefed for this undertaking. Students have six opportunities within the three-year programme to participate. The champion for the service user and carer initiative reported that she has been successful in recruiting ten service users and carers to fulfil this role and the school has designated an experienced academic to provide the support and training to the patient coaches (126). Students, service users and academic staff see this aspect of service user and carer involvement in a positive light and we feel that it should be recognised as notable practice for recognition and dissemination (87, 99, 101, 103, 126).

The nature of the non-commissioned programme includes scheduled input from service colleagues from the three partner trusts. They have direct responsibility for induction, skills teaching and also in supporting staff in delivering elements of the theoretical content within the trusts in years two and three. The clinical tutor network is vibrant and active in supporting students' learning (39, 83, 85-86, 93, 98).

SCPHN-HV programme

Service users confirmed their involvement in aspects of the programme and included attending to support students to achieve the Babyfriendly component of their programme (87, 94).

Students and practice teachers confirmed that service users in practice contribute evaluations to student achievement through the practice assessment document (112–117).

We found that practice staff contribute to teaching and delivering the UNICEF UK Babyfriendly initiative, enabling students to be trained during the programme to support mothers to breastfeed effectively (85, 94, 113, 115, 117, 119).

Sign-off practice teachers have contributed to the programme delivery in their capacity as institute of health visiting perinatal mental health champions. However being released from practice this year for this delivery has been challenging (85, 94, 113, 115, 117, 119).

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

What we found before the event

There is evidence of an academic lecturer workload distribution of 20 percent in

practice. Workload allocation requires engagement in practice, which is achieved in a variety of ways, which include research, clinical visits, teaching, educational audit and supporting mentors with failing students. There is a designated university link lecturer role and the frequency and actions undertaken during placement visits are recorded (8, 17-18).

What we found at the event

Pre-registration nursing (adult) programme

All practice placements have a named link lecturer who is a member of the academic staff. Contact details are displayed in clinical areas and maintained in a register in the UoB. The link lecturer contributes to tri-partite interviews to support students and mentors in relation to learning and assessment in practice (100, 103, 108).

Mentors/sign-off mentors and clinical managers are able to name link lecturers and other university staff who support students and mentors in practice placements (56, 100, 102, 104, 108, 110).

Student nurses confirmed that clinical nurse tutors and link lecturers provide them with good support and are involved in supporting the assessment of practice (99, 103, 111). Mentors feel supported by the university and confirm that link lecturers are available in person, by telephone or by email if needed (56, 98, 100, 104).

Action plans within practice assessment documents confirmed direct link lecturer involvement in practice (17, 45, 89, 93).

SCPHN-HV programme

We found that the SCPHN programme leader, who is the personal tutor visits, at least once every semester (19, 52, 53, 94). Students are aware of their personal tutor and their contact details and appreciate the assistance provided in enhancing their learning in linking theory to practice (96, 112, 114). The programme leader and other lecturers are always contactable and highly valued by the students, practice teachers and mentors (98, 100, 104, 112, 114, 119).

We were given information relating to one student who was identified with specific learning needs, which were addressed by good working partnership between the practice teacher and visiting programme leader (117).

Our findings confirm that academic staff support students in practice placement settings.

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

What we found before the event

We found documentary evidence that mentors, sign-off mentors, and practice teachers are properly prepared through NMC approved mentor and practice teachers' development programmes and regular updates (9-11, 32-33, 37, 40).

<p>The university is approved by the NMC to offer mentor and practice teacher preparation and prepares participants, especially those in a sign-off role, to meet requirements of the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) (131).</p>
<p>What we found at the event</p>
<p>We found that employers support mentors to successfully complete the university's NMC approved mentor module to enable them to support and assess student nurses and student midwives (85, 89, 100, 102, 104, 108, 113, 115-116, 131).</p> <p>Pre-registration nursing (adult) programme</p> <p>Mentors supporting the pre-registration nursing programme confirmed they are well prepared for their role in assessing practice. All students confirmed that the standard of mentorship was good and that mentors and sign-off mentors seemed well prepared (98, 100, 102, 104, 106, 108).</p> <p>We viewed mentor databases and verified that all listed mentors hold a mentor qualification and that there are adequate numbers of sign-off mentors (97, 106, 109).</p> <p>SCPHN-HV programme</p> <p>We found that there are sufficient suitable practice teachers and mentors to work with students (20, 53). There are a sufficient number of practice teachers who have attended training or updates sufficiently to meet the number of health visiting students being mentored. Mentors are prepared effectively in the placement settings (113, 115, 117).</p> <p>Mentors/practice teachers confirmed that they are able to attend three practice teacher training days a year sufficient to meet requirements for triennial review. All sign-off practice teachers are able to articulate the process for triennial review and are maintaining a personal record for revalidation purposes (23, 55, 67-68, 89, 94, 113, 115).</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>Approval reports, statements of compliance and memoranda of agreements between the university and placement providers all confirm that there is commitment to releasing staff to attend annual updates sufficient to meet the requirements for triennial review and to ensure that staff are eligible to remain on the live register (9-11, 32).</p> <p>Student evaluations confirm that students are supported in practice by mentors and practice teachers. There is clear information of frequent and university updating activities which are facilitated by PEFs and supported by academic staff from the university (52, 54, 64, 68).</p>

<p>What we found at the event</p>
<p>We found that all mentors, sign-off mentors and practice teachers have attended annual updates and meet the requirements for triennial reviews. This is clearly documented on live mentor databases which also flag up mentors who are approaching their annual and triennial reviews in addition to annual appraisals (20, 97, 106, 109, 120).</p> <p>Pre-registration nursing (adult) programme</p> <p>Mentors told us that they were able to attend annual updates, which are conducted by the PEF. All updates are delivered face-to-face and there are frequent opportunities to attend updates (86, 100, 102, 104, 106, 108, 110).</p> <p>SCPHN-HV programme</p> <p>The programme leader schedules practice teacher updates within two months of the start of each intake and before the first assessment point of the programme. All practice teachers who have been allocated a student are required to attend (120). This ensures that all practice teachers are familiar and confident with the assessment protocols and provides opportunities for clarifying the programme aims and outcomes (55, 64, 67). Triennial reviews were clearly evidenced on the mentor database (20, 112, 119-120).</p> <p>We conclude that mentors and sign-off mentors and practice teachers attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>Documentary information confirms that systems are in place to ensure accurate updating of live mentor and practice teacher registers (9, 32, 68, 120).</p>
<p>What we found at the event</p>
<p>We viewed live mentor databases and found the records of mentors, sign-off mentors and practice teachers were accurate and up-to-date. The registers include evidence of completed updates and triennial reviews and the sign-off mentor and practice teacher status is confirmed (96, 114-115).</p> <p>Records clearly indicate through colour coded RAG (red, amber, green) entries when a mentor is current, needs an update or has missed the time limit and is no longer 'live'. Mentor databases are secure and password protected and provides assurances that risks are well controlled (20, 85-86, 96, 114-115).</p> <p>Databases relating to the private, voluntary and independent sectors are accurate and up to date. They are maintained at the AEI, by the programme leaders and monitored by the respective link lecturers (20, 89, 98, 104).</p>

We found that we were able to reconcile entries on the live register with duty rotas and educational audit documentation (82, 97, 106, 109).

Within the SCPHN-HV programme we found that the programme leader maintains a register of practice teacher updates, which are shared with the placement provider on a regular basis to facilitate updating of the live register (67, 94, 121). However, we found that there were some discrepancies in the live register, which were due to a delay in sharing confirmation of practice teacher updating (86). We were able to confirm, by scrutiny of the practice teacher updating register, that details of two practice teachers on the live register had not been updated even though they were compliant with the updating requirements (20, 121).

We conclude that this is a weakness and requires improvement in order to ensure the integrity of the live register relating to community practice.

Outcome: Standard requires improvement

Comments:

3.1.1 The university need to develop partnerships with other local educational institutions that use the same practice placement locations in order to avoid duplication of educational audits and thus minimise the risk of over capacity of students in placement areas.

3.3.3 The university needs to improve its communication pathways in order to ensure timely confirmation of sharing practice teacher updating with the placement providers to maintain an accurate and up to date mentor database.

Areas for future monitoring:

Partnership working in the sharing of educational audits with local educational institutions.

The live register for practice teachers is accurate and up to date and reflects all practice teacher updating activity.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

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

Pre-registration nursing (adult) and SCPHN-HV programme documentation confirm that students are supported in achieving NMC learning outcomes and competencies at progression points and for entry to the register (10-12, 17-18, 22-23, 34, 36, 80).

The pre-registration nursing (adult) programme is mapped against NMC standards (2010) (10, 17, 35).

The SCPHN-HV programme is mapped against the NMC competencies (2004), against the UNICEF UK Babyfriendly initiative on breastfeeding and against the NMC V100 prescribing requirements (11-12, 23, 36).

What we found at the event

Pre-registration nursing (adult) programme

All students interviewed told us that they benefit from effective teaching and learning strategies, which include simulated learning. We were able to view a multi-professional simulated learning session that students attended in the trust. They are given opportunities to rehearse and develop caring and practical skills before they go into practice placements (96, 99, 101, 104, 106, 108, 112, 114). The requirements of the European Directive, including the specified hours of theory and practice, are met in the approved curricula (17, 35).

We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice (17, 35).

Students are clear that progression requires practice and academic modules to have been passed (93, 99, 101, 103, 107, 111).

There is clear attendance tracking processes in place, with students' attendance in the university monitored through digital registers and in practice by attendance registers within practice assessment documentation. All students understand their responsibilities for providing evidence, through self-directed or directed study, that they have made up any lost theory time and there are clear guidelines within students' handbooks and practice assessment documents (17, 45, 93).

All stakeholders confirmed that they are confident that when students exit the programme in 2018 they will be safe, competent and fit for purpose at the point of professional registration (41, 85-86, 87, 100, 102, 104, 106, 108, 110).

At the time of reporting there is yet to be a completing cohort of students and the external examiner annual report is not yet completed. However, there is evidence that the external examiner is engaged in looking at scripts and agreeing that the assessment processes are measuring student achievement against NMC competencies (41, 47, 49, 69-72).

SCPHN-HV programme

The programme structure meets requirements for 50 percent theory/50 percent practice and students are required to attend 88 study days. All attendance is recorded and it is the student's responsibility to make up for any missed study days by fulfilling directed and self-directed study (18, 36, 68, 75-76, 88).

<p>There is a 100 percent completion of the programme with all students gaining employment, most within their local sponsoring employers (44, 68, 85, 92, 94).</p> <p>External examiners confirm that students' achievement is commensurate with other SCHPN-HV programmes and that students are fit for practice. Student evaluations confirm a high level of satisfaction with all elements of programme delivered and supporting of the personal tutor in facilitating their development (42, 68-69, 79).</p> <p>All stakeholders confirmed that qualifying health visitors from the University of Bolton are safe, competent and fit for purpose at the point of professional registration (85-86, 89, 92, 94, 113, 115-119).</p> <p>Our findings conclude that there is clear 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 the pre-registration nursing (adult) programme and the SCPHN–HV programme.</p>
<p>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</p>
<p>What we found before the event</p>
<p>Practice competencies and essential skills are incorporated into the pre-registration nursing (adult) and SCPHN-HV practice assessment documentation and ongoing records of achievement, and are integral to the assessment strategy. All European Union (EU) requirements are clearly mapped for the nursing (adult) programme (10-12, 17-18, 35-36).</p>
<p>What we found at the event</p>
<p>Pre-registration nursing (adult) programme</p> <p>Academics, clinical tutors, PEFs, mentors and students confirmed pre-registration nursing (adult) assessment of practice documentation and student support enables students to achieve NMC practice learning outcomes and competencies at progression points and for entry to the NMC register (106-111). A range of support that includes mentors, PEFs and funded clinical tutors, facilitates the students' achievement in practice (39, 47, 54, 93). Students have access to multidisciplinary study days within the trust, which enables them to integrate theory and practice across all trusts (83, 93).</p> <p>Students and mentors confirmed practice learning is delivered through a hub and spoke model facilitated by clinical tutors, PEF's and mentors across all practice areas (17, 22). EU requirements are met through the placement circuit and hub and spoke method; they are recorded in student placement record, practice assessment documentation and tracked in portfolio at personal tutor meetings (17, 22, 106-111).</p> <p>The academic team confirmed the assessment of practice is moderated through a 20 percent sampling of submissions; they also confirmed that there are external examiner</p>

arrangements in place to visit practice and sample documents (18, 31, 41, 77, 93).

We found that essential skills, competencies and European Directive requirements are identified in the assessment of practice documents (17, 22). Students, mentors and clinical teachers confirmed that skills teaching is delivered within the trusts and students have opportunities to learn with other healthcare professionals (83, 97-105). Students' achievement in practice is confirmed by external examiners who have met students and mentors in practice and scrutinise a sample of portfolios prior to the progression boards (41).

SCPHN-HV programme

Students on the SCPHN programme also reported satisfaction with case-loading and the development of skills needed for successful practice (54, 89, 112, 114).

Mentors, sign-off mentors and practice teachers report clear understanding of the practice assessment documents (89, 113, 117). However, immediate attention is required to the progression procedures for the SCPHN-HV programme so that the full 50 day period of consolidated practice is duly signed off by a sign-off practice teacher before presentation to the completions exam board. This is to ensure that students who complete the programme and enter the NMC register are fit for practice. We found instances where the sign-off documentation for submission to the assessment board did not confirm that students had completed the 50 days consolidated practice (46, 89, 94).

We conclude that within the pre-registration nursing (adult) programme there is documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the NMC register.

Our findings conclude that documentary evidence used within the SCPHN-HV programme does not support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and/or entry to the NMC register. The university is required to identify and implement an action plan to address this key risk to ensure that the SCPHN-HV programme meets NMC standards to protect the public.

Outcome: Standard not met

Comments:

4.2.1 The mechanisms for making the final checks of the SCPHN–HV programme are weak. Urgent review of processes is required to ensure students have met all requirements for entry to the NMC register including completing 50 days of consolidated practice.

**3 June 2016: Follow up Documentary Evidence from University of Bolton.
Standard now met**

Updated 3 June 2016

The University of Bolton identified and implemented an action plan to ensure that systems and processes are in place to ensure the SCPHN - HV programmes meet

NMC standards to protect the public.

A review of the evidence against the action plan on the 3 June confirmed that the following actions have all been met:

Practice assessment documentation has been revised to require signatures rather than a tick mark. Completion of attendance must now be signed-off by the practice teacher and personal tutor to confirm achievement of practice hours requirement.

The university has revised the schedules for the SCPHN-HV programme to ensure that students have sufficient time to submit final practice documentation for final checks of achievement to be made prior to the assessment board.

The revised schedules explicitly make allowances for any lost time, falling within the period consolidation of practice, which may be due to public holidays or student sickness and absence, and provides alternative arrangements for students to make up lost time.

External examiners have been briefed and are required to check final practice assessment documentation before the final assessment board.

The agenda of the assessment board has been amended and now requires an explicit focus upon confirming that all requirements for entry to the NMC register have been met before making the final academic and professional award.

4.2.1 Fitness for practice – risk theme confirmed as met - 3 June 2016

Evidence:

- Revised schedules for SCPHN-HV programmes. September 2015 and September 2016 cohorts
- Revised assessment board agenda (2016)
- Revised record of attendance contained within practice placement portfolio (2016)
- Email briefings to practice teachers
- Agenda for community practice team 10 June 2016

Areas for future monitoring:

Documentation and final checks confirm that all students completing the SCPHN-HV programme are eligible to enter the NMC register.

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

There are a range of mechanisms for eliciting and responding to student feedback, and actions taken are reported back to students and to placements through dissemination and focus group meetings. Student feedback is captured through a range of methods that include online evaluation of practice, module evaluation (paper-based), and end of year evaluation. The national student survey (NSS) will be available when the first cohort of pre-registration students reach year three in 2018 (17-18, 40, 47, 54, 68-72, 84).

The school has mechanisms to collect and monitor all sources of feedback that include evaluations of practice, staff/student liaison committees, annual programme reports, external examiner reports, feedback from commissioners, and annual clinical governance reports. All areas for attention are articulated within the programme quality enhancement plan, which determines action plans which are then monitored and fed back to the school's standing committee (68, 71).

SCPHN-HV students are not required to complete a NSS because their programme is only one year long. Students feedback through staff/student liaison committees on which students have representatives. Student feedback is actively sought, discussed and actioned at meetings. There is strong evidence that the university carries out evaluation at all levels and for all students (17-18, 40, 47, 68-72, 84).

What we found at the event

We found the university has comprehensive systems for student feedback and evaluation to enhance programme delivery (17-18, 40, 47, 68-72, 84-86, 91-92).

All students are required to evaluate each practice placement experience through an online medium and link lecturers monitor these evaluations (93, 99, 107, 112, 114).

Students confirmed they are regularly consulted about the programme both informally and through written evaluations, and academic staff respond to their suggestions and concerns. Each cohort has a representative who attends quarterly staff/student liaison committees where programme matters are discussed. Students gave examples of changes in response to students' evaluations. Students described how module feedback from a previous cohort was shared with subsequent cohorts and how this feedback impacted on module/programme design. Student areas for improvement had been fed back to students via a 'you said we did' approach (96, 99, 101, 103, 107, 111-112, 114).

We found that evaluation of sign-off practice teacher, practice teacher, mentor, placement and programme is very positive (69-70, 117-119). All students confirmed that are requested to complete a module evaluation (25, 26, 27, 28). Feedback from the evaluations is well received and acted upon. The student voice was evidenced and a

student representative was acknowledged as the means for escalating their voice (68, 70, 72).

Evaluation of practice is captured online and communicated to placements via a practice assessment record and evaluation report (PARE). This has a good response rate and demonstrates a high degree of student satisfaction. Issues raised are followed up by the link lecturers who co-ordinate with mentors and practice teachers and agree action plans as necessary.

At strategic level, a programme quality enhancement plan (PQEP) considers any areas for development arising from student evaluations, programme annual reports, commissioners requirements, external examiners' reports and sets action plans, with agreed dates. The PQEP monitors required improvements and reports activities and closure to the school's standing panel (70-71, 91, 127).

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

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

There is a clearly communicated range of methods, which enable concerns and complaints about practice learning settings to be raised and addressed. The university, in collaboration with practice placement providers, has a raising and escalating concerns policy and a clear complaints procedure. Students are made aware of how to escalate concerns and mentors, practice teachers and academic staff have clear guidance on how to support students raising concerns or making complaints (17-18, 21, 30, 38).

What we found at the event

Students confirmed that they are informed about the complaints procedure at the start of the programme and they have access to the procedure, which is summarised within the programme handbooks (99, 101, 103, 112, 114).

Mentors and practice teachers are clear about supporting students in practice who wish to make a complaint or raise or escalate concerns (98, 100, 104, 108, 113, 116-117).

The senior academic staff confirmed that students have opportunities to raise complaints at the staff/student liaison committee, programme committee, and with personal tutors and mentors in practice. We found that all issues raised by students have been managed satisfactorily without the need to escalate further (48, 90, 91).

We can confirm that external examiners have due regard (50, 91). We can confirm that they are continually engaged in the scrutiny of theory and practice and have visited students, mentors and practice teachers in practice (41-42, 47, 49, 68, 78-79, 94-95).

Mentors and practice teachers are clear about supporting students in practice who wish to make a complaint or raise or escalate concerns (98, 101, 103, 113, 116).

It is confirmed that there have been no complaints received in relation to the pre-registration nursing (adult) programme and none that relate to the SCPHN programme (48, 85-86, 91).

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

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19. University of Bolton, SHHS, interviewers guidance and score sheets for group interviews, 2016
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34. Practice placement allocation flowchart, 2015-2016
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96. Telephone call with part time SCPHN-HV student, 14 April 2016
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101. UoB, SHHS, adult nursing placement visit Royal Preston Hospital, ward 25, meeting with students, 13 April 2016
102. UoB, SHHS, adult nursing placement visit, Royal Preston Hospital, ward 25, meeting with mentors, 13 April 2016
103. UoB, SHHS, adult nursing placement visit, Spiral unit (voluntary and independent service provider), meeting with students, 13 April 2016
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105. UoB, SHHS, adult nursing placement visit, Spiral unit (voluntary and independent service provider), meeting with service user, 13 April 2016
106. UoB, SHHS, adult nursing placement visit, Royal Bolton Hospital, live register, 14 April 2016
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128. Annual clinical governance report, Bolton Foundation Trust, October 2015

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Personnel supporting programme monitoring

Prior to monitoring event

Date of initial visit: 22 Mar 2016

Meetings with:

Programme lead for SCPHN
 Programme lead for pre-registration nursing (adult)
 Matron for education, Central Manchester Foundation NHS Trust
 Clinical nurse, tutor lead, Lancashire Teaching Hospitals NHS Trust
 Head of placements and student support, Lancashire Teaching Hospitals NHS Trust
 Deputy nursing director, Lancashire Teaching Hospitals NHS Trust
 Education development manager, Bolton Foundation Trust
 Head of clinical and professional development, Central Manchester NHS Foundation Trust

At monitoring event

Meetings with:

Head/dean of school
 Programme lead for SCPHN
 Programme lead for pre-registration nursing (adult)
 Matron for education, Central Manchester Foundation NHS Trust
 Clinical nurse, tutor lead, Lancashire Teaching Hospitals NHS Trust
 Educational Commissioner Health Education North West (HENW)
 Service users and carers
 School administrative team

Meetings with:

Mentors / sign-off mentors	24
Practice teachers	8
Service users / Carers	3
Practice Education Facilitator	8

Director / manager nursing	9
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	3 Clinical tutors

Meetings with students:

Student Type	Number met
Registered Specialist Comm Public Health Nursing - HV	Year 1: 10 Year 2: 0 Year 3: 0 Year 4: 0
Registered Nurse - Adult	Year 1: 9 Year 2: 3 Year 3: 0 Year 4: 0

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