

2016-17

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

Programme provider	Buckinghamshire New University
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Children
Date of monitoring event	14-15 Feb 2017
Managing Reviewer	Peter Thompson
Lay Reviewer	Kate Taylor
Registrant Reviewer(s)	Monica Murphy, Nick Medforth
Placement partner visits undertaken during the review	<p>Charing Cross Hospital ward 8 west; St Mary's convent and nursing home; West Middlesex Hospital Syon 1; Hillingdon Hospital Hawthorn intermediate care team; Harefield Hospital acute cardiac care unit</p> <p>Harley Street Clinic; St Mary's Hospital Great Western ward ; Hillingdon Hospital Peter Pan ward; Queen Charlotte's Hospital neo-natal intensive care unit; West Middlesex University Hospital Starlight ward; Laurel Lodge health visitors</p>
Date of Report	27 Feb 2017

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 nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2016, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure 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.

The NMC may conduct a targeted monitoring review or 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: Risk controls need to be strengthened. 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 in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and 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	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	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, and can reflect on, 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 Buckinghamshire New University's programmes

The school of pre-qualifying nursing and vocational health care (the school) is one of two schools residing in the faculty of society and health (FSH) within Buckinghamshire New University (BNU). The school provides a pre-registration nursing programme in adult, child and mental health fields. A range of other health and social care programmes are offered in the faculty and include social work and operating department practice. The school works in partnership with a number of NHS trusts and private, voluntary and independent (PVI) service providers across London and Thames Valley, and is situated within the area managed by the educational commissioners; Health Education north west London (HENWL) and Health Education Thames Valley (HETV).

This monitoring review focuses on the pre-registration nursing programme (adult and child). The programme was approved on 31 May 2016 and is offered at degree and postgraduate diploma level. The programme is based at the Uxbridge campus which is one of three university sites, the others being located at High Wycombe and Aylesbury Vale.

The BSc (Hons) nursing programme has intakes in September and in February. Commissions for the adult field was 320 in 2016-2017 and for the child field was 80 in 2016-2017.

The postgraduate pathway for pre-registration nursing has an intake in September. The child field was not commissioned and the adult field recruited 45 students and to target.

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

Particular attention is paid to student experiences in the NHS trusts which had been subject to concerns raised after inspections by the Care Quality Commission (CQC) during the 12 month period prior to the visit. These are:

- The Harley Street Clinic (child placements)
- Royal Brompton and Harefield NHS Foundation Trust (adult placements)

Summary of public protection context and findings

Our findings conclude that Buckinghamshire New University has systems and processes in place to monitor and control risks to assure protection of the public. We found that all key risks are met.

Resources: met

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

We confirm from our findings that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration nursing programme (adult and child) to meet NMC standards.

Admissions and progression: met

Our findings confirm that the admissions and selection processes are robust and meet NMC requirements. Disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are all 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 procedures are sufficiently robust to manage issues of concern about a student's professional conduct whether academic, or practice related. We found evidence of effective implementation of these procedures and examples of where students have been discontinued from the programme which demonstrates the rigour of the process in ensuring public protection.

We conclude from our findings that systems for the accreditation of prior learning (APL) and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency.

Practice learning: met

Our findings conclude that the university has well established and effective working relationships with Health Education north west London (HENWL), Health Education Thames Valley (HETV). and practice placement providers at both a strategic and an operational level.

The university works in partnership with education commissioners and practice placement providers and responds in a timely and appropriate manner following CQC reviews that do not have a satisfactory outcome within some placement areas. 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.

There is a well-established and dedicated service user and carer group and we confirm that service users and carers are involved in all aspects of the pre-registration nursing programme (adult and child).

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

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

Practitioners are involved in the development and delivery of the programme and there is a good network of direct support for students in practice placements from link lecturers, mentors and sign-off mentors and practice educators.

Our findings conclude that records of mentors and sign-off mentors are accurate and up to date.

Fitness for practice: met

Our findings conclude that learning, teaching and assessment strategies in the pre-registration nursing programme (adult and child) enable students to meet the required programme learning outcomes at progression points and the NMC standards and competencies for entry to the NMC register.

Commissioners and employers confirm that students successfully completing the programme are knowledgeable, motivated and highly employable.

We found documentary evidence to support students' achievement of all NMC practice learning outcomes and competencies at progression points and upon entry to the 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 programme (adult and child).

We found that the university has processes in place which enable concerns and complaints about practice learning settings to be raised and addressed.

Summary of areas that require improvement

None identified

Summary of areas for future monitoring

- The number and quality of practice placements is maintained in light of health service reconfigurations and staff shortages (Standard 1.2).
- The implementation of the strategy for graded assessment of practice and the mentor's understanding of the full grades provided for assessing student performance (Standard 3.3.1).

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic teams present as enthusiastic and committed to their role. There are sufficient well qualified staff who meet NMC standards to support the numbers of students in the programme. They have opportunity for ongoing scholarly activity and protected time to support students and mentors in practice.

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

Mentors and sign-off mentors told us they are well prepared to support students and are confident in using the graded assessment of practice. They told us they have access to suitable preparation for their roles and ongoing support and engagement from and with the academic team.

The mentors have genuine enthusiasm for their role and there is real evidence that they are supported by managers, practice educators, link lecturers and other clinical and educational staff. They understand their responsibilities around ensuring that students have opportunities to learn and have competencies assessed. There appears to be some variance in the way that the grading of practice is interpreted. However, they feel that mentorship training prepares them for their role and they are released to attend further training as required to meet any NMC standards.

Senior managers express satisfaction with the university partnership and understand the mechanisms which are in place to manage risk and support effective and safe placement learning. Placement managers feel that communication with the university is good and that there is strong partnership working. Managers and commissioners confirm that students are fit for purpose at both the point of registration and on successful completion of the programme. The commissioners confirm that there is a good working relationship with the university; academic staff are responsive and flexible in their approach to education. Annual quality monitoring activities indicate that all contractual requirements are met to a high level. They told us that close partnership working with placement providers and with the other universities sharing placements is good and effective and ensures that responses to external adverse reporting is timely and appropriate in mitigating risks.

Students

Students from all cohorts we met are complimentary about their academic and practice placement experiences. They feel well supported in all areas and feel safe and confident in raising any concerns in education and practice. They are generally satisfied with all their assessment processes, which give constructive feedback for future work. The third year students told us that they felt their training had prepared them for the challenges of beginning their career as a registered nurse.

Service users and carers

There is a service user and carer group called 'Independent Voices'. They meet on a bi-annual basis for information, training, updates and support. They told us that they are involved in all aspects of the programme from interview to evaluation and including curriculum design and delivery. The users and carers are positive about their role and feel a valued part of the education team. Service users and carers on placement feel students are receiving a good experience to prepare them for future practice.

Relevant issues from external quality assurance reports

We considered CQC reports published in the 12 months which preceded the monitoring visit related to practice placements used by the university to support students' learning. These external quality assurance reports provide the review team with context and background to inform the monitoring review (1-3). CQC inspections identified areas for improvement in the following care providers:

London North West Healthcare NHS Trust, June 2016. Concerns relating to staffing levels and shortage of child field nurses within the paediatric areas (2).

Action taken by the university: A review of the report was carried out and cross referenced with student placements. The head of the university placement learning unit (PLU) liaised with the provider to confirm that mentors availability was not compromised by the identified staff shortages. Ongoing monitoring of the situation is being carried out through weekly visits by the link lecturer who works with the educational lead in identifying any impact of staff shortages on the student experience (85, 87).

Harley Street Clinic, January 2017, was given an overall outcome of outstanding but the report identified issues with staffing levels within paediatric intensive care, medicines management and safeguarding training (3).

Action taken by the university: The dean of faculty sent an exceptional report to the NMC on 23 January 2017 to provide details of responses to this report and to confirm that "all placements available to students undertaking the PG Dip/BSc (Hons) nursing adult and child programmes are of the required quality and that processes are in place to assess any possible risk of not meeting NMC standards for education" (130).

Royal Brompton and Harefield NHS Foundation trust, 4 January 2017 (1).

Action taken by the university: The dean of faculty sent an exceptional report to the NMC on 8 February 2017 to provide details of response to this report and confirming

that ‘all placement available to students undertaking the PG Dip / BSc (Hons) nursing adult and child programmes are of the required quality and that processes are in place to assess any possible risk of not meeting NMC standards for education” (129).

Exceptional reporting is evidenced within successive self-assessment reports in which the university consistently flags any CQC concerns and responses. A summary of the university’s responses, in partnership with practice placement providers, confirms that they work together to carry out risk assessments to ensure the quality of the practice learning environment and protection of the public (5)

What we found at the event

Senior managers from placement providers and from the university confirmed that robust surveillance mechanisms are in place to respond to issues identified from CQC inspections and from matters raised through raising and escalation of concerns and complaints. They described the partnership responses, which assured the quality of placements for students (85, 87)

During the scheduled visit to the Royal Brompton and Harefield NHS Foundation Trust we met with the head of clinical education and training who confirmed that CQC reports are monitored at trust board level and discussed with the university. She gave assurances that a risk assessment had confirmed that standards for student education had not been compromised by the issues identified from a recent CQC report with outcomes that are not satisfactory; and that clear processes are in place to address sub-optimal standards and inform the university of outcomes (118).

During the scheduled visit to the Harley Street Clinic we met with the link lecturer and practice education lead who confirmed that a risk assessment had been carried out and an action plan is in development to mitigate risks to students. A scrutiny of the live register of mentors gave assurances that there were sufficient qualified mentors with due regard to support students on placement (120, 123)

From our findings we conclude that the university continues to work closely with all practice placement providers to monitor the outcomes of external monitoring reports (120, 123). There is effective communication in place between university senior management and directors of nursing and midwifery in practice placement provider organisations (84-85, 90).

Follow up on recommendations from approval events within the last year

The return to practice nursing programme was approved on 5 May 2016. Four recommendations were made (41).

The pre-registration nursing BSc and PGDip programme (adult, child and mental health) was approved on 31 May 2016. Three recommendations were made (39-40).

From our findings we can conclude that all recommendations have been addressed (42, 83, 91-92).

Specific issues to follow up from self-report

All actions highlighted in the self-report for 2016–2017 have been or continue to be addressed (4). Specific issues followed up include:

- Reduced retention and satisfaction of students on the pre-registration nursing (child) programme

Attrition of pre-registration nursing (child) students has improved and the university is rated green on the red, amber, green (RAG) system within the Health Education England (HEE) commissioning group. A robust plan of action including recruitment and tracking of students continues to be monitored. The child field team continue to have dialogue with the students to address student expectations and keep students informed of placement availability. The national student survey (NSS) score in overall student satisfaction has increased from 65 percent to 95 percent in the child field (44, 48, 75-76).

- Increased demand for practice placements due to increased commissioned numbers

Close collaboration and partnership working with NHS trusts and the PVI sector has enabled the required expansion of placements and the university PLU continues to be proactive in finding and utilising a range of new placements (49, 66-67, 84-85, 90).

Findings against key risks

Key risk 1 – Resources

- 1.1 **Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.2 **Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.

What we found before the event

Staff curriculum vitae demonstrate that academic staff supporting the pre-registration nursing programme (adult and child) have experience and qualifications that are commensurate with their role (131).

A research and staff development policy is in place whereby academic staff are required to engage in scholarship and research (7).

The workload allocation process identifies 20 percent of time for engagement in practice for each nurse teacher (8).

Pre-registration nursing (adult)

We found academic staff resources include 24.8 registered nurses (adult) of whom 16 have an NMC recorded teaching qualification (131).

Pre-registration nursing (child)

We found academic staff resources include 11 registered nurses (child) of whom seven have an NMC recorded teaching qualification (131).

What we found at the event

We found that the university has effective monitoring processes in place to ensure that academic staff maintain active NMC registration. Senior staff confirm that the school has processes in place to support, monitor, and record that academic staff meet revalidation requirements, which is monitored through annual appraisal. We found that all NMC registrants supporting the pre-registration nursing programme (adult and child), who were due for revalidation between 1 April 2016 and 31 January 2017, have successfully revalidated with the NMC (85, 90-92).

We found that the recruitment of academic staff has increased in line with rising student commissions and that a balance of subject and clinical expertise is maintained (84-85, 132). Staff are required to achieve a recordable teaching qualification within two years of joining the university and we found that clear support mechanisms are in place to facilitate staff to do so (7, 84, 91-92, 132).

The organisation and delivery of the pre-registration nursing programme is managed through field specific departments within the school. Each department has a field lead and we can confirm that the lead for the adult field and the lead for the child field have due regard, a current NMC registration and a recorded teacher qualification (85, 91-92, 131, 133).

Programme teams and academic managers confirm that there is sufficient time within the workload plan to support ongoing scholarly activity and professional development (90-92).

Academic staff confirm that their qualifications, clinical experience and professional development activities enable them to deliver a contemporary nursing programme. They told us that they are supported in maintaining clinical links and to engage with practice (91-92).

All students we met confirm that the programmes are delivered to the timetable as advertised, without cancellations. They told us that they are satisfied with the support they receive from the programme teams in both university and practice learning settings (82, 93, 99).

Senior managers, commissioners, and programme teams confirm that academic and physical resources support the student numbers (66-67, 84-85, 91-92, 132).

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

<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>Documentary evidence identifies ongoing partnership working to ensure that there are sufficient numbers of appropriately qualified mentors and sign-off mentors to support students on the pre-registration nursing programme (adult and child). Statements of compliance and contractual agreements with placement partners pledge that resources are provided and maintained to support students (9, 11-12, 31-32, 34, 49-50, 72).</p>
<p>What we found at the event</p>
<p>We were told that placement providers hold the database of live mentors. The PLU asks each of them to confirm, in writing, four times per year, that their mentor database is up to date. Allocations are planned six months in advance and the joint working forum monitors mentor availability (66-67, 80, 90, 132).</p> <p>On submission to the PLU the mentor register is triangulated against capacity in completed educational audits and the planned student allocation schedules to ensure sufficient 'live' mentors are available to support the students (12, 31-32, 54, 90, 132).</p> <p>The school includes the PVI sector placement providers in its placement circuit, and the majority of these are small providers supporting one or two students, depending on mentor availability. The PLU sends out the intended allocation six months in advance and checks are made that there are sufficient appropriately qualified mentors available to support the intended numbers of students allocated and that educational audits are up to date (12, 54-55, 85, 90).</p> <p>We found that mentors are allocated to one student at a time (93-116, 124-125). All students we met confirmed they are aware of their allocated mentors in advance of their placement and that they work a minimum of 40 percent of the time with them (93-105). We were told that the lead link lecturers/link lecturers make local checks to ensure that mentors are available from the start of each placement (90-92). Mentors and students confirmed that the students are also allocated a co-mentor to support them when their designated mentor is on leave or on night duty or when students are undertaking spoke placements (93-116).</p> <p>Students and mentors confirmed that there is clear designation of sign-off mentors for final placements who have due regard (93-116). The PLU confirmed that liaison with practice placement provider educational leads by the lead link lecturers ensures that sign-off mentors are available to provide assurance of the student's fitness for practice (85, 90).</p> <p>We found some placements supported learners other than student nurses and can</p>

<p>confirm that the total student numbers agreed at audit is not exceeded (45, 90, 106).</p> <p>We were told that there are ongoing challenges in ensuring sufficient and appropriate placements to support the pre-registration nursing programme (adult and child). This was clearly flagged in the annual self-assessment report and by the senior staff who recognise that there is a potential risk of having insufficient mentor availability due to service reconfigurations and staff shortages. However, we are assured that mechanisms in place are successful in mitigating this risk (4-5, 50, 54, 84-85).</p> <p>We conclude from our findings that there are sufficient appropriately qualified sign-off mentors available to support the number of students on the pre-registration nursing programme (adult and child) allocated to placements at all times, to meet NMC standards.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>Challenges of service reconfigurations and staff shortages within practice placement providers may create an unstable mentor resource and compromise placement capacity.</p>
<p>Areas for future monitoring:</p> <p>To ensure that the number and quality of practice placements is maintained in light of service reconfigurations and staff shortages (Standard 1.2).</p>

<p>Findings against key risks</p>
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation</p>
<p>Risk indicator 2.1.1- selection and admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>We found that selection and admissions processes are transparent, reliable, and inclusive (18).</p> <p>There is documentary evidence which confirms that admission processes follow NMC requirements. There are clear entry requirements, which include numeracy, literacy, and the international English language testing system which is set at seven in all areas (14, 18, 22-26, 53).</p>

<p>What we found at the event</p>
<p>Students told us that they attended open days prior to applying to the university and had found online information useful in helping them to choose a university to study their programme (18, 86, 93, 99).</p> <p>The students are shortlisted if they can evidence appropriate academic qualifications and values required of a nurse through their personal statement (18, 23-24, 86).</p> <p>Selection is based upon an NHS values-based approach and is conducted by academics, practice placement partners and service users and carers. Service users confirmed that they participate in devising questions and scenarios to be used for student selection (53, 86, 91-92, 124, 126, 134).</p> <p>Placement managers, academic staff and service users and carers described their involvement in selection. They all confirmed that their preparation and briefing for selection and recruitment of students includes equality and diversity training. The admissions team keep a record of practitioners and service users, all of who comply with equality and diversity training requirements. Interview panels are formed to ensure that there is a balance of gender and cultural backgrounds in keeping with the profile of candidates being interviewed (53, 86, 91-92, 126).</p> <p>All students we spoke to confirmed that they complete DBS checks and occupational health clearance prior to commencing placements, and policies are in place to support this. They are also required to declare good health and good conduct at each progression point and to complete annual mandatory training. Students who fail to meet these requirements have placements deferred and the placement providers are informed (53, 62, 86, 93–105).</p> <p>There is a policy for the management of students who are under 18 years of age at programme commencement to protect students and the public. Academic and placement providers understand the policy (19, 86).</p> <p>Our findings confirm that adequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The university has a policy and procedure to address concerns relating to the professional behaviour of students in both academic and placement settings. Students, academic staff and practice placement providers are informed of processes for monitoring students' performance (15–17, 25-28).</p>
<p>What we found at the event</p>

The university has a fitness to practise (FtP) policy and procedure to address issues related to poor student behaviour in theory and practice settings. A student disciplinary policy gives guidance on FtP, fitness to study and defines other concerns such as academic misconduct, which enables the university to manage poor performance (15). All students we met are aware of and understand the importance of FtP procedures and confirmed that it is reinforced at each year's induction and is available on the students' online site (73-74, 91-92, 94, 99).

We were informed that concerns about FtP had been raised in relation to the conduct of 16 pre-registration nursing students in 2015 to 2016 of which nine were adult and three were child. Of the nine adult nursing students seen by the FtP panel, one had been referred to a student disciplinary hearing; three had been found with no case to answer; one was found to be unfit for practice and was removed from the programme; three were found to be fit for practice and allowed to continue; and one was found not to be fit to practise but had an appeal upheld and is awaiting a new hearing.. Within children's nursing one student had no case to answer and two students appeared before the FtP panel but were found fit to practise and allowed to continue (16, 86, 135).

The university was able to provide evidence of annual review by the academic quality and standards committee where cases are reviewed and suggestions made to address issues, which have contributed to students' misconduct (135). Action plans are reported and monitored through the faculty board. This is also disseminated to programme teams and informs annual discussions with students (34, 80, 86, 91-92, 136-137).

Review of FtP investigations is also incorporated into mentor updates for feedback and discussion (88, 106-116).

Students and the programme teams confirm that personal tutors monitor academic and practice achievement, meeting with individual students twice per semester and at each progression point. Student achievement of NMC outcomes and competencies is recorded on ongoing records of achievement and through completion of an online portfolio which is made available to the personal tutor and forms part of the criteria for progression (21, 58, 60-62, 64, 91-93, 99).

Students outlined the criteria for progression and confirmed that they include self-declaration of good conduct and good health, achievement of theory and practice, attendance and completion of all mandatory training. Students confirm the use of attendance tracking for both theory and practice. Classroom attendance is monitored through registers and students missing two or more scheduled sessions are seen by the module leader and required to submit additional work to ensure retrieval of hours to meet NMC requirements (65, 86, 91-93, 99).

The university records and monitors attrition numbers at each progression point which is reviewed at contract monitoring meetings, joint workforce forums and through programme reviews (38, 84).

Employers and commissioners agree that attrition figures are within tolerable limits and feel confident that the university is tracking all students' progress (86, 132, 136-137).

<p>Senior staff described the mechanisms for student tracking and provided evidence that the completion, achievement and the signing-off process for admission to the NMC register is robust and compliant with NMC requirements (57, 62, 86).</p> <p>Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice, which are clearly understood by all stakeholders. We are confident that concerns about students' poor performance in theory and practice 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>Placement providers have risk assessment policies that are aligned to the university's FtP policy (15, 32).</p> <p>The practice assessment document used by pre-registration nursing students (adult and child) includes processes for managing failing students in practice. This involves the mentor and the link lecturer who construct an action plan, as required. The procedure states that, if necessary, the formal FtP process can be initiated (25–28).</p>
<p>What we found at the event</p>
<p>Review of practice assessment documents confirm that mentors and sign-off mentors closely monitor students' progress and sign-off mentors. Students confirm they are well supported in practice by mentors, sign-off mentors and link lecturers (10, 27-28, 93-105, 117, 120).</p> <p>All mentors we met comment positively on the timeliness of response from link lecturers and practice educators in providing advice and support in addressing students' poor performance (106-117, 120). This is reflected in a clear approach for effective management of poor performance in practice (25–28). Mentors report discussions with co-mentors regarding student performance with the specific purpose of achieving inter-rater reliability. Mentors and sign-off mentors appreciate opportunities within mentor updates to share experiences in supporting students and confirmed that this facilitates learning and improvement (106-116).</p> <p>We were told students who fail to meet the DBS and health requirements have their placements deferred and the placement providers are informed (86).</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>The university has established institutional processes for managing APL. This includes the consideration of applications for recognition of credit, based upon certificated learning and on experiential learning, or combination of each. A student guide is available to enable a clear understanding of the process. Students are invited to seek advice and guidance from the programme leader and APL co-ordinator about making an APL claim on their application (29).</p> <p>Data provided confirmed frequency of times that APL has been used within the pre-registration programme both at BSc (hons) and for the postgraduate diploma (30).</p>
<p>What we found at the event</p>
<p>The university allows exemption limits to ensure that a maximum tariff of 50 percent is allowed for NMC approved programmes. Students applying for APL are required to have completed the requisite number of clinical hours required at the point of the programme for which they are applying for entry. In addition, they are also required to meet all other criteria for the first progression point (29, 138).</p> <p>The foundation degree, assistant practitioner, offered within the faculty was mapped at the approval event for pre-registration nursing in April 2016 and is an approved pathway into the pre-registration programme for entry at progression point one (39, 86, 138)</p> <p>A review of a sample of completed claims confirmed that the university complies with the APL systems and that appropriate mapping against NMC standards and requirements is completed. All claims are ratified at assessment boards and the faculty board monitors all APL activity (62, 86, 138).</p> <p>We conclude from our findings that systems for APL and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

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 evidence of partnership working between education and service providers at strategic and operational levels. Service level agreements between education and practice are in place and renewed every five years or when service reconfigurations result in new organisations or management structures (31-32, 66-68, 72, 80).

BNU demonstrates evidence of exceptional reporting following adverse CQC reporting to meet NMC requirements (3, 5).

What we found at the event

We found strong and clear processes of strategic and operational partnership working that ensures engagement with commissioners, NHS practice placement providers and the PVI sector. At a strategic level the university engages with commissioners and practice placement providers, both through the joint working forum and through quality contract performance monitoring (QCPM) activities, with formal meetings held quarterly. Partnership working focuses on placement agreement standards, including implementation of the link lecturer role, with all placements being reviewed annually (39-40, 66-67, 87, 91-92, 132).

Senior placement managers confirmed that they work closely with the university to respond to risk issues made known through raising and escalating concerns, complaints and CQC inspections. They confirmed that surveillance included monitoring of educational audit, student evaluations and link lecturer visits and central record keeping and intelligence stored within the PLU's databases. Our findings confirm that there is a clear commitment to taking joint action to maintain the educational environment for the student and to protect the public. We were told that

recent CQC activity and joint actions had been brought to the attention of the NMC (5, 84, 88, 90, 129-130).

We can confirm educational audits are conducted every two years (with a review in alternate years) and prior to receiving any pre-registration nursing students. The audit tool is used across London and meets NMC requirements for educational audit (31, 66-67, 80, 132). This is monitored at the weekly link lecturer visit and by placement area evaluations and feedback to the PLU. We saw evidence from a sample of placement audits. They are completed in collaboration with mentors, practice educators and link lecturers, and actions arising are reported, reviewed and completed (45).

At an operational level the university provides a PLU, managed by a principal lecturer. The PLU undertakes the planning and management of placement experiences, including elective placements. The unit holds a database of placements which includes data of placement agreements and educational audits. The PLU has responsibility for coordinating placements, quality review, mentor updating and coordination of educational audit, and maintains communication with other universities sharing placements (12, 45-46, 90).

We found evidence that robust systems in the form of educational audits, quarterly reports, link lecturer visits and notification of service reconfigurations ensure compliance with NMC requirements for verifying the reliability of safe practice placements for students. The university is notified of planned or short term changes from service reconfigurations and, through formal and informal discussion with education leads. It is able to adjust student numbers or to deactivate wards or departments if planned allocation of students cannot be supported. The placement education unit keeps accurate records of occasions where students have been moved or placements have been deactivated (32, 66-68, 87, 90).

Students confirmed that they are supported in raising and escalating concerns and can access information online, within handbooks and explicitly within practice assessment documentation (93, 99).

Some mentors are able to recall receiving feedback from university staff on the management of issues raised regarding students' professional behaviour and motivation to learn. They confirmed that, where appropriate, these were further highlighted and discussed during mentor updates (106-116).

Senior staff and mentors told us that the raising and escalating concerns policies are effective in ensuring that student concerns are fully investigated, supported and reported. Escalating concerns activity is recorded by the PLU and reported through contract monitoring and the joint working forum (20, 66-67, 90, 106-116).

We found details within the PLU incident and complaints database that, since November 2015 there had been 17 separate incidents in practice that related to a range of issues which included latex allergy, student distress in response to the death of a child and fitness to practise concerns (20, 90).

We conclude from our findings that there are effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations.

<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>We found some evidence that practitioners and service users and carers are involved in programme development and delivery within the pre-registration nursing programme (adult and child) (27-28, 40-41, 69).</p> <p>The patient and public engagement policy details the level of involvement of service users expected across all healthcare programmes (22).</p>
<p>What we found at the event</p>
<p>Service users and carers confirmed their involvement in all aspects of programme development and delivery which includes curriculum development and selection. They described their involvement in teaching which includes communication, experience of accessing and using health services, safeguarding issues and participation in simulation (69, 126).</p> <p>Students confirmed the involvement of service users and carers and, in particular, appreciate their involvement in the inter-professional safeguarding conference (93, 99)</p> <p>We spoke to service users during placement visits and were told that students on placement had good communication skills, were cheerful, helpful and caring (127-128).</p> <p>Practice placement providers confirmed that they were key stakeholders in the development of the revised curriculum which was approved in 2016. They release staff to participate in simulation activities, providing specialist input within teaching and in preparing students for practice (13, 41-42, 62-63, 87, 91-92).</p> <p>Students confirmed that practitioners are involved in programme delivery and provided examples that included diabetes pathways, delivering the acute life threatening events recognition and treatment programme and providing insights into other fields of nursing to meet European Union directives (23-24, 87, 93, 99).</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>Academic time for practice engagement is defined within the workload distribution at faculty level and equates to 20 percent of contracted time. The link lecturer is required to establish a formal schedule of visits and communicate the information to students and ward/unit staff in a timely fashion, and to display contact and emergency contact</p>

<p>details in written form in the clinical area (8, 11, 21, 27-28, 45).</p> <p>We found that the university has a clear role specification for link lecturers and they are required to provide support for mentors and students, carry out educational audits, participate in mentor updates and monitor the learning environment, reporting changes to the designated lead link lecturer for each provider and to the PLU (11).</p>
<p>What we found at the event</p>
<p>Students, practice educators and mentors confirm that link lecturers visit regularly each week and that their visits are pre-planned. Link lecturer photographs and contact details are clearly displayed in the clinical area and placement staff know link lecturers in person in the areas we visited. (27-28, 87, 90, 93–120, 125).</p> <p>All students we met commented positively on appropriate and timely preparation for practice by academic staff and through placement induction and practice recommencement events which take place at the start of each stage of progression in year two and three. Most students in practice know who their link lecturer is and comment on the effectiveness of their support (93–105). The programme teams demonstrate commitment to continual support of students in practice through 20 percent timetabling of hours in practice, which is supported through administrative officer diary planning (80, 87, 90-92, 132).</p> <p>Scrutiny of a sample of practice assessment documents provides evidence that link lecturers engage in supporting student learning in practice in line with expectations associated with the role (27-28).</p> <p>Monitoring of link lecturer activity is carried out through review of practice assessment documents, annual quality review of placements and meetings with practice partners (45, 80, 132, 136-137).</p> <p>We can confirm that academic staff support students in practice placement settings.</p>
<p>Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date</p>
<p>What we found before the event</p>
<p>Mentor registers for the PVI placement providers are maintained in the university. The PLU asks for, and receives, regular updates on mentor and sign-off mentor availability from PVI sector placement providers (11-12).</p>
<p>What we found at the event</p>
<p>We viewed the records of mentors for the PVI placement providers register held by the university and confirm that they are accurate and up to date (90).</p>

<p>We viewed one live register of mentors within a large PVI sector provider which was held and maintained by the practice educator. The provider supports students from the pre-registration nursing programme (child) and demonstrated a current and complete live local register of mentors and their allocated students. Information contained mentor qualifications including field of due regard; dates of updates and triennial review requirements. Scrutiny of the live register enabled us to confirm that the child nursing students we met had been allocated appropriately qualified mentors (120, 123).</p> <p>We conclude from our findings that records of mentors/practice teachers in PVI placement settings are accurate and up to date.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>There are clear mechanisms in place for mentor, sign-off mentor recruitment, training and updating. BNU has an NMC approved mentor preparation programme. Partnership working provides frequent mentor updates, sign-off mentor preparation and triennial review (9, 11-13, 32).</p>
<p>What we found at the event</p>
<p>Senior managers and commissioners confirmed that the contractual responsibility to ensure that there are sufficient prepared and updated mentors to support commissioned numbers is met and compliance is green rated within the contract monitoring review (80, 87, 90, 132).</p> <p>All mentors confirmed their completion of an NMC approved practice preparation and assessment programme (106–116). There are robust systems to check and record initial mentor preparation within the mentor registers. Practice educators manage and record mentor transition to sign-off mentor status and record this on the mentor register (121-122). Triennial review is carried out and recorded by line managers (meetings with managers in practice, meeting for practice learning). Review of mentor registers confirms the accuracy of these records (87, 90, 121-123).</p> <p>We were told that the university, in partnership with practice placement providers, provides at least three mentor updates on each placement site. Updates provide opportunities to meet with other mentors and sign-off mentors. Mentors in all NHS trusts confirm that the mentor preparation programme prepared them for their mentor and sign-off mentor role. Mentor updating is delivered through an agreed presentation and agenda, but additional themes have been introduced which have included fitness to practise, failing to fail and operation of the graded assessment approach to practice (10, 46, 87, 90).</p>

<p>Mentors confirm they understand their role as mentor and sign-off mentor and their responsibility in ensuring that their student has met assessment requirements. Practice educators and link lecturers provide specific mentor support, as required (106–119).</p> <p>We saw completed practice assessment documentation which include clear progression points and sign-off elements. Student assessment of practice includes graded elements that contribute towards summative assessment for year two and year three undergraduate students. Some students report inconsistencies in applying grading criteria from mentors such that higher grades of proficiency are rarely awarded (93, 99). Mentors report that mentor preparation courses and mentor updates provide information on practice grading (106-116). Academic staff are aware that some mentors are reluctant to use the full range of grades but are confident that the mentor preparation and updating programmes are explicit in guiding mentors in the application of the assessment strategy (27-28, 70, 87, 91-92). Discussion with students and mentors and review of student practice documentation indicates that criteria for pass and fail in placement are clear and understood by mentors and sign-off mentors (27-28, 93).</p> <p>The university may wish to consider mentor approaches to using graded practice and to provide additional guidance and support in encouraging mentors to use the full range of grades available to recognise students' level of achievement.</p> <p>We conclude from our findings that mentors and sign-off mentors are properly prepared for their role in assessing practice.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>Placement agreements between the university and practice placement providers require that mentors and sign-off mentors are released to attend updates sufficient to meet requirements for triennial review (32).</p>
<p>What we found at the event</p>
<p>Senior managers and the commissioners confirmed that the contractual responsibility to ensure that there are sufficient prepared and updated mentors to support commissioned numbers is met (54–56, 84-85, 87, 132).</p> <p>The lead link lecturer works with practice educators to provide three updates per site per month. Live register of mentors demonstrates a high level of compliance (87, 91-92, 121-123).</p> <p>Mentors and sign-off mentors confirmed that they have opportunity to attend annual</p>

<p>updates sufficient to meet requirements for triennial review. These are offered using a range of formats to offer flexibility and maximise opportunity for busy practitioners to attend (106-118).</p> <p>We conclude that mentors and sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.</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>Placement providers maintain a register of mentors and sign-off mentors that are shared with the university PLU on a quarterly basis (12, 32, 80).</p>
<p>What we found at the event</p>
<p>We were given supervised access to 'live' mentor databases which are password protected and found that the records of mentors and sign-off mentors are up-to-date. Records clearly indicate through colour coded RAG entries when a mentor is current, needs an update or has missed the time limit and is no longer 'live' (122-123).</p> <p>We can confirm that mentor registers provide clear evidence that risks are very well controlled in these areas, with the current status of all mentors being known.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>Some students and mentors reported variability in the way in which graded assessment of practice is implemented and, in particular, mentors' reluctance to award the higher grade bands within the marking schema.</p>
<p>Areas for future monitoring:</p> <p>The implementation of the strategy for graded assessment of practice and the mentor's understanding of the full grades provided for assessing student performance (Standard 3.3.1).</p>

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

<p>4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards</p>
<p>Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The pre-registration nursing programme (adult and child) is mapped against NMC standards (23-26, 41-42).</p> <p>The programme documentation confirms that the programme is designed to develop practitioners who demonstrate the values of a nurse as described in the NMC Code (2015) and the NHS Constitution (2015). This is mirrored in the teaching design and assessment, for example in skills learning and embedding of professional values within the core elements of practice assessment (23-26, 41-42).</p> <p>The pre-registration nursing programme (adult and child) documentation identifies learning and teaching strategies and available support to enable students to achieve NMC learning outcomes and competencies at progression points and for entry to the register (23–26).</p>
<p>What we found at the event</p>
<p>All students we met receive clear and current information specifying the learning, teaching and support available to them. Guidance for achievement and progression is indicated in the programme delivery and through programme and practice documents (23–26).</p> <p>All students we met told us that they complete mandatory training prior to commencement of practice and provision of annual updates (93–105). Accurate documentation of theory and practice hours in relation to the EU directive is confirmed (57, 60, 62, 64, 88, 90-92).</p> <p>We found that the focus of learning and teaching is student centred and is aimed at developing confident and proactive nurses. Teaching and assessment strategies are varied and include; simulation, formal lectures, supported through seminars, and online learning and teaching materials to enhance and ensure consistency of teaching (23–26, 91-92). This approach was confirmed by students (93, 99).</p> <p>Numeracy testing is conducted within each year of the programmes and students are required to achieve 100 percent by year three. Additional opportunities are made available for students to enhance skills in numeracy and academic writing (23–26, 88).</p> <p>For nursing students (adult and child) EU directives are embedded within the structure of the programme and are transparent within the modular detail and practice</p>

<p>assessment documentation. We found that exposure to other fields of practice and to the work of other health and social care professionals is facilitated through the involvement of specialists, including pharmacy, social work and mental health practitioners, and is further enabled through insight visits in practice. Inter-professional learning is mainly achieved within the practice setting as directed in the essential skills clusters which have a multi-professional focus (23–26, 71, 73, 91-92).</p> <p>There is a system for the reporting and retrieval of lost placement hours which students and academic staff confirm remains within the European working time directive (57, 87, 91–93, 99)</p> <p>Students, academic staff and senior placement managers confirm that all students complete mandatory training prior to practice placements and this is updated annually and confirmed with placement providers. Simulation learning prepares students for practice and is delivered in well-equipped and resourced facilities (43, 87-88, 93, 99).</p> <p>Students and academic staff described opportunities to rehearse skills in an environment that promotes values-based care, dignity, courtesy and respect (63, 91-93, 99). Students have opportunities for drop in sessions at the skills laboratories or to book out equipment to rehearse clinical skills (43).</p> <p>Students comment positively on theory and practice components in their programmes (93-105). We saw evidence that the programme employs a variety of formative and summative assessment strategies and students confirm that these adequately test and develop their ability to apply theory to practice (93, 99).</p> <p>External examiners confirm that assessments enable students to meet the learning outcomes of the programmes and are commensurate with standards in other universities (36-37).</p> <p>The annual programme review and enhancement process captures feedback from student evaluation, external examiner reports and achievement data, and ensures that there is continual monitoring of the programme’s effectiveness in enabling students to meet NMC outcomes and competencies (77, 79, 88, 136, 137).</p> <p>Our findings conclude that learning, teaching and assessment strategies in the pre-registration nursing programme (adult and child) enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.</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>Documentation confirms that assessment of practice supports students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and/or entry to the register as a nurse in their chosen field of practice (23-26).</p>

Students are prepared for their practice learning experiences, which includes explanation about the assessment of practice and relevant policies and procedures. The pre-registration nursing programme (adult and child) includes grading of the assessment of practice, which is formative in year one and summative in years two and three (25-28, 73).

What we found at the event

The pre-registration nursing programme (adult and child) assessment of practice documentation and mentor support enables students to achieve NMC practice competencies at progression points and for entry to the NMC register (23–28)

Students, mentors and practice educators told us that the arrangement of practice experiences include a hub and spoke experience which permits students to work alongside a variety of healthcare professionals and other staff. Students provided us with examples and confirm that they value the range of settings and learning opportunities provided (26-27, 51-52, 88, 105–118).

Mentors and sign-off mentors confirmed that students' end of programme assessment is rigorous. They are very aware of their responsibilities in confirming that students have achieved practice learning outcomes, competencies and proficiencies required for registration. The student's journey towards achieving these is clearly documented in the practice assessment document which indicates progression points. The ongoing achievement record and online portfolio enables mentors and sign-off mentors and personal tutors to track student progress between practice placements (106–116).

The sign-off mentors told us that they are not afraid to “fail” a completing student who they cannot be certain has safely achieved the standards required, and that this is something they explore during mentor preparation and updates. If required, they call in the support of the practice educators or link lecturer who contribute to the assessment or provide mediation as required (105, 107, 109).

Students confirm access to placements that ensure practice exposure to service users relevant to the EU directive and all students have a specific learning disability placement experience (93, 99). We were told that mentors and sign-off mentors monitor students' attendance in practice, which is recorded within the practice placement documentation and informs student progression (59-60, 64, 90-92, 106–118).

All students we spoke to reported that they received clear induction and preparation for practice on an annual basis. This helped them to relate theory to practice (47, 59, 82, 93–105).

Commissioners and employers confirm that students successfully completing the programme are knowledgeable, motivated and highly employable (84, 88, 132).

We found 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.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 5 - Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

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

What we found before the event

We found that students, practice placement providers and service users and carers have a range of opportunities to provide feedback and to evaluate all aspects of the pre-registration nursing programme (adult and child) (77, 80-82, 136-137).

What we found at the event

Our findings confirm that there are a variety of evaluation systems that capture student experience in the placement and academic environment (77, 80-82, 136-137). Students confirm feedback and resolution of problems and feel that they have a voice through the programme management meetings, staff student meetings and evaluations of theory and practice (93-105).

Evaluation of theory takes the form of mid-term evaluations by the module leaders. The module leader reserves classroom time for students to complete end of module evaluations which are administered by a nominated student seminar leader. Evaluation of practice is facilitated anonymously and completed online at the end of placements. Evaluation of practice is collated by the lead for placement learning and disseminated to placements directly and to the lead link lecturers. The lead link lecturer reviews all feedback relating to that hospital/NHS trust and discusses feedback formally with the NHS trust education lead where themes are identified and acted upon (10, 25-26, 89, 91-92).

<p>The programme team confirmed that that student feedback had been one of the key drivers in developing the current curriculum and has led to the inclusion of more child nursing field specific modules (92).</p> <p>Meetings with practice placement providers confirm that they have numerous opportunities to provide feedback to the university and work in partnership towards addressing weaknesses and enhancing delivery. One example provided is the joint working forum (89, 117–119).</p> <p>We found that the university actively monitors external examiners' current registration and revalidation requirements (89, 139).</p> <p>Our findings confirm that the external examiner's report on the quality of theory and practice based learning and student achievement (35-37, 136-137). Their activities are reported annually and after placement visits, and they confirm their engagement in theory and practice elements of the pre-registration nursing programme (adult and child) at all stages of the programme at level four, level five and level six. We found evidence that external examiners carry out visits to practice, to meet students and placement staff, and scrutinise a sample of assessment of practice documents before the assessment board; practice assessment documents confirm external examiner scrutiny (6, 27-28, 62, 78, 89).</p> <p>The programme leader responds to external examiner comments, as appropriate, and any requirements for changes to the assessment process or programme are considered at the programme management committee and reported annually in the programme review and enhancement report (36-37).</p> <p>We found evidence that all sources of feedback are analysed and reported within the annual programme review and enhancement which operates as the central analytical tool for programme monitoring (77, 81, 89, 136-137).</p> <p>Our findings confirm that the school has followed up and effectively concluded issues from their last self-assessment report and recommendations from approval events held in 2015-2016. The information in the AEI requirements and placements section of the online NMC portal is up to date (4, 44, 48, 75-76, 83).</p> <p>We can conclude from our findings that evaluation systems operate consistently, are fit for purpose and provide appropriate reporting and dissemination of findings to enhance programme delivery.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>We found that the university has processes in place 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</p>

<p>aware of how to escalate concerns, and mentors and academic staff have clear guidance on how to support students raising concerns or making complaints (10, 25-26, 33, 140).</p>
<p>What we found at the event</p>
<p>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, online and from the students union (93, 99).</p> <p>The university student resolution officer described her role in providing a central point of access for students wishing to make a complaint. She reported that there were 21 complaints raised by students undertaking the pre-registration nursing programme in 2015–2016. Complaints related to a range of issues that included level of academic support, quality of feedback on written work and bullying. We found evidence to demonstrate that all complaints were managed in a timely and appropriate manner and the process allows for early resolution through informal and formal methods. All complaints are recorded by the registry or the academic quality department and are ultimately considered by the quality and standards committee within the university for discussion and sharing (20, 89, 141-142).</p> <p>Mentors told us they understand the process for supporting students in practice who wish to make a complaint or raise or escalate concerns (106-116).</p> <p>The senior academic staff confirmed that students have opportunities to raise complaints at the programme board or staff student meetings (34, 89-90, 141).</p> <p>Students are able to explain processes for raising and escalating concerns. Students have several sources of support available to them if they wish to raise concerns and have no doubt that they will be fully supported. These include discussion with mentor, placement manager, link lecturer or personal tutor as appropriate (93-105).</p> <p>Mentors and practice educators express confidence that the university would make them aware of any concerns raised in practice and the outcomes of any related investigations. They also receive regular feedback from student placement evaluations (47, 66-67, 80, 89, 106–118, 125).</p> <p>External examiners' evaluations and comments are disseminated to placements via emails following clinical visits and through annual programme monitoring (36-37, 89)</p> <p>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 programme (adult and child).</p>
<p style="text-align: center;">Outcome: Standard met</p>
<p>Comments:</p> <p>No further comments</p>

Areas for future monitoring:

None identified

Evidence / Reference Source

1. CQC report Royal Brompton and Harefield NHS Foundation Trust, January 2017
2. CQC report London North West Healthcare NHS Trust, June 2016
3. CQC report Harley Street Clinic, January 2017
4. Buckinghamshire New University (BNU) self-assessment report 2016-2017
5. BNU summary of responses to CQC inspection outcomes, January 2017
6. Minutes of pre-registration nursing assessments boards, year one, year two and year three, 2015-2016
7. BNU academic career development and progression policy, undated
8. BNU workload planning model, accessed online 14 February 2017
9. Joint working forum terms of reference, 2015
10. Mentor handbook, 2016-2017
11. Role of link and lead link lecturer, 2012
12. Placement learning unit roles and responsibilities, 2016
13. Mentor preparation learning contract, level six, 2016
14. BNU disclosure and barring policy and procedures, 2014
15. BNU fitness to practise procedure, 2014
16. Summary of fitness to practise concerns relating to pre-registration nursing students, 2015-2016
17. BNU student disciplinary procedure, 2014
18. BNU admissions policy and procedures, March 2014
19. BNU safeguarding under 18s and adults at risk, September 2016
20. BNU accident and incident reporting policy, undated
21. BNU personal tutoring policy and handbook, 2016-2017
22. BNU patient and public engagement strategy, 2014
23. Programme specification for postgraduate diploma in nursing, 2016
24. Programme specification for BSc (Hons) nursing, 2016
25. BSc (Hons) nursing programme handbook, 2016-2017
26. PG Diploma nursing programme handbook, 2016-2017
27. Completed practice assessment documents BSc (Hons) nursing (adult) years one, two and three, 15 February 2017
28. Completed adult practice assessment documents for BSc (Hons) nursing (child) years one, two and three, 15 February 2017
29. BNU accreditation of prior learning policy and procedure, 2016

30. Summary of APL claims relating to pre-registration nursing, 2015-2016
31. FSH educational audit procedures and strategy, 2016
32. FSH standards in placements agreement, 2016-2017
33. BNU students complaints procedure, 2015
34. Faculty programme committee terms of reference and membership, March 2013
35. BNU external examiners' handbook and appendices, 2015
36. Pre-registration nursing (BSc (Hons) and PGDip adult) external examiners' reports, 2015
37. Pre-registration nursing (BSc (Hons) and PGDip adult), external examiner's report, 2016
38. Pre-registration progression and attrition data, 2013-2017
39. NMC approval report for BSc (Hons) nursing (adult, child and mental health), April 2016
40. NMC approval report for PGDip nursing (adult, child and mental health), April 2016
41. NMC approval report return to practice nursing, March 2016
42. Managing reviewer meeting with at initial visit with senior staff, 31 January 2017
43. Managing reviewer tour of university campus at Uxbridge, 31 January 2017
44. Action plan to BSc nursing (child) attrition (BNU/Health Education north west London), February 2015
45. Completed educational audit for placements visited, 14 and 15 February 2017
46. Hawthorn intermediate care team mentor update resource file, 15 February 2017
47. BNU student evaluations of practice, 15 February 2017
48. BNU national student survey (NSS), 2016 analysis and action plan, 10 October 2016
49. BNU 15-16 Hillingdon Hospital placement agreement standards annual review BSc nursing PG Dip nursing, 8 September 2016
50. Confirming mentors for allocation, 2016
51. Example of community hub and spoke allocation, 2016
52. HUB spoke opportunities at SMH, 2016
53. Interview assessment - decision sheet current, 2012
54. Mentor database compliance, 2017
55. Mentor update data, 2015-2016
56. Mentorship timetable, 2016-2017
57. Absence action plan anonymised, 2016
58. AN423 Module meeting, January 2017
59. Copy of 1 February induction programme, 2017
60. Electronic portfolio BSc (Hons) 2016 curriculum online tutorial with screen shots, accessed 14 February 2017
61. Flow chart managing the student not achieving learning outcomes, 2016

62. *Managing progression through assessment boards, 2016*
63. *Details of mandatory training arrangements for the pre-registration nursing programme, 2016*
64. *Personal tutorial record NS421, 2016-2017*
65. *Student declaration year two, 2016*
66. *HEENWL joint working forum minutes, June 2016*
67. *HEENWL joint working forum minutes, January 2017*
68. *Policy for removing students from practice, 2016*
69. *Service user involvement in curriculum, 2016-2017*
70. *Weighting of the marks for the assessment of learning in practice, 2016*
71. *EU directive, demonstration of application to programme, 2016*
72. *Learning partnership agreement template, undated*
73. *Preparation for practice timetables years one, two and three, 2016*
74. *Preparation for practice September 16 cohort BSc induction to practice, 12 week*
75. *Action plan child attrition, February 2015*
76. *Action plan for NSS, child, 2015*
77. *Critical documentation audit, 2015-16*
78. *External examiner feedback, visits to practice, 2016*
79. *Monitoring curriculum for continued fitness for practice, 2016*
80. *QCPM in year summary reports, 2015-2016*
81. *Quality assurance flow chart, 2017*
82. *Student module feedback, 2016*
83. *Summary of recommendations following NMC validations, 2015-16*
84. *Senior staff introduction and overview of provision, 14 February 2017*
85. *Managing reviewer meeting with senior academic and practice staff, resources, 14 February 2017*
86. *Managing reviewer meeting with senior academic and practice staff, admissions and progression, 14 February 2017*
87. *Managing reviewer meeting with senior academic and practice staff, practice learning, 14 February 2017*
88. *Managing reviewer meeting with senior academic and practice staff, fitness for practice, 15 February 2017*
89. *Managing reviewer meeting with senior academic and practice staff, quality assurance, 15 February 2017*
90. *Managing reviewer meeting with placement education unit staff, 15 February 2017*
91. *Meeting with adult programme team, 14 February 2017*
92. *Meeting with child programme team, 14 February 2017*
93. *Meeting with adult students at BNU, 14 February 2017*

94. Meeting with adult nursing students at Charing Cross Hospital ward 8 west, 14 February 2017
95. Meeting with adult nursing students at Mary's convent and nursing home, meeting with student, 14 February
96. Meeting with adult nursing students at West Middlesex Hospital Syon 1, meeting with students, 14 February 2017
97. Meeting with adult nursing students at Hillingdon Hospital Hawthorn intermediate care team, 15 February 2017
98. Meeting with adult nursing students at Harefield Hospital acute cardiac care unit, meeting with students, 15 February 2017
99. Meeting with child students at BNU, 14 February 2017
100. Meeting with child nursing students at Harley Street Clinic, 14 February 2017
101. Meeting with child nursing students at St Mary's Hospital, Great Western ward, 14 February 2017
102. Meeting with child nursing students at Hillingdon Hospital Peter Pan ward, 15 February 2017
103. Meeting with child nursing students at Queen Charlotte's Hospital neo-natal intensive care unit, 14 February 2017
104. Meeting with child nursing students at West Middlesex University Hospital Starlight ward, 15 February 2017
105. Meeting with child nursing student at Laurel Lodge health visitors, 15 February 2017
106. Meeting with mentors (adult) at Charing Cross Hospital ward 8 west, 14 February 2017
107. Meeting with mentors (adult) at West Middlesex Hospital Syon 1, 14 February 2017
108. Meeting with mentor (adult) at Hillingdon Hospital Hawthorn intermediate care team, 15 February 2017
109. Meeting with mentors (adult) at Harefield Hospital acute cardiac care unit, 15 February 2017
110. Meeting with mentor (adult) at St Mary's convent and nursing home, 14 February 2017
111. Meeting with mentors (child) at Harley Street Clinic, 14 February 2017
112. Meeting with mentors at Queen Charlotte's Hospital neo-natal intensive care unit, 14 February 2017
113. Meeting with mentors (child) at St Mary's Hospital, Great Western ward, 14 February 2017
114. Meeting with mentors (child) at Hillingdon Hospital Peter Pan ward, 15 February 2017
115. Meeting with mentor (child) and team leader at Laurel Lodge health visitors 15 February 2017
116. Meeting with mentors (child) at West Middlesex University Hospital, Starlight ward, 15 February 2017
117. Meeting with practice educator at Charing Cross Hospital ward 8 west, 14 February 2017
118. Meeting with head of Royal Brompton and Harefield Hospital at the acute cardiac care unit, 15 February 2017
119. Meeting with practice educator at Harefield Hospital acute cardiac care unit, 15 February 2017
120. Meeting with clinical practice educator at Harley Street Clinic, 14 February 2017
121. Electronic mentor register, Charing Cross Hospital ward 8 west, 14 February 2017
122. Electronic mentor registers, NHS placement providers, 14 and 15 February 2017
123. Electronic mentor register for Harley Street Clinic accessed 14 February 2017

124. *Duty rotas NHS placement providers, 14 and 15 February 2017*
125. *Staff and student notice boards in practice placement areas, 14 and 15 February 2017*
126. *Meeting with service user and carer representative in university, 14 February 2017*
127. *Meeting with service users and carers in placements, 14 February 2017*
128. *Lay reviewer meeting with service users on Peter Pan ward and Starlight ward, 15 February 2017*
129. *BNU exceptional report (Royal Brompton and Harefield NHS Foundation Trust), 8 February 2017*
130. *BNU exceptional report (Harley Street Clinic), 23 January 2017*
131. *Staff curriculum vitae, 2016–2017*
132. *Managing reviewers meeting with commissioners, 14 February 2017*
133. *NMC registration online check of staff registration status, 14 February 2017*
134. *Sample of pre-registration nurses (adult and child) readmission records, 2015–2016*
135. *BNU academic standards analysis of fitness to practise activity, 2015–2016*
136. *Programme review and enhancement annual report, BSc (Hons) nursing, 2015–2016*
137. *Programme review and enhancement annual report, postgraduate diploma in nursing, 2015-2016*
138. *Proportional sample of completed APL portfolios, including assessment board ratification, 2015-2016*
139. *External examiners' curriculum vitae, 2016*
140. *BNU, raising and escalation of concerns policy, 2014*
141. *Managing reviewer meeting with student resolution manager, 15 February 2017*
142. *Summary of complaints received, 2015–2016*

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 31 Jan 2017
Meetings with:
Dean of faculty Head of school Principal lecturer for quality Principal lecturer for practice learning Programme lead for postgraduate diploma in nursing Lead for service user engagement/acting field lead for adult nursing Head of academic department for child nursing
At monitoring event
Meetings with:
Dean of faculty Head of school Principal lecturer for quality Principal lecturer for practice learning Programme lead for postgraduate diploma in nursing Lead for service user engagement/acting field lead for adult nursing Head of academic department for child nursing Learning environment lead, Buckinghamshire Healthcare NHS Trust Head of clinical education, Central and North West London NHS Foundation Trust Head of faculty of nursing, Chelsea and Westminster Hospital NHS Foundation Trust Programme team for pre-registration nursing (adult) Programme team for pre-registration nursing (child) Representatives from service user and carer group. Lead for clinical learning environment, Frimley Healthcare NHS Foundation Trust Professional education lead, Hounslow and Richmond Community Health Learning environment lead (pre-registration), Imperial College Healthcare NHS Trust Clinical practice educator paediatrics, Imperial College Healthcare NHS Trust

Clinical placement facilitator, Milton Keynes Foundation Trust and Community Health Services (CNWL)

Head of professional education and head of education and development, London North West Healthcare NHS Trust

Head of clinical education and training, Royal Brompton and Harefield Trust

Nurse education lead, The Hillingdon Hospital NHS Trust

Interim director of patient experience and nursing, The Hillingdon Hospital NHS Trust

Deputy director of nursing, Imperial College Healthcare NHS Trust

Divisional director of nursing, Chelsea and Westminster Hospital NHS Foundation Trust

Senior Nurse, practice education, Milton Keynes Trust

Students resolution officer

Meetings with:

Mentors / sign-off mentors	22
Practice teachers	
Service users / Carers (in university)	2
Service users / Carers (in practice)	2
Practice Education Facilitator	6
Director / manager nursing	3
Director / manager midwifery	
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	2

	Recent graduates of the BSc (Hons) pre-registration nursing programme (adult)
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Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 7 Year 2: 8 Year 3: 5 Year 4: 0
Registered Nurse - Children	Year 1: 10 Year 2: 4 Year 3: 7 Year 4: 0

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