

2013-14

**Annual monitoring report of performance in mitigating
key risks identified in the NMC Quality Assurance
framework for nursing and midwifery education**

Programme provider	Anglia Ruskin University
Programmes monitored	Registered Nurse - Children; Registered Specialist Community Public Health Nursing – Health Visitor (HV)
Date of monitoring event	12-13 March 2014
Managing Reviewer	Shirley Cutts
Lay Reviewer	Kate Taylor
Registrant Reviewer(s)	Kathryn Summers, Patricia Hibberd
Placement partner visits undertaken during the review	Colchester Hospital University Foundation Trust- children's assessment unit, children's elective care unit. Basildon & Thurrock University Hospital NHS Foundation Trust - paediatric unit. Cambridgeshire Community Services Hinchingsbrooke Hospital- Holly ward. Addenbrooke's Hospital - paediatric placements. Cambridge Community Services - Soham Health and Social Centre South Essex Partnership University NHS Foundation Trust - Keats House, Harlow, Essex
Date of Report Publication	4 July 2014

Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation. We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement" When a standard is not met an action plan is formally agreed with the AEI directly and is

delivered against an agreed timeline.

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers hold NMC recordable teaching qualifications and have experience /qualifications commensurate with role			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

Introduction to Anglia Ruskin University's programmes

The Faculty of health, social care and education at Anglia Ruskin University (ARU) is one of the largest in England. The three main sites for nursing and midwifery education are in Chelmsford, Cambridge Fulbourn and Peterborough, all have good learning resources. This monitoring review focuses on the pre-registration nursing (child field) and specialist community public health nurses (SCPHN) health visiting programmes, both of which are delivered across all sites.

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 trusts which had been included in the Keogh review. Our findings demonstrate that the partnership working between the university, the commissioners and senior management in the trusts has ensured that student experiences are positive and have improved over the last year.

Summary of public protection context and findings

The development of new roles within the faculty and local trusts ensures that students are supported by clinical tutors who have academic and clinical credibility as these staff must work in clinical practice. They teach clinical skills as well as promote theory and practice links.

The programmes are developed in response to contemporary policy directives, evidence, research findings, narrative and theoretical perspectives. Learning and teaching focuses on the student and aims to develop confident and proactive nurses who are fit for practice.

Our findings confirm that staff development opportunities for lecturers, mentors and practice teachers is supported and encouraged by employers.

We found that students are able to meet learning outcomes and feel confident and competent to practise at the end of their programme. Commissioners and employers confirm that completing students are knowledgeable, motivated and highly employable which is central to protection of the public.

The university has clear guidelines and processes to support all those involved in the admissions process including the role of the criminal records officer who processes all Disclosure and Barring Service (DBS) checks. A review of recruitment and selection procedures now ensures that the national focus on NHS values is reflected in its processes for all pre-registration programmes. The use of an on-line entry test measures the candidate's motivation to care and their potential success as a caring professional. This test will be repeated nine months after students commence the programme to measure their progress.

Our findings confirm that admission processes follow NMC requirements and prevent unsuitable students from entering and progressing to qualification thus ensuring that the public is protected.

There are sufficient mentors/sign-off mentors and practice teachers to support students in all placement areas who are appropriately prepared for their role. More mentors have been trained to support SCPHN health visiting students because of the increased commissions. Mentors are clearly aware of the 'cause for concern' procedures and issues of poor performance are dealt with in a timely and efficient manner. Students are also able to view electronic records to ensure that their mentors/sign-off mentors are up to date.

Our findings confirm that mentor preparation and updating is robust and mentors understand practice assessment requirements. Mentor evaluation is positive and a moderation process ensures a rigorous and consistent approach to assessment of practice which is important in protecting the public.

Partnership working is embedded at all levels with effective communication channels particularly in relation to CQC visits. The practice education committee (PEC) is pivotal to the monitoring and reporting of action plans. All of which serves to protect the public.

We conclude from our findings that protection of the public is addressed in all aspects of programme design, delivery and evaluation and that students are provided with positive learning experiences.

Summary of areas that require improvement

None noted.

Summary of areas for future monitoring

- The involvement of children and young people in the recruitment and selection process for the child nursing programme.

Summary of notable practice

Practice learning

We found a notable area of practice is the rigorous approach taken for the moderation of practice assessments documents (PAD) to enhance consistency amongst mentors. Firstly, all PADs are moderated by personal teachers using set criteria, providing feedback on all mentors. This data is collated, fed back to the trusts via the education champions for each of the trusts and ultimately to the individual mentors. Any issues regarding standards of mentorship are followed up by the link lecturer. This feedback is also used by the team delivering the mentor preparation programme in their development and delivery of the programme. For example it was recognised that action planning was not always well done. This is now included as an activity on the programme. Secondly, students complete evaluation forms on their mentors. These are

collated and fed back to the trusts and the mentors.

Summary of feedback from groups involved in the review

Academic team

We found staff to be positive and enthusiastic about the programmes they deliver. Partnership working is integral to the continuous development of the programmes, with all staff taking a proactive approach. The needs of service users and carers are at the forefront of all developments.

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

All practice placement partners are effective collaborators in the development and delivery of the programmes. The model of partnership is inclusive and works effectively at all levels.

Students

We found highly motivated and confident students who are proud of their programmes. Comments made relate to the high level of support they receive from the university and from all practice placement partners.

Service users and carers

Service users feel respected and fully informed about the nursing care delivered by both nursing students and nursing staff. They are encouraged to provide feedback in a variety of ways.

Relevant issues from external quality assurance reports

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

The following reports require action(s):

Basildon and Thurrock University Hospital – the Care Quality Commission (CQC) identified many issues requiring action in 2012. NMC reviewers visited the Accident and Emergency department (A&E) as part of monitoring visit in 2012 and found:

Mentors in the A&E department were not fully aware of all aspects of their role related to NMC standards.

During November 2012, the CQC made an unannounced visit to Basildon and Thurrock University Hospital children's ward following an incident involving a child patient.

Other acute and community trusts inspected by CQC in 2013 who have actions required

include:

Cambridgeshire Community Services NHS Trust at Hinchingsbrooke Hospital,
September 2013

Halstead Community Hospital, February 2013

Colchester General Hospital, was inspected six times in 2013, the latest report is
November 2013

Fulbourn Hospital, October 2013

Mental Health Services (CPFT) at Addenbrooke's Hospital, August 2013

Peterborough City Hospital, April 2013

Stamford and Rutland Hospital, June 2013

Princess Alexandra Hospital, October 2013

During the monitoring visit we were provided with a range of evidence which demonstrates effective partnership working is in place between the university and practice placement providers which ensures that concerns are addressed in a timely manner. We found the lines of communication are robust at strategic and operational levels which enables the speedy sharing of information. ARU are described as responsive and ensure that, if required, additional support is in place very quickly.

We were told that on the occasion of an adverse inspection report meetings between directors of nursing and ARU are convened within three days to discuss the impact on student experience and an action plan is developed. If a decision is made to remove students, they are informed and supported and if deemed appropriate the NMC is informed by the deputy dean and sent a copy of the action plan. We found evidence of this is in the action plan developed for Colchester General Hospital.

We were informed that continuous monitoring of all action plans takes place through the bi-monthly meetings of the practice education committee (PEC), which is attended by ARU representatives and practice partners. Each trust has a PEC where the agendas are prescribed and the minutes monitored by the director of health and social care practice.

Following the unannounced CQC visit to Basildon and Thurrock University Hospital children's ward in November 2012 following an incident involving a child patient an action plan was put into place with planned weekly monitoring. We were informed that initially, the link team and course leader visited the placement three times weekly to support students and monitor the student experience and as the learning situation for students stabilised the frequency of the meetings decreased.

It was during May 2013 that the trust assumed monitoring of the key performance indicators with the newly appointed matron who reported to more senior staff on a weekly basis. The link team were able to resume normal patterns of visits at this point.

The new leadership in Basildon & Thurrock University Hospital is reported as having had a positive impact. A return visit by inspectors in November 2013 resulted in a positive outcome with statements such as: "improving standards of care by all staff and the trust is a different place now to how it was six months ago."

An education lead has been appointed to the paediatric unit in this trust, and is also reported to be “making a difference”. During the visit we interviewed a third year student nurse who commented on the positive changes within the trust.

It was reported to us that the action plan to provide additional support for mentors in the A&E department at Basildon and Thurrock University Hospital has now been signed off as completed.

Colchester General Hospital received an adverse report which was reported to the NMC by the deputy dean for quality in November 2013. A joint action plan was developed which is being monitored weekly by the education champion. We were informed that a meeting was held with the director of nursing but it was agreed at that meeting that the CQC concerns did not directly affect student learning within the cancer services.

Evidence / Reference Source

1. NMC Monitoring report, ARU, 2012
2. CQC report Cambridgeshire Community Services NHS Trust at Hinchingsbrooke Hospital, September 2013
3. CQC report Halstead Community Hospital, February 2013
4. CQC report Colchester General Hospital, inspected six times in 2013, latest report, November 2013
5. CQC report Fulbourn Hospital, October 2013
6. CQC reports Mental Health Services (CPFT) at Addenbrooke’s Hospital, August 2013
7. CQC reports Peterborough City Hospital, April 2013
8. CQC reports Stamford and Rutland Hospital, June 2013
9. CQC reports Princess Alexandra Hospital, October 2013
10. CQC report Basildon and Thurrock University Hospital children’s ward, unannounced visit, November 2012
11. Patient care concerns raised by staff or external reviews
12. Interview with director of education and quality & post graduate dean, head of Essex workforce partnership, education manager Cambridgeshire and Peterborough workforce partnership, 12 March 2014, 13 March 2014
13. ARU action plan following CQC report on Colchester cancer services
14. PEC minutes, Basildon and Thurrock University Hospital, 20 November 14
15. Interview with director of pre-registration nursing, 12 March 2014
16. Interview with students, 12 March 2014, 13 March 2014

Follow up on recommendations from approval events within the last year

Recommendations from all approval events have been addressed.

In addition, the NHS constitution and the chief nurses six C’s (care, compassion, competence, communication, courage, commitment) have been integrated into all modules/programmes and are viewed very positively by all partners. Mentors report that

they can see a difference in the attitudes of the students recruited. Students are positive and confident about their role and responsibilities with regard to the NMC values.

Evidence / Reference Source

1. ARU Self assessment report 2013
2. Interview with director of pre-registration nursing, 12 March 2014
3. Interview with director of education & quality and post-graduate dean, education manager Cambridgeshire & Peterborough workforce partnership, 12 March 2014, 13 March 2014
4. Interviews with students, 12 March 2014, 13 March 2014
5. Interviews with mentors and practice teachers, 12 March 2014, 13 March 2014
6. Interviews with programme teams, 12 March 2014, 13 March 2014

Specific issues to follow up from self-report

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

During November 2012, the CQC made an unannounced visit to Basildon and Thurrock University Hospital children's ward.

In November 2013 the faculty were notified of CQC concerns regarding Colchester cancer services.

The university's communication and responses to CQC reports are detailed in the first section of this report.

During the monitoring visit we visited both trusts. We received positive feedback from mentors, students and service users in the children's' service about the development which had and continues to take place in Basildon and Thurrock University Hospital.

A student innovator from Colchester general hospital informed us about innovative practice which is taking place within the children's services.

Evidence / Reference Source

1. ARU Self-assessment report 2013
2. Interview with director of education and quality & post graduate dean, head of Essex workforce partnership, education manager Cambridgeshire and Peterborough workforce partnership
3. ARU action plan following CQC report on Colchester cancer services
4. Interview with director of pre-registration nursing, 12 March 2014
5. Interview with students, mentors, service users, 12 and 13 March 2014
6. Interview with student innovator, 12 March 2014

Findings against key risks

Key risk 1 – Resources

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

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

What we found before the event

Child:

There are currently 8.4 full time equivalent child field lecturers. The university is trying to expand the team, especially skills lecturers.

Health visiting:

There are five lecturers who deliver the programme which is delivered across two sites. They see themselves as a cohesive team who meet regularly.

What we found at the event

We found programme leaders for both the pre-registration child programme and the SCPHN HV programme to have up to date registration in the relevant field and a recorded teaching qualification.

It is evident that staff development is supported and encouraged within the faculty with

<p>new roles being introduced in both the university and local trusts to promote theory and practice links. For example six new clinical tutor posts have been developed to support students in the trusts as well as teach clinical skills. These staff must work one day per week in clinical practice and are supported in doctorate study if appropriate. The emphasis from the university is on 'clinically relevant staff that are academically qualified'.</p> <p>The number of university staff being granted a sabbatical has increased and writing retreats have been introduced for both academic staff and practice partners to encourage publication.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Staff database 2. NMC register 3. Interview with Pro vice chancellor & executive dean and deputy dean for quality and student experience, 12 March 2014. 4. Interviews with programme teams, 12 and 13 March 2014
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>Child:</p> <p>Mentor numbers are recorded on the educational audit and are presented at the bi-monthly practice education committee (PEC) meeting.</p> <p>Health visiting:</p> <p>Because of the increase in HV numbers of students in 2012 and 2013 practice teachers (PT) have had to be creative and innovative. More mentors have been trained and used to support students, with PTs using 'long arm' arrangements for up to five students.</p>
<p>What we found at the event</p>
<p>Child:</p> <p>Mentor registers indicate that there are sufficient mentors to support the students in all placement areas. Evaluations confirm that mentors work with their students 40% of the</p>

<p>time.</p> <p>Health visiting:</p> <p>There has been a significant increase in HV commissions during the last year. This increase in health visitor student numbers has been managed through the creation of new practice teacher (PT) posts and the education of new PTs. HV mentors have been developed and utilised to facilitate one to one student learning in practice. Students confirm that this long arm arrangement has been effective.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Mentor registers 2. Interview with director of health and social care practice, 12 March 2014 3. Interviews with mentorship module leader, students, mentors, practice teachers, 12 -13 March 2014
<p style="text-align: center;">Outcome: Standard met</p>
<p>Comments: no further comments</p>
<p>Areas for future monitoring: none</p>

Findings against key risks
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>The university has clear guidelines and processes to support all those involved in the admissions process. It includes the role of the criminal records officer, who processes all DBS checks. These are performed annually for the faculty of health and social care. Admissions officers receive training in the recognition of fraudulent certificates and</p>

qualifications.

A review of the entry criteria and enhancement of recruitment and selection processes of all pre-registration programmes has been undertaken to reflect the national focus on NHS values. Aspects of this work were taken forward as part of a funded project through Health Education East of England (HEEoE). Interview dates are published for all of the academic year, and practice representatives identified.

Service users are identified to participate in all interview days. They form part of the group discussion element of the interview day, and participate in the selection scoring.

Health visiting entry criteria are clearly identified.

All shortlisted candidates undertake a literacy test. The pre-interview reading list directs them to key text that could be used within the discussion to reflect the core skills and values required by health care professionals as outlined in the NHS constitution.

What we found at the event

Child:

Candidates apply for a place on a specific campus with interviews taking place in both Essex and Cambridge.

Literacy and numeracy tests are administered under exam conditions. Candidates are observed during a group interview exercise. Service users are involved in this part of the interview. The involvement of children and young people in the recruitment and selection process is currently being developed.

Grading criteria have been developed to aid consistency in the scoring. This is followed by an individual interview.

An independent company has developed an on-line pre-professional entry test which measures motivation to care and potential success in caring professions. September 2013 students completed this test which is to be repeated in nine months to measure their progress. This will be used as part of the recruitment process for September 2014 students.

Health visiting:

All shortlisted candidates are interviewed by a member of the programme team, a practice partner and a service user in their home trust. Candidates in 2014 will be interviewed on the university's Chelmsford campus to enhance consistency. Numeracy and literacy tests are undertaken. It has been agreed that the candidate's employer will confirm DBS status with the university. The database for current students confirms that all have DBS clearance. Students and university staff confirm that health checks have taken place.

Evidence / Reference Source

1. ARU Self assessment report, 2013
2. ARU, admissions procedural document, updated March 2013, p11, p18, p21
3. Preparation for service users / carers involved in interviews of applicants for pre-registration child nursing programme
4. Entry qualifications for SCPHN programme
5. Letter to parents regarding status of pre-registration students who are not 18 on commencement of the programme
6. ARU, faculty of health social care and education, policy for the DBS checking process for pre-registration healthcare students
7. Statement: DBS – SCPHN students
8. SCPHN -literacy question options
9. Value based group interview question, child nursing
10. Child nursing individual interview questions
11. ARU, BSc (Hons) child nursing, what makes a good personal statement.
12. Interview letter – information regarding numeracy and literacy tests, (SCPHN programme)
13. SCPHN interview: academic exercise and questions
14. Interview record form, SCPHN programme
15. New interview process –SCPHN
16. RN partnership working group – Essex, 05 December 2014

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

What we found before the event

There are no areas of concern – the processes and systems are in place as required and the fitness to practise panel is used to deal with any issues as appropriate.

What we found at the event

We found fitness to practise procedures in place that are communicated to students and mentors in a number of ways, including through the PAD.

In cases of DBS disclosure the DBS review panel reviews evidence and reaches a decision about the progression of the applicant. Practice placement partners are included in this process.

Escalating concerns workshops have been held for faculty staff.

Evidence / Reference Source
<ol style="list-style-type: none"> 1. Practice assessment document (PAD) 2. Flow chart for raising concerns 3. Interviews with programme teams, 12 March 2014. and 13 March 2014 4. Interview with director of studies, 12 March 2014.
Risk indicator 2.1.3- Programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
<p>There have been 10 'cause for concern' forms raised by mentors about students practice in the past year. Following investigation of these, three students have been formally referred to fitness to practise panels. All three students chose to withdraw from the programme prior to the fitness to practise hearing.</p> <p>Three further students have been withdrawn from the programme for other academic failure. The remaining four students have action plans in place for development, and with the support of mentors and the education link teams, are progressing on the programme.</p>
What we found at the event
<p>We found mentors to be clearly aware of the 'cause for concern' procedures regarding a student's poor performance in practice. They complete the cause for concern form which is picked up by the link team within 48 hours of raising the concern.</p> <p>Senior managers report excellent links with the university in dealing with fitness to practise procedures. They report that cases are dealt with in a timely, efficient manner with their input clearly being listened to.</p> <p>No further cases were brought to our attention therefore we conclude that of the 10 cases identified, six of them are no longer on the programme and the remaining four are being monitoring giving reassurance that they are being dealt with effectively and the public is protected.</p>
Evidence / Reference Source

<ol style="list-style-type: none"> 1. ARU Self assessment report 2013 2. Interviews with senior managers, mentors, programme team, 12 March 2014 and 13 March 2014
<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>Accreditation of prior learning (APL) procedures are in place within the university.</p>
<p>What we found at the event</p>
<p>Systems are in place to offer APL for the first year of the programme. All applicants are supported by the admissions tutor. Most applicants who use APL have completed the foundation degree. Learning outcomes for this programme have been mapped against the first year of the pre-registration nursing programme. A workbook has been developed to enable applicants to meet those outstanding learning outcomes.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. ARU, admissions procedural document, updated March 2013, p21 2. Interview with director of pre-registration nursing, 12 March 2014
<p>Outcome: Standard met</p>
<p>Comments:</p> <ul style="list-style-type: none"> • The involvement of children and young people in the recruitment and selection process is currently being developed.
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> • The involvement of children and young people in the recruitment and selection process.

Findings against key risks
<p>Key risk 3- Practice Learning</p> <p>3.1 Inadequate governance of and in practice learning</p> <p>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 Assurance and confirmation of student achievement is unreliable or invalid</p>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>Meetings with health visitors and school nurses in two areas of Essex have taken place to review elements of learning for child field students in community settings.</p> <p>A mentorship working group has been set up as an addition to the mentorship steering group to foster closer collaborative working with practice partners with regard to the development of the mentorship programme.</p> <p>Information for students on how to report concerns of poor care in practice placements is included in module handbooks.</p> <p>The educational audit process and documentation is the same for all practice areas. It includes capacity and types of students.</p> <p>The SCPHN teaching team meet with managers and PTs three times per year. A health visitor conference has been held for the last two years. It celebrates the work of students who have just qualified. Mentors, PTs, managers and students are involved.</p>
<p>What we found at the event</p>
<p>Partnership working is embedded at all levels. All partners demonstrate a commitment to ensuring that all programmes encourage the development of skilled and motivated students. A number of meeting forums are in place to enable this level of partnership working. All interviewees confirm that partnership working is integral in the development and delivery of the programmes.</p> <p>Commissioners meet with senior managers in the faculty every six weeks and describe the university as both responsive and proactive. The level of support required in the trusts to support students learning is agreed at this meeting, with an emphasis on quality improvement. This support is also monitored at the practice education committee</p>

(PEC) which meets bimonthly in each trust.

Contract meetings take place quarterly between the university, the workforce partnerships, employers and education liaison managers. The university is viewed as flexible and responsive to requirements. Vice chancellor membership of the LETB is rotational, with the post recently being held by the vice chancellor from the university. The PEC is the key operational committee which exists in each trust. Its role includes monitoring educational audits, mentor registers and action plans. It has a standard agenda and is formed of practice partners, representatives from ARU and the University of Essex (UoE). Its activities are monitored by the director of health and social care studies.

Educational audits are conducted every 21 months to ensure that the NMC standard is met. Allocation of a link lecturer (LL) to conduct the audit takes place at the PEC. Completed audits are stored on the university database: My workplace. UoE shares some practice placements and a collaborative approach is taken to audit. CQC visits are reported on the audit forms, and a standard agenda item at PEC is to report CQC visits. PEC minutes provide evidence of placements being removed from use and then re-activated when appropriate.

Child:

Key to the continuous development and monitoring of pre-registration programmes is the dynamic syllabus. A range of strategies are in place to ensure that feedback from all partners is included in the syllabus meeting. This is an annual meeting hosted by the director of pre-registration nursing and includes representatives from all partners. Its purpose is to agree modular changes which are then implemented across all sites.

Health visiting:

The commissioners meet with the university quarterly to discuss the programme. The teaching team meet with and update managers, practice teachers and mentors three times in the year. Partners are also invited to attend the annual conference which celebrates and showcases students work.

Our findings confirm that students are informed of how to report concerns regarding practice and they informed us that they are supported through the process. An example of this process being successfully implemented is included in PEC minutes.

Evidence / Reference Source

1. ARU Self-assessment Report 2013
2. ARU, patient care concerns, flowchart
3. ARU, pre-registration students raising and escalating concerns
4. Information for students who have issues arising from their placement in practice
5. AEI requirements – ‘service level agreements’
6. ARU, BSc (Hons) nursing (child), p7
7. PEC terms of reference
8. Process for managing mentors giving cause for concern
9. PEC minutes, Basildon and Thurrock University Hospital, 20 November 2013 , 25 September 2013

10. PEC minutes, Cambridge Community Services, Fulbourn, February 2014, 12 December 2013, 30 September 2013
11. Key summary of rules, regulations and procedures for students early warning system/cause for concern flowchart
12. Interview with director of education quality and postgraduate dean, head of Essex workforce group, education manager Cambridgeshire and Peterborough workforce partnership 12 -13 March 2014

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

What we found before the event

The faculty takes a collaborative approach to the development of the content for all programmes through its existing mechanisms. A user-friendly overview of content throughout the programme has been developed. Feedback from practice partners at partnership working meetings highlights how helpful this document has been. For future curriculum development, the dynamic syllabus will be used as a tool to review the content of the curriculum on an annual basis in collaboration with practice partners. A policy document details the level of involvement of service users expected across all healthcare programmes. Training and payment guidelines are also included. Service users are established within the recruitment processes. A 60-credit module in each year is focused on, and assessed in practice, with specific formative feedback from service users and/or their carers/relatives. Therefore contact with, and learning from service users is extensive in each year.

The involvement of children and young people in the recruitment and selection process is currently being developed. Liaison meetings with schools and parents at the schools are planned for early 2014, and the associated risk assessments are being undertaken. Interview documentation and the information to support service user participants are currently being reviewed to ensure it is child friendly.

What we found at the event

Practitioner input is embedded within the child nursing programme through the joint development of lesson plans and delivery of clinical skills teaching across the three years of the programme.

There is clear involvement of practitioners in the ongoing development and delivery of the SCPHN HV programme.

We found that service users are involved in interviews, programme development and delivery and student assessment. The service user and carer policy detailing the level of involvement of service users expected across all healthcare programmes has recently been reviewed with further developments planned for the child nursing programme. Gaining service user feedback is mandatory in both programmes reviewed. This was confirmed by viewing student assessment documentation and student portfolios.

<p>Service users confirm that consent for students to observe or participate in the delivery of the health visiting service is obtained either through a preliminary letter or verbal consent prior to the initial contact.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. ARU service user and carer policy, Revised September 2013 2. Pre-registration nursing programme group leaders meeting 22 January 2014 3. SCPHN – consolidation in practice document 4. Making a difference with service user involvement 5. PAD 6. Interviews with students, mentors, practice teachers, service users, 12 and 13 March 2014
<p>Risk indicator 3.2.2 - academic staff support students in practice</p>
<p>What we found before the event</p>
<p>The link lecturer team infrastructure continues to embed and develop in partnership with practice. All healthcare organisations where students are placed are provided with specific details of planned link activity and mentor sessions.</p> <p>The link lecturer (LL) is required to spend two days per month on this activity. They provide support for mentors and students; carry out educational audits and feedback to bimonthly PEC meetings. The role of the LL is currently being reviewed. The intention is to ensure that LLs meet all students during their visits, not only the ones identified by the education lead as needing additional support.</p> <p>LLs are led by an education champion. Their role is to provide additional support and facilitate the development of practice learning opportunities.</p>
<p>What we found at the event</p>
<p>An education champion in each trust leads a team of link lecturers (LL) whose activities include planning the required mentor updates for the academic year, resourcing mentor updates, planning link visits for the academic year and attending PEC meetings. They communicate these activities via My workplace virtual learning environment (VLE) site, flyers in practice and the student placement website. Details of LL visits are visible in placement areas.</p> <p>Annual LL workshops are held; the focus for 2013 was the embedding of the NHS constitution values in the student experience.</p>

The LL's meet monthly with third year pre-registration management students and hold forums for all pre-registration students during their practice placements. The director of health and social care practice meets quarterly with education champions. LLs are required to keep an electronic record of their link activity.

Students on both programmes confirmed that they know who the LLs are. Those on the child programme receive regular visits from their LL.

Practice partners are able to name their LLs and feel able to ring any member of the academic team if they needed to.

Students understand the role of the education champion, how they complement the LL role and know who they are.

For the health visiting programme LLs attend locally held monthly practice teacher meetings as part of student support mechanisms.

Evidence / Reference Source

1. ARU Self assessment report 2013
2. ARU, education link teams, north Essex partnership foundation trust, poster
3. ARU, link tutor role description, updated January 2013
4. ARU, education champion role description, 2013
5. Link team infrastructure
6. Link team visits to Peterborough city hospital and Stamford hospital 2013/ 2014
7. Education champion meeting minutes, 6 November 2013, 14 February 2014
8. Interviews with mentors, practice teachers, students, 12 and 13 March 2014

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

What we found before the event

Trainee mentors are required to develop a service improvement initiative in the areas of the student experience or the learning environment as part of the mentorship preparation programme. The best of these will be recognised at the annual student innovation awards ceremony.

Additional support for mentors in the A&E department at Basildon and Thurrock University Hospital was put in place in 2013. A collaborative action plan was developed to address the concerns raised. The actions were all implemented and the plan signed off as completed.

A pilot of student evaluation of mentor support was completed which entailed students evaluating their mentor in relation to the NHS constitution. Feedback was then provided to the mentors where appropriate through their managers via the trust education leads.

This is now being rolled out across all pre-registration programmes.

Health visiting:

Mentor updates take place three times per year in each trust.

What we found at the event

Our findings confirm that during the last academic year the mentor preparation programme was delivered on 11 sites to approximately 730 students. There is a generic timetable and teaching materials are standardised to improve consistency. Content is regularly reviewed. This year the NHS constitution and the six C's have been included. A mentorship steering group meets quarterly and also includes representatives from the UoE.

Mentor updates are delivered in the trusts; the timing and length of the updates are adapted to meet the requirements of each trust. They can also be accessed by mentors from the community services and the independent sector. Specific updates have been delivered to mentors supporting SCPHN students and PTs supporting pre-registration students. An on-line update is also available via the mentor portal, which includes a compulsory discussion element. All interviewed stressed that this is a 'last resort' option and its use is monitored by the director of health and social care practice.

All trusts are supportive of the mentor programme, with one in the process of developing a mentor badge to be presented at a local award ceremony.

A mentor newsletter is produced six monthly with a special edition being produced detailing the outcomes of the Francis 2013 report and the implications for their practice.

If there are concerns regarding a mentors' performance, the link team is informed. Criteria are available to help determine the appropriate course of action. If an action plan is thought necessary then this is sent to the PEC.

A notable area of practice is the moderation of PADs. All PADs are scrutinised by personal teachers who complete a moderation form, scoring against specific criteria. The moderation forms are collated by the education champions who produce a summary for the trust. Areas of concern are addressed at the PEC. Module leaders receive a copy of the collation and liaise with the programme leader and the education champion. The process for moderation is being trialled for the mentor preparation programme documentation.

We found students to be positive about the level of understanding by their mentors in relation to the learning outcomes and essential skills clusters for each placement. They stated that mentors are well orientated to their role in supporting the students learning and completing the PAD. Mentor evaluations support this finding.

Evidence / Reference Source

<ol style="list-style-type: none"> 1. ARU Self assessment report 2013 2. Mentor update power point presentation ARU, BSc (Hons) nursing (child), p8 3. ARU, student/mentee evaluation, January 2013 4. Dates for mentor update, Basildon and Thurrock University Hospital 5. Mentor update agreement, Mid Essex Hospital Trust 6. Practice teacher consolidated practice (NMC stage 3) 7. Mentor matters, special edition 8. Process for managing mentors giving cause for concern 9. Supporting and assessing learners in practice: A workbook for trainee mentors 10. Interviews with mentors, PTs, students, 12 March 2014 and 13 March 2014 11. Interview with senior lecturer allied health & medicine, 12 March 2014
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review</p>
<p>What we found before the event</p>
<p>Mentors are sent reminders about annual mentor updates. Managers are informed if updates have not been accessed.</p>
<p>What we found at the event</p>
<p>We found robust mechanisms are in place to ensure that mentors are able to access training. These include reminders to the staff that updates are due and then reminders to their managers if updates have not been accessed.</p> <p>Other mechanisms include training for mentors and sign-off mentors being part of personal development planning. In some areas it is included in staff development training days when the LL will attend and undertake the mentor updates.</p> <p>Mentor updates and attendance are standing agenda items for the PECs and are therefore monitored bi-monthly.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Interview with director of health and social care practice and senior lecturer acute care, 13 March 2014 2. Interviews with mentors and PTs, 12 March 2014 and 13 March 2014 3. Mentor databases 4. PEC minutes, Basildon and Thurrock University Hospital, 20 November 2013, 25 September 2013 5. PEC minutes, Cambridge Community Services, Fulbourn, February 2014, 12 December 2013, 30 September 2013
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>

What we found before the event
Mentor registers are maintained in the trusts. They are sent to the university bi-monthly following the PEC meeting. The practice team checks the register within five working days of receipt. This is the process for both programmes.
What we found at the event
We can confirm that mentor registers are maintained in the trusts and include date and method of update, sign off status and date of the triennial review. It is also identified whether a mentor is active or inactive. Mentor registers are presented at the bi-monthly PEC and then updated on My workplace. At the PEC they are cross referenced with audits to ensure mentor capacity. Students are able to view electronic records to ensure that their mentors/ sign-off mentors are up to date.
Evidence / Reference Source
<ol style="list-style-type: none"> 1. ARU/UoE/HEEoE mentor register process, May 2013 2. Cambridgeshire PT register 3. Hinchingsbrooke NHS Trust mentor register 4. Basildon and Thurrock University Hospital mentor register 5. Interview with director of health and social care practice and senior lecturer adult care, 12 March 2014 and 13 March 2014
Outcome: Standard met
Comments: no further comments
Areas for future monitoring: None

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

<p>in practice that the NMC sets standards for</p>
<p>Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>Child: The programme is delivered on three sites. The cohorts are quite large so they never come together for any teaching. In April 2014 they are meeting for the first time at a conference to be held on the Chelmsford campus. The programme leader is clear that it is one programme. Each module has a module leader and a named module teacher.</p>
<p>What we found at the event</p>
<p>The focus of learning and teaching within both programmes is student centred and is aimed at developing confident and proactive nurses. Teaching and assessment strategies are varied, e.g. the use of podcasts and VLE to enhance consistency across the three sites. Child: The pre-registration programme is managed by the director of pre-registration nursing who ensures that delivery is consistent across all three sites by monthly meetings with site specific field leaders and an annual review of modular content – the dynamic syllabus. She also holds quarterly meetings with education liaison managers (ELM) and practice education facilitators (PEF) in the trusts to discuss the inclusion of clinical innovations. The dynamic syllabus provides a database that specifies in detail the content of the programme. It evolves as module teams develop the taught content and directed learning opportunities in response to contemporary policy directives, evidence, research findings, narrative and theoretical perspectives. Its role is to allow the curriculum to be transparent on a continuous basis. Students are very aware of the six C's and the NHS constitution which have been mapped against their module content and embedded within the PAD and practice settings. A first year student commented on the clarity/transparency of the six C's within the programme and how being able to spend time with children and young people in the clinical area was a privilege. This work is being used by members of the Cambridgeshire and Peterborough workforce partnership to influence the recruitment</p>

process for healthcare assistants in bands one to four.

Health visiting:

Changes were made to the SCPHN HV programme to accommodate the increase in numbers of students. Commissioners are supportive of these changes. The three site delivery is being effectively managed by the programme team and students are satisfied that the theory and practice on the programme is enabling them to meet their practice learning outcomes. The timetable is available through the practice teacher portal and the correct allocation of days in practice is checked in the portfolios by practice teachers and programme teachers.

Students report that the online element of the programme provides relevant workbooks and learning resources that are appropriate to support learning.

External examiners for both programmes confirm that assessments enable students to meet the learning outcomes of the programme and are commensurate with standards in other universities.

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

Evidence / Reference Source

1. ARU Self assessment report 2013
2. Programme specification form, BSc (Hons) nursing, child
3. Programme specification form, BSc (Hons) SCPHN HV
4. Moderator review of marker feedback/results
5. BSc (Hons) child dynamic syllabus, version 1, September 2013
6. Teleconference with health visitor programme lead, HEEofE 13 February 2014
7. Interview with director of pre-registration nursing, 12 March 2014
8. Dynamic syllabus
9. External examiner reports 2012-2013

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Updating of clinical skills lesson plans in the nursing programme is performed in partnership with clinical representatives to ensure that the teaching/learning experience is contemporary, evidence-based and delivered consistently to students across the

three campuses. Practice partners discuss the topic areas for final year students' dissertations which focus on key issues relevant to healthcare in local healthcare organisations.

The university has piloted a scheme to facilitate the early recruitment and selection of nursing students to newly-qualified roles in collaboration with Peterborough and Stamford hospitals NHS foundation Trust.

By teaching and working in the clinical skills facility together nursing academics at the university and the practice development team are delivering student-centred learning with no risk to patients and helping student nurses develop clinical skills in a safe, controlled environment.

The practice development team has also been teaching academic sessions to second and third year students. Students have evaluated this collaborative working well and noted that they feel supported as they move to their next placements.

Health visiting:

Students are given guidance for their consolidation placement.

Students are issued with an interpersonal and skills profile which mentors/practice teachers use as a basis for assessment during the programme.

What we found at the event

The practice team and the academic team monitor student attendance, which is presented at the relevant exam boards.

The 'student pledge' initiative described in previous monitoring continues to develop. Examples were seen of how the service improvement project, which develops from the student pledge, has led to changes in practice, e.g. changes to attendance and the function of the ward round at Colchester General Hospital.

Child:

Mentors commented to us on the level of preparation by the students and how they are well prepared for their placement experience. They identify that students have a good level of knowledge associated with the stage of the programme they are at.

We found students and mentors to be confident in both the formative and the summative assessment processes applied within the practice setting. Mentors are confident and able to fail a student if they are unable to meet any of the competencies at progression points. They understand the process to be followed and are clear about the need for discussion with the student and the LL and the development of an action plan.

A notable area of practice is the moderation of PADs. All PADs are scrutinised by personal teachers who complete a moderation form, scoring against specific criteria. The moderation forms are collated by the education champions who produce a summary for the trust. Areas of concern are addressed at the PEC. Module leaders receive a copy of the collation and liaise with the programme leader and the education

champion.

A collaborative development between the practice development team at Peterborough and Stamford Hospitals NHS foundation trust and ARU has helped student nurses to combine their theoretical knowledge with practical skills to develop as skilled and safe nurses who will be fit to practise on completion of the programme This work was celebrated in the Student nursing times awards in 2013, when it was shortlisted for the 'partnership working' category.

Health visiting:

Students confirmed to us that they are supported to achieve practice learning outcomes through strong mentorship and the supervision and assessment support provided by their identified PT. Formal contact with the PT is on a fortnightly basis at a minimum, although informal contact is more frequent.

Students are provided with a two week induction period and are able to articulate a range of learning opportunities in practice relevant to meeting the standards of proficiency within health visiting, including the provision of 15 days experience in settings and with clients that may not be central to health visiting.

The period of consolidation is structured at the end of the programme for both full and part time students and final sign off by a sign-off practice teacher occurs at the end of this period.

Practice hours are monitored by PTs and the programme team through the student portfolio and these are internally and externally moderated by the external examiner.

The Cambridgeshire and Peterborough workforce partnership are working closely with the university in preparing students for application and employment.

Evidence / Reference Source

1. Paper entitled: 'hours recording examples.'
2. ARU, BSc (Hons) and PG Dip SCPHN, consolidation of practice document
3. ARU, BSc (Hons) and PG Dip interpersonal and professional skills profile
4. Programme specification BSc nursing, child
5. Student placements paper
6. Personal teacher review of general completion of practice assessment documentation
7. Quality review of completion of practice assessment documentation – flowchart
8. SCPHN – consolidation in practice document
9. Interview with newly qualified staff nurse, 13 March 2014
10. Interview with director of education quality and postgraduate dean, head of Essex workforce group, education manager Cambridgeshire and Peterborough workforce partnership, 12 March 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

Findings against key risks

Key risk 5- Quality Assurance

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

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

What we found before the event

Student evaluations are presented to the PEC bi-monthly.

LLs collate learner evaluations of placements.

Health visiting:

A mid-point module evaluation has been introduced so that issues can be addressed as soon as possible.

What we found at the event

Programme governance is through the curriculum revisions committee and faculty quality enhancement sub-committee which is chaired by the deputy dean for quality and student experience.

Evaluation of theory feeds into the dynamic syllabus and programme developments. Module handbooks include evaluations from previous students and actions taken in response are identified.

Health visiting:

Students were able to describe to us examples of how the programme has improved in response to feedback. One example given is in the movement from an unseen to a seen examination which is less stressful for students.

Assessment feedback was identified as an area for improvement following the National Student Survey. The action taken in response is a comprehensive, well produced booklet called 'Aiming higher' designed to help students make sense of and use the feedback they receive on their summative assessments. It includes a very detailed formative assessment tool for each module of the programme for students to self-assess their work. Action plans are also included.

Evidence / Reference Source

1. ARU, link tutor role description, updated January 2013
2. External examiner reports, 2012-2013
3. Module handbooks SCPHN programme
4. Module handbooks pre-registration child nursing
5. Aiming higher
6. Moderator review of marker feedback/results
7. Student forum terms of reference
8. Student/ mentee evaluation
9. Interview with director of pre-registration nursing, 12 March 2014

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

What we found before the event

Plans are in place to improve student engagement in giving feedback, and to respond more overtly to the feedback.

Practice assessment documentation has been designed to enable service users or their carers/relatives to give direct feedback about their experience of an individual student's care.

Discussions with practice education managers and director of health and social care practice resulted in ring-fencing of placements for child nursing students in Essex to ensure that HV requirements do not impact on the child learning experience in practice.

Field specific link team members have been working with practice partners to negotiate further meaningful placement opportunities and/or patterns. This has resulted in a planned pilot to rotate the students through a range of trusts within the Essex or Cambridgeshire circuits. The proposal for this pilot has been agreed by HEEoE, and will be implemented in early 2014.

<p>What we found at the event</p>
<p>We found evaluation of practice to be undertaken by both formal and informal methods. Formal evaluation is online, and information regarding the next practice placement cannot be accessed until the evaluation has been completed. Evaluation of practice is presented at the PEC.</p> <p>Student forums are held in trusts on a quarterly basis. They are attended by ARU and trust representatives. Their purpose is to promote discussion around practice learning experiences.</p> <p>Students and mentors gave us examples of where their feedback has been listened to and acted on for example the assessment handbook was much easier to use, the length of placements has been changed to improve skills acquisition, and library opening hours have been increased.</p> <p>Trust representatives attend the university to meet with students and inform them of actions taken following their evaluations.</p> <p>A recent initiative gives students the opportunity to evaluate their mentor. A standardised form based around the <i>Standards for learning and assessing in practice</i> (NMC 2008) domains is used. Feedback is presented at the PEC and action plans for individual mentors developed if required.</p> <p>External examiners for the child programme visit practice and meet with students and mentors.</p> <p>External examiners for the SCPHN HV programme moderate PADs.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. ARU Self assessment report 2013 2. Pre-registration students, raising and escalating concerns in practice 3. External examiner reports, 2012-2013 4. Interview with director of pre-registration nursing, 12 March 2014 5. Interview with director of health and social care practice, 13 March 2014
<p>Outcome: Standard met</p>
<p>Comments: no further comments</p>
<p>Areas for future monitoring: none</p>

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 19.March.2014	
Meetings with:	
Deputy Dean, quality and student experience Director of health and social care practice Course group leader, pre-registration children's programme Course leader SCPHN programme Course group leader primary and public health Lecturer SCPHN programme	
At monitoring event	
Meetings with:	
Deputy Dean, quality and student experience Pro vice Chancellor and Dean Director of pre-registration nursing Director of studies Director of health and social care practice Senior lecturer acute care Student innovator Director of education & quality and postgraduate dean – teleconference Head of Essex workforce partnership Education manager, Cambridgeshire & Peterborough workforce partnership Senior lecturer allied health and medicine Health visitor programme lead, Health education east of England	
Meetings with:	
Mentors / sign-off mentors	30
Practice teachers	7

Service users / Carers	8
Practice Education Facilitator	5
Director / manager nursing	8
Director / manager midwifery	1
Education commissioners or equivalent	3
Designated Medical Practitioners	0
Other:	17 Education lead, Matron for children's services Education Champion's ARU, Paediatric nurse lead, Children's matron, Ward managers, Lead nurse for professional development, Clinical education lead for children's services, Senior nurse pre- registration nursing students, Student link nurse.

Meetings with students:

Student Type	Number met
Nursing- Child	Year 1: 8 Year 2: 11 Year 3: 11 Year 4: 0
SCPHN HV	26