**2015-16**

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

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|---|---|
| Programme provider | Brunel University London |
| Programmes monitored | Registered Specialist Comm Public Health Nursing - HV |
| Date of monitoring event | 17-18 Feb 2016 |
| Managing Reviewer | Judith Porch |
| Lay Reviewer | Ruth Jones |
| Registrant Reviewer(s) | Jean Taylor |
| Placement partner visits undertaken during the review | Central and North West London NHS Foundation Trust: Ickenham Clinic

London North West Healthcare NHS Trust: Caryl Thomas Clinic, Wealdstone, Harrow Community Services; Welford Centre, Chalkhill Road, Wembley.

Hounslow and Richmond Community Healthcare NHS Trust; Heart of Hounslow, Centre for Health |
| Date of Report | |

## Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be

met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Quality assurance (QA) and how standards are met

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

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

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

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

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

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

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

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

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

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

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

## Summary of findings against key risks

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| **Resources** | **1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC** | 1.1.1 Registrant teachers have experience / qualifications commensurate with role. | | | |
| | **1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes** | 1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students | | | |
| **Admissions & Progression** | **2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification** | 2.1.1 Admission processes follow NMC requirements | 2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice | 2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice | 2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency |
| **Practice Learning** | **3.1 Inadequate governance of and in practice learning** | 3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations | | | |
| | **3.2 Programme providers fail to provide learning opportunities of suitable quality for students** | 3.2.1 Practitioners and service users and carers are involved in programme development and delivery | 3.2.2 Academic staff support students in practice placement settings | | |
| | **3.3 Assurance and confirmation of student achievement is unreliable or invalid** | 3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice | 3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with | 3.3.3 Records of mentors / practice teachers are accurate and up to date | |
| **Fitness for Practice** | **4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards** | 4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for | | | |
| | **4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards** | 4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for | | | |
| **Quality Assurance** | **5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards** | 5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery | 5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners | | |

| *Standard Met* | *Requires Improvement* | *Standard Not met* |
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## Introduction to Brunel University London's programmes

Brunel University London underwent a major internal reorganisation in August 2014 when three colleges were formed to represent all subjects within the university. The College of Health and Life Sciences, Division of Occupational Therapy and Community Nursing provides NMC approved programmes including: the specialist community public health nursing (SCPHN) programme with pathways in health visiting, school nursing and occupational health nursing; the community practitioner nurse prescribing V100 and the practice teacher programmes. All programmes were last approved in 2014.

This monitoring review focuses on the SCPHN programme health visiting (HV) pathway which is offered at two academic levels; BSc (Hons) SCPHN (HV) and postgraduate diploma SCPHN (HV). Both academic levels offer a full time and part time route. The community practitioner nurse prescribing V100 programme is an optional component of the SCPHN programme.

Students successfully completing the postgraduate diploma may self-fund and progress to complete a 60 credit dissertation to be awarded a MSc SCPHN (HV).

Each geographical area in London recruit HV students for their workforce needs. NHS trusts receive confirmation of their commissioned numbers from the Health Education North West London (HENWL) learning education and training board (LETB), and then advertise available places through the NHS jobs website. Recruitment to the SCPHN HV pathway is led by sponsoring NHS trusts.

The college has close links with Central London Community Health (CLCH) and HENWL for the management of placements. In 2015-16 HV students are placed in the geographical areas managed by London North West Healthcare (Ealing and Harrow), Central and North West London (Hillingdon) and Hounslow and Richmond.

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

## Summary of public protection context and findings

Our findings conclude that Brunel University London has systems and processes in place to monitor and control two key risks to assure protection of the public. However improvements are required to address specific weaknesses in risk control processes and enhance assurance for public protection in the key risks; resources, practice learning and quality assurance.

The control of the key risks is outlined below.

Resources: requires improvement

We conclude from our findings that the university currently has adequate appropriately qualified academic staff to deliver the SCPHN HV programme to meet NMC standards.

However the increase in HV student numbers on the programme and the limited availability of a SCPHN HV lecturer impacts on the presence of a health visitor lecturer within the university and practice. The SCPHN HV resource requires improvement to address specific weaknesses in risk control processes and enhance assurance for

public protection.

There are sufficient appropriately qualified practice teachers and mentors available to support the number of students studying the SCPHN HV programme.

Admissions and progression: met

We found that admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the SCPHN HV programme meet NMC standards and requirements which is fundamental to protection of the public.

Disclosure and barring service (DBS) checks and occupational health clearance are completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders, including SCPHN HV students. These processes, whilst supportive, also ensure that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Practice learning: requires improvement

We found that the strength of the partnership between the university and practice placement partners and other AEIs lies at an operational level.

We confirm that students and practitioners are aware of how to raise and escalate concerns and would have confidence to do so if required. However, in the event of any future escalation of concerns we found very limited evidence to clarify strategic partnership working and the responsibility of the programme leader and senior college staff in responding to any raising and escalating concerns. This requires improvement.

We found one service user is involved in the delivery of the SCPHN HV programme and conclude that the service user involvement in the development and delivery of the programme requires strengthening to promote a wider breadth of exposure and understanding of service user issues. Service users should be adequately prepared for the role. The guidance for students gaining service user feedback should be improved.

We found that practice teachers attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

Fitness for practice: met

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC standards of proficiency. SCPHN HV students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Practice teachers and employers describe students completing the programmes as fit for practice and employment.

Quality assurance: requires improvement

Our findings conclude that the university has a comprehensive range of quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the SCPHN HV programme. Feedback mechanisms from the programme team in response to students' evaluations would strengthen the evaluation

process of this programme. The university has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

However a lot of this information is not transparent or detailed in the NMC AEI requirements section of the NMC portal, which needs to be improved.

| Summary of areas that require improvement |
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The increase in HV student numbers on the programme and the limited availability of a SCPHN HV lecturer impacts on the presence of a health visitor lecturer within the university and practice.

The SCPHN HV resource requires improvement to address specific weaknesses in risk control processes and enhance assurance for public protection.

The university are advised that the SCPHN HV academic resource should be reviewed and reported to the NMC before the commencement of the 2016-17 academic year.

Limited evidence is available to clarify strategic partnership working and the responsibility of the programme leader and senior college staff in responding to any raising and escalating concerns. Clearer guidance for the programme leader would clarify their responsibility in responding to any reported raising and escalating concerns.

The service user involvement in the development and delivery of the programme requires strengthening to promote a wider breadth of exposure and understanding of service user issues and to adequately prepare service users for the role.

A service user satisfaction questionnaire is available for students to ask clients/service users to complete as part of their practice assessment. The guidance for students gaining service user feedback should be improved.

The university must submit evidence, maintain and keep up to date the AEI requirements in the NMC portal to provide assurance and confirmation to the NMC about AEI status.

| Summary of areas for future monitoring |
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- Ensure resources are adequate in terms of the SCPHN HV lecturer within the programme team in light of increasing numbers of SCPHN HV students.
- Evidence of strategic partnership working for managing escalated concerns.
- A greater breadth of service user involvement in the development and delivery of the programme.
- Preparation of service users for the role.
- Guidance for students to gain service user feedback.
- The AEI requirements section in the NMC portal.

| Summary of notable practice |
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**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 |
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**Academic team**

The programme team is small, enthusiastic and very committed. They describe a good working partnership with practice placement providers and are part of the North West London Communities of Practice. A member of the programme team visits students in practice at least once during their placement, more if deemed necessary. Recruitment to the programme is led by NHS trusts.

We were told that there have been some academic staff changes since the programme approval (see section 1.1.1).

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

We were told that there are good working relationships between university lecturers and practitioners. Lecturers are described as visible, approachable and supportive.

We were told that there has been a shortage of practice teachers and mentors leading to a retired practice teacher and a retired mentor returning to support students. There are eight student practice teachers studying the current practice teacher programme.

Practice teacher study days are provided by the university and practice teachers/mentors are released to attend.

**Students**

Students are positive about their choice of university and complimentary about the standard of the programme delivered. Practice teachers are described as knowledgeable and supportive; students feel well prepared for placement. The programme team use a variety of teaching and learning methods which are generally interactive. Lecturers are described as supportive and responsive.

**Service users and carers**

One lay representative is involved in planning and delivering the SCPHN HV programme. The service user reported feeling included and part of the programme team. Students are encouraged to gain service user feedback whilst in the practice learning environment using a satisfaction questionnaire. Service users (lay

representatives) are not on interview panels but a lay representative has been asked to look at interview questions.

## Relevant issues from external quality assurance reports

A review of Care Quality Commission (CQC) reports was considered for practice placements used by the university to support students' learning. There are no relevant external quality assurance reports to inform this monitoring visit.

## Follow up on recommendations from approval events within the last year

The approval event for the SCPHN (HV, school nursing (SN) and occupational health nursing (OHN) in 2014 identified potential risks for future monitoring:

- Ensure resources remain stable in terms of the health visiting lecturers within the programme team in light of the end of the health visiting implementation plan in 2015.

- Ensure resources remain stable in terms of availability of appropriately qualified practice teachers/mentors in the placement areas (1).

These recommendations were followed up during the monitoring visit.

Recommendation one: following the end of the health visiting implementation plan in 2015 the university made a decision to increase the SCPHN (SN) lecturer practitioner post holder to a full time lecturer role. The SCPHN HV contracted hours are unchanged despite an increase in SCPHN HV student numbers from nine full time students in 2014-15 to 20 full time students and two part time students in 2015-16. SCPHN SN students remain low, two students in 2015-16.

These recommendations are discussed in section 1.1 and 1.2.

## Specific issues to follow up from self-report

Self-assessment report 2015-16 (2)

Specific issues to follow up include:

The secondment agreement for a lecturer practitioner health visitor concluded in August 2015. A school nurse lecturer practitioner has been employed by the university as a full time lecturer with a health visitor lecturer employed on an hourly paid contract (see section 1.1).

A new approach to programme monitoring strategy was introduced during 2014. One very positive feature of the evaluation process reported is that students and practice teachers give joint feedback at a study day in June. The report states that this gives a valuable insight into SCPHN students' learning experiences in the university and in practice placements, and any actions can be fed back at subsequent practice teacher study days. This was explored during the monitoring visit and is discussed in section 5.1.

An online portfolio using Pebble pad was introduced in 2014-15. Practice teachers are reported to award higher marks than lecturers. However the self-report states that the moderation process ensures fairness and parity across the cohorts and the moderation by practice teachers adds further rigour to the process. This was explored during the monitoring visit and is discussed in section 4.2.

Identify key issues for 2015-2016 annual monitoring.

Students with educational learning needs often need support with academic writing and record keeping in practice. The SCPHN programme team has organised a session from the university's disability and dyslexia service for practice teachers at a study day to be held in November 2015. This was explored during the monitoring visit and is discussed in section 2.1.

| Findings against key risks |
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**Key risk 1 – Resources**

**1.1    Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**

**1.2    Inadequate resources available in practice settings to enable students to achieve learning outcomes**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.

What we found before the event

The programme leader is a SCPHN occupational health nurse (OHN) and has an NMC recorded teacher qualification (3-4). The SCPHN programme team comprise three full time lecturers including; a SCPHN school nurse (SN), a registered mental health nurse and a registered adult nurse lecturer. The due regard SCPHN HV lecturer practitioner who has been in post for two years has now left the university for other employment. A sessional hourly paid SCPHN HV lecturer contributes to the SCPHN programme. The programme team provide a personal tutor role for SCPHN students (6).

What we found at the event

We were informed that there have been some changes to the academic staff resources since the SCPHN programme was approved in 2014. The secondment agreement for a lecturer practitioner (health visitor) concluded in August 2015 when the SCPHN HV commenced full time employment in practice although we were told the individual continues to have teaching input into the V100 programme. A lecturer practitioner

(school nurse) has been employed by the university as a full time lecturer.

We found that a small team of four full time lecturers and a health visitor lecturer employed on an hourly paid contract support the SCPHN (HV, SN and OHN) programme. All full time lecturers have NMC recorded teacher qualifications and experience commensurate with their role. This includes the programme leader who is a SCPHN (OHN) (3-4, 32-33).

The sessional SCPHN HV lecturer confirmed she is contracted to deliver 30 hours between January and June 2016 whereas in semester one she was contracted for 36 hours. She has a substantive 0.6 whole time equivalent (WTE) lecturer post in another university (3, 33-34, 68).

We were informed that Brunel University London would have supported the SCPHN HV to complete a recorded teacher qualification however the SCPHN HV lecturer told us she is to commence a teacher programme in September 2016 supported by the AEI where she has a substantive 0.6 WTE lecturer post (3-4, 32-33, 68).

We were told that staff development is discussed and agreed during annual staff appraisal with line managers. Monitoring of active NMC registration is also confirmed through this process (38-39, 40-41).

We found that student HV numbers had increased from nine in 2014-15 to 20 full time and two part time student HVs in 2015-16 (32, 35). The increase in HV student numbers and the limited availability of a health visitor lecturer within the university and practice, particularly during the ten week consolidation period, requires improvement to address specific weaknesses in risk control processes and enhance assurance for public protection.

The university are advised that the SCPHN HV academic resource should be reviewed and reported to the NMC before the commencement of the 2016-17 academic year.

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

What we found before the event

SCPHN HV students are allocated to a practice teacher with due regard (1).

What we found at the event

We found that all SCPHN HV students are allocated to a practice teacher with due regard by the sponsoring NHS trust. Practice teachers are clear about their role and responsibilities and work closely with the students, arranging regular meetings to discuss and review their experiences (30, 43-46, 48).

If a student practice teacher is supporting a health visitor student they have a long arm arrangement with an identified sign-off practice teacher that can verify assessment decisions. An experienced sign-off practice teacher (known as an associate or peripatetic practice teacher) supports up to four student practice teachers at any one

time (30, 43-46).

Practice teachers and mentors told us that there had been a shortage of practice teachers and mentors leading to a retired practice teacher and a retired mentor returning to support students (43-46, 48).

We met some student practice teachers who are being supervised by appropriately qualified and experienced practice teachers (43-46). There are eight student practice teachers on the preparation for practice teacher programme which is currently running that will address any future shortage in practice teachers (33, 43-45, 48).

All HV students spoke highly about the standard provided by practice teachers in relation to the learning opportunities they facilitate, their accessibility, the guidance and support they receive (43-47).

We concluded that there are sufficient appropriately qualified mentors and practice teachers available to support the numbers of SCPHN HV students.

| Outcome: Standard requires improvement |
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Comments:

The increase in HV student numbers and the limited availability of a SCPHN HV lecturer impacts on the presence of a health visitor lecturer within the university and practice.

The SCPHN HV resource requires improvement to address specific weaknesses in risk control processes and enhance assurance for public protection.

The university are advised that the SCPHN HV academic resource should be reviewed and reported to the NMC before the commencement of the 2016-17 academic year.

Areas for future monitoring:

- Ensure resources are adequate in terms of the SCPHN HV lecturers within the programme team in light of increasing numbers of SCPHN HV students.

| Findings against key risks |
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**Key risk 2 – Admissions & Progression**

**2.1    Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Prospective students apply through the NHS jobs website (6-7).

SCPHN lecturers are panel members for the selection of HV applicants when available but the selection of university is the applicant's choice. Brunel University London require applicants to complete an online application form (6-7).

All students verify good health and good character during the programme via the practice learning assessment document (PLAD). This is also monitored and recorded during formative assessment (5).

## What we found at the event

We found that recruitment to the SCPHN HV programme is led by sponsoring NHS trusts. Once the trusts receive confirmation of their commissioned numbers from HENWL LETB, they advertise available places through the NHS jobs website and manage the application process to the programme (7, 32, 43-46).

Applicants are required to successfully complete a literacy and numeracy test prior to interview. Literacy and numeracy is currently being piloted pan London. Applicants can undertake these tests at any of the participating London AEIs and the outcomes of the tests are held on a central database (33, 43–46, 79).

The programme team told us that they are invited to be involved in the shortlisting of applicants but cannot always do so due to capacity. We confirmed that all members of the programme team have completed equality and diversity training (23 -24, 33, 75-76).

Selection interviews are in partnership with clinical managers, practice teachers and academic staff from the four London AEIs which offer the SCPHN programme. The programme team, education leads, students and a service user (known as a lay representative) confirmed that service users are not on interview panels. We were told that a community parenting group has been involved in developing interview questions and that a lay representative has also been asked to look at interview questions, although the latter has not yet occurred (33, 42-47, 80).

Education leads told us that interview questions relate to professional values and behaviours and a 'core values' handout is given to students which was confirmed by students (43-47, 77-79).

The final decision to sponsor an applicant is made by the sponsoring NHS trust. Once an applicant is offered a place they apply to a university of their choice. Successful applicants decide which of the four London AEIs they wish to attend. Students consistently told us that they selected Brunel University London because of its excellent reputation which is predominantly transmitted via word of mouth from past students and peers (43–45, 47).

We observed the 2015-16 university entry schedule and confirmed that there is a three day induction at Brunel University London for SCPHN students. An induction checklist ensures that students have addressed all entry requirements (33, 42, 44-45, 47, 81-82).

DBS, occupational health and NMC registration checks are completed by the sponsoring trust's human resources (HR) department and the information is forwarded to the relevant AEI (32-33 and 43-46).

All SCPHN HV students verify good health and good character at set points throughout the programme. These include the induction week, formative assessment in January through the PLAD that is on the virtual learning environment (VLE) PebblePad, which was viewed by reviewers, and at the end of the programme via the PLAD. This process is monitored and recorded by the practice teacher and SCPHN lecturer (32-33, 43-46, 83).

We were told that the HENWL LETB quarterly contract performance monitoring (QCPM) returns for quantitative data demonstrated no attrition for SCPHN HV students in 2014-15 (18, 32).

We conclude that all admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the SCPHN HV programme meet NMC standards and requirements.

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

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What we found before the event

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The university has a professional unsuitability procedure. Students are required to inform the college in a timely manner of any convictions or cautions received whilst enrolled on the programme. Good character issues may be considered under suitability procedures (8–10, 29).

There is a procedure for when students are identified as having difficulties in practice (9-12).

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What we found at the event

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We were told by the programme team that there are a number of students with learning support needs studying the SCPHN programme and learning support plans are put in place, where necessary. This was confirmed by some students who told us that they are dyslexic and tests and support plans had been implemented quickly and with minimal stress.

Students told us that the personal tutor role is effective in addressing any potential academic difficulties as soon as they emerge. Practice teachers positively evaluated a session from the university disability and dyslexia service to support students in practice with specific learning needs (2, 13, 24-26, 32, 43-45, 47-48).

There is a robust professional unsuitability procedure which clearly distinguishes between professional competence and professional suitability. The procedure applies to all students who are required to meet professional standards of conduct for awards that lead to a professionally recognised qualification (8-9, 29).

We were told that there have been no SCPHN HV students through this procedure (32, 40-41).

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders, including SCPHN HV students.

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

The community health practice handbooks clearly identify the process practice teachers are to follow for students who cause concern in practice. There is a 'when students are identified as having difficulties in practice' procedure and a flowchart (11-12).

What we found at the event

We found that systems are in place to monitor the performance of SCPHN HV students in practice. All practice teachers and education leads understand the process they would need to follow if any issues arise in practice. A difficulty in practice flow chart is evident in the practice handbooks. Practice placement providers report that the programme team is quick to respond if an issue is raised (11-12, 43-46, 48).

Students are clear about the procedure to follow if they feel they are struggling and confirmed that practice teachers and academic staff are approachable and supportive (43-45, 47).

Education leads told us how the AEI and the trust work together on formulating action plans as students are trust employees. An issue of concern would be managed through a three-way action plan involving the student, practice teacher and lecturer (43-46, 48). The majority of practice teachers report they have not experienced an issue of poor performance. We were given an example of an issue of concern involving a SCPHN HV student from another AEI. There was partnership involvement of the AEI and the placement provider, clear documentation about the concern raised and a subsequent action plan was implemented and reviewed (33, 43-46, 48, 69).

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.

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

What we found before the event

The university has clear policies and procedures for the recognition of prior experiential learning and prior certified learning (16-17, 84).

Accreditation of prior learning (APL) is not permitted on the BSc (Hons) programme, however, for admission with advanced standing to the PG Diploma, a maximum of 30 credit exemptions is permitted at Level M where the applicant holds certificated prior learning (1, 16-17).

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What we found at the event

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We were told about a small number of SCPHN students who completed the SCPHN SN pathway who had been sponsored by trust employers to undertake the SCPHN HV pathway. The APL claims for three students were reviewed and confirm a robust APL process has been undertaken mapping NMC outcomes and standards of proficiency. External examiner scrutiny and assessment board processes were followed (27-28, 32-33, 62).

We were told by some students who had used APL that they had found it challenging but confirmed they had been well supported by trust and academic staff (44, 47).

We confirmed that the use of APL in the SCPHN HV programme adheres to the university APL policy and procedure and NMC standards and requirements.

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**Outcome: Standard met**

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Comments:

No further comments

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Areas for future monitoring:

None identified

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**Findings against key risks**

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**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**

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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**

The university has partnerships with HENWL LETB, Central London Community Health and sponsoring organisations.

The success of the SCPHN programme at Brunel University London is sustained by effective working relationships with sponsoring NHS trusts, employers and organisations. A significant number of alumni subsequently act as placement providers and practice teachers (2).

A protocol for raising and escalating concerns is included in the programme and practice handbooks (2, 9-12).

Practice teachers are requested to complete an audit profile tool form and return it either online or via their student or have it available by the tutor's initial placement visit. A copy of an audit completed for another university is an acceptable alternative (11-12).

**What we found at the event**

The university works in close partnership with HENWL LETB for the implementation of the QCPM process. Representatives from HENWL LETB told us they have an excellent partnership with Brunel University London (37).

We found that the strength of the partnership between the university and practice placement partners and other AEIs lies at an operational level. The programme team undertake placement visits and hold regular study days, which are essential in maintaining communication and links with practice placement partners (32-33, 43-46, 48).

Good partnership working is particularly evident with education leads and practice teachers/mentors, who report good working relationships with the programme team. There are also good relationships between the programme team and other organisations/agencies who contribute to teaching specialist subject areas, for example, domestic abuse. The education leads report that they also meet regularly with the programme team to review the programme and ensure NMC standards are being met (43-46, 48).

A North West London 'Communities of Practice' was set up in late 2014 and brings together five practice placement partners and the university to share expertise and ideas to improve health visiting practice. They meet regularly and hold annual conferences and co-publish (32-33, 70, 85-86).

Two of the SCPHN programme/pathway leaders meet regularly with the other SCPHN programme leaders through a nationally established group that meets in London. This group enables the sharing of effective practice and receives updates from the Department of Health, NMC and other relevant organisations (33-34).

The educational audit documentation is a pan-London development, which is completed every two years and enables sharing across all London AEIs. We viewed 11 educational audits for the placement areas visited during the monitoring review and confirm they meet NMC standards (33, 44-45, 71).

The university has a raising and escalating concerns protocol which is included in the programme handbooks and available on the BlackBoard Learn VLE for all students and practice teachers/mentors. The protocol is highlighted during the induction session for students and practice teachers/mentors. Students complete an induction checklist that refers to both raising and escalating concerns and the professional duty of candour (2, 9-12, 31, 44-45, 47-48, 81-82).

Students and practitioners report they are aware of how to raise and escalate concerns and sponsoring trusts have their own policies for raising and escalating concerns (2, 9-12, 43-46). The university protocol advises students to inform the programme leader of any concerns raised. We were informed about a termination of placement policy which may be initiated if an issue arises in practice that cannot be resolved (31, 39, 41, 87).

We were informed that there have been no concerns escalated from SCPHN HV students. However in the event of any future escalation of concerns we found very limited evidence is available to clarify strategic partnership working and the responsibility of the programme leader and senior college staff in responding to any raising and escalating concerns. This requires improvement.

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 college developed a service user/carer strategy during 2014-15. This strategy is being implemented and is monitored as part of university regulation and Quality Assurance Agency (QAA) (5, 14).

Client/service users complete a satisfaction questionnaire as part of the students' practice assessment (15).

Practitioners contribute to the delivery of the SCPHN HV programme, for example teaching sessions on safeguarding (6).

What we found at the event

Practitioners contribute to the delivery of the SCPHN HV programme within the university. In addition education leads and practice teachers provide six to eight weekly learning sets whilst the students are on placement. Topics covered include family nurse partnerships, neonatal audiology, minor ailments and legal aspects of record keeping (32, 43-44. 46-48).

We found that the college service user/carer strategy is at an early stage of implementation. The SCPHN programme team and students confirmed that a service user is part of the programme planning and development for the SCPHN HV programme. The service user; teaches students to strengthen their understanding of mental health promotion and wellbeing and valuing differences, attends the board of studies meeting and is involved in assessing and grading a health promotion event and

student presentations (33, 42-45, 53).

The service user reported feeling included and part of the programme team. We were also told that whilst she is prepared and supported by a member of the programme team staff she has not received any formal preparation for assessing students' work and has not attended equality and diversity training (33, 42). This requires improvement.

Practice teachers/mentors and students told us that students are encouraged to gain service user feedback whilst in the practice learning environment. A satisfaction questionnaire is available within the PLAD for students to ask clients/service users to complete as part of their practice assessment. However, students did not know how many questionnaires they should gather and submit, and the criteria for which service users they should approach to complete the questionnaire was not known. The guidance for students gaining service user feedback should be improved (15, 32-33, 43-48).

Our findings confirm that practitioners and a service user are involved in the delivery of the SCPHN HV programme. However, the service user involvement in the development and delivery of the programme requires strengthening to promote a wider breadth of exposure and understanding of service user issues and to adequately prepare service users for the role. The guidance for students gaining service user feedback should be improved.

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

What we found before the event

Practice visits are undertaken at least once during the programme by a SCPHN representative of the programme team; with the aim of ensuring that each student is progressing satisfactorily and to support the practice teachers in their role (11-12).

What we found at the event

Practice teachers/mentors and students confirmed that all students have a minimum of one practice placement visit by a lecturer from the SCPHN programme team. Tripartite meetings are held between student, practice teacher and lecturer. The visit normally takes place in the autumn term, to ensure that each student is progressing satisfactorily and to support the practice teachers in their role. The visiting lecturer does not always have due regard. However, any issues are taken back and discussed with the SCPHN HV lecturer who will visit the student if necessary. We were told that additional practice visits are carried out if requested (11-12 and 33, 44-48).

Practice teachers and students report that the SCPHN programme team are accessible by email and telephone and find them to be very approachable, responsive and supportive (43-48).

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

The university has a NMC approved practice teacher programme (1).

What we found at the event

There are currently eight student practice teachers studying the university's NMC approved practice teacher programme (33).

Practice teachers told us that they are prepared for their role and receive updates from the SCPHN programme team on a regular basis. Students also confirmed that the practice teacher is well prepared for their role and facilitates a wide range of learning opportunities. Students told us that these opportunities have been enhanced by the additional support of the education leads and senior practice teachers (13, 32-33, 37, 43-48).

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with

What we found before the event

Study days for practice teachers are held at the university during the programme. They are available to previous practice teachers to enable them to meet the requirements for triennial review. Training was provided for the introduction of the online portfolio via PebblePad (11-13).

What we found at the event

Practice teachers/mentors are supported by their managers to attend study days at the university which are held three to four times a year. The study days include opportunities for peer supervision, updating on programme developments and current professional issues. Notes are circulated and posted on the VLE BlackBoard Learn site following meetings to ensure practice teachers that are unable to attend are kept informed. Practice teachers and education leads reported these days are valuable and informative (13, 32-33, 43-46, 48, 89-90).

Education leads and practice education facilitators hold regular mentor updates in placement to enable annual updates to be completed. Practice teachers reported triennial reviews are completed with their manager or education lead through the annual appraisal process and recorded on a register held in the trust. This was confirmed by the education leads that oversee the process and ensure the register is kept up to date

32, 43-48).

There is a notification of practice teacher form which shows practice teacher status and dates of triennial review. This is accompanied by a practice teacher audit document that identifies the learning development needs of the practice teacher. Education leads get copies of these and act upon them accordingly (44, 45, 47, 48, 90-92).

In addition to updates there are monthly practice teacher meetings, where practice teachers can network and support each other, as well as update their knowledge. The schedule of monthly meetings for 2016 was viewed by reviewers, as was the agenda for a forthcoming meeting, which clearly shows input on marking and assessment criteria in line with the standards of proficiency (44-45, 48, 88-89).

We found that practice teachers attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

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

What we found before the event

The university holds a practice teacher register for SCPHN which is updated on an annual basis (6). SCPHN HV and SN practice teacher registers are also maintained in practice placements. Any mentor/practice teacher/sign-off practice teacher arrangements are verified between the practice placement and the university. These arrangements are also checked during academic staff visits to placement areas and documented on the placement visit form (11-12).

What we found at the event

A local register of mentors and practice teachers is maintained by the education lead in practice placements. This information is also shared with practice education facilitators who maintain the live central trust database (43-46, 48). Any mentor/practice teacher/sign-off practice teacher arrangements are verified between the practice placement and the university. These arrangements were also checked during academic staff visits to placement areas and documented on the placement visit form (11-12, 90-91).

A review of two databases demonstrated that current practice teachers have attended an annual mentor update and completed a triennial review. There is a clear distinction between active and inactive mentors evidenced on a red, amber, green (RAG) rated database (72-73).

We conclude that records of mentors/practice teachers are accurate and up to date.

**Outcome: Standard requires improvement**

Comments:

Limited evidence is available to clarify strategic partnership working and the responsibility of the programme leader and senior college staff in responding to any raising and escalating concerns. Clearer guidance for the programme leader would clarify their responsibility in responding to any reported raising and escalating concerns.

One service user is involved in the delivery of the SCPHN HV programme.  However the service user involvement in the development and delivery of the programme requires strengthening to promote a wider breadth of exposure and understanding of service user issues and to adequately prepare service users for the role.

A service user satisfaction questionnaire is available for students to ask clients/service users to complete as part of their practice assessment. However, students did not know how many questionnaires they should gather and submit and the criteria for which service users they should approach to complete the questionnaire was not known. The guidance for students gaining service user feedback should be improved.

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Areas for future monitoring:

• Evidence of strategic partnership working for managing escalated concerns.

• A greater breadth of service user involvement in the development and delivery of the programme.

• Preparation of service users for the role.

• Guidance for students to gain service user feedback.

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## Findings against key risks

**Key risk 4 - Fitness for Practice**

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

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

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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

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What we found before the event

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Learning may take place in both multi-disciplinary and professionally specific groups. The programme places considerable emphasis on students developing a variety of skills, for example report writing, communication and teaching skills, counselling and assessment skills and IT skills (16-17, 50).

An essential component of practice is for students to experience alternative practice experiences in a range of settings relevant to community public health. Students spend at least 15 days/three weeks (7.5 days per year part time (PT) mode) gaining experience in settings and with clients who are considered important, if not central to the defined area of practice. It is intended that this will enhance the student's overall understanding of their professional role by providing the opportunity to observe alternative strategies and practices in a contrasting cultural or social setting (11-12).

There is a 10 week consolidated practice period at the end of the programme, (pro rata full/PT basis). This is an assessed period of practice and an integral part of the whole programme, undertaken in the student's defined area of practice. Prior to commencing consolidated practice, students must have provided evidence of learning that meets the standards of proficiency for SCPHN and submitted the appropriate documentation (11-12).

What we found at the event

We found a variety of learning and teaching methods are employed to encourage a problem-solving approach and enhance the integration of theoretical learning with professional practice. SCPHN HV students confirmed that the teaching and learning methods are varied, interactive and effectively link theory with practice. They also told us that academic lecturers are approachable, accessible and supportive and they provide regular constructive feedback on formative and summative work (16-17, 43-45, 47, 68, 83).

SCPHN HV students have opportunities for inter-professional learning with other health and social work students at the university, covering topics such as domestic violence, safeguarding and substance misuse. Students told us this is a valuable aspect of their health visitor development (43-44, 47, 49-51).

All three pathways in the SCPHN (HV, SN, OHN) programme have shared learning across the majority of the programme, which we were told works well (33, 43-44, 47).

The SCPHN programme is rolling out a new risk assessment tool, the 'introduction of promotional guide training for health visitor students and practice teachers' (promotional guidance). The promotional guidance is a guide for a conversation that aims to establish a supportive health visitor-parent partnership. The guide is recommended in the healthy child programme (HCP) to improve outcomes for children and families. Students and practice teachers share teaching and learning. We were told that the use of the tool will be evaluated in the near future (33, 47–48, 74).

Education leads, practice teachers/mentors and students told us that students are well prepared for practice (44-45, 47-48).

Students gain 15 days of alternative practice experience in a range of settings. These are organised by the student in agreement with their practice teacher. Learning outcomes are identified prior to undertaking the alternative practice experience. Students confirmed they find these experiences enhance their overall understanding of their professional role (11-12, 33, 43-45, 47).

Students and practice teachers confirmed their understanding of the requirements of the consolidating period of practice at the end of the programme. We found that students are required to have successfully achieved all of the SCPHN proficiencies prior to commencing the 10 weeks of consolidating period of practice. Students make up practice days if missed. Students told us that they expect to remain with the same practice teacher but recognise that they may be moved to another placement and/or practice teacher. This arrangement is planned and agreed with the programme leader and sponsoring trust (11-12 and 43-45, 47).

Our findings conclude that learning, teaching and assessment strategies in the approved SCPHN HV programme enable students to successfully meet the required programme learning outcomes, NMC standards and proficiencies.

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

What we found before the event

Students are required to undertake an analysis of their strengths and identify areas to develop and these will be used as the basis of their personal development profile (PDP). The PDP follows two processes: in the university, from the induction week, individual tutorials will take place with the personal tutor; the second part of the process occurs in practice with the practice teacher. Students review their practice PDP with their practice teacher on a monthly basis to consider short and medium term development plans.

The PDP and learning review/action plans are included in the PLAD, the tutor and practice teacher review the evidence in the document on a regular basis at specified development points in the programme. This provides a tripartite approach between the student, practice teacher and the tutor that is consolidated during the tutor's visits to practice. Students use the PDP meeting records as part of the evidence to demonstrate that the standards of proficiency have been met (9-12).

Students complete an online portfolio via PebblePad for the assessment of practice to demonstrate achievement of the standards of proficiency (2).

Practice teachers have an individual log-in with their student to be able to verify and monitor progress throughout the programme. There is a robust system for monitoring practice in the areas of practical skills, attitude that includes the 6Cs of nursing, communication and reflective ability (2).

What we found at the event

All NMC proficiencies have been mapped within the programme and are within the PLAD, which is available via PebblePad (an electronic portfolio) which was introduced into the SCPHN programme in September 2014 (83).

The programme team hold regular training sessions for students, practice teachers and education leads in the use of the e-portfolio. Students and practice teachers told us that the training sessions were helpful as the use of PebblePad has been challenging although they are now finding it relatively easy to use (32-33, 43-48, 83).

Practice teachers told us that the use of the e-portfolio is effective as it enables them to track student progress, provide comments and view feedback given by the programme team. This provides a good overall picture of how students are progressing and allows them to pick up any cause for concern and support students effectively (44- 45, 48, 83,

92).

The programme team told us that they recommend students download the proficiencies from the PebblePad and write a reflection about what they have done each day during theory or practice elements of the programme and how this relates to at least one standard/proficiency. Students are also required to undertake an analysis of their strengths and identify areas to develop and this is used as the basis of the PDP. The PDP is used by personal tutors and practice teachers to support students (45, 47-48, 83, 93).

Students and practice teachers are provided with set dates for submission of a range of evidence, for example induction completion, PDP, reflective accounts, critical incident experiences, attendance monitoring, 6Cs of nursing and completion of a service user questionnaire. Students upload their evidence onto the e-portfolio so that their practice teacher and lecturer can monitor, review progress and give feedback. This provides a tripartite approach between the student, practice teacher and the lecturer that is consolidated during the SCPHN lecturer's visits to practice placements (43-48). Students use the PDP meeting records as part of the evidence to demonstrate that the standards of proficiency have been met (9-12 and 43-45, 47, 83).

There is a formative assessment point in January and a summative point in June when students have to demonstrate achievement of the standards of proficiency. A summative assessment at the end of the consolidation period of practice confirms the SCPHN HV student has successfully completed the period of consolidation and that the student is deemed fit for purpose and practice and ready to enter qualified practice as a SCPHN. Students can upload evidence at other times and receive feedback. Students and practice teachers are clear about the progression points throughout the programme (33, 43-48, 52).

We were told by practice teachers and students that students are well prepared for practice and will be competent and fit for practice on completion of the programme. Representatives from HENWL told us that a number of sponsoring trusts prefer to guide applicants to apply to Brunel University London. Education managers confirmed they are satisfied with the calibre of students completing the programme and that they are fit for employment (37, 44-45, 47-48).

We conclude that students on the SCPHN HV programme achieve NMC standards, learning outcomes and proficiencies for entry to the relevant part of the NMC register.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

| Findings against key risks |
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**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

The quality contract performance management system measures the university against an agreed set of contract performance indicators and includes quantitative and qualitative data. The SCPHN HV programme was RAG rated green in 2014-15 (18).

There is a board of studies meeting held every six months to review and evaluate the BSc (Hons) and PGDip SCPHN programme. Representatives include the programme team, students, a lay representative and practice placement providers (93).

The SCPHN programme now includes a joint programme evaluation between students and practice teachers (2).

What we found at the event

The university has a comprehensive range of internal QA systems and strategies to support and enhance the delivery of the SCPHN HV programme (36, 39, 41).

There are a range of strategies in place to evaluate the SCPHN programme. Students told us that they complete module evaluation forms at the end of each theory and practice module. The programme team seek feedback from practice teachers and students to evaluate practice learning. In addition students are invited to complete the appraisal of placement form and return it with the completion of the consolidated practice form. Overall we found students evaluate the practice learning placements positively (9-10, 54-60).

The programme team, practice teachers and students told us that they attend an end of year evaluation and monitoring event where they can give feedback about the whole programme based on a 'what works' agenda. We were told that this was a useful event and the results of the evaluations are included in the annual monitoring process of the university. Overall, students felt that their feedback was listened to and acted upon (11-12, 32-33, 44–48, 60).

Our findings conclude that the university has a comprehensive range of QA processes in place to manage risks, address areas for development and enhance the delivery of the SCPHN HV programme. However a lot of this information is not transparent or detailed in the NMC AEI requirements section of the NMC portal which needs to be improved.

The college senior management team is advised to provide support to enable the official correspondent, who is also the SCPHN programme leader, to submit evidence, maintain and keep up to date the AEI requirements to provide assurance and confirmation to the NMC about AEI status.

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

The community health practice handbooks direct students to their responsibility as a nurse in being aware of the NMC raising concerns: guidance for nurses and midwives (2015) (11-12).

There is a university student complaints policy and procedure (61).

What we found at the event

We found that appropriate policies and procedures exist to enable students to raise complaints and concerns. Students told us that they are aware of these procedures and would use them if they needed to. Students felt that generally they could resolve complaints and concerns at an informal level as they have good positive relationships with academic lecturers and practice placement providers (11-12, 44-45, 47, 61).

An external examiner with due regard is appointed for the SCPHN HV programme. The external examiner reports are supportive of the quality of the programme, the academic support given to students and the clear evidence of partnership working between practice teachers, students and the programme team. They also include comments in relation to activities they have undertaken to monitor the assessment of practice which includes sampling practice portfolios and meeting with students. The external examiner has commended the extent to which practice teachers are involved in the moderation of practice assessment (19–22, 63–67).

There is evidence of the programme team's responsiveness to the external examiner's comments. The SCPHN (HV) examiner did comment in the 2013-14 annual report that she would value the opportunity to meet with practice teachers and evidence in the 2014-15 report demonstrates that this was arranged (19-21, 63-67).

We conclude from our findings that the university has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

**Outcome: Standard requires improvement**

Comments:

The university has a comprehensive range of QA processes in place to manage risks, address areas for

development and enhance the delivery of the SCPHN HV programme. However a lot of this information is not transparent or detailed in the NMC AEI requirements section of the NMC portal which needs to be improved.

The college senior management team is advised to provide support to enable the official

correspondent, who is also the SCPHN programme leader, to submit evidence, maintain and keep

up to date the AEI requirements to provide assurance and confirmation to the NMC about AEI status.

Areas for future monitoring:

• The AEI requirements section in the NMC portal.

## Evidence / Reference Source

1. NMC SCPHN HV, SN, OHN approval report, 2014

2. Brunel University London self- assessment report, 2015/16

3. Academic staff curriculum vitae

4. NMC website checked 11 February 2016

5. Brunel University London self- assessment report 2014/15

6. Brunel University London Initial visit, 04 February 2016

7. Recruitment information degree programmes in SCPHN, BSc, PgDip and MSc, 2015/16

8. Brunel University London, professional unsuitability procedures, Senate Regulations,  6 August 2014 revised February 2015

9. Brunel University London, BSc (Hons) SCPHN student programme handbook, September 2015

10. Brunel University London, Pg Dip/MSc SCPHN student programme handbook, September 2015

11. Brunel University London, BSc (Hons) community health practice handbook, September 2015

12. Brunel University London, postgraduate diploma community health practice handbook, September 2015

13. Practice teacher study day, November 2015

14. Brunel University London College of Health and Life Sciences, service user and carer involvement in the curriculum: guidance and recommendations, June 2014 and evaluation December 2015

15. SCPHN client/service user satisfaction questionnaire, undated

16. Brunel University London, BSc (Hons) SCPHN programme specification, 2014

17. Brunel University London, Pg Dip/MSc SCPHN programme specification, 2014

18. PAN London QCPM annual report, 2014/15

19. Brunel University London, external examiner report SCPHN programme 2013/14

20. Programme team response to external examiner report, 29 September 2014

21. Brunel University London, external examiner report SCPHN programme 2014/15

22. Programme team response to external examiner report, September 2015

23. Brunel University London, equality and diversity workshop for new staff, undated

24. Brunel University London, certificates of completion: diversity in the workplace

25. Brunel University London, disability and dslexia service handbook for students, undated

26. Documentation evidence to support for a student with dyslexia needs, 2015

27. APL claims for differing fields of practice (SCPHN SN to SCPHN HV), January 2016

28. Brunel University London, SCPHN undergraduate module panel, 9 June 2015, tabled preparation for practice in a different field of SCPHN

29. Brunel University London, staff guide to professional suitability procedure, revised 2015

*30. Central London Community Healthcare NHS Trust: guidelines for long arm mentoring of HVs and SNs in clinical placement, September 2013*

*31. Brunel University London, SCPHN raising and escalating concerns protocol, undated*

*32. Presentation by SCPHN programme team, 17 February 2016*

*33. Meeting with SCPHN programme team, 17 February 2016*

*34. Meeting with SCPHN HV lecturer, 17 February 2016*

*35. Meeting with contracts manager, 17 February 2016*

*36. Meeting with QA lead, Brunel University London, 17 February 2016*

*37. Telephone call, two representatives from HENWL LETB*

*38. Meeting with dean, College of Health and Life Sciences, Brunel University London, 17 February 2016*

*39. Meeting with vice dean, education, Brunel University London, 17 February 2016*

*40. Meeting with divisional lead, Brunel University London, 17 February 2016*

*41. Meeting with SCPHN programme lead, 17 February 2016*

*42. Telephone call with lay representative, 17 February 2016*

*43. Practice visit Caryl Thomas Clinic, Wealdstone, Harrow community services, meetings with health visitor students and practice teachers, 17 February 2016*

*44. Practice visit Welford Primary Care Centre, Wembley, meetings with education manager, health visitor student, preceptor year practice teacher and peripatetic practice teacher, 17 February 2016*

*45. Practice visit Ickenham Clinic, Hillingdon Primary Care Trust, Ickenham, community services, meetings with health visitor students, head of integrated care, education lead, and practice teachers, 17 February 2016*

*46. Practice visit Heart of Hounslow, Centre for Health, Hounslow, meetings with education manager, education lead, education lead supervising student practice teacher, and student practice teachers, 18 February 2016*

*47. Meeting with SCPHN HV students, Brunel University London, 18 February 2016*

*48. Meeting with practice teachers, Brunel University London, 18 February 2016*

*49. Inter-professional learning study day, domestic violence, October 2015*

*50. Inter-professional learning study day, substance misuse, December 2015*

*51. Inter-professional learning study day, safeguarding, February 2016*

*52. SCPHN consolidated practice summative assessment form, undated*

*53. Timetable mental health and wellbeing module, September 2015 includes examples of lay representative to teaching*

*54. SCPHN HV students appraisal of placements 2014/15*

*55. SCPHN HV students evaluations of managing professional perspectives in SCPHN HV module, 2014/15*

*56. Modular/study/assessment block reviews for SCPHN managing professional perspectives in SCPHN HV module, 2014/15*

*57. Modular/study/assessment block reviews for SCPHN application of evidence for SCPHN practice module, 2014/15*

58. Modular/study/assessment block reviews for SCPHN mental health and wellbeing module, 2014/15

59. Modular/study/assessment block reviews for SCPHN health promotion and public health leadership module, 2014/15

60. Brunel University London, SCPHN course evaluation, 2014/15

61. Brunel University London, student complaints procedure, updated September 2015

62. College of Health and Life Sciences SCPHN undergraduate module panel, 9 June 2015, tabled preparation for practice in a different field of SCPHN

63. Brunel University London, appointment of external examiners, May 2015

64. PgDip/MSC SCPHN board of examiner 12 June 2015

65. College of Health and Life Sciences, SCPHN panel of examiners: review of module assessment, June 2015

66. SCPHN HV external examiner e-mail communication, 27 October 2015

67. Notes from external examiner SCPHN HV to programme team June 2015

68. Timetables managing professional perspectives in SCPHN (HV) and developing SCPHN

69. Documentation evidence demonstrating process followed in addressing an issue of concern in practice, June 2015

70. Communities of practice, article in 'Community Practitioner', Volume 89, No. 2, 10-12

71. Educational audit documentation for 11 placements in Central and North West London NHS Foundation Trust; London North West Healthcare NHS Trust; Hounslow and Richmond Community Healthcare NHS Trust, completed between April 2015 and February 2016

72. Live register of database for a division of Central and North West London NHS Foundation Trust, excel spreadsheet, viewed 16 February 2016

73. Education leads live database of practice teachers for Heart of Hounslow, Centre for Health, Hounslow within Richmond Community Healthcare NHS Trust, excel spreadsheet, viewed 17 February 2016

74. Introduction of promotional guide training for health visitors HVs and practice teachers, documentation included flier, picture cards and booklet

75. Sponsorship opportunity letter for students London North West Healthcare NHS Trust, 2 February 2015

76. Email from trust education lead giving process and schedule for recruitment, 25 January 2016

77. Trust interview document check form for students, undated

78. Trust core values handout for students, undated

79. Schedule of numeracy and literacy assessments, 2016

80. Emails between programme lead and trust education lead regarding involvement of parenting group (service users) in developing interview questions by service users

81. BSc (Hons) / PG Diploma SCPHN programme induction week timetable 2015/16

82. Induction checklist on PebblePad

83. PLAD on the virtual learning environment PebblePad

84. Brunel University London, QA committee exemptions policy (APEL) with flowchart, application forms and

*examples, 2015*

*85. Communities of practice network conference flyer, 2015*

*86. Communities of practice meeting agenda, 29 January 2016*

*87. Brunel University London, department of clinical sciences, termination of practice policy/termination placement review panel, August 2014*

*88. Letter from programme team to practice teachers giving dates for practice teacher meetings and study days, 2016*

*89. Practice teacher study day agenda, 26 February 2016*

*90. SCPHN notification of practice teacher form, undated*

*91. SCPHN practice teacher audit, undated*

*92. SCPHN good practice guidance on assessment feedback for students and staff,  undated*

*93. BSc (Hons)/PGDip specialist community public health nursing minutes of the programme committee, 2014 and 2015*

| Personnel supporting programme monitoring |
|---|
| **Prior to monitoring event** |
| Date of initial visit: 04 Feb 2016 |
| **Meetings with**: |
| SCPHN programme leader |
| **At monitoring event** |
| **Meetings with:** |
| SCPHN programme team, College of Health and Life Sciences, Brunel University London |
| SCPHN HV lecturer, College of Health and Life Sciences, Brunel University London |
| Contracts manager, College of Health and Life Sciences, Brunel University London |
| College library representative, College of Health and Life Sciences, Brunel University London |
| QA Lead, Brunel University London |
| Dean, College of Health and Life Sciences, Brunel University London |
| Vice dean, education, College of Health and Life Sciences, Brunel University London |
| Divisional lead, College of Health and Life Sciences, Brunel University London |
| SCPHN programme leader, College of Health and Life Sciences, Brunel University London |
| Practice teachers, mentors and students - Caryl Thomas Clinic, Wealdstone |
| Practice teachers, students and education lead - Welford Centre, Wembley |
| Practice teachers - Ickenham Clinic, Ickenham |
| Practice teachers and students, College of Health and Life Sciences, Brunel University |
| Telephone call, two representatives from HENWL LETB |
| Telephone call with lay representative |

Meetings with:

| | |
|---|---|
| Mentors / sign-off mentors | 2 |
| Practice teachers | 9 |
| Service users / Carers | 1 |

| Practice Education Facilitator | 1 |
| --- | --- |
| Director / manager nursing | |
| Director / manager midwifery | |
| Education commissioners or equivalent | 2 |
| Designated Medical Practitioners | |
| Other: | 3<br><br>3 Education leads<br><br>Please note that practice teachers included two who were training to be practice teachers, two peripatetic practice teachers and two long arms |

Meetings with students:

| Student Type | Number met |
| --- | --- |
| Registered Specialist Comm Public Health Nursing - HV | Year 1: 22<br>Year 2: 0<br>Year 3: 0<br>Year 4: 0 |
| | Year 1: 0<br>Year 2: 0<br>Year 3: 0<br>Year 4: 0 |

| | Year 1: 0<br>Year 2: 0<br>Year 3: 0<br>Year 4: 0 |
|---|---|