2016-17
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of West of England in Bristol
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Children
Date of monitoring event	16-17 Nov 2016
Managing Reviewer	Janette Bowyer
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	Joseph Cortis, Kathryn Summers
Placement partner visits undertaken during the review	Stroud General Hospital, Adult medical and surgical
	Leckhampton Court Hospice (Sue Ryder)
	Cheltenham General Hospital, cardiology and critical care
	Bristol Royal Hospital for Children, general medical ward 30, burns unit and high dependency unit, neurosurgical and neurology ward 38
	Royal United Hospital Bath, Charlotte ward (gynaecology), coronary care unit, children's ward and neonatal intensive care unit
	Sirona Lifetime Organisation
Date of Report	27 Nov 2016

Introduction to NMC QA framework
The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take |

action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

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

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

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

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

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

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

improvements are required in order that public protection can be assured.

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

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

Summary of findings against key risks

Category	Risk	Finding	Finding	Finding	Finding
Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.			
Resources	**1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
Practice Learning	**3.2 Programme providers fail to provide learning opportunities of suitable quality for students**	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
Practice Learning	**3.3 Assurance and confirmation of student achievement is unreliable or invalid**	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
Fitness for Practice	**4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards**	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to University of West of England in Bristol's programmes

The University of the West of England (UWE) is a large established university with over 27,000 students. Within the faculty of health and applied sciences, the department of nursing and midwifery provides a three-year pre-registration BSc (Hons) nursing programme across all four fields of practice (adult, child, learning disabilities and mental health). The pre-registration nursing programme was originally approved on 8 July 2011 and an extension has been granted until 31 August 2019 (49-50).

The pre-registration nursing programme is delivered at two locations, the Glenside campus in Bristol, which comprises solely of health and social care students, and at Gloucester campus and the surrounding placement areas. Inter-professional learning within the programme has recently been extended to include pharmacy and medical students.

Students have exposure in practice to all the fields of nursing and there is a wide geographical placement area. The university shares placements in Swindon and parts of Gloucestershire with Oxford Brookes University and shares placements in Gloucester hospitals with University of Worcester (51).

The focus of this monitoring review is adult and children's nursing. The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders.

Summary of public protection context and findings

Our findings conclude that the practice learning key risk theme has a standard not met in relation to triennial review. The university must implement an action plan to ensure the risk is controlled, NMC standards are met and public protection is assured.

3 February 2017. The university implemented an action plan to address the unmet outcome. Evidence has been submitted to demonstrate completion of the action plan. The action plan has been fully implemented and the identified risks are now controlled.

Within the practice learning risk theme, exceptional reporting to the NMC requires improvement. The quality assurance key risk theme also requires improvement. The key risk themes are described below.

Resources: met

We conclude that the university has adequate resources to deliver the pre-registration nursing (adult/child) programme to meet NMC standards.

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

Admissions and progression: met

We conclude that the admissions process meets NMC requirements. We found that disclosure and barring service (DBS) checks and occupational health clearance are completed before a student can proceed to placement and electronic records are accessible to placement providers to assure public protection.

The university has effective policies and procedures in place for the management of

poor performance in both theory and practice, which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

We found that robust systems are in place for the accreditation of prior learning and achievement.

Practice learning: not met

We conclude that there are effective partnerships between education and service providers at all levels. However exceptional reporting to the NMC in a timely manner in accordance with the Quality Assurance framework part four (NMC, 2015) requires improvement.

We found that practitioners and service users and carers are involved in programme development and delivery. Practice academic teams effectively support students in practice settings and there is an effective designated practice support line.

Our findings conclude that mentors and sign-off mentors undertake mentor preparation programmes and annual updates for their role in assessing practice. However, we found inadequate safeguards in place to ensure that the NMC requirements for triennial review are achieved by mentors and sign-off mentors. We found that mentor registers in two child nursing placements visited and the private, voluntary and independent sector (PVI) did not accurately record completion of triennial reviews.

3 February 2017. The revised mentor registers and triennial review records submitted by the university demonstrate that standard 3.3.2 is now met. The university has implemented a triennial review form for the recording of triennial review and through communication with service managers and education leads, adequate safeguards are now in place to ensure that the NMC requirements for triennial review are achieved by mentors and sign-off mentors.

Fitness for practice: met

We found that the pre-registration nursing (adult/child) programme supports students' achievement of all learning outcomes and NMC competencies in both theory and practice at progression points and for entry to the NMC register. Mentors and employers describe students completing the programme as fit for practice and purpose.

Quality assurance: requires improvement

Our findings conclude that whilst there are effective internal quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing programme, external examiner engagement in practice learning and assessment requires improvement.

We found that the university and their practice placement providers work closely together to respond effectively to concerns and complaints raised in practice settings.

Summary of areas that require improvement

3 February 2017. Revised documentation submitted by the university confirms that systems and processes are in place for the recording of triennial reviews to address the key risk area which was not met identified below.

The following area is not met and requires urgent attention:

There are inadequate safeguards in place to ensure that the NMC requirements for triennial review are achieved by mentors and sign-off mentors. The university and placement providers must ensure that all active mentors and sign-off mentors meet triennial review requirements every three years following their initial mentor preparation programme. The mentor databases for child nursing and the PVI sector must be reviewed and amended to accurately record dates of completion of triennial reviews.

The following areas require improvement:

- The university should ensure that exceptional reporting to the NMC takes place in a timely manner in accordance with the Quality Assurance framework part four (NMC, 2015).
- External examiners are required to engage more fully in the practice elements of the programme to inform judgements about practice learning and assessment.

Summary of areas for future monitoring

- Triennial review requirements and accuracy of recording on mentor databases.
- Exceptional reporting adverse risk issues in practice placements to the NMC.
- External examiner engagement in practice learning and assessment.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic teams for the adult and child nursing programmes were positive about the programme and support that they provide to students. Learning is viewed as a

partnership between theory and practice and a collaborative endeavour between the student, the academic and the mentors in practice. The academic teams are particularly proud of a recently renewed simulation of practice unit to support students' learning in preparation for practice. Student support and experience is of great importance to the academic team and they use their data well to understand and enhance the student experience.

The academic team report strong partnership working with placement providers, strengthened by the excellent practice placement website. They have a proactive approach to the delivery of the programme which is student focused from entry to completion of the programme. In addition, the children's nursing programme is centred on the child, young person and family.

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

We met a number of enthusiastic and committed mentors/sign-off mentors who were clear on their role in enhancing the educational and practice experience of the students whilst on placement. They spoke positively about the level of support systems available to them from both the university and the employing trust or independent healthcare provider. The mentors talked highly of the quality of the nursing students encountered across the three years of the programme.

The mentors/sign-off mentors from both hospital and community children's nursing practice learning environments made specific reference to the strong links with the academic in practice for their areas. They could identify clear links with the theoretical concepts the students had studied prior to or in preparation for their placement. They felt the content of the children's programme was contemporary in nature and indicative of the current health and social care environment.

Students

Students report that the adult and child nursing programmes are preparing them effectively to become competent, safe and professional practitioners and support their progression into registration and employment. Students feel that effective support mechanisms are available to them and that the key values of nursing, including dignity, compassion and respect, are well embedded within the programme.

Students' practice placement experiences are positive and they have opportunities to experience all fields of nursing as well as arrange short 'spoke' placements in clinical areas that are of interest to them.

Adult nursing students based at the Gloucester campus expressed some inequity with the students based at the larger Glenside campus in Bristol, with reduced simulation activities and facilities being the most commonly reported concern. The Gloucester campus students felt that the programme organisation could be improved and gave examples of cancellation of lectures, and variation in the timeliness, depth and value of the feedback given between academics leading modules.

The children's nursing students were extremely passionate about the children's nursing programme. They spoke about the strong network of support provided by the child programme team, their mentors in practice and the academic in practice role. They particularly value the supervision of learning days, which enable them to practice key clinical skills in a safe environment but also encourage reflection on practice.

Service users and carers

The service user group we met in the university was representative of all fields of nursing and included a child and their parent. All service users at the group were positive about the support they received from the university and the meaningful engagements that they had there. Service users and carers had been involved with the programmes from development through to evaluation and spoke particularly highly about the mutual benefits and advantages of them being involved in enhancing the student learning experience and contextualising the taught content of the course. Service users and carers felt that the adult and child programmes promote the values of good care and that the academic team use innovative ways, such as video biographies, to enable service users to contribute. Service users are also able to review student academic work and provide feedback to the academic staff regarding the way in which the student has understood and recognised the service users' needs in scenario based learning.

Service users felt that they received excellent training and support to participate in interviews and selection panels, for both new staff and students. The service users report that their opinion was fully considered and valued by selection panels. Service users with learning disabilities have an academic buddy who supports them to make a meaningful contribution to the adult and child nursing programmes. The level of coordination of public involvement is very high and the group praised the individuals providing this service for ensuring that their needs are consistently met.

Service users and carers are always given feedback by the university on their involvement. Service user involvement also has a strong emphasis within the practice learning environment, where service user feedback is reviewed as part of the student's formative and summative assessment of their clinical practice. In children's nursing, sample feedback forms that were seen, showed that students are being provided with developmental and constructive feedback and praise from the child, young person and parent.

Relevant issues from external quality assurance reports

107 Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning. 46 of the CQC reports related to placements currently used by pre-registration nursing (adult and/or child). These external quality assurance reports provided the reviewing team with context and background to inform the monitoring review (2-48).

The following reports required action(s):

Gloucestershire Hospitals NHS Foundation Trust, Cheltenham (includes Gloucestershire Royal Hospital, Cheltenham General Hospital (see below) and Stroud Maternity Hospital). Date of report: June 2015 (15).

CQC carried out a routine inspection including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, the trust was rated as requires improvement. It was rated as good for caring and being well led and as requiring improvements in the remaining three domains.

Cheltenham General Hospital, Cheltenham. Date of report: June 2015 (7).

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, this hospital was rated as requires improvement. It was rated as good for caring and as requiring improvement in the remaining four domains. Overall, critical care was rated as outstanding, maternity and gynaecology and services for children and young people were rated as good with the remaining core services (urgent and emergency services; medical care; end of life care; outpatients and diagnostic imaging) rated as requiring improvement.

Gloucestershire Royal Hospital, Gloucester. Date of report: June 2015 (16).

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, this hospital was rated as requires improvement. It was rated as good for caring and as requiring improvement in the remaining four domains. Overall, critical care was rated as outstanding, whilst surgery, maternity and gynaecology and services for children and young people were rated as good with the remaining core services rated as requiring improvement.

Gloucestershire Care Services NHS Trust, Brockworth (community health services provider). Date of report: September 2015 (14).

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, the community health services were rated as requires improvement. They were rated as good for caring and as requiring improvement in the remaining four domains.

Great Western Hospitals NHS Foundation Trust, Swindon (includes Great Western Hospital and four community trusts). Date of report: January 2016 (18).

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, the trust was rated as requires improvement. Within the community, services to children and young people was rated outstanding and all other community services were judged as good. The hospital was rated as good for caring and as requiring improvement in the remaining four domains. Maternity and gynaecology services and end of life care were rated as good overall with all other services rated as requires improvement. Safety within the urgent and emergency care services was inadequate.

Great Western Hospital, Swindon. Date of report: August 2016 (45).

CQC undertook a focussed unannounced inspection to follow up on concerns identified above regarding safety in the emergency department. Whilst some improvements had been made, there were ongoing concerns during the follow-up inspection, which meant that standards of quality and safety had only been partially met.

University Hospitals Bristol NHS Foundation Trust, Bristol and University Hospitals Bristol NHS Foundation Trust, University Hospitals Bristol (main site consisting of seven hospitals). Date of reports: December 2014 (44).

CQC carried out a comprehensive inspection, including announced and unannounced visits, based on intelligence monitoring which moved the trust from low to medium risk in 2014. Overall, the trust was rated as requiring improvement. Whilst the trust provided

services that were effective and caring, improvements were needed in safety and responsiveness of services and some aspects of leadership. All services were rated as good with the exception of; medical care, surgery and outpatients, which required improvement.

North Bristol NHS Trust, Westbury on Trym, Bristol. Date of report: April 2016 (23).

CQC carried out a focussed inspection to follow up on concerns previously identified (see above). Overall, improvements had been made, although the rating remained requires improvement. Whilst services at the trust were deemed to be well led, safety, effectiveness and being responsive to patients' needs still required improvement.

North Bristol NHS Trust, Southmead Hospital, Westbury on Trym, Bristol. Date of report: April 2016 (32).

CQC carried out a focussed inspection to follow up on concerns previously identified (see above). Overall, improvements had been made, although the rating remained requires improvement. Urgent and emergency services, maternity and gynaecology services and critical care were rated as good overall with all other services rated as requires improvement. Whilst services at the trust were deemed to be well led, three domains required improvement.

Royal United Hospitals Bath NHS Foundation Trust, Bath. Date of report: August 2016 (26).

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, the trust was rated as requires improvement. The services at this trust were deemed to be effective and well led, both rated as good, caring was rated as outstanding and safety and responsiveness was rated as requires improvement (see below).

Royal United Hospitals Bath NHS Foundation Trust, Royal United Hospital Bath. Date of report: August 2016 (27)

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met. Overall, the trust was rated as requires improvement. End of life care was rated as outstanding, surgery, maternity and gynaecology, services for children and young people, outpatients and diagnostic imaging were rated good and the remaining services (urgent and emergency services, medical care including older people's care and critical care) as requiring improvement. The effective and well led domains were rated as good, caring was rated as outstanding and the safety and responsiveness of the hospital was rated as requires improvement.

Weston Area Health NHS Trust, Weston-super-Mare (acute hospital and specialist community children's services). Date of report: August 2015 (48).

CQC carried out an inspection, including announced and unannounced visits, based on intelligence monitoring which assessed the trust to be a moderate risk. Overall, the trust was rated as requires improvement. The services at this trust were deemed to be caring, however the effective, responsive and well led domains were rated as requires improvement and safety was inadequate. There were serious concerns about safety in urgent and emergency care services and in medical services.

The Grange Care Centre (Eastington) Ltd, Stonehouse, Gloucestershire (nursing

home). Date of report: June 2016 (40).

CQC carried out an unannounced inspection. Overall the service was rated as requires improvement with the caring and effective domains rated as good, but improvements were still required in the remaining three domains.

What we found at the monitoring visit:

The university works closely with all placement providers to monitor the outcomes of external monitoring reports. There is an effective two-way communication process in place between university senior management and directors of nursing in placement organisations. In response to concerns, risk assessments are undertaken and action taken, where necessary, to assure the quality of the placement learning environment. During the monitoring visit we found evidence of a collaborative, proactive approach to ensuring that clinical governance issues are controlled and well managed (87, 93). However, we found no evidence of exceptional reporting to the NMC within the last year in accordance with the Quality Assurance framework part four (NMC, 2015).

Follow up on recommendations from approval events within the last year

There has been one NMC re-approval event within the last year for specialist community public health nursing (SCPHN) - health visiting, school nursing, occupational health nursing (78). The recommendations related to the provision of mental health content within the SCPHN programme and assessment feedback and timing and have been addressed and will be reported in the 2016-17 self-report.

Specific issues to follow up from self-report

Actions highlighted in the previous year's (2015-16) self-report have been addressed (1).

Findings against key risks

Key risk 1 – Resources

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

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation

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

What we found before the event

All new teaching staff are promptly enrolled on the university postgraduate certificate for teaching and learning in higher education, which is approved by the NMC, and mentored and supported by an experienced member of staff, with an NMC recorded teacher qualification (1, 69).

The university offers a comprehensive package of staff development through its learning and development centre and through faculty staff development sessions. Other development opportunities are identified through performance development reviews. Revalidation is aligned to the performance and development review process (1, 51).

What we found at the event

The university has an effective process and database in place to ensure that all registrant nursing staff have current registration and meet revalidation requirements. The university actively supports all nursing lecturers and practice facilitators to achieve a NMC recordable teaching qualification, usually within one year (87, 90, 124).

The programme leaders for nursing (adult and child) hold current NMC registration and a recorded teaching qualification and act with due regard for their specialist field. There is evidence through staff CVs and meeting with the programme team that academics are engaging in appropriate and relevant continuing professional development opportunities (88, 90, 104, 106).

There are distinct leadership roles within the programme teams, such as recruitment lead, whereby hours are factored into their workloads. All staff actively engage with practice based activities and some undertake the academic in practice role. Children's nursing students made reference to the theoretical and clinical expertise of the child programme team and how this contributed to their learning within the programme (88-90, 100, 131).

We conclude that the university has adequate resources to deliver the pre-registration nursing (adult/child) programme to meet NMC standards.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times

What we found before the event

The number of mentors and sign-off mentors is monitored by the professional practice office and reviewed every six months by the practice leads and senior management team. In addition, when undertaking the annual audit, mentors' educational development and updates are monitored to ensure an effective learning environment is in place (1).

What we found at the event

There is a clear system in place for the allocation of student to mentor in each of the practice areas visited and students confirm that they are assigned a named mentor (and in many instances, an associate mentor) with due regard for their field prior to commencing each practice placement. Mentors, sign-off mentors, students and service managers confirm there are sufficient mentors to support the number of students (93-101, 104-106, 121).

Adult nursing students and mentors confirm that the minimum standard of 40 percent of their time working with mentors is achieved, although on occasions this is not their named mentor, due to shift patterns and absence. Students on their final placement are all allocated a sign-off mentor and understand the significance and importance of this role to their progression onto the nursing register to ensure that the public are protected (94, 96, 104, 106).

Child nursing students report that they work with their mentor for a minimum of 40 percent of the time. This is confirmed on the student roster through use of a coloured system. Child nursing students are allocated two mentors (named and associate mentor) and a buddy. Students report that the buddy role is taken on by qualified children's nurses whom are either undertaking the mentorship programme or about to commence the mentorship programme. Mentors and sign-off mentors report that the mentor/buddy system allows for peer support and enhances the inter-reliability of assessment of the student (97-99, 101, 105).

The mentor databases confirm there are clear processes in place for ensuring the appropriate allocation and number of students to each of the placement areas. This system monitors the capacity for each of the areas in relation to numbers of live mentors to student. The educational audit document for each of the areas also clearly denotes the number of students able to be supported at any one time in the placement area (91, 94-99, 104-105, 121).

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

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Findings against key risks

Key risk 2 – Admissions & Progression

2.1   Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

The pre-registration nursing programme has two intakes per year in September and February. There is a university wide admissions policy and a comprehensive school admissions policy (62-63). The values based recruitment and selection process consists of personal statement assessment, numeracy and literacy assessment, group activity/simulation and individual interviews. Selection events are positively evaluated (1).

The university has an equality and diversity policy and the single equality scheme sets out the university's commitment to achieving excellence through inclusion. As identified in the university's admission and recruitment processes, a robust policy is in place for managing the admission of a student who is under 18 years at programme commencement to protect the student and the public. The university has a disclosure and barring policy statement. From admission, students are allocated to one of two geographical regions for their theory and one of five areas for practice learning experience (1, 51, 58, 60–61).

What we found at the event

The programme team report that the selection and recruitment of students is based on the NHS constitution. The particular values highlighted within the selection and recruitment process are: respect/dignity; compassion; everyone counts; improving lives and working together. Applicants undertake a numeracy test, literacy test, a group activity and an individual interview as part of the selection process (86, 89, 109).

Service managers confirm practitioner involvement in selection processes and mandatory equality and diversity training, although we only met one mentor who recalled being involved in student recruitment and selection (93, 97-99, 104-105). On further request, the programme team provided an overview/timetable of previous selection days, which clearly recorded the practitioner involvement within the interview process (129).

Service users and/or carers are engaged as a part of the nursing programme (adult and child) admissions and selection interview process in line with the university's policies (63-64, 86, 88-89, 103). The university provides appropriate pre-interview training for service users to take part on interview panels which includes emphasis on equality and diversity as well as understanding the ethos of values-based recruitment to protect the public through the appropriate selection and training of student nurses. Service users

spoke very highly of their involvement with the interview process and it is evident that their involvement had been both positive and valuable to the selection process. The presentation used during the pre-interview training session provides evidence that the university is addressing issues of consistency and standardisation within the selection process, in a clear attempt to ensure that the process is valid, reliable, and inclusive (103, 129).

The university has a clear statement on DBS and ensures that each student undertakes a DBS check and occupational health clearance before going on placement to assure the suitability of students to be in placement areas and protect the public. Practice placement providers confirm that this information is made available to them via the electronic placement tracking system (ARC), prior to the commencement of placements (59, 96-101, 105).

We conclude that the admissions process meets NMC requirements. We found that DBS checks and occupational health clearance are completed before a student can proceed to placement and electronic records are accessible to placement providers to assure public protection.

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

What we found before the event

The university has two policies relating to fitness to practise which students can be referred to. The fitness to study policy is utilised for situations of ill health that do not impact on the student's decision making capabilities. The professional suitability policy has three levels of concern (52-53).

A student's fitness to practise is assessed at all stages of the programme and at progression points. The intermittence flow chart demonstrates the process for ensuring that returning students are fit to achieve practice outcomes. The university has a robust approach to managing any issues that may arise regarding professional suitability and a student's fitness to practise (51, 59).

What we found at the event

We explored the procedures and process put in place by the university to protect the public from harm caused by poor performance of students in both practical and academic elements of their programme. The university has a robust professional suitability policy that is effectively communicated to all stakeholders. Students understand the importance of the professional suitability procedures, and on questioning what this meant gave examples, such as the importance of maintaining and ensuring confidentiality and how inappropriate use of social media may result in their professional conduct being in question (52-53, 97,100-101,105).

Students, mentors, service managers and academic staff (including academics in practice) are all able to correctly describe the process for raising and escalating

concerns regarding a student's fitness for practice (52-53, 94-96, 104, 106, 115). A comprehensive professional suitability annual report on student behaviour is produced which includes detailed data analysis and actions where appropriate. In 2015-16, there were 38 cases in adult nursing and 10 cases in child nursing (115).

Academic staff address issues of poor performance in theoretical components of the nursing programme using the university's fitness to study policy (52). Students feel that they are given timely feedback from the programme team and that this feedback, whilst varying in depth, generally enables them to improve their academic performance (94, 96). Attrition data is comparable with the national benchmarks. The programme team has a good awareness of the reasons for attrition and themes are reported to partner organisations and commissioners (93, 116).

University policies and procedures are in place for the annual self declaration of good health and good character by student nurses and accurate records maintained. Students report that annual declarations are made using an online form and are able to clearly articulate the rationale for this requirement. The completers process is robust and compliant with NMC requirements to ensure that accurate information is provided to facilitate the admission of suitable students to the NMC register (94-101, 104-106, 110-113).

Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice, which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

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

Evidence to be sought during placement visits.

What we found at the event

Mentors and sign-off mentors are clear on how to address students' poor performance in practice. One mentor gave an example of where a student was underperforming in practice, which demonstrated good collaborative working between practice and the university (94-99, 104-105).

We found that placement providers have a clear understanding of procedures to address issues of students' poor performance in practice. These practices include student support but also ensure that students are competent and fit to practise in accordance with both the 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
There is a university wide framework for the electronic accredited learning process (65).
What we found at the event

The university has a clear process for the recognition of accredited prior learning (APL) and can provide evidence of how it has supported students to join the nursing programmes in line with NMC standards, particularly from existing UWE foundation degree programmes. All claims for theoretical based APL are examined by an academic with due regard and formally ratified by a board of examiners. With the exception of the foundation degrees, APL claims for practice hours are not normally accepted on nursing programmes. Students who enter the nursing programme via the approved foundation degree pathway join at the start of the second year. Students report some instances of delay in implementation of APL processes for existing graduates (102, 104, 106, 126).

Our findings confirm that robust systems are in place for the accreditation of prior learning and achievement, which meet NMC standards and requirements.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 3 - Practice Learning

3.1   Inadequate governance of and in practice learning
3.2   Programme providers fail to provide learning opportunities of suitable quality for students
3.3   Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who

use the same practice placement locations

What we found before the event

The head of department has regular meetings with directors of nursing and clinical commissioning group leads, and members of the senior management team are linked with a named equivalent in NHS trusts. Practice education group meetings are held quarterly to discuss common practice issues, identify any risks and disseminate areas of good practice. Practice education is a partnership between students, university staff and placement areas, and the placement charter clearly outlines the expectations and responsibilities of all those involved (1, 73, 75).

There is a university safeguarding policy and procedure and a safeguarding lead who, in collaboration with the head of department, considers safeguarding both from within the university in teaching sessions and in placements. The university also has a policy and procedure for disclosure ('whistleblowing') and the nursing and midwifery department has a specific raising and escalating concerns policy for students whilst in practice. The raising and escalating concerns flowcharts are based on the NMC (2010) guidance. The use of the practice support line facilitates this process by triaging calls to appropriate individuals, maintaining records of calls received and escalating any themes or safeguarding concerns to senior team members. These records are triangulated with practice evaluations to provide a comprehensive profile of practice learning and concerns raised. Students are informed of the process in preparation for practice sessions, on blackboard module sites and by academics in practice (1, 57-58).

All CQC reports are monitored and where there are concerns, these are investigated and appropriate action taken to ensure that student learning is not compromised. The professional practice office have instigated an email alerts system on the CQC site to monitor recent CQC visit outcomes. All NHS CQC events are discussed at bi-monthly key performance indicator (KPI) meetings and the university has actively supported practice colleagues in responding to CQC requirements (1).

The faculty executive placement meeting has senior representation from all programmes. There is ongoing review of placement capacity and quality of learning environments to meet the high student numbers in practice. Student capacity is considered within a tripartite collaboration between Health Education South West (HESW), UWE and practice placement areas. There is a clear audit process for new placements (1, 7).

The university has a service level agreement in place with HESW and identified healthcare organisations. This agreement is monitored through a UWE practice learning KPI action plan. This plan has been agreed and signed-off by all partner organisations as indicated by HESW. With the PVI sector the university has established a placement agreement to be clear of the expectations of both parties in ensuring quality placement experiences for the student. These documents provide clear indicators and commitment to ensure safe and supportive practice learning environments are provided for students (51).

All nursing placements are managed through the ARC placement management

software that is regularly updated. Educational audits are completed for all placements with clear action plans in place for improvements where needed. Educational audit action plan summaries are reviewed at the annual quality meeting and local and institutional action plans are developed and action plans monitored by practice academic teams. All programmes have placement risk registers that identify any risks such as service reconfiguration (1, 51, 71).

The university shares placements in Swindon and parts of Gloucestershire with Oxford Brookes University and all aspects of ensuring a shared approach to maintaining a quality practice experience is managed through the Swindon Placement Capacity Management Group. The university also shares placements in Gloucester hospitals with University of Worcester (51, 71).

What we found at the event

We found substantial evidence that the partnership working between the university and the practice placement providers is formalised, strong and effective at both strategic and operational levels, in ensuring a high-quality learning experience for the students and to assure the protection of the public (76, 87, 93, 107, 119, 125).

The departmental senior management team and academics in practice are well informed of external reviews being undertaken in their practice learning areas and action plans are in place and monitored following adverse clinical governance reports being issued in these areas to ensure that students are well supported and that public protection remains the highest priority. Risks identified as a result of internal and external clinical governance procedures are monitored and managed by the university and practice placement providers to ensure patient and student safety (87, 93).

Effective plans are implemented for the withdrawal and reintroduction of placements. Within the last year, three adult nursing placements in the PVI sector have been deactivated as a result of clinical governance and identified risks (125). However, the AEI is not exceptionally reporting to the NMC in a timely manner in accordance with the Quality Assurance framework part four (NMC, 2015), which requires improvement (1, 87).

We saw an educational audit document for each practice learning environment that we visited and confirmed that the audits conform to the NMC requirements. The audits may be conducted collaboratively with other universities that use the placement area and are of a consistently high standard (71-72, 77, 91, 94-96, 114).

The educational audit is carried out using an online tool involving both practice and university representation. We met a small number of mentors who have been involved in the educational audit processes for their area and were able to articulate the process. Action plans are developed when necessary and completion is monitored. The educational audit tool includes space for the maximum number of students, which can be safely accommodated at any one time. Mentors confirm that the university is responsive to adjusting the student allocation in response to changes to the number of active mentors and/or changes to service provision (94-96, 104).

The university operates a single point of contact system for practice partners and students whilst on placement, via the practice support telephone line. The practice

support line operates during office hours and receives a significant number of enquiries from students, mentors and other professionals. Whilst many of the enquiries are of a non-serious nature, the support line is also used for the raising and escalation of concerns (131). Practice placement providers and students have received clear guidance from the university regarding the process for raising and escalating concerns. Mentors and ward managers are aware of the practice support phone line and posters are visible within the practice placement areas visited by the review team. Students raise and escalate all concerns regarding their practice learning environments via the phone line and we saw evidence that this has resulted in appropriate action being undertaken to protect the public and maintain the quality of the student learning experience (57-58, 88, 94-96, 104, 106).

Adult nursing

Two students confirmed that when they have raised concerns about practice they were well supported by both academic and practice placement staff (106).

Child nursing

All students are aware of how to raise and escalate a concern regarding patient care and or/safety in practice. The students reported how the raising and escalating concerns policy was part of the preparation for placement procedures. They also have access to the policy via the Virtual Learning Environment (VLE). All students are aware of the practice support line and how it could be utilised to escalate a concern (97-99, 101, 105).

There is a dedicated section outlining 'safeguarding and service users and carers within practice' within the child nursing ongoing achievement record. There is also an algorithm, which clearly depicts the steps and process to follow as part of the raising and escalating concerns in practice policy (84).

We conclude that there are effective partnerships between education and service providers at all levels. However exceptional reporting to the NMC in a timely manner in accordance with the Quality Assurance framework part four (NMC, 2015) 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

There is a faculty strategy for public involvement in professional education, and an algorithm for public involvement and specific web pages on the UWE intranet (54-56).

There is a patient and public engagement faculty hub group which has positively impacted on service user and carer involvement in recruitment, selection, teaching and assessment. Students reported positively on the enhancement to their learning through the patient and public engagement in professional education process and inclusion of service users and carers in curriculum delivery and assessment (1).

Service users and carers are fully informed of the student's role in their care and their

right to decline care. Students and mentors ask the patient or service user for their consent before students are involved in their care (51).

What we found at the event

The university has a strategy for the engagement of members of the public in their education provision and academic staff refer to an algorithm utilised to ensure the nature of the engagement is appropriate and planned (54-55). Service user engagement is co-ordinated centrally by a team within the faculty and the service users and carers we met during the monitoring event spoke very highly of the support they have received from this team (103).

The service users and carers that we met could recall involvement in programme development and evaluation, as well as having direct and indirect contact (via video biographies) with students to enhance the programme. Service users receive training and support to participate in student selection panels, programme delivery and formative assessment sessions (103, 129). We saw timetables and emails that evidenced the engagement of clinical practitioners and service users and carers in both the adult and child nursing curriculum; this was further confirmed by students who recalled involvement within the theoretical components of their programmes (94-96, 130).

The university has recently extended the membership of the programme management teams to include service users and carers alongside nurses, and this information has been disseminated to stakeholders through the field-based newsletters (123).

Service users and carers have designed field specific patient feedback forms for use by the mentors to capture service user and carer feedback on the care provided by students while on placement. We saw samples of the completed forms from adult patients, child patients and parental care-givers which are always anonymous to protect the identity of the service user or carer (103, 122, 128).

Adult nursing

Students value the input of service users in the adult nursing programme (104, 106). Students report that the feedback forms are collected appropriately by mentors during each placement and that the completed forms add value to their practice assessment documents and were a useful tool for promoting reflection and planning their personal development (94-96).

Child nursing

There is a strong service user theme reflected within the child nursing programme particularly within the practice learning setting. All students have to obtain two pieces of service user feedback per placement, which is then reviewed as part of the students' assessment of practice. Mentors and students are both aware of their role within the process. Mentors approach the child, young person and family to gain consent and obtain the feedback on areas such as communication, compassion and listening skills. This is then anonymised via the mentor and findings reviewed and discussed with the student (97-101, 105, 122).

Within the university setting, service users and practitioners are also involved in the

delivery of the programme. Parent testimonies are reviewed as part of the 'communication in a diverse world' module and within the 'delivering safe and compassionate care' module, a parent delivers a narrative surrounding her experience of time spent within a neonatal environment and having an ex-premature infant. Students report that they feel privileged to listen to these accounts. Students also made positive reference to guest speakers within the modules, such as domestic violence workers and play specialists (97-100, 105).

We conclude that practitioners and service users and carers are involved in programme development and delivery.

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

What we found before the event

Practice academic teams are allocated to the five geographical regions, which includes the PVI sector (1, 66). The practice academic teams work closely with practice partners to help support mentors and students in practice (1, 67). There are also three HESW supported posts in place to develop placement opportunities, assist with educational audits and support mentors (51, 68).

What we found at the event

The university operates a single point of contact system called the practice support line, that enables students, mentors, and other clinical personnel to contact their academic in practice through one phone line and email account that is maintained by a trained member of the support team. All contacts to the practice support line are recorded and appropriately followed up (132).

The system of academics in practice operated by the university is well co-ordinated and the team work well together to ensure the consistent quality of practice learning (88-89, 131-132). Academic staff are allocated an amount of time per week to fulfil their role as academic in practice and this is calculated on a pro-rata basis, dependant on the number of students. This means that academic staff on the adult nursing team are allocated one full day per week and the child field staff are allocated approximately half a day a week (66, 76, 88-89).

The practice support phone line and email system effectively and efficiently ensures that there is a consistent level of support available in clinical areas and that all mentors and students are provided with the same access to a high level of support during their practice learning experiences (58, 66-67, 88-89, 94-101, 131-132).

Mentors, students and service managers are aware of the practice support line and value the ease that this provides them in accessing guidance and support from the university (94-101). The academics in practice provide mentor updates and assure the quality of the education experience through the educational audit process (66-67, 72, 88-89, 131-132).

Adult nursing

The academic in practice role is carefully monitored through the use of KPIs and both students and mentors carry a small card with details of how to contact an academic in practice through the practice support line. Most students are able to articulate the support they receive from academic staff in practice in terms of identifying learning opportunities, producing reflective accounts and producing evidence to support achievement of outcomes (94-96, 104, 106). Students vocalise that academics in practice do come and visit them in the larger placement areas, but that it is not always possible to see an academic in practice when they are in smaller placement areas or working shift patterns outside of the standard working hours (94-96). Academic staff could evidence that all students are visited in one of their first-year placements (nursing practice one or two) and on the first placement of their final year (nursing practice six) (132).

Child nursing

Mentors and students are aware of the academic in practice and how to contact them. Mentors report how they collaborate with both the academic in practice and a member of the learning education facilitator team if there are queries concerning either a student or the practice learning environment. A student gave an example of where the mentor was off sick and they had concerns regarding completion of their practice documentation. They raised this concern via the practice support line and it was immediately addressed by the academic in practice (97-100, 105).

We conclude that practice academic teams effectively support students in practice settings and there is an effective designated practice support line.

Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date

What we found before the event

The professional practice office holds and monitors the mentor database for the PVI sectors (1).

What we found at the event

The mentor database for PVI placement settings is maintained online, by the university's professional practice office. We viewed a sample of PVI placements and found records of mentor preparation and annual updates. However, dates of triennial review are not consistently recorded for the PVI section (see section 3.3.2) (92).

The individual records of the mentor details were provided for the two students currently on a child nursing PVI placement, which clearly demonstrated that both mentors were active and had met annual update and triennial review requirements (121).

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
Mentor preparation and updates utilise student scenarios of poor performance to embed the key principles of safeguarding the public in mentor supervision (1).

What we found at the event
Mentors and sign-off mentors are well prepared for their role in supporting learning and assessment in practice learning environments. Practice learning databases in placement areas evidence that all active mentors have achieved and maintained a recognised mentorship qualification that has been approved by the NMC in accordance with the standards to support learning and assessment in practice (NMC, 2008) (71, 94-101, 105). Mentors and sign-off mentors demonstrate a good working knowledge of the practice assessment documents used by the university to monitor students' progress. Sign-off mentors act with due regard and all mentors are aware of their respective roles and responsibilities at progression points in order to protect the public from harm by preventing entry to the register of unsuitable individuals (94-101, 105). Mentors confirm that there are a variety of options available for the annual mentor update. The vast majority attend a face-to-face mentor update, but mentors can alternatively undertake an online mentor update or complete a mentor workbook. The type of mentor update undertaken is captured on the mentor register and mentors are expected to attend at least one face-to-face mentor update within the triennial review period. Opportunities are available for mentors to reflect on their role as a mentor and maintain competence in assessing student performance in practice (94-101, 104-105). Our findings confirm that mentors and sign-off mentors are properly prepared for their role in assessing practice.

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

What we found before the event
Evidence to be sought during placement visits.

What we found at the event
The academics in practice provide ample opportunities for mentors and sign-off mentors to attend annual updates. All mentors and sign-off mentors met during the practice placement visits meet their requirements for annual updating in line with NMC standards (94-99, 104-105, 121).

We found mentors are aware of triennial review requirements and the majority of mentors met during placement visits had engaged in the triennial review process (94, 96-97, 104-105, 121). However, we found that the PVI mentor database and the mentor registers in two children's wards visited at one NHS trust are not up to date in relation to triennial reviews (92, 95, 98-99).

We were unable to see evidence that provided assurance that triennial reviews are being conducted by the PVI sector and child placements in line with the standards to support learning and assessment in practice (NMC, 2008) (92, 95, 98-99).

Our findings conclude that mentors and sign-off mentors undertake mentor preparation programmes and annual updates for their role in assessing practice. However, there are inadequate safeguards in place to ensure that the NMC requirements for triennial review are achieved by mentors and sign-off mentors. The university and placement providers must ensure that all active mentors and sign-off mentors meet triennial review requirements every three years following their initial mentor preparation programme. The mentor databases for child nursing and the PVI sector must be reviewed and amended to accurately record dates of completion of triennial reviews.

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

What we found before the event

Mentor registers are held and monitored within NHS trusts by practice education leads. Academics in practice have access to these registers to enable partnership planning and assurance that suitable learning environments are in place (1).

What we found at the event

Practice education facilitators are responsible for the maintenance of the mentor database in their respective trusts and do so through their own registers of update training attendance, regular communication with academics in practice and service managers. The mentor databases are password protected and include the date of mentor preparation and annual updates. With the exception of the PVI database and two child placements visited (see section 3.3.2 above), we found records of triennial review on mentor databases (92, 94-99, 104-105, 121).

A colour coding system indicates when a mentor is current, needs an update or is no longer live (97-99, 105). We conducted audit checks of mentor records included in student practice assessment documents, to ensure that mentors were live on the register and fully updated, including triennial review at the time of the student's placement (94-96).

Educational audits for the areas visited confirm that the details of current mentors are captured (94-96, 104). Changes to capacity within a practice placement area are monitored alongside other issues for consideration such as service change and reconfiguration (114, 119, 125).

Outcome: Standard not met

Comments:

There are effective partnerships between education and service providers at all levels. However exceptional reporting to the NMC in a timely manner in accordance with the Quality Assurance framework part four (NMC, 2015) requires improvement.

We found inadequate safeguards in place to ensure that the NMC requirements for triennial review are achieved by mentors and sign-off mentors and accurately recorded on mentor registers.

3 February 2017: Follow up Documentary Evidence from University of West of England. Standard now requires improvement

3 February 2017 - Standard 3.3.2 now met.

Evidence was submitted to demonstrate completion of the action plan. The revised mentor registers and triennial review records submitted by the university demonstrate that standard 3.3.2 is now met. The university has implemented a triennial review form for the recording of triennial review and through communication with service managers and education leads, adequate safeguards are now in place to ensure that the NMC requirements for triennial review are achieved by mentors and sign-off mentors.

Evidence included:

- Triennial review form, January 2017

- Email communication, November 2016

- Commentary from associate head of department placements, February 2017

- Triennial review records, November 2016

- Mentor registers, January 2017

Areas for future monitoring:

- Triennial review requirements and accuracy of recording on mentor databases.

- Exceptionally reporting adverse risk issues in practice to the NMC.

Findings against key risks

Key risk 4 - Fitness for Practice

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

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

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

What we found before the event

The pre-registration nursing programme aims to link academic theory to clinical practice (74, 79). In year one all students undertake a 'communication in a diverse world' module whereby they start to understand other roles and professions involved in patient care (1). In year two, there is an inter-professional module based on service improvement as well as embedded, simulated activities throughout the programme to promote inter-professional learning in theory and practice (70). In the third year, the curriculum also offers a range of cross field learning opportunities (1, 74, 79-80, 83, 85).

There are robust mechanisms for attendance monitoring in theory and practice, linked with professional suitability when there are unsatisfactory levels of student engagement (1). A new improved tracking system for monitoring EU requirements for adult nurses has recently been implemented (1).

What we found at the event

Pre-registration nursing (adult and child) students can achieve the NMC stated learning outcomes, competencies and essential skills clusters to make good progress through course progression points and achieve entry to the register in a timely way (1, 74, 79-86, 113). The university actively monitors both theory and practice to ensure that all students are meeting the NMC requirements in line with the EU directive (1, 79-80, 88, 104, 106, 113, 120).

Effective teaching and learning strategies ensure that students can make clear links between theory and practice and students are able to develop their care skills in safe, simulated learning environments. Students report that in each year of the programme prior to commencement of placement they have to undertake a manual handling update, basic life support/paediatric life support update, safeguarding, numeracy test and preparation for placement, including trust induction (94-101, 105). This is tracked by the university, to ensure the protection of the public and student safety on placement (108).

Student nurses (adult and child) have an awareness of other disciplines within nursing and interact with other inter-professional roles throughout the programme. All students can undertake spoke placements outside of their main hub placement (94-99).

We found that the university collects, analyses and reports appropriate information in an annual programme report to ensure the continued effectiveness and enhancement of teaching strategies and learning opportunities (117).

Adult nursing

Students confirm that the programme aims and objectives are clearly stated in the programme handbook. In year one the focus is on health and communication, in year

two, on recognition of the deteriorating client and in year three, on management of the patient journey and leadership in healthcare. Most students positively enjoy and engage with the simulated practice sessions but some students reported concerns in relation to the difference in the quality of the teaching provision between the two sites. The Gloucester campus students felt that the programme organisation and resources to support simulated learning could be improved (79, 83, 94-96). They confirm that mandatory training is undertaken prior to commencement of the first practice placement. Generally, students are positive about the extent and quality of learning materials available through the VLE. Students record and have their practice hours counter-signed by mentors in the practice assessment document (82).

Child nursing

The students spoke highly of the modules studied as part of their programme. They identified how the theory studied linked with their practice experiences. The students reported how the year one module 'communication in a diverse world' had given them confidence in communicating with children, young people and families. The students appreciate the formative assessment strategies within their programme and meet regularly with their academic personal tutor (97-100, 105).

Students value the supervision of learning days within the children's nursing simulation suite and appreciate the opportunity to practice clinical skills in a safe controlled environment and to reflect on practice. Students also report the use of actors within simulated activities and how this also enhanced the quality and the feedback of the learning experience (97-101, 105).

Child student nurses confirm that timesheets recording the practice hours worked are signed-off by the mentor and then loaded onto the ARC system. Students, on questioning, were able to advise they are not to exceed the 48 hours working week EU directive (101).

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

Mentors are encouraged to report failing students or poor performance at an early stage via the practice support line or practice team (1).

What we found at the event

Students and mentors confirm that effective support systems are available to them in practice settings. Students experience a range of practice placements and appreciate the open dialogue with their mentors in determining their placement learning opportunities to support the achievement of the NMC competencies and essential skills clusters. Mentors and students confirm their understanding of the practice assessment documentation that includes the ongoing achievement record (94-101, 104-106).

Mentors are clear on the process to follow if they have a concern regarding a student's ability to practise or their level of professionalism. They could only identify a very small number of occasions of managing poor performance but are confident that the university and its practice partners offer the support needed. Mentors and managers are complimentary regarding the way in which they can report poor performance, through the practice support line, and that their comments are addressed by the university (94-99, 104-105).

Mentors report positively on the quality of the nursing students encountered on the programme. In some areas third year students had already gained employment subject to successful completion of their programme. Employers, sign-off mentors and managers confirm that students exiting the nursing programmes at the university are safe, competent and fit for practice (93-99, 104-105).

We conclude from our findings that the pre-registration nursing (adult/child) programme supports students' achievement of all learning outcomes and NMC competencies in both theory and practice at progression points and entry to the register. Mentors and employers describe students completing the programme as fit for practice and purpose.

Outcome: Standard met

Comments:
No further comments

Areas for future monitoring:
None identified

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

During 2016, new practice evaluations were redesigned with practice partner involvement and now have questions directly related to dignity and patient care. Results are sent to service leads, practice module leaders and the practice academic team on a quarterly basis. The reports are scrutinised internally and if any concerns are noted,

these are escalated so that prompt action may be taken. Any areas which score less than 80 percent have action plans identified by the practice academic teams in collaboration with the service area (1).

A yearly schedule of external examiner visits is developed (1).

What we found at the event

The university has a comprehensive range of internal quality assurance systems in place. Feedback from students is sought following every academic module and practice placement in a consistent manner (118, 127). Students confirm that they are encouraged to feedback on the programme both through informal and formal measures (97-101, 105). Module and programme leaders compile the feedback and as appropriate use this to modify the delivery of the programme (88-89, 94, 117).

The external examiners for the pre-registration (adult and child) programme act with due regard for their field and hold an NMC recorded teaching qualification. The university effectively monitors external examiners' current registration and revalidation requirements. External examiners' reports for adult and child nursing are positive and the programme team clearly respond to feedback provided by the external examiner. However, we found that the external examiner annual reports did not consistently report on their evaluation of practice based learning and assessment (81).

We found that external examiners engage with all theoretical modules and the practice assessment documentation. The university was unable to provide evidence that external examiners had engaged fully with the assessment of practice learning, beyond the scrutiny of practice assessment documents during the last academic year, although provisional plans have been made for the child field external examiner to meet with students and mentors in the future (87). This standard requires improvement.

Programme leaders are required to produce an annual programme report which provides a means of analysing and responding to key internal and external feedback on the programme. It includes entry and progression data, student feedback and external examiners' reports (117).

The university completes its annual self-report to the NMC in a timely manner and follows up and effectively concludes issues from previous monitoring reviews, annual self-reports and recommendations from programme approval. The university provides documentation on the NMC portal to evidence how it continues to comply with the AEI requirements (1, 51).

Our findings conclude that whilst there are effective internal quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing programme, external examiner engagement in practice learning and assessment requires improvement.

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 university has a clear complaints procedure (1, 74).

What we found at the event

Placement providers receive timely feedback from students' placement evaluations. Student feedback is collated then fed back to the link mentor and the service manager. Appropriate action is taken and results disseminated at trust board level, where appropriate (88-89, 93, 96). Some clinical areas offer additional evaluation forms for students to complete which are area specific (95, 104).

The university has a robust complaints procedure that is accessible to all students and practice placement providers. Guidance and support is provided for students who raise a concern or complaint and staff have guidance regarding the correct handling and investigation of complaints. Staff and students are encouraged wherever possible to resolve complaints at a local level, prior to escalation to the formal process (75, 94, 96).

The university and placement providers effectively communicate concerns and complaints, take appropriate action where necessary and disseminate lessons learnt (93). Students feel able to raise concerns and complaints regarding a practice learning setting via the practice support line and this data is captured in the annual monitoring of this service (97-100, 105, 132).

We conclude that the university and their practice placement providers work closely together to respond effectively to concerns and complaints raised in practice settings.

Outcome: Standard requires improvement

Comments:

External examiners are required to engage more fully in the practice elements of the programme to inform judgements about practice learning and assessment.

Areas for future monitoring:

- External examiner engagement in practice learning and assessment.

Evidence / Reference Source

1. NMC annual self-assessment programme monitoring report, 2015-16

2. CQC report Weston Hospice care, March 2014

3. CQC report Dorothy House Hospice Care, January 2014

4. CQC report Bristol Community Health Headquarters, March 2014

5. CQC report Air Balloon Surgery, May 2015

6. CQC report Beechwood Medical Practice, February 2016

7. CQC report Cheltenham General Hospital, June 2015

8. CQC report Chew Medical Practice, April 2016

9. CQC report Churchdown Surgery, August 2016

10. CQC report Coniston Medical Practice, May 2016

11. CQC report Cossham Hospital, February 2015

12. CQC report Frithwood Surgery, September 2016

13. CQC report Gloucester Road Medical Centre, May 2015

14. CQC report Gloucester Care Services NHS Trust, September 2015

15. CQC report Gloucestershire Hospitals NHS Foundation Trust, June 2015

16. CQC report Gloucestershire Royal Hospital, June 2015

17. CQC report Goatacre Manor Care Centre, May 2016

18. CQC reports Great Western Hospitals NHS Foundation Trust, January 2016

19. CQC report Hathaway Medical Partnership, September 2016

20. CQC report Longton Grove Surgery, May 2016

21. CQC report Musgrove Park Hospital, May 2016

22. CQC report New Court Surgery, April 2015

23. CQC report North Bristol NHS Trust, April 2016

24. CQC report Portishead Medical Group, June 2015

25. CQC report Ramsbury & Wanborough Surgery, February 2016

26. CQC report Royal United Hospitals Bath NHS Foundation Trust, August 2016

27. CQC report Royal United Hospitals Bath NHS Foundation Trust, Royal United Hospital Bath, August 2016

28. CQC report North Bristol NHS Trust (Child and adolescent mental health wards), February 2015

29. CQC report North Bristol NHS Trust Community health services for children, young people and families, February 2015

30. CQC report HMP Bristol, October 2014

31. CQC report South Bristol NHS Community Hospital, December 2014

32. CQC report Southmead Hospital, April 2016

33. CQC report St Georges Surgery, March 2015

34. CQC report St Peter's Hospice, June 2016

35. CQC report Stroud Hospital, June 2015

36. CQC report Sue Ryder Hospice, February 2014

37. CQC report Taunton and Somerset NHS Foundation Trust, May 2016

38. CQC report The Armada Family Practice (now Whitchurch Practice), February 2016

39. CQC report The Dean Neurological Centre, December 2014

40. CQC report The Grange Care Centre, June 2016

41. CQC report The Hollies Nursing Home, April 2015

42. CQC report The Portland Practice, August 2016

43. CQC report Tudor Lodge Surgery, January 2016

44. CQC reports University Hospitals Bristol NHS Foundation Trust, Bristol and University Hospitals Bristol NHS Foundation Trust, University Hospitals Bristol (main site), December 2014

45. CQC report Great Western Hospital, August 2016

46. CQC report University Hospitals Bristol NHS Foundation Trust, December 2014

47. CQC report Westbury Nursing Home and Garden Suite, July 2015

48. CQC report Weston Area Health NHS Trust, August 2015

49. NMC extension letter, 16 July 2015

50. NMC programme approval reports, pre-registration nursing, 23 June 2011

51. AEI requirements evidence, reference source summary, accessed 17-21 October 2016

52. Fitness to study policy, 2016

53. Professional suitability policy, 2014 version 6

54. Strategy for public involvement in professional education, 2013

55. Algorithm of public involvement, 2015

56. Screen shots from public involvement web pages on UWE intranet, 2015

57. UWE policy and procedures for disclosure ('whistleblowing'), 2011

58. Nursing students raising and escalating concerns in practice flow chart, undated

59. UWE policy statement on the recruitment, placement and engagement in other activities of students with criminal convictions, June 2015

60. Intermittence flow chart, undated

61. UWE equality and diversity policy, November 2011

62. UWE equality and diversity single equality scheme, accessed 21 October 2016

http://www1.uwe.ac.uk/aboutus/visionandmission/equalityanddiversity/singleequalityscheme.aspx

63. UWE admission policy, 2016

64. UWE, school of nursing and midwifery admissions policy, September 2015

65. Electronic accredited learning process document, undated

66. Practice areas and academic teams, undated

67. UWE academic in practice role description, October 2014

68. Work plan for HESW posts 2015-16, June 2015

69. NMC approval letter for postgraduate certificate in teaching and learning in higher education – teacher programme, 29 July 2015

70. Service improvement: a collaborative approach module handbook, 2015-16

71. ARC database, November 2016

72. New placement audit process flow chart, undated

73. Practice education group terms of reference and membership, April 2015

74. BSc (Hons) nursing and graduate diploma nursing programme specification, September 2013

75. UWE complaints procedure, accessed 17 November 2016

http://www1.uwe.ac.uk/aboutus/contactuwe/complaints.aspx

76. Placement charter, undated

77. Oxford Brookes University placement capacity management group terms of reference and membership, March 2012

78. NMC Programme approval reports: specialist community public health nursing – health visiting, school nursing and occupational health nursing, 26 February 2016

79. Adult nursing programme handbook, 2016-17

80. Children's nursing programme handbook, 2016-17

81. External examiner reports, child nursing 2015-16, adult nursing, 2013-14 and 2015-16, email correspondence and new external examiner nomination form, updated 12 August 2015

82. Practice documents for adult nursing (online)
http://www1.uwe.ac.uk/students/practicesupportnet/guidancebyprogramme/adultnursing/programmeinformation.aspx

83. Programme information for adult nursing (online)
http://www1.uwe.ac.uk/students/practicesupportnet/guidancebyprogramme/adultnursing.aspx

84. Practice documents for children's nursing (online)

http://www1.uwe.ac.uk/students/practicesupportnet/guidancebyprogramme/childrensnursing.aspx

85. Programme information for children's nursing (online)
http://www1.uwe.ac.uk/students/practicesupportnet/guidancebyprogramme/childrensnursing/programmeinformation.aspx

86. Introductory meeting with presentation, 16 November 2016

87. Senior management meeting, 16 November 2016

88. Programme team meeting, adult nursing, 16 November 2016

89. Programme team meeting, children's nursing, 16 November 2016

90. Lecturer CVs, NMC register, UWE registration and revalidation database, 16 November 2016

91. Practice audit database, 16 November 2016

92. PVI mentor database, 16 November 2016

93. Partnership and shared governance meeting, commissioner (via telephone) 16 November 2016

94. Visit to Stroud General Hospital, adult medical and surgery, meeting with matron, professional practice lead, mentors and students, mentor register, 16 November 2016

95. Visit to Leckhampton Court Hospice, meeting with head of clinical services, practice educator, mentors and students, audit document, 16 November 2016

96. Visit to Cheltenham General Hospital, cardiology and critical care, meeting with practice education facilitator (PEF), mentors and students, mentor register, audit document, 16 November 2016

97. Visit to Bristol Royal Hospital for Children, general medical ward 30, meeting with mentors and students, mentor register, student roster, audit document 16 November 2016

98. Visit to Bristol Royal Hospital for Children, burns unit and HDU, meeting with mentors and students, mentor register, student roster, audit document, 16 November 2016

99. Visit to Bristol Royal Hospital for Children, neurosurgical and neurology ward 38, meeting with mentors and students, mentor register, audit document, 16 November 2016

100. Meeting with children's nursing students, 16 November 2016

101. Student focus group meeting, nursing placement 2 and 3, 16 November 2016

102. Accreditation of prior learning meeting, 17 November 2016

103. Service user and carer involvement meeting, 17 November 2016

104. Visit to Royal United Hospital, adult nursing placements, meeting with PEF, mentors and students, mentor register, audit document, 17 November 2016

105. Visit to Royal United Hospital, children's nursing placements, meeting with PEF, mentors and students, mentor register, audit document, 17 November 2016

106. Meeting with adult nursing students, 17 November 2016

107. Practice education group, agendas and notes, 2015-16

108. Records of student attendance at mandatory sessions (manual handling, safeguarding, basic life support)

109. Selection information sheet, literacy and numeracy test, undated

110. Student self declaration update, June 2015

111. Good health and good character letter, August 2015

112. Progression point statement, March 2014

113. Completers process 2016, PIN number letter and record of completing students, 7 November 2016

114. Audit status report, September 2016

115. Professional suitability policy, annual report on student behaviour, 2015/16

116. *Faculty retention strategy, 2014-19*

117. *BSc (Hons) Nursing programme report, 2014-15*

118. *Module handbooks and module evaluation reports, 2015-16*

119. *Placement capacity management group terms of reference, agendas, minutes, action grid, 18 January 2016*

120. *Theory:practice planner adult nursing*

121. *Visit to Sirona Lifetime Organisation children's nursing placement, meeting with PEF, mentors and students, mentor details, 17 November 2016*

122. *Patient and carer feedback form and guidance notes, undated*

123. *Adult nursing and children's nursing newsletters, November 2016*

124. *Staff induction handbook, May 2016*

125. *Record of placement withdrawals and North Bristol Trust report, August 2016*

126. *Accredited learning application form, mapping template, certificate, transcript, precedent set for Foundation degree, Graduate diploma in nursing programme exemption guidance, January 2016*

127. *Practice evaluations, 2015-16*

128. *Completed user and carer feedback forms (adult and child), 2015-16*

129. *Interviewing with our public partners: getting it right documentation, interview schedules, 2015-16*

130. *Programme timetables, practitioner and servicer user involvement, 2015-16*

131. *Practice support line data analysis, 2016*

132. *Practice academic teams evaluation, September 2016*

Personnel supporting programme monitoring

Prior to monitoring event

Date of initial visit: 25 Oct 2016

Meetings with:

Associate head of department quality and field leader

Academic director adult nursing

Associate head of department adult nursing

Programme leader adult nursing

Programme leader child nursing

Co-programme leader adult nursing and practice academic

Senior lecturer, adult nursing and practice academic team leaders x3

At monitoring event

Meetings with:

Head of department of nursing and midwifery

Departmental academic director

Academic director adult nursing

Associate head of department quality and field leader

Associate head of department adult nursing

Associate head of department child nursing

Associate head of department placement

Programme leader adult nursing

Programme leader child nursing

Co-programme leader adult nursing (Gloucester)

Adult nursing teaching team - Year leads x3, module leaders x3 and admissions tutors x2

Co-programme leader child nursing

Child teaching team module leaders x2 and admissions tutor

Professional practice office lead

Director of quality (accredited learning)

Meetings with:

Mentors / sign-off mentors	30

Practice teachers	
Service users / Carers (in university)	8
Service users / Carers (in practice)	8
Practice Education Facilitator	1
Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 11 Year 2: 12 Year 3: 11 Year 4: 0
Registered Nurse - Children	Year 1: 10 Year 2: 12 Year 3: 12 Year 4: 0