

**PAN LONDON PRACTICE LEARNING ENVIRONMENT AUDIT (15.08.19)**

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| **Introduction**  The purpose of this educational audit is to review, monitor and enhance the quality of the practice learning environment. The audit ensures that there is a process evident for student learning, supervision and assessment and that areas are adhering to all required professional body standards for pre and post registration programmes.  This document has been revised and amended by the Pan London Practice Learning Group, which has representation from a number of Approved Education Institutes (AEIs) in liaison with their practice learning providers. Where practice environments are shared by students from a number of AEIs, one joint audit is undertaken and shared by all the relevant AEIs.  The review/educational audit process may lead to the production of a specific action plan, where needed. The purpose of this action plan is to ensure that the practice learning environment continues to meet agreed standards or is supported in enhancing quality where necessary.  This document was initially prepared for practice learning environments for NMC Approved Programmes, but can be used to review the quality of other healthcare professional groups (section 3 can be amended to reflect other programmes)  The audit will ‘normally’ be undertaken every two years unless there is a significant change in the learning environment. Ongoing monitoring will be undertaken in a number of ways, e.g. through student and staff feedback, partnership review meetings and informed by CQC and other related reports. | **Name of Trust/ Organisation**: |  |
| **Name of**  **Practice Learning Environment/s:** |  |
| **Manager's Name/s:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Persons Completing the Audit:** |  |
| **Date of Audit:** |  |
| **Date of last Audit:** |  |
| **Main Focus/ Speciality of Practice Learning Environment:** |  |
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| **Practice Development Manager/Clinical Placement Facilitator** | |
| **Name:** |  |
| **Telephone Number:** |  |
| **E-mail Address:** |  |
|  | |
| **Organisation Lead for Education** | |
| **Name:** |  |
| **Telephone Number:** |  |
| **E-mail Address:** |  |
| **Cluster Audit:** If there is a group of practice areas (usually 2/3), with a similar and shared approach to practice learning it may be possible to undertake one audit. The ‘cluster’ needs to be agreed locally by the AEI in liaison with their partner organisation. Areas need to be identified above. | |

**Section 1: Practice Learning Environment Information**

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| **The following AEIs use this placement for student learning:** | |
| BPP | Middlesex University |
| Bucks New University | University of Greenwich |
| City, University of London | University of Hertfordshire |
| Canterbury Christchurch University | University of East London |
| Kingston & St George’s University London | University of West London |
| Kings College London | London South Bank University |
| Brunel University London | University of Roehampton London |
| Other: | Other: |

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| **NMC Approved** **Programme:** | | |
| Nursing | Prescribing Programmes | |
| Midwifery | District Nursing | |
| Nursing Associate | CPPD | |
| SCPHN/HV | Return to Practice | |
| **Maximum number of students that can be supervised and/or assessed in the practice learning environment (Please indicate specific programme(if relevant) and level of student)**  **Is there potential for change to the current practice learning environment opportunities/capacity?**  **(increase/decrease)**  **Yes**  **No**  **Any change must be held with the Practice Development Manager/Clinical Placement Facilitator/Organisation Lead for Education in liaison with the AEIs.** | | |
| **Allied Healthcare Professional Programmes** | | **Please list AHP programmes that are being considered as part of this audit:** |
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| **AEI Designated Staff Details** | |
| AEI: |  |
| Name: |  |
| Telephone Number: |  |
| E-mail Address: |  |
|  | |
| AEI: |  |
| Name: |  |
| Telephone Number: |  |
| E-mail Address: |  |
|  | |
| AEI: |  |
| Name: |  |
| Telephone Number: |  |
| E-mail Address: |  |
|  | |
| AEI: |  |
| Name: |  |
| Telephone Number: |  |
| E-mail Address: |  |

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| **Date of most recent CQC Report:** |  | | |
| **The most recent CQC Report demonstrates that all reviewed standards have been met.** | | **Yes** | **No** |
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| **If any concerns have been highlighted the AEI has been informed and a risk assessment has been undertaken to evaluate any impact on the student practice learning experience and recorded as part of an action plan as appropriate.** | **Yes** | **No** | **N/A** |
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| **Do you agree to immediately notify the AEI of any service provision changes that might affect the student’s ability to meet the specified learning outcomes?** | | **Yes** | **No** |
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| **Please give details of any anticipated changes:** |  | | |
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| **List of learning opportunities (including inter-professional learning) available in the practice learning environment.** These should be tailored to the student’s stage of learning, proficiencies and programme outcomes. Please record any actions required in the Action Plan. |
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| **Learning opportunities** **available in the practice learning environment.** These should include opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate. Please record any actions required in the Action Plan. |
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| Please indicate which members of the multidisciplinary team the students will have opportunities to gain experience with: | | |
| Nurses | Doctors | Midwives |
| Physiotherapists | Occupational Therapists | Health Visitors |
| Dieticians | Psychologists | Operating Department Practitioners |
| Chiropodists | District Nurses | Healthcare Assistants |
| Social Workers | Speech and Language Therapists | Podiatrists |
| Nursing Associates | Others: | |

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| All nurses, midwives and nursing associates contribute to practice learning in accordance with The Code.  (Please record any actions required in the Action Plan.) | Yes | No |

**Section 2: Health and Safety**

**Practice Learning Environment Health and Safety Lead (where applicable):**

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| **Name:** | **Telephone Number:** |
| **E-mail Address:** |  |

**Trust/Organisation Health and Safety Manager:**

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| --- | --- |
| **Name:** | **Telephone Number:** |
| **E-mail Address:** |  |

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| **All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders**  (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

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| **The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code to be upheld**  (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

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| **Policies/guidance available in the practice learning environment and are all staff aware of them (please tick which are appropriate):** | | |
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|  | YES | NO |
| Health and Safety |  |  |
| Confidentiality Policy |  |  |
| Equality and Diversity |  |  |
| Manual Handling |  |  |
| Violence and Aggression |  |  |
| Infection Prevention Control |  |  |
| Adult/Child Safeguarding policies |  |  |
| Information Governance |  |  |
| The Code (NMC 2018) |  |  |
| Guidance on Raising concerns, NMC (2018) |  |  |
| HCPC Guidance on Conduct, Performance and Ethics for Staff and Students |  |  |
| Fire |  |  |
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| **Accidents and incidents:** | | |
|  | **YES** | **NO** |
| **Are you aware of a formal procedure for reporting and recording accidents and incidents?** |  |  |
| **Have you procedures to be followed in the event of serious or imminent danger to people at work?** |  |  |
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| **Are risk assessments kept under regular review?** | **Yes** | **No** |
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| **Are the results of risk assessment implemented?** | **Yes** | **No** |
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| **All staff understand the procedures for alerting the AEI and acting upon any serious untoward incidents, which involve students, within two working days** | |
| **Yes** | **No** |

**Section 3: Standards for Student Supervision and Assessment (SSSA)**

**(Specific to all Nursing and Midwifery Council Approved programmes)**

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| **3.1 There are sufficient Practice Supervisors and Practice Assessors to support the agreed capacity?** (Please note any actions in the Action Plan) | |
| **Yes** | **No** |
| *This will need to be confirmed by the Practice Development Manager/Clinical Placement Facilitator/Manager/Education Lead* | |

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| **3.2 All Practice Assessors details are kept up to date on the organisations’ database \* and have opportunities to receive on-going support (see 3.11)**. (Please note any actions in the Action Plan) | |
| **Yes** | **No** |
| *This will need to be confirmed by the Practice Development Manager/Clinical Placement Facilitator/Manager/Education Lead* | |

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| **\*For Private, Voluntary and Independent Sector :**  **Please list names of available Practice Assessors and date of preparation.** | |
| **Name of Practice Assessor** | **Date of preparation for role** |
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| **3.3.All students should be supervised by registered health or social care professionals based on the students learning needs and stage of learning. See 3.10** (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

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| **3.4 All Practice Supervisors and Practice Assessors have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities**  (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

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| **3.5 Nursing students should be assigned a Practice Assessor who is a Registered Nurse. Midwifery students should be assigned a Practice Assessor who is a Registered Midwife. Nursing Associate students should be assigned a Practice Assessor who is a Registered Nurse or Nursing Associate** (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

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| **3.6 SCPHN students are assigned to Practice Assessors who are registered SCPHN.**  (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

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| **3.7 Students who are on other NMC approved post-registration qualifications are assigned a Practice Assessor in accordance with relevant programme standards – e.g. prescribing programmes:** (Please note any actions in the Action Plan) | |
| **Yes** | **No** |

| **3.8 Standards for Student Supervision and Assessment** | **Yes** | **No** | **Evidence/Examples**  (Please note any actions in the Action Plan) |
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| **3.8.1 Effective practice learning**  Students receive a comprehensive orientation and there is a nominated person for each practice setting to actively support students and address student concerns. |  |  |  |
| **3.8.2 Supervision of students**  There is sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences. |  |  |  |
| **3.8.3 Practice Supervisors:**   * Are suitably prepared and receive ongoing support * Provide student feedback and contribute to assessments (within their scope of practice) * Raise concerns regarding students as appropriate |  |  |  |
| **3.8.4 Practice Assessors:**   * Are suitably prepared and receive ongoing support * Have appropriate equivalent experience for the student’s field of practice (as applicable) * Obtain feedback from the practice supervisors/others and conduct assessments * Liaise with and confirm progression with the academic assessor * Raise concerns as appropriate and act on these with the academic assessor |  |  |  |
| **3.8.5 Academic Assessors:**   * Enables collaboration with the Practice Assessor to confirm progression * Supports the Practice Assessor when concerns are raised |  |  |  |

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| 4.0 SUMMARY OF PRACTICE LEARNING ENVIRONMENT AUDIT& ACTION PLAN\*If a cluster audit has been undertaken please ensure actions are specific to the individual team/area as appropriate | | | | | | | |
| Name of Practice Learning Environment/s | | Trust/Organisation | | | | Date of Audit | |
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| OVERALL STRENGTHS TO INCLUDE EXAMPLES OF EFFECTIVE/INNOVATIVE PRACTICE: | | | | | | | |
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| AREAS FOR ONGOING MONITORING AND DEVELOPMENT: (to be reflected in the actions below) | | | | | | | |
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| **Actions to be undertaken** | | | **Review Date** | **Key Person/s** | | | **Progress** |
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| CONFIRMATION OF STAFF UNDERTAKING AUDIT | | | | | | | |
|  | ***Print Name*** | | | | ***Signature*** | | |
| **PRACTICE LEARNING ENVIRONMENT STAFF:** |  | | | |  | | |
|  |  | | | |  | | |
|  |  | | | |  | | |
| **AEI STAFF:** |  | | | |  | | |
| **OTHER:** |  | | | |  | | |

\* A copy of the completed document will be sent to all of those present including the area manager.

 If this document is completed online then only printed names are required (not signatures).