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**School of Health and Social Care**

***“Helping to make people’s lives better through***

***excellence in education, practice development and research.”***

**Briefing for Partners following the Francis Inquiry**

**Introduction**

The Francis Inquiry’s examination of the standards of care at Mid Staffordshire NHS Foundation Trust led to a report with 290 recommendations, published in February 2013. These were far reaching and targeted at Trust Boards, commissioners, national bodies, employers, leaders and practitioners. However there were a number of recommendations made especially in relation to nurse education and, as the provider for pre qualifying nursing in Dorset, Somerset and south Wiltshire, this paper provides a position on the relevant recommendations from the School of Health and Social Care at BU. It aims to provide assurance that the School is very aware of the issues, is working with our colleagues in practice to promote high quality learning opportunities and is committed to developing nurses with the right skills and values.

**General Observations**

The Francis report highlights many significant organisational and cultural failures that led to poor care and poor outcomes for patients. There is recognition that learners going into health professions want to provide a high standard of care but the culture at Mid Staffs interfered with staff being able to deliver this effectively, with too much emphasis being placed on external targets and financial balance. There is the potential for this scenario to appear elsewhere in resource stretched, pressured health services and it is crucial that HSC has confidence that the quality of care observed by our students in practice settings meets the highest of standards.

We work in partnership with our practice colleagues to ensure we can be confident of this through annual joint auditing to determine the availability of sufficient high quality mentorship and support for learning, providing ‘preparation for mentorship’ courses, three update conferences per year for mentor/ assessors and a support network for practitioners through the Head of Practice Education and the University Practice Learning Advisor roles. We undertake annual meetings with Chief Executives and/ or Directors of Nursing (DoNs) to ensure we are aware of strategic plans for change in services or other developments that may affect the learning environment and the Nursing (and other professional groups) Forum twice per year where DoNs and clinical leaders meet with the academic staff to discuss strategic education and research issues, including the curriculum for students. We have asked that we are regularly alerted of Care Quality Commission or other reviews undertaken in Trusts and their outcomes; the Chief Executives have all replied that they will do this and we have evidence of the system working effectively in relation to timely communication.

These are positive and important opportunities to ensure we take joint responsibility for our students in practice. It is important to recognise that HSC has nursing, midwifery, physiotherapy, occupational therapy, operating department practice (ODP) and paramedic students all on programmes where significant learning is undertaken in practice. The emphasis in Francis was on nursing; health care is a whole system and we firmly believe that the culture of care does not affect only one professional group and therefore would want all of the relevant recommendations and our actions to be seen as including all of our students.

**Issues Specific to Nurse Education**

Although there is an emphasis on nursing as a profession in the Francis Report, it is important to recognise that there were no findings from the inquiry that related specifically to learners; the recommendations were made on the assumption that ensuring students have the right values will set them up for the rest of their careers. However this fails to recognise the importance of the culture of care and learning in practice that will influence students while on the programme, at the point of registration and beyond.

* ***Pre qualifying year of experience***- One recommendation in the report is that prospective students undertake some experience in practice before starting professional education as health care assistants (HCAs) in order to ensure they have the right values to move into a profession. The report includes ODPs and paramedics as possible initial groupings; Heath Education England is leading on a pilot with prospective nurses in the first instance. It is important to recognise, however, that many applicants to our programmes already come from this route (i.e. have been HCAs) and we have a selection criterion based on previous experience of health care, either paid or volunteer, currently in place. Therefore we believe that we already do look for an understanding of the context of care as part of our selection processes at BU; we also recognise that experience of poor quality care is probably less rather than more helpful prior to professional education. Nevertheless, we await the outcome of the pilot to see if mechanisms can be improved.
* ***Recruiting for values***- There is a proposal that ‘values based recruitment’ be implemented in the report in order to ensure that nurses are compassionate and caring. We currently do test for values through the personal statement provided by the applicant, group and individual interviews as part of the selection process and securing references. There have been a number of national initiatives to develop a ‘test’ of values but there is little evidence to date that there is an ideal method of selection. Therefore we have confidence in our current system but, once again, will await developments and embed new ideas of good practice. We do also recognise that values are shaped by the culture of practice where students are placed once on programmes and we will continue to work on service improvement and practice development projects with our partners in practice, and we are keen to extend this activity further to contribute to positive culture change.
* ***National standards***- The report suggests that there is a need for national standards in nurse education; this fails to recognise the important role that the Nursing and Midwifery Council (NMC) already plays in setting such standards. The standards were updated in 2010 and have been the basis of the revalidation of all pre registration programmes in the UK in preparation for ‘all degree’ programmes that will be in place from September 2013. At BU, we had our revalidation recently with the NMC commending us on a programme based on the values of ‘humanisation’ (i.e. putting the person in the centre of care, not losing the individual in the complex and often technological approaches of current practice). This ‘humanisation’ theory has been generated by researchers at BU from the Centre for Qualitative Research and is seen externally and internally as timely, topical and critically important for high quality care. We as a University, and as professional educators, have confidence both in our national body and in our local interpretation of values/ evidence based education and are working with practice partners to ensure seamlessness between the curriculum delivered in the university and in practice.
* ***Experience of practice in the programme***- The move to all degree nursing has raised some concerns about the experience nurses get in practice, by the general public as well as by the Francis Inquiry. However this is a misconception; all nursing students undertake 2300 hours of practice during their three year programmes, now as they have for years and years. This is mandated by the European Union Directives and is held firm by the NMC and by all Universities delivering nurse education. It far exceeds the norm in other parts of the world and ensures a solid grounding leading to competence.
* ***Developing the skills of care and compassion***- Students can be taught values in the classroom, can rehearse them in simulated learning opportunities with colleagues and actors, but the key test is always in the practice environment with real patients. There is rigorous practice assessment undertaken throughout the three years of study and values are regularly tested by qualified nurses as part of this, students are asked to seek testimonials from patients about their approach to care and there is a sign off at the end of the programme by a specially trained mentor, that the student is fit to practice and to go on the professional register as a nurse. We then submit a ‘declaration of good character’ to the NMC based on the evidence from our practice colleagues. We can, therefore, have confidence that BU graduates are fit for practice at the point of registration; the values they may subsequently assume when working full time in practice is beyond our scope and we recognise that the situation that developed at Mid Staffs related to qualified staff working in the system of sub optimal care. Student nurses were not identified as a group that were involved in this in any way.
* ***Using students as ‘fresh eyes’***- Francis proposes that medical students specifically can be used as barometers for the culture of care. We totally agree that students do offer an objective perspective but this relates to all health care students and not just student doctors. Evaluation of practice experience is an important part of our courses and we use an IT based approach to collecting data from students and then feed it back to placement areas. However students feel somewhat vulnerable in this scenario, as they are assessed by mentors in practice and may hesitate to raise concerns, believing it may negatively affect their grades. We have a well established ‘raising concerns’ policy for students to use if they witness inappropriate care, we have recently developed further guidance on how to proactively deal with mentors in practice and we have a highly successful academic adviser/ personal tutor system in place where students can access an academic as a source of continuous support throughout their three years of study. Some of the Directors of Nursing in Trusts where BU students are placed already regularly meet with students to get their feedback as an additional mechanism for ‘testing the water’ and we would be pleased to see it extended across all Trust.

**Broader Issues**

Leadership is a specific area that the Francis Inquiry focuses on heavily, the need for individuals to act responsibly when things are not going ideally. We have relevant continuing professional development (CPD) opportunities in HSC, developed initially for social workers but now being offered more widely in health care. These start with single units on ‘self leadership’, include units on ‘improving individual and organisational performance’ and safeguarding, and can lead to whole masters programmes. We also work collaboratively in helping organisations to develop their services through ‘Practice Development Unit’ (PDU) accreditation and consultancy in respect of service improvement. Our mission as a School is to ‘help make people’s lives better’; it is in our interest to ensure the culture of care is positive for our learners but possibly more importantly for the patients, service users and people in vulnerable positions who access support and care from our partners. We are committed to working collaboratively through education, practice development and research to meet this aim.

May 2013