

2014-15 Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of Lincoln
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Mental Health
Date of monitoring event	03-05 Feb 2015
Managing Reviewer	Karen Stansfield
Lay Reviewer	Natalie Paisey
Registrant Reviewer(s)	Hugh O'Donnell, Jean Taylor
Placement partner visits undertaken during the review	John Coupland Community Hospital Gainsborough (community nursing team, Scotter ward, surgical day unit) Lincoln County Hospital, Lincoln (Burton, Layton, Greetwell) St. Barnabas Hospice, Lincoln Pilgrim Hospital, Boston (wards 6a, 6b and stroke unit) Swineshead Medical Group, Fairfax house, Boston Occupational health department, RAF Cranwell. Spalding Older Adults and Integrated Services. Lincoln Partnership NHS Foundation Trust Ward 12, Pilgrim Hospital. United Lincolnshire Hospitals. NHS Trust IPLU Lincoln County Hospital. United Lincolnshire Hospitals NHS Trust Peter Hodgkinson Centre. Lincoln County Hospital. United Lincolnshire Hospitals. NHS Trust Charlesworth Ward (Acute Care) Lincolnshire Partnership NHS Foundation Trust Connolly Ward (Acute Care) Lincolnshire Partnership NHS Foundation Trust Integrated CMHT at United House. Lincolnshire Partnership NHS Foundation Trust
Date of Report	15 Feb 2015

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. We aspire to deliver excellent patient and public-focused regulation.

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

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

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

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

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

This monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement". When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

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

Introduction to University of Lincoln's programmes

The School of health and social care (the school) at the University of Lincoln (UoL) consists of nursing, social work and research, each headed by a director accountable to the head of school (HoS). The school expanded very rapidly from 2012 onwards with the awarding of a major contract from Health Education East Midlands (HEEM). The contract increased the number of nursing (adult) students by 500% in annual intake numbers and in addition introduced commissioning numbers for nursing (mental health) students for the first time at the UoL. An associated consequence of this contract has been the phased welcoming of three tranches of academic and professional support staff members from the University of Nottingham (UoN), under TUPE arrangements. The last one was in June 2014.

As a result the school has experienced a significant period of change. A new director of nurse education/deputy head of school has been appointed. Prior to this appointment, interim management arrangements existed for some time. Senior staff recognise that there is a lack of coherence within the school which can be resolved with greater co-ordination and stable leadership.

The school was reapproved to deliver pre-registration nursing in 2011 and pre-registration nursing (mental health) in 2012. This monitoring review focuses on the pre-registration nursing adult and mental health programme.

Students are very positive about the programme and the support they receive from the university and its practice placement partners. The commissioner and employers confirm that the programme prepares nurses who are fit for practice at the point of registration.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in the following areas who all received adverse Care Quality Commission (CQC) reports; United Lincolnshire Hospitals NHS Trust consisting of: Lincoln County Hospital in May 2014, John Coupland Community Hospital Gainsborough, in June 2014, Pilgrim Hospital in May 2014. Swineshead Medical Group in October 2014. The CQC were re-visiting United Lincolnshire Hospitals NHS Trust at the same time that the monitoring event took place.

Summary of public protection context and findings

We found the following NMC key risks are currently not controlled: resources, admissions and progression, fitness for practice and quality assurance. The UoL must identify and implement an action plan to address these key risks to ensure the pre-registration nursing adult and mental health programme meets NMC standards to protect the public.

The UoL identified and implemented an action plan to ensure that systems and processes are in place to ensure the pre-registration nursing adult and mental health programme meets NMC standards to protect the public.

18 August 2015 - A review of the evidence against the action plan under the risk area

admissions and progression confirmed that actions have all been met.

Resources

We found that there is no university process in place to effectively monitor academic staff members' NMC registration to ensure active registration is maintained.

01 June 2015 - a follow up visit to the university took place to review evidence against the action plan under the risk area resources. There was confirmation that a process is in place to monitor academic staff members' NMC registration to ensure active registration is maintained.

30 July 2015 - A review of the evidence against the action plan confirmed a process and flowchart has now been agreed by the school. The updated procedure provides assurance that the professional registration of all academic staff is confirmed on appointment and is regularly checked to ensure re-registration has occurred. All actions have been met.

Admissions and progression

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

There is not a robust procedure in place to manage the learning experiences of students less than eighteen years of age going into practice placements. At present the UoL does not have any student nurses entering placements under eighteen years of age.

The admission and progression procedures are not sufficiently robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult and mental health) programme meet NMC standards and requirements. Although selection and admission processes include practitioners and service users we were informed by service users that they had not had equality and diversity training prior to participation in the recruitment of students. In addition, no process is in place to monitor the equality and diversity training status of practitioners who contribute to the selection process.

01 June 2015 - A follow up visit to the university to review evidence confirmed there are now processes in place to manage progression on the pre-registration nursing (adult and mental health) programme. Equality and diversity training is now in place for practitioners and service users and in addition a process is in place to monitor the training status of practitioners who are involved in the selection process.

The school does not have robust policies and procedures in place to address issues of poor performance in both theory and practice. Although a fitness to practise (FtP) procedure is in place there is a failure to consistently implement it to manage incidents of concern, both academic and practice related. We did not find evidence of the effective implementation of these procedures in the student example we reviewed. We are not confident that concerns are investigated and dealt with effectively and as such cannot be assured that the public is protected.

01 June 2015 - a follow up visit to the university to review evidence confirmed there is now a policy and procedure in place to address issues of poor performance in both

theory and practice. This action requires improvement as the process requires further review to ensure that it can consistently manage incidents of concern, both academic and practice related and the policy and procedure are implemented effectively.

Practice Learning

We found there is considerable investment in the preparation and support of mentors and the completion of mentor annual updates is robust. All mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by sign off mentors about assessing and signing off competence to ensure students are fit for practice to protect the public.

Fitness to practice

Programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and for NMC professional registration. Mentors and employers describe students completing the programmes as fit for practice and purpose.

However, we found an example that demonstrated a lack of process in place to ensure that all students complete the required hours in order to achieve the competencies prior to progression points. There is a lack of a robust system to monitor the hours completed by students who experience absence whilst on the programme. The effective management of student progression is compounded by only having a single exam board per academic year.

01 June 2015 - a follow up visit to the university to review evidence confirmed there is now a process in place to ensure that students complete the required hours to achieve the competencies prior to progression points and to monitor the hours completed by students. Additional exam boards have been introduced to support the management of these processes.

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of CQC adverse reviews in United Lincolnshire Hospitals NHS Trust consisting of: Lincoln County Hospital in May 2014, John Coupland Community Hospital Gainsborough, in June 2014, Pilgrim Hospital in May 2014. Swineshead Medical Group in October 2014. The CQC were re-visiting United Lincolnshire Hospitals NHS Trust at the same time that the monitoring event took place.

Quality Assurance

We found UoL has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students learning in the practice environments.

Our findings conclude that there is a lack of effective quality assurance processes in place to manage risks, fully address areas for development and enhance the delivery of the pre-registration nursing programme at a strategic and operational level.

01 June 2015 - a follow up visit to the university to review evidence confirmed there are now processes and systems in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing programme at a strategic and operational level.

Summary of areas that require improvement

A follow up visit to the AEI on the 01 June 2015 reviewed evidence and confirmed that systems and processes are now in place to address all the issues identified below.

- A university process is required to effectively monitor academic staff members NMC registration to ensure active registration is maintained.
- Implementation of a system to ensure that practitioners who are involved in pre-registration nursing interviews have undertaken equality and diversity training in the last two years.
- Provide equality and diversity training for service users and carers who are involved in pre-registration nursing interviews.
- Ensure the fitness to practise procedure and process to manage incidences of concern (whether academic or behavioural) is implemented in an effective and robust manner.
- Ensure a robust system is in place to monitor the hours in practice placements undertaken by pre-registration nursing students. Particularly in relation to those students who experience absences whilst undertaking the programme.
- Review the quality assurance processes relating to the NMC approved nursing programme, to ensure risks are managed, areas for development and enhanced delivery of the nursing programmes is explicit at a strategic and operational level.
- Provide effective organisation of assessment boards to ensure that student progression can be achieved within an appropriate timeframe.

The following areas continue to require improvement:

- Assure consistent and explicit involvement of external examiners in the assessment of practice documentation for (pre-registration nursing adult).
- Consistently apply the use of the interruption policy for those students who have substantial absence whilst undertaking the programme.

Summary of areas for future monitoring

- Monitor that all external examiners have the opportunity to visit practice learning sites to meet with students, mentors, sign-off mentors and service managers (pre-registration nursing adult).
- Monitor the continuing participation of practice partners and service users/carers in student selection interviews.
- Monitor the sufficiency of mentors and sign-off mentors available to support practice learning.
- Review the management of assessment boards to ensure it does not impact on student progression.
- Monitor the effectiveness and implementation of a systems approach to quality

assurance mechanisms.

- Review the effectiveness of the process to monitor academic staff members NMC registration to ensure active registration is maintained.
- Ensure an up to date record of academic staff teaching qualifications is in place.
- Monitor the implementation of effective and robust FtP policies and procedures in dealing with concerns about students.
- Ensure practice placement partners and service users receive selection and diversity training prior to participation in student recruitment and selection events.
- An under eighteen years of age policy is in place for students going into practice placements.
- Review the involvement of service users in the assessment of nursing (adult and mental health) practice.
- Monitor the consistency in approach taken by personal tutors with regards to individual students' progress in achievement of competencies, ESC and EU directives within the ongoing achievement record.
- Review students' understanding of how to achieve and evidence the EU directives as part of the OAR.
- Review the process for the ongoing monitoring of students' hours and achievement of competencies as they progress through the programme.
- Review the effectiveness of the student interruption policy.
- Monitor the further involvement from mental health practitioners in nursing (mental health) programme development and teaching.

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

Within the initial presentation, the school of health and social care acknowledged that leadership requires strengthening and coherence across the school needs to become more robust. There are plans to create a lead for a quality role. It is also recognised that there is a need for local coordination and leadership of quality assurance (QA) activities.

We found the programme team has close working partnerships with practice placement providers across the geographical location through the organisation of five practice support teams (PSTs). They informed us about effective systems which are in place to support nursing students in relation to theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

We were informed that there are currently 8.0 whole time equivalent (WTE) mental health and 23 WTE adult lecturers, with some holding dual qualifications. We heard it can be challenging for staff members to take professional development time. A new initiative has recently been introduced to support staff to achieve their scholarly activity by providing a personal research and scholarship plan.

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

All mentors/sign off mentors, education commissioners, practice education facilitators (PEFs) and employers expressed confidence in the programme. Mentors told us that they receive good preparation for their role and support from the link lecturers who are part of the PSTs. The interprofessional learning unit (IPLU) maintains the live databases of mentors working closely with the practice education management system (PEMS) team at the UoL who maintain the placement audit database.

We found mentors/ sign off mentors and managers are committed to ensuring that students are appropriately recruited, supported in theory and practice learning and that they meet the NMC standards and competencies required to complete the programme successfully.

Employers and commissioners report students were fit for practice and purpose on successful completion of the programme.

Students

We found that nursing students (adult and mental health) are articulate and objective in their feedback. They reported good quality teaching and learning and evaluate their practice learning experiences positively.

Nursing (adult)

Students reported that the majority of lecturers are motivated and supportive and are easily accessible despite the large geographical placement areas. Students stated they are actively involved in evaluating the programme and reported that their comments on how the programme could be improved for subsequent cohorts is listened to and acted on by the academic staff.

Nursing (mental health)

Students reported that lecturers are supportive and respond promptly to any concerns or personal anxieties. Students are provided with opportunities to evaluate the programme and they suggested that they are listened to and recommended changes are frequently integrated into the programme. Students are enthusiastic and complimentary about the learning support and opportunities afforded to them during all periods of practice learning.

Service users and carers

We found evidence of direct service user and carer involvement in recruitment of students; however, this is an area that service users would like to be more involved in. Service users and carers contribute to teaching and to the assessment of a poster presentation within the public health module.

Relevant issues from external quality assurance reports

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

The following reports require action(s):

CQC Inspection of John Coupland Community Hospital Gainsborough- 5 and 7 June 2014

Action the service must take to improve

The provider must ensure that there is in place a robust and effective recruitment system to ensure that patients are cared for or supported by GP's who are qualified, skilled and experienced (1).

CQC Inspection of Lincoln County Hospital- 29 April- 2nd May 2014

Requires Improvement

Accident and Emergency (A&E) Care- The A&E department at Lincoln County Hospital ("the Hospital") required improvement to ensure that services were safe and responsive to the needs of the patients being treated at the Hospital.

Surgery- Care provided was not always safe and did not always meet the needs of the patient, particularly when it came to bowel care. The Hospital has a recruitment programme; however, staffing levels within the surgery areas were low at the time of the inspection based on the level of acuity seen in the wards.

Maternity and family planning- The service had a good incident reporting culture and staff were aware of the key risks within the service. However, improvements were needed in relation to staffing, staff support and leadership of the service.

Services for children and young people- The service had a good incident reporting culture and staff were aware of the key risks within the service. However, improvements were needed. The service was not staffed in line with current recommendations issued by the Royal College of Nursing (RCN).

End of life care- The specialist palliative care team provided positive information and advice to general ward staff on the care of the dying patient. However, the service was not well developed and there was a disconnect between what managers wanted to happen and what some of the palliative care team were undertaking.

Inadequate-

Outpatients- While patients received good care, the systems to support care were judged to be inadequate. The lack, and condition, of medical records, training of staff and issues with the building needed addressing by the hospital (2).

CQC Inspection of Newark Hospital- April 2014

Requires Improvement

Minor injuries unit- Whilst local leadership appeared effective, there was no operational link with the Trust's emergency department at the King's Mill Hospital site, and no overall strategy or shared management of services and risk.

Surgery- There was good leadership at local levels within the surgery services at Newark Hospital. However, there was no clear reporting structure for clinical governance to the senior management team and how the departments received feedback.

End of life care- The Trust had not implemented guidelines, protocols or documentation to all wards that provided end of life care. There was no Trust-wide co-ordinated multidisciplinary training in end of life care (3).

CQC Inspection of Pilgrim Hospital May 2014

Requires Improvement

A&E- The department lacked sufficient staff, particularly paediatric nurses. There was a reliance on agency nurses, healthcare assistants and doctors, with over 40% of the staffing being provided in this way.

Medical care- Safety and responsiveness in the medical care service required improvement. There were not sufficient nursing or medical staff, particularly in the evenings and at weekends.

Surgery- While surgical areas were clean; there were some areas for improvement in the safety of the service, with respect to the recording of care. On one ward, there was evidence of a high level of error in the prescribing of medicines.

Maternity and family planning- Safety in the service required improvement. The trust had reported two similar Never Events within 12 months. Action taken following the first Never Event had not been embedded into practice or monitored and reviewed to prevent recurrence of an unacceptable event.

Services for children and young people- On a significant number of shifts, the staffing levels fell below the recommended levels. Work was in progress to implement systems and processes to audit, monitor and benchmark clinical effectiveness (4).

CQC Inspection of Swineshead Medical Group October 2014

Requires Improvement

Are services safe? The practice is rated as requires improvement for safe as there were areas where improvements must be made.

Are services well-led? The practice is rated as requires improvement for well-led. The practice had a vision and a strategy to deliver this, however not all staff were aware of this and their responsibilities in relation to it (5).

Other CQC compliance reports relevant to placement areas used by the UoL for approved nursing programmes were considered but did not require further discussion as part of this review.

What we found at the event

The school continues to work closely with all practice placement partners and an effective two way communication process is in place at university senior management level with nurse directors. At the monitoring visit we found that all clinical governance issues are controlled and well managed (7, 53-56).

In 2014 HEEM introduced quality management visits to practice placement providers within East Midlands to review the quality of education and training of all healthcare professionals. The lead for practice learning at the UoL has been part of these visits (56). We are assured that although staffing is an issue for United Lincolnshire Hospitals NHS Trust, recruitment strategies are in place to employ more nurses, and also to increase the number of mentors to ensure an adequate workforce that protects student learning (45, 55-56).

The lead for practice learning is responsible for linking with practice placement providers, maintaining effective communication and monitoring the actions taken. The school was able to provide us with evidence that confirmed that appropriate action had been taken in relation to the trusts that were the subject of adverse CQC reports. CQC outcomes are also discussed at the UoL and HEEM contract review meetings (56, 85).

Our findings confirm the school's placement management process is robust and effectively addresses the many challenges that exist from the escalation process of concerns, clinical governance reporting and service re-configurations. We found effective procedures in place to protect student learning and to assess if placements need to be withdrawn (see section 3.1.1).

Evidence / Reference Source

1. CQC Inspection of John Coupland Community Hospital Gainsborough- 5 and 7 June 2014
2. CQC Inspection of Lincoln County Hospital- 29 April- 2 May 2014
3. CQC Inspection of Newark Hospital- April 2014
4. CQC Inspection of Pilgrim Hospital May 2014
5. CQC Inspection of Swineshead Medical Group October 2014
7. NMC Self-Assessment Programme Monitoring 2014-2015
45. Meeting with Education Commissioner (HEEM) and Workforce Development Manager (EM LETB) 4 February 2015.

- 53. *Interim Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust 3 February 2015*
- 54. *Director of Operations, Lincolnshire Community Service 3 February 2015*
- 55. *Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust 4 February 2015*
- 56. *Meeting with lead for placement learning and Director of Nurse Education/Deputy Head of School 3 February 2015*
- 68. *Meeting with PEMS team 5 February 2015- Managing reviewer*
- 85. *UoL and HEEM contract review meetings, September 2014, June 2014, November 2013, September, 2013*

Follow up on recommendations from approval events within the last year

There were no approval events held in 2013/14 (7).

Evidence / Reference Source

- 7. *NMC Self-Assessment Programme Monitoring 2014-2015*

Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self- report are on-going. There are no active concerns within the university reported (7).

Specific issues followed up include:

Increased student numbers over the past three years have impacted on the availability of teaching space, as there is limited large teaching space available at the university.

We found that a timetabling lead has been introduced for the programme to ensure prompt actions to ensure adequate teaching space can be secured for the large number of students. The school has approval for a new social science build due to be completed in 2016 that will help to address these issues (7, 8, 75, 85, 87).

Concerns were raised about the number of sign off mentors but work has been done to resolve this and the numbers have been accommodated. This is followed up under section 1.2.1.

There have been some occasions where the university regulations have seemed to prohibit progress due to a cap on credits and only one exam board per year; this has led on occasion to the 12 week rule being invoked causing disquiet for students (7, 9). Please see section 2.1.2 for an update on progress.

No fitness to practise issues were reported during this year. This is followed up under section 2.1.2.

Practice documentation was reviewed and put forward for major modification in June 2014, this did not meet the NMC requirements and the university was not able to complete the amendments in the short turnaround time. This is being reviewed again to

<p>be actioned by September 2015 (6-7).</p> <p>Recommendations from the major modification:</p> <p>UoL should consider the importance of its own internal quality assurance mechanisms for the monitoring of NMC approved programmes (6).</p> <p>See section 5.1.1 for the follow up to the recommendations above.</p>
<p>Evidence / Reference Source</p>
<p>6. Major Modification BSc (Hons) Adult Nursing BSc (Hons) Mental Health Nursing- 10 June 2014</p> <p>7. NMC Self-Assessment Programme Monitoring 2014-2015</p> <p>8. Academic team presentation, outlining context and management of risks 3 February 2015</p> <p>9. NMC Self-Assessment Programme Monitoring 2013-2014</p> <p>75. NSS Action Plan 2014-2015</p> <p>85. UoL and HEEM contract review meetings, September 2014, June 2014, November 2013, September, 2013</p> <p>87. College of Social Science- School of Health and Social care – self evaluation template, not dated</p>

Findings against key risks
<p>Key risk 1 – Resources</p> <p>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience / qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>The approved education institution (AEI) requirements need updating as follows: the record of nursing staff members NMC registration status (10) and the record of staff teaching qualifications (11) are both not available for 2014-2015 (15).</p>
<p>What we found at the event</p>

UoL does not have processes in place to effectively monitor academic staff members NMC registration to ensure active registration is maintained (10-13). An example was given of a nurse teacher who transferred from the UoN whose NMC registration was out of date for approximately three months. The issue was identified in the first three to four weeks of the staff member commencing at the UoL. The NMC was informed and the work load of the member of staff was rescheduled to ensure public protection (13). However, a robust system of managing and monitoring NMC registration for all staff members to prevent the reoccurrence has not been implemented and the database presented at the event is incomplete (12).

The majority of academic staff members hold an NMC recordable teaching qualification (11). All newly appointed nursing teachers, as a requirement of the contract of employment, must achieve teacher status (13). Research and scholarship descriptors have recently been introduced to contribute to academic staff performance development reviews for 2014-2015 by providing a personal research and scholarship plan (13, 83-84).

The programme leader acts with due regard and has current NMC registration and a teacher qualification recorded with the NMC (14).

We saw some evidence that teachers supporting the pre-registration nursing (adult and mental health) programme hold current NMC registration and hold or are working towards a teaching qualification that can be recorded with the NMC. They hold qualifications and experience commensurate with their role (11-12, 17-18, 84, 87). There are 23 nurse lecturers (adult) and eight nurse lecturers (mental health) with some lecturers holding dual qualifications (12-13, 16). Nurse lecturers (adult and mental health) act with due regard (12).

We conclude from our findings that UoL does not have processes in place to effectively monitor academic staff members NMC registration to ensure active registration is maintained (12). We cannot confirm that all nurse lecturers have up to date registration. In addition, the record of academic staff members teaching qualifications needs to be updated (11).

Evidence / Reference Source

10. Database of nursing staff NMC registration status 2013-2014
11. Record of staff teaching qualifications 2013-2014
12. Nursing staff NMC registration database 3 February 2015
13. Meeting with Head of School and Director of Nurse Education/Deputy Head of School 4 February 2015
14. Verification on the NMC register of the programme leaders registration and qualifications 5 February 2015
15. Initial visit 19 January 2015
16. School of Social Care staff structure diagram 2015
17. Record of nursing staff HEA membership and external examiner posts undated
18. Meeting with programme leader pre-registration nursing and Director of Nurse Education/Deputy Head of

School 3 February 2015

83. School Annual Programme Monitoring Overview report 2013-2014

84. Academic school review, school of health and social care, July 2014

87. College of Social Science- School of Health and Social care – self evaluation template, not dated

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

What we found before the event

The allocation of students to practice placements is the responsibility of the university and NHS trust partners and is managed by the IPLU (19).

Practice placement learning environments are audited and monitored by PEFs and practice support teams (PSTs) to ensure that mentor capacity is adequate (19).

There has been a shortage of sign off mentors. The PSTs have been working to increase the numbers to accommodate the increased numbers of students now commissioned at the UoL (7, 9, 20).

Nursing (adult and mental health)

Student nurses are supported by mentors/sign off mentors and PSTs during their practice placement experience (19).

What we found at the event

Nursing (mental health)

Students are allocated a named mentor during all periods of practice learning (21-23). The checking of duty rotas confirmed that students spend at least 40% of practice learning time working directly with the allocated mentor (21-22). The IPLU confirmed that there are 115 sign-off mentors in mental health care facilities (24).

An effective associate mentor system operates to support students when mentors are sick or are on annual leave (21-22). All mentors and sign-off mentors in mental health nursing act with due regard and spend sufficient direct contact time with students (21-22). Mentors, sign-off mentors and service managers report that there are no excessive learner support demands placed on nursing staff during periods of practice learning (25-26).

Nursing (adult students)

Students confirmed they work a minimum of 40% of the time with their mentors; the student mentor ratio is one to one; and the off duty reflects that students are supernumerary (27-32). The hours worked by students are recorded daily by the students, confirmed by the mentor and monitored by the student's personal tutor and PEMS (19, 27-33, 36-37, 58).

Mentors and students report that whilst on placement students have 'insight' dates where they can follow a patient's care pathway through visits to other healthcare services. These 'insight' days are also used to contribute to the achievement of the European Union (EU) directive requirements (27-31).

Due to a large increase in the numbers of nursing students entering their final practice placement in April 2015, university staff and practice placement partners are working together to ensure there are sufficient sign off mentors to support the students and maintain the one to one student sign off mentor ratio (8, 30-31, 36-37).

We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students in both programmes. All mentors/ sign off mentors act with due regard.

Evidence / Reference Source

7. *NMC Self-Assessment Programme Monitoring 2014-2015*
8. *Academic team presentation, outlining context and management of risks 3 February 2015*
9. *NMC Self-Assessment Programme Monitoring 2013-2014*
19. *University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015*
20. *NMC Monitoring Report 2012*
21. *Meetings with mental health student nurses, first years 3 February 2015*
22. *Meetings with mental health student nurses, first years 4 February 2015*
23. *Meetings with mental health student nurses, second and third years 5 February 2015*
24. *IPLU visit mental health 4 February 2015 and printout from mentor database which provided summary of active placement areas*
25. *Meetings with mentors/sign off mentors (mental health), 3 February 2015*
26. *Meetings with mentors/sign off mentors (mental health) 4 February 2015*
27. *Meetings with student nurses (adult), first years, 3 February 2015*
28. *Meetings with student nurses (adult), first years, 4 February 2015*
29. *Meetings with student nurses (adult) second and third years 5 February 2015*
30. *Meetings with mentors/sign off mentors (nursing adult), 3 February 2015*
31. *Meetings with mentors/sign off mentors (nursing adult) 4 February 2015*
32. *Student nurses (adult) time sheets, viewed 3 and 4 February 2015*
33. *University of Lincoln: Student handbook for nursing students 2014-2015*
36. *Meetings with managers (nursing adult), 3 February 2015*
37. *Meetings with managers (nursing adult), 4 February 2015*
38. *Meetings with managers (mental health), 3 February 2015*
39. *Meetings with managers (mental health), 4 February 2015*
58. *PEMs visit 5 February 2015- reviewer*

Outcome: Standard not met

Comments:

The university does not have processes in place to effectively monitor academic staff members NMC registration to ensure active registration is maintained. This needs to be addressed immediately to assure public protection.

1 June 2015: Follow up visit to the University of Lincoln. Standard now met

A follow up visit to the AEI on the 01 June 2015 reviewed evidence and confirmed the following:

There is now a process in place to effectively monitor academic staff members NMC registration to ensure active registration is maintained.

Evidence to support findings during the visit to the AEI includes:

- NMC staff registration process, March 2015
- Nursing NMC register spread- sheet March 2015
- Professional registration flow chart March 2015
- Meeting with Head of College, Head of School and Deputy Head of School /Director of Nurse Education, 01 June 2015

Updated from the action plan 30 July 2015

A process and flowchart has now been agreed by the school and the procedure updated to assure that the professional registration of all academic staff is confirmed. The process clearly stipulates that it is the responsibility of the UoL to ensure that any registered and regulated nursing programme is appropriately and proportionately staffed by academic staff whose registration is confirmed upon appointment and then regularly checked to ensure re-registration has occurred.

Evidence

- Professional Registration Policy 30 July 2015

Areas for future monitoring:

- Review the effectiveness of the process to monitor academic staff members NMC registration to ensure active registration is maintained.
- Ensure an up to date record of academic staff teaching qualifications is in place.
- Monitor the sufficiency of mentors and sign-off mentors available to support practice learning.

Findings against key risks
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>All shortlisted pre-registration candidates attend an interview half day. They participate in a group interview which is observed by the interview panel. The panel is made up of practitioners, service users and students and chaired by an academic staff member. All panel members have received training for the role, including equality and diversity. A scoring sheet is used to assess the candidate’s participation in the exercise. A values based approach to recruitment is in place (20).</p> <p>All successful applicants have DBS checks (40-41).</p> <p>Applicants also complete literacy and numeracy tests, the literacy test being a reflective account of the group exercise. All applicants undergo occupational health clearance and are required to have DBS/CRB clearance before practice placements can begin (40).</p>
<p>What we found at the event</p>
<p>We found that recruitment and admissions processes do not fully comply with NMC standards and requirements. Service users informed us they had not been provided with equality and diversity training prior to participation in the recruitment of students by UoL. In addition no process is in place to monitor the equality and diversity training status of practitioners who contribute to the selection process (25-26, 38-39, 42-44, 47).</p> <p>Practice placement partners, service users and students confirm that the admissions process includes a values based group interview method conducted with a mix of academics, practitioners and service users. In addition applicants are assessed for literacy and numeracy on the day of the interview (8, 27-31, 45, 42-43, 85-86). Although some practice partners from mental health services reported limited involvement with the admissions process (25-26, 38-39) additional evidence demonstrated the involvement of mental health practitioners (47, 53, 57, 85-86).</p> <p>We found there are robust processes in place for obtaining DBS checks, health screening and references (23, 27-29, 33, 46). Students confirmed that they sign a declaration of good health and good character annually. They are not permitted into subsequent practice placements, if a self declaration report is not completed (23), which</p>

ensures the university's responsibility for public protection and meets NMC requirements (21-23, 27-29, 33, 46).

The UoL does not have a procedure in place to manage the learning experiences of students who are under eighteen years of age going into practice placements, although at present they do not have any student nurses in placement who are under eighteen years of age. (47)

There is a cross university policy and scheme for supporting students with additional needs in the academic setting and in practice placements. Students reported that their additional needs are met both in theory and practice (19, 27-29).

We conclude that all admissions and progression procedures are not robust and effectively implemented to ensure students entering and progressing on the nursing programme meet NMC standards and requirements which is fundamental to protection of the public.

Evidence / Reference Source

8. Academic team presentation, outlining context and management of risks 3 February 2015
19. University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015
20. NMC Monitoring Report 2012
21. Meetings with mental health student nurses, first years 3 February 2015
22. Meetings with mental health student nurses, first years 4 February 2015
23. Meetings with mental health student nurses, second and third years 5 February 2015
25. Meetings with mentors/sign off mentors (mental health), 3 February 2015
26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
27. Meetings with student nurses (adult), first years, 3 February 2015
28. Meetings with student nurses (adult), first years, 4 February 2015
29. Meetings with student nurses (adult) second and third years 5 February 2015
30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
33. University of Lincoln: Student handbook for nursing students 2014-2015
34. Four individual cause for concern student cases, viewed 4 February 2015
35. Managing reviewer and review team review and discussion of the FtP process and student cases viewed 4 and 5 February 2015
38. Meetings with managers (mental health), 3 February 2015
39. Meetings with managers (mental health), 4 February 2015
40. Admissions Policy 2010
41. Assessing suitability procedure 2014
42. Meeting with service users, 5 February 2015

- 43. Handbook for service user /patient and carer involvement (undated on NMC portal under AEI requirements 1.1)
- 44. Meeting with service user (acute care) Lincolnshire Partnership NHS Foundation Trust 4 February 2015
- 45. Meeting with Education Commissioner (HEEM) and Workforce Development Manager (EM LETB) 4 February 2015
- 46. Personal student files accessed 5 February to confirm DBS checking, assessment of good health, literacy and numeracy assessment
- 47. Meeting with the Director of Nurse Education/Deputy Head of School 5 February 2015
- 85. UoL and HEEM contract review meetings, September 2014, June 2014, November 2013, September, 2013
- 86. Nursing (adult and mental health) selection/interviewing event letter example 2015

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

What we found before the event

There is a fitness to practise (FtP) procedure and process to manage incidences of concern whether academic or behavioural (48).

The school of health and social care has an FtP panel which investigates referrals and makes decisions regarding the outcome of investigations (48). Allegations of misconduct against nursing students are dealt with under the student conduct and disciplinary regulations. At stage one the HoS determines whether the allegation of misconduct is serious enough to bring into question the students FtP and refer on to the FtP panel (48). The informal process may be instigated by the HoS and result in no action, verbal warning, or notice of improvement (48).

There are clear procedures and protocols to raise "cause for concern" where a student is not progressing either academically or in practice. A flow chart demonstrates the cause for concern process (20).

What we found at the event

We found that all academic and practice staff and students are aware of the procedures to address issues of poor performance. They are confident with existing procedures and expressed positive experiences of support provided by link lecturers when poor performance issues arise (25-26, 36-39).

We were informed that there had been no FtP meetings within the school in the last 18 months (9, 18, 50). When we asked to view any students who had been cause for concern but had not required a FtP meeting we were provided with information regarding two nursing (adult) and two nursing (mental health) students for the period 2013/2014 (34).

One nursing student (adult) failed to declare a conviction at the recruitment and

selection stage but on entry to the programme the DBS revealed a conviction. This student was referred through the assessment for suitability process and reviewed by the admissions panel consisting of the HoS and a practice partner. The outcome was the student continued on the programme (34, 41, 47).

Two students left the programme whilst in the initial stages of the FtP policy. One nursing (adult) student who received a caution whilst on year one of the programme was seen by the programme leader and a senior lecturer from the social work team, who decided no further action was required. This student is now in year two of the programme. The paperwork did not provide sufficient detail to be able to understand the decision making and outcome. It was agreed by the review team that the incident was one of public protection and should have been considered at the school's FtP panel (34, 35).

For students who have failed theory or practice assessment components there is presently a delay before reassessment is possible. The university has a single examination board each year. As a result, it is difficult for failed students to successfully re-sit failed elements in a timely manner (77, 83). Pre September 2013 students can use module retrieval. However, students commencing after this time cannot. The use of the 12 week rule is used to accommodate students to allow them the time to complete any failed elements and to ensure students can meet the progression points (7, 9). Failure to meet the 12 week rule results in student deferral, which has been highlighted by the pre-registration nursing (mental health) programme external examiner, who expressed concerns regarding the large numbers of students who are required to defer from the programme (49).

The education commissioner informed us that there is too much use of the 12 week rule and too many extension requests for students (45). This has been discussed with the director of nurse education/deputy head of school who is reviewing the use of the 12 week rule and working with the HoS to implement an additional board. The HoS has been working towards addressing this issue since 2013; however, there is no date for when the additional board will be implemented. This is consistently raised as an issue by external examiners and in quality assurance reports (7, 13, 47, 77, 83).

There are processes in place to monitor students' attrition through the progression data produced by the university and data is reviewed at the education commissioners meetings as part of the education commissioning for quality (ECQ) framework (45, 83). The current attrition rate is reported to be 12% and there are 11 students on interruption from the nursing programme (45, 47, 83).

Our findings confirm the university has not got effective policies and procedures in place for the management of poor performance in both theory and practice. We are not confident that FtP concerns are investigated and dealt with effectively and the public is protected. The university quality assurance regulations for the management of exam boards does not meet the requirements of the pre-registration nursing programme.

Evidence / Reference Source

7. NMC Self-Assessment Programme Monitoring 2014-2015

- 9. *NMC Self-Assessment Programme Monitoring 2013-2014*
- 12. *Nursing staff NMC registration database 3 February 2015*
- 13. *Meeting with Head of School and Director of Nurse Education/Deputy Head of School 4 February 2015*
- 18. *Meeting with programme leader pre-registration nursing and Director of Nurse Education/Deputy Head of School 3 February 2015*
- 19. *University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015*
- 20. *NMC Monitoring Report 2012*
- 25. *Meetings with mentors/sign off mentors (mental health), 3 February 2015*
- 26. *Meetings with mentors/sign off mentors (mental health) 4 February 2015*
- 27. *Meetings with student nurses (adult), first years, 3 February 2015*
- 28. *Meetings with student nurses (adult), first years, 4 February 2015*
- 29. *Meetings with student nurses (adult) second and third years 5 February 2015*
- 30. *Meetings with mentors/sign off mentors (nursing adult), 3 February 2015*
- 31. *Meetings with mentors/sign off mentors (nursing adult) 4 February 2015*
- 34. *Four individual cause for concerns student cases, viewed 4 February 2015*
- 35. *Managing reviewer and review team review and discussion of the FtP process and student cases viewed 4 and 5 February 2015*
- 36. *Meetings with managers (nursing adult), 3 February 2015*
- 37. *Meetings with managers (nursing adult), 4 February 2015*
- 38. *Meetings with managers (mental health), 3 February 2015*
- 39. *Meetings with managers (mental health), 4 February 2015*
- 41. *Assessing suitability procedure 2014*
- 45. *Meeting with Education Commissioner (HEEM) and Workforce Development Manager (EM LETB) 4 February 2015*
- 47. *Meeting with the Director of Nurse Education/Deputy Head of School 5 February 2015*
- 48. *Fitness to practise regulations 2014/2015*
- 49. *External examiner report mental health undated*
- 50. *Meeting with FtP administrator 3 February 2015*
- 77. *Annual programme monitoring report and action plan 2013- 2014 (on NMC portal, AEI requirements 1.5)*
- 83. *School Annual Programme Monitoring Overview report 2013-2014*

Risk indicator 2.1.3 - Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

There are processes for managing failing students in practice which involve both mentor

and PSTs who construct an action plan. The procedure to follow is outlined in the pre-registration nursing (adult and mental health) practice assessment documentation (PAD). If necessary, the formal fitness to practise process can be initiated (19).

What we found at the event

We were told by mentors, managers and students that they have a clear understanding about the procedures that will be followed if poor performance in practice is claimed and gave examples of how they are implemented to address poor student performance. They confirmed that issues are identified early and acted upon with the involvement of the link lecturer from the relevant PST (21-23, 25-31, 33, 36-39, 48). Students confirmed this and told us that a tripartite action plan is put in place and monitored in line with the UoL problem resolution protocol (21-23, 27-29).

Practice support team staff and their contact details are on display in the placement areas visited. Escalation flow charts are explained in the practice handbook and samples of the 'problem resolution' protocol being used by students were seen in two of the areas visited (19, 51).

We conclude from our findings that practice placement providers have a clear understanding of and are confident to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Evidence / Reference Source

19. University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015
21. Meetings with mental health student nurses, first years 3 February 2015
22. Meetings with mental health student nurses, first years 4 February 2015
23. Meetings with mental health student nurses, second and third years 5 February 2015
25. Meetings with mentors/sign off mentors (mental health), 3 February 2015
26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
27. Meetings with student nurses (adult), first years, 3 February 2015
28. Meetings with student nurses (adult), first years, 4 February 2015
29. Meetings with student nurses (adult) second and third years 5 February 2015
30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
33. University of Lincoln: Student handbook for nursing students 2014-2015
36. Meetings with managers (nursing adult), 3 February 2015
37. Meetings with managers (nursing adult), 4 February 2015

- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 48. Fitness to practise regulations 2014/2015
- 51. Two examples of issues raised through the problem resolution protocol nursing (adult) 4 February 2015

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

Clear and comprehensive guidelines for accreditation of prior learning (APL) are in place. The school has an APL coordinator who manages this process. There have not been any APL claims made to the pre-registration nursing programme in the past academic year (9).

What we found at the event

A system is in place for APL although this is currently under review (8). One APL claim was seen for the transfer of a student nurse from another university to UoL. The claimant successfully completed one year of a pre-registration nursing (adult) programme and requested a transfer to the nursing (mental health) programme at UoL (52).

We found systems for the accreditation of prior learning and achievement are robust and well managed within the school of health and social care.

Evidence / Reference Source

- 8. Academic team presentation, outlining context and management of risks 3 February 2015
- 9. NMC Self-Assessment Programme Monitoring 2013-2014
- 52. Transfer in documentation for a student nurse from another university 2014. APL claim documentation, viewed 5 February 2015

Outcome: Standard not met

Comments:

Service users do not receive selection and diversity training prior to participation in student recruitment and selection events. In addition practitioners do not have their equality and diversity training status monitored prior to undertaking pre-registration nursing (adult and mental health) recruitment and selection events.

Whilst an FtP policy is in place, the application to the management of individual students is not consistently implemented and followed when managing issues of concern about a student whether academic or behavioural.

The management of assessment boards has the potential to impact on student progression.

1 June 2015: Follow up visit to the University of Lincoln. Standard now requires improvement

A follow up visit to the AEI on the 01 June 2015 reviewed evidence and confirmed the following:

Service users have now received equality and diversity training and there is a process in place to monitor practitioner's equality and diversity status prior to undertaking pre-registration (adult and mental health) recruitment and selection events.

The FtP policy has been reviewed and a new policy introduced in a single document, called FtP policy: A values based approach for pre-registration nursing programmes. This is in draft at present and the intention is to launch this fully from September 2015. The FtP policy identifies two processes that the BSc (Hons) Nursing programmes invoke when concerns are raised; the cause for concern process and the FtP process. These are in accordance with and complementary to the UoL general regulations.

The FtP process has been divided into a series of stages and in doing so the policy brings together several processes including: recruitment, selection and admissions, the admission of applicants with a criminal conviction, the nursing student code: student's rights and responsibilities, the attendance policy, student dress code for practice, declaration of good health and character, the FtP strategy for nursing which includes the cause for concern process and the FtP process, this introduces a concerns threshold framework to guide staff and students on what constitutes low, moderate and significant cause for concern described in the UoL concerns threshold framework for nursing. In addition the procedure for immediate and temporary withdrawal of a student, FtP processes part C and D UoL regulations are included in this document.

The main changes to the FtP policy is that all elements have been brought together and as a result of the issues raised by the monitoring team regarding the FtP process a cause for concern process has been introduced as part of the new FtP policy. This includes a concerns threshold framework. Any concern that is categorised as severe/critical will be escalated to the nursing leadership team consisting of the director of nurse education and the principal lectures responsible for quality assurance and research activity across the school. It was suggested that further involvement of practice placement partners within the cause for concern process as issues arise should be considered. A flowchart that clearly demonstrates the cause for concern process would be beneficial to ensure all students and staff are clear on how to utilise this process. Further review of the concerns threshold framework was recommended as this is a new initiative to ensure all students and staff are clear on how to use it. It was suggested that this is something that should be reviewed with service users, carers and students prior to rolling out as they have not been involved with its development thus far. Any actions initiated from the cause for concern forms will be logged on the FtP database.

The FtP policy at present relates to the pre-registration nursing programme and it was advised at the meeting today that the policy needs to cover all NMC approved programmes. The FtP panel list does refer to the inclusion of a senior member relevant

to the profession who contributes to teaching or placement provision but is not a member of the UoL. This could be more explicit with regard to stating a senior practice placement partner will be in attendance at FtP panels.

Although the FtP processes are very comprehensive, and a new and innovative approach has been taken to address the issues raised at monitoring. The process requires further review to ensure that it is consistently implemented and can effectively manage issues of concern about a student whether academic or behavioural. The UoL are aware of this and have put measures in place to address the issues discussed today. FtP training is being rolled out for all members of the school to ensure they have a comprehensive knowledge of the schools cause for concern/threshold process and the UoL FtP regulations and to enable specific staff to investigate allegations of impairment of FtP. It is stipulated in the FtP policy that the nursing leadership team will commission and evaluate a quarterly audit of the cause for concern process to assess its effectiveness, consistency of implementation and identify areas for improvement and change.

A root cause analysis was undertaken to review the decision made regarding a student on the programme who had previously received a caution. The case was presented to a FtP panel by the director of nurse education that included service partner representation. The College director of academic affairs advised the panel that having consulted with the UoL secretariat the student cannot be subjected to a FtP panel as the UoL cannot go back on its own recommendation. The panel concluded that having reviewed the evidence from the initial investigation it would endorse the original report and recommendations of the initial investigation. The student remains on the programme. In light of the new cause for concern processes introduced as part of the FtP policy it is believed that this process will allow for the detection, processing and outcome reporting of all FtP issues in a more systematic way in the future.

Additional assessment boards have been introduced in March and June as part of the restructure of undergraduate award boards that includes a move to a three stage process conducted in one day. To include subject board of examiners, informal pre-College board of examiners meeting and the College board of examiners. As part of the new structure progress panels have been introduced.

Evidence to support findings during the visit to the AEI includes:

- Certificates for equality and diversity training sessions- not dated.
- Equality and diversity training power point - not dated.
- Equality and diversity database March 2015
- Pre-registration nurse student register of practice recruiters 2015- Lincolnshire Interprofessional Practice Learning Unit in conjunction with the UoL and service partners process.
- UoL Pre-registration student recruitment task and finish group, 1 May 2015.
- Service user feedback from the equality and diversity training 2015
- Training plan for equality and diversity training 2015
- College of Social Science Board of Examiners- School of Health and Social Care-

Nursing, 27 March 2015

- Agreed exam board structure – Academic Board- Restructure of undergraduate and PGT award boards- College of Science pilot- 18 March 2015
- Nursing award boards flow chart, not dated
- College of Science - BSc (Hons) Nursing Progress Panel, 27 March 2015
- Attendees list for fitness to practice and investigation training, 03 June 2015
- BSc (Hons) Nursing programme - Root cause analysis investigation meeting 21 May 2015, meeting notes
- BSc (Hons) Nursing programme - Root cause analysis meeting 21 May 2015- Terms of reference
- BSc (Hons) Nursing programme - Root cause analysis meeting 21 May 2015 agenda
- Fitness to Practice policy- A values based approach pre-registration nursing programme April 2015
- BSc (Hons) Nursing programme - FtP: A values based process investigation training
- Fitness to Practice panel meeting 24 April 2015
- Meeting with Head of College, Head of School and Deputy Head of School /Director of Nurse Education, 01 June 2015

Areas for future monitoring:

- Monitor the implementation of effective and robust FtP policies and procedures in dealing with student concerns.
- Ensure practice placement partners and service users receive selection and diversity training prior to participation in student recruitment and selection events.
- Monitor the continuing participation of practice partners and service users/carers in student selection interviews.
- An under eighteen years of age policy is in place for students going into practice placements.
- Review the management of assessment boards to ensure they do not impact on student progression.

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

<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>Partnership working is good, and the staff at UoL are developing new systems of working which will further strengthen partnership working. Placement support teams are in place and consist of a number of lecturers who work together, linking with a number of identified practice areas (7, 9, 15). Their functions include educational audit, mentor updates, student and mentor support.</p> <p>Educational audits take place biennially. UoL has historically worked with the UoN, Open University (OU) and IPLU to complete these audits. A 'cluster' approach is taken, with a number of audits being completed during a specified time period (20).</p> <p>The handbook for practice is issued to students and mentors providing guidance regarding roles and responsibilities during the practice placement. It includes a number of protocols, developed in partnership with IPLU, to aid mentors and students if they have concerns in practice (19).</p> <p>There is a practice learning group and a nursing programme practice support forum, both of which are attended by university and practice staff (20).</p>
<p>What we found at the event</p>
<p>Our findings demonstrate that the university has well established and effective working relationships with HEEM and practice placement providers (25-26, 36-37, 45, 53 -55, 62, 70).</p> <p>All stakeholders informed us that they have effective partnerships working between placement providers and the UoL at both a strategic as well as operational level (53-55, 62). The lead for practice learning communicates regularly with senior clinical managers in the NHS trusts and is confident she would be quickly advised of any clinical governance issues (56).</p> <p>There are a range of forums at strategic and operational level which ensure that appropriate information is shared. The IPLU maintains a practice learning risk register and all issues are tracked on the register and shared with PEMS until they are resolved (58, 61). The processes for private voluntary and independent (PVI) sector organisations are the same (56, 68). The processes for joint actions arising from adverse clinical governance issues places public protection and effective practice learning experiences for students at the forefront of all action plans.</p> <p>We found evidence of robust partnerships with all practice placement providers at both strategic and operational levels which is evident in the joint work undertaken to build placement capacity across the different fields of practice and in response to reconfigurations and changes in service provision (36-39, 57).</p>

A raising and escalating concerns policy is in place in the university and placement provider organisations (33, 59). Issues of concern arising in practice placements can be raised by students, academic staff or practitioners. These are monitored by the lead for practice learning and the PEMS team and escalated as appropriate within the placement organisation and university (56, 68). Employers, mentors and students report the process is effective in ensuring that concerns are fully investigated and supported (25-31, 36-39). An escalating concerns incident report was accessed during the visit, the management of this issue mirrored the actions and processes recommended in the relevant university policy (60).

A memorandum of understanding is in place between the AEI's that share educational audits of practice placements within Lincolnshire. These consist of UoN, University of Derby, De Montfort University and the OU (88).

We viewed a live database of placements, within the IPLU and PEMS which demonstrates a robust process for initiating the completion of audits when due. All audit information is managed by the PEMS team and can be accessed by IPLU and clinical staff via the 'PEMS@Lincoln' online resource when required (26, 38-39, 58, 61).

Audits are completed by link lecturers every two years with Trust staff in the placement area (36-39). An alert system ensures that re-audits are completed promptly (58). The audit strategy conforms to NMC standards and includes audit data for independent and voluntary sectors (24). We found that all audits reviewed were in date (25-26, 38-39).

There is a joint process for withdrawing students and reintroducing placements utilising an educational risk assessment process managed by IPLU and shared with PEMS (61, 89, 90). There is currently no record of withdrawal and or reintroduction of practice learning placements for mental health students. An example was given of nursing (adult) students being removed from a ward environment and then after further discussion and actions taken the ward was reintroduced to the placement circuit (62).

We conclude that there are well established and effective partnerships between education and service providers at all levels and NMC risks are effectively managed.

Evidence / Reference Source

7. *NMC Self-Assessment Programme Monitoring 2014-2015*
8. *Academic team presentation, outlining context and management of risks 3 February 2015*
9. *NMC Self-Assessment Programme Monitoring 2013-2014*
15. *Initial visit 19 January 2015*
19. *University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015*
20. *NMC Monitoring Report 2012*
24. *IPLU visit mental health 4 February 2015 and printout from mentor database which provided summary of active placement areas*
25. *Meetings with mentors/sign off mentors (mental health), 3 February 2015*
26. *Meetings with mentors/sign off mentors (mental health) 4 February 2015*
27. *Meetings with student nurses (adult), first years, 3 February 2015*

- 28. Meetings with student nurses (adult), first years, 4 February 2015
- 29. Meetings with student nurses (adult) second and third years 5 February 2015
- 30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
- 31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
- 36. Meetings with managers (nursing adult), 3 February 2015
- 37. Meetings with managers (nursing adult), 4 February 2015
- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 45. Meeting with Education Commissioner (HEEM) and Workforce Development Manager (EM LETB) 4 February 2015
- 53. Interim Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust 3 February 2015
- 54. Director of Operations, Lincolnshire Community Service 3 February 2015
- 55. Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust 4 February 2015
- 56. Meeting with lead for placement learning and DoN 3 February 2015
- 57. Email from the practice lead to academic staff, naming service representatives invited from mental health to take part in the admissions process, 22 January 2015
- 58. PEMS visit 5 February 2015- reviewer
- 59. Escalating concerns protocol undated
- 60. Escalating concern issue in mental health setting: patient hostility towards nursing student- undated
- 61. IPLU visit, 3 February 2015 nursing (adult)
- 62. Practice learning lead. Sherwood Forest Hospitals NHS Foundation Trust- 4 February 2015
- 68. Meeting with PEMS team 5 February 2015- Managing reviewer
- 88. HEI Meeting- Memorandum of Understanding- Educational audit- 24 September 2014
- 89. Meeting with Practice Learning Lead, Sherwood Forest Hospitals NHS Foundation Trust 4 February 2015
- 90. Concerns raised by students in Clinical Practice – SFHT- Internal Process- June 2014

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

What we found before the event

Service users are involved in a range of activities, including interviews, teaching and objective structured clinical examinations (OSCEs). Training and support is provided for involvement in all activities (7, 9, 20).

What we found at the event

We found evidence that practice placement partners are involved in the design, delivery and evaluation of the pre-registration nursing adult and mental health programme (25-26, 30-31, 36-39).

Nursing (mental health)

Students confirmed that service users are able to give them verbal feedback on their performance and this can be documented in the ongoing achievement record (OAR) by the student and confirmed by the mentor and link lecturer. Students also verified that service users and practitioners contribute to teaching on the programme (21-23, 25-26, 80).

Some practice partners have been involved in student teaching (53), although this could be improved (25-26, 38-39). Some service users have participated in classroom teaching and poster presentation evaluations (63). Service users indicate that they would welcome opportunities to provide written testimonial feedback to students (44, 63).

Nursing (adult)

Students and mentors confirmed that service users provide testimonials in the OAR, which allows students to reflect on the care they have given (27-31). Mentors and managers told us that they recognise that service user feedback in written form could be further encouraged and implemented (27-31, 36-37). Students confirmed that service users are involved in the selection process prior to entry and teaching sessions on the programme (27-29). Service users also reported that they contribute to selection events, teaching and the assessment of a poster presentation within the public health module (63, 81). Some practitioners verified that they contribute to teaching on the programme whereas others said they would be willing to do so (30-31).

Our findings confirm that practitioners and service users and carers are involved in the development and delivery of the pre-registration nursing (adult and mental health) programme.

Evidence / Reference Source

7. *NMC Self-Assessment Programme Monitoring 2014-2015*
9. *NMC Self-Assessment Programme Monitoring 2013-2014*
20. *NMC Monitoring Report 2012*
21. *Meetings with mental health student nurses, first years 3 February 2015*
22. *Meetings with mental health student nurses, first years 4 February 2015*
23. *Meetings with mental health student nurses, second and third years 5 February 2015*
25. *Meetings with mentors/sign off mentors (mental health), 3 February 2015*
26. *Meetings with mentors/sign off mentors (mental health) 4 February 2015*
27. *Meetings with student nurses (adult), first years, 3 February 2015*
28. *Meetings with student nurses (adult), first years, 4 February 2015*
29. *Meetings with student nurses (adult) second and third years 5 February 2015*
30. *Meetings with mentors/sign off mentors (nursing adult), 3 February 2015*
31. *Meetings with mentors/sign off mentors (nursing adult) 4 February 2015*
36. *Meetings with managers (nursing adult), 3 February 2015*
37. *Meetings with managers (nursing adult), 4 February 2015*

- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 44. Meeting with service user (acute care) Lincolnshire Partnership NHS Foundation Trust 4 February 2015
- 53. Interim Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust 3 February 2015
- 63. Meeting with service users, 5 February 2015
- 80. Mental health module evaluation form 2014-2015 stating service user involvement in the delivery of the module.
- 81. Professional practice in nursing (adult) module evaluation 2014-2015 stating service user involvement in the delivery of the module.

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

What we found before the event

Practice support teams support students in practice. They are geographically based and are able to manage the increased student numbers in their areas (7, 9, 15, 20).

What we found at the event

We found that link lecturers as part of the PSTs give regular and timely support to students; participate in mentor update sessions either as part of the mandatory timetabled days or on a bespoke basis as requested; and assist in the management of placement capacity (19, 27-31, 36-37, 75, 79, 91).

Link lecturers within PSTs participate in the education audits of practice placements with the managers and clinical educators and use findings from these audits and student feedback to inform mentor updates as well as sharing this information with the IPLU and PEMS (19, 30-31, 36-39, 61, 64- 65).

Nursing (mental health)

Mentor, sign off mentors and clinical managers are able to name representatives of the PSTs and other university staff who support students and mentors in practice placements. Student nurses confirmed that the link lecturers within the PSTs provide them with good support and are involved in supporting the assessment of practice (21-23, 25-26, 38-39, 91).

Nursing (adult)

Students and mentors told us that they are well supported in relation to learning and assessment in practice by the link lecturers within the PST through regular visits to meet practice staff and students and that they are very responsive to any queries raised. Students reported that lecturers are easily accessible by email should they have an issue or concern. Link lecturers contact details are displayed in clinical areas along with further details of the PST and the practice administration team (19, 27-31, 77).

Our findings conclude that PSTs effectively support students and mentors in practice placement settings in the nursing (adult and mental health) pre-registration programme.

<p>Evidence / Reference Source</p>
<p>7. NMC Self-Assessment Programme Monitoring 2014-2015</p> <p>9. NMC Self-Assessment Programme Monitoring 2013-2014</p> <p>15. Initial visit 19 January 2015</p> <p>19. University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015</p> <p>20. NMC Monitoring Report 2012</p> <p>21. Meetings with mental health student nurses, first years 3 February 2015</p> <p>22. Meetings with mental health student nurses, first years 4 February 2015</p> <p>23. Meetings with mental health student nurses, second and third years 5 February 2015</p> <p>24. IPLU visit mental health 4 February 2015 and printout from mentor database which provided summary of active placement areas</p> <p>25. Meetings with mentors/sign off mentors (mental health), 3 February 2015</p> <p>26. Meetings with mentors/sign off mentors (mental health) 4 February 2015</p> <p>27. Meetings with student nurses (adult), first years, 3 February 2015</p> <p>28. Meetings with student nurses (adult), first years, 4 February 2015</p> <p>29. Meetings with student nurses (adult) second and third years 5 February 2015</p> <p>30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015</p> <p>31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015</p> <p>36. Meetings with managers (nursing adult), 3 February 2015</p> <p>37. Meetings with managers (nursing adult), 4 February 2015</p> <p>38. Meetings with managers (mental health), 3 February 2015</p> <p>39. Meetings with managers (mental health), 4 February 2015</p> <p>61. IPLU visit, 3 February 2015 nursing (adult)</p> <p>64. Audit reports for all practice learning environments nursing (adult) visited, 3 and 4 February 2015</p> <p>65. Mentorship updates timetable delivered by link lecturers for the period 4/2/15 – 14/4/15 – 25 mentorship update sessions mental health</p> <p>77. Annual programme monitoring report and action plan 2013- 2014 (on NMC portal, AEI requirements 1.5)</p> <p>75. NSS Action Plan 2014-2015</p> <p>91. Record of placement contacts by link lecturers 5 February 2015</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The university has an NMC approved mentor module to prepare mentors to meet the standards for learning and assessing in practice (NMC, 2008) (15, 20).</p>
<p>What we found at the event</p>

We found employers support mentors to successfully complete the university's NMC approved mentor module to enable them to support and assess student nurses (25-26, 30-31, 36-39).

Mentors and sign off mentors supporting students studying the pre-registration nursing (adult and mental health) programme confirmed they are well prepared for their role in assessing practice (25-26, 30-31).

The 'live' mentor database for the geographical area that the university covers was viewed at the IPLU base and it is evident that there were sufficient numbers of active mentors and sign off mentors for nursing students (adult and mental health) (24, 61).

Evidence / Reference Source

- 15. Initial visit 19 January 2015
- 20. NMC Monitoring Report 2012
- 24. IPLU visit mental health 4 February 2015 and printout from mentor database which provided summary of active placement areas
- 25. Meetings with mentors/sign off mentors (mental health), 3 February 2015
- 26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
- 30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
- 31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
- 36. Meetings with managers (nursing adult), 3 February 2015
- 37. Meetings with managers (nursing adult), 4 February 2015
- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 61. IPLU visit, 3 February 2015 nursing (adult)

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

What we found before the event

Mentor updates are delivered in the NHS Trusts. A range of formal updates are provided by local providers. Mentors are required to book for formal updates, these are mandatory and monitored by service managers to ensure placement provision is available. Updates provide a forum for discussion to help validate assessment judgements and consistency of approach. Attendance is supported by managers and mentors have approved time to attend. If mentors are unable to attend the planned updates, ad hoc updates are delivered in the practice area (19, 20).

What we found at the event

We found that mentor updates are provided in a number of formats and attendance is recorded in the 'live' mentor register held in the IPLU. This is managed by the PSTs and supported by managers and clinical educators (24-26, 30-31, 36-39, 61). The PEMS maintains an up to date register of mentors working in practice placements in the PVI sector; this is updated daily by the IPLU (56, 68).

We were informed by mentors and PEFs that annual updates for all nurses working in NHS placement areas are incorporated into mandatory update study days and facilitated by the PEF and link lecturers. Link lecturers offer individual updates if required (19, 24-26, 30-31, 36-39).

Mentors meet regularly with practice leads and IPLU staff to discuss a range of practice learning issues and share student evaluation information (24). Updates provide a forum for discussion to help validate and ensure consistency of assessment judgements. An e-learn version for a self-update is also available but mentors are expected to attend a face to face update every two years and are alerted to time lapse since the last face-to-face update. A mentor conference is planned for March 2015 (24-26, 30-31, 36-39, 85).

We confirm that students in placement are supported by mentors who work with them a minimum of 40% of the time in practice. We verified the record of updates and triennial reviews for each mentor on the 'live' register for mentors supporting student nurses (adult and mental health) (21-26, 27-29, 61). Triennial reviews are recorded on the live mentor register (24, 61).

Verification of records of updates and triennial mentor reviews for those on the 'live' register was completed during the IPLU visit (24, 61).

We conclude from the evidence during the review that mentors and sign off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

Evidence / Reference Source

19. UoL BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015
20. NMC Monitoring Report 2012
21. Meetings with mental health student nurses, first years 3 February 2015
22. Meetings with mental health student nurses, first years 4 February 2015
23. Meetings with mental health student nurses, second and third years 5 February 2015
24. IPLU visit mental health 4 February 2015 and printout from mentor database which provided summary of active placement areas
25. Meetings with mentors/sign off mentors (mental health), 3 February 2015
26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
27. Meetings with student nurses (adult), first years, 3 February 2015
28. Meetings with student nurses (adult), first years, 4 February 2015
29. Meetings with student nurses (adult) second and third years 5 February 2015
30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015

- 31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
- 36. Meetings with managers (nursing adult), 3 February 2015
- 37. Meetings with managers (nursing adult), 4 February 2015
- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 56. Meeting with lead for placement learning and Director of Nurse Education/Deputy Head of School 3 February 2015
- 61. IPLU visit, 3 February 2015 nursing (adult)
- 68. Meeting with PEMS team 5 February 2015- Managing reviewer
- 85. UoL and HEEM contract review meetings, September 2014, June 2014, November 2013, September, 2013

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

What we found before the event

The mentor database is held, maintained and monitored by IPLU and is updated on a daily basis. All mentors are listed on the database, their status recorded as 'active' or 'deactivated'. Mentors are informed by e-mail when an update is due. Letters are sent to mentors to inform them that they are 'deactivated' if they do not attend an update (19-20).

What we found at the event

We viewed the IPLU held 'live' mentor database and found the mentors / sign off mentors in nursing (adult and mental health) placements are up to date (24, 61).

The IPLU has a colour coding system (red, amber, green) to indicate when a mentor is: current, needs an update in the next three months or has missed the time limit and is no longer 'live' (24, 61). Mentors confirmed that they are sent reminder emails from the IPLU 12, eight and four weeks prior to the mentor's annual update. If mentors and sign off mentors do not attend an annual update or complete their triennial review in a timely manner they are 'deactivated' (24-26, 30-31, 61).

PEMs and the IPLU keep an electronic mentor database for the PVI sector which includes mentor updates and triennial review dates. The samples we viewed for nursing placements are up to date (24, 58, 61, 68).

Our findings conclude that records of mentors and sign off mentors are accurate and up to date and meet NMC requirements.

Evidence / Reference Source

- 19. University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015

20. NMC Monitoring Report 2012

24. IPLU visit mental health 4 February 2015 and printout from mentor database which provided summary of active placement areas

25. Meetings with mentors/sign off mentors (mental health), 3 February 2015

26. Meetings with mentors/sign off mentors (mental health) 4 February 2015

30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015

31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015

58. PEMS visit, 5 February 2015- reviewer

61. IPLU visit, 3 February 2015 nursing (adult)

68. Meeting with PEMS team 5 February 2015- Managing reviewer

Outcome: Standard met

Comments:

Whilst practitioners and service users are involved in the development and delivery of the nursing mental health programme this could be increased. Further involvement of service users in the assessment of students in practice in pre-registration nursing (adult and mental health) could be facilitated.

Areas for future monitoring:

- Review the involvement of service users in the assessment of nursing (adult and mental health) practice.
- Monitor the further involvement from mental health practitioners in nursing (mental health) programme development and teaching.

Findings against key risks

Key risk 4 - Fitness to Practice

4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Students submit an attendance sheet to demonstrate requirements of 4,600 hours and expectations are outlined in the student handbook. There are a variety of learning and

teaching strategies including lectures, clinical skills sessions and use of on line resources. Simulation activities are designed to support learning outcomes within relevant practice modules. One of the lecturers is the designated lead on practice learning and has initiated a project called 'Student as Producer: Exploring Peer Support and Assessment in Simulation' (20, 33).

The criteria for the marking of the specific essential skills clusters (ESC) assessment in both the university and clinical practice are used to ensure that students are aware of the relevance of their simulated experiences to the 'real world' (20, 33).

There is evidence that EC directives are monitored and achieved over the three years through the OAR (20, 33).

What we found at the event

All students interviewed told us that they benefited from effective teaching and learning strategies which included simulated learning (21-23, 27-29).

All third year students reported to us that they would feel confident and competent to practise and to enter the professional register on completion of their programme (23, 29).

The requirements of the European Directive including the specified hours of theory and practice are met in the approved curricula and are documented within the OAR. Students attend "insight days" during their placements (21-23, 25-26, 30-31).

Nursing (mental health)

We found that students in mental health especially benefit from field specific seminars (21-23). Students indicated that generic programme lectures and simulated learning opportunities had a mainly adult nursing focus and that the application of generic themes to mental health is achieved within field specific seminars. Students suggested that they would welcome additional simulated learning time to help enhance the development of clinical skills (21-23).

A small number of students expressed some concern regarding the link between theory and practice claiming that important subject content was not considered prior to placements. When programme timetables were accessed (92) we found that the issues which caused student concern, had been presented in programme lectures and accompanying online resources made available to students on Blackboard.

Nursing (adult)

First year students reported that they were given opportunities to rehearse and develop caring and practical skills in the skills laboratories prior to going into practice placement. Second and third year students confirmed that they complete mandatory training annually (27-29).

Adult nursing students told us that they are confident that the simulated learning sessions provide suitable experience to support achievement of NMC learning outcomes. They also told us that theory and practice teaching are delivered in an effective manner (27-29).

Our findings conclude that learning, teaching and assessment strategies in the approved pre-registration nursing programme enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Evidence / Reference Source

- 20. NMC Monitoring Report 2012
- 21. Meetings with mental health student nurses, first years 3 February 2015
- 22. Meetings with mental health student nurses, first years 4 February 2015
- 23. Meetings with mental health student nurses, second and third years 5 February 2015
- 25. Meetings with mentors/sign off mentors (mental health), 3 February 2015
- 26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
- 27. Meetings with student nurses (adult), first years, 3 February 2015
- 28. Meetings with student nurses (adult), first years, 4 February 2015
- 29. Meetings with student nurses (adult) second and third years 5 February 2015
- 30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
- 31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
- 33. University of Lincoln: Student handbook for nursing students 2014-2015
- 71. First year nursing (adult) students OAR documentation, viewed 3 and 4 February 2015.
- 92. Teaching programme timetables mental health 5 February 2015

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

What we found before the event

Assessment of practice documentation for the pre-registration nursing programme identifies the practice learning outcomes, competencies and essential skills clusters (ESCs) that students have to achieve at the end of each year of the programme (20).

What we found at the event

Nursing (mental health)

Following analysis of the OAR documents for years one, two and three, students achieve learning outcomes and competencies at progression points and at the point of entry to the register through mentor support and evidence retrieval to help meet the programme requirements (66).

First year (mental health) students told us that it was sometimes difficult to meet EU directives within mental health placements and the documenting of the required evidence within the OAR to show attainment of competencies was challenging. They did feel that they were fully supported by mentors (21-22).

Essential skills are accurately reflected within the OAR document as are the formative and summative practice assessment requirements (71). Service users expressed satisfaction with the care received from nursing students and suggested that graduate students appeared more competent than other students (42, 44). Service providers are happy with the level of knowledge and competence of students at progressions points within the programme (25-26, 38-39).

Service providers are keen to recruit successful students on course completion, judging these newly registered nurses to be fit for practice and purpose (25-26, 38-39).

Students expressed satisfaction with the development of personal competence during various phases of the programme (20-23). In year three of the programme students complete a non-field related period of placement to gain understanding of other fields of nursing and to meet the EC Directive. This placement is recorded and validated by mentors within the OAR booklet (66).

These arrangements ensure that individual hours for theory and practice comply with the EU directive.

Nursing (adult)

Students informed us that the personal tutors met with them regularly to discuss their progress with achievement of competencies, ESC and EU directives whereas others reported that this did not occur (27-29, 71).

Second and third year students reported that they receive little guidance on how to complete the requirements of the EU directives, 'insight' dates are provided in practice placements in order to gather evidence towards the EU directives but students sometimes struggle to see how the placement they undertake connects with the EU directives (27-29).

Students found the on-going achievement record (OAR) initially very confusing and repetitive. Some first year students reported they are relying on their mentors to guide them. Whereas third year students reported they had gathered a range of evidence to demonstrate achievement of NMC competencies and ESC (27-29, 71, 73). One sample of a completed OAR confirmed that students achieved the required outcomes at the end of the programme (73).

Mentors and sign off mentors report an understanding of the practice assessment documentation but acknowledged that the students required guidance with evidence gathering (30-31). Mentors and managers reported contributing to the development of a learning opportunities guide on how to achieve NMC competencies for students and in some practice areas these had been adapted specifically to their specialism (30-31, 36-37).

Service users report high levels of satisfaction with their contact with adult nursing students (42).

Third year students in nursing (adult and mental health) informed us that they feel

confident and competent to practise and to enter the professional register on completion of the programme (23, 29).

Mentors, employers and the education commissioners all confirm that students are fit for practice on completion of the nursing (adult and mental health) programme (25-26, 36-39, 45). Managers confirmed they are satisfied with the calibre of students completing the programme and are able to employ those who apply for nursing (adult and mental health) posts (36-39).

An example was raised with us by the education commissioner regarding a student who the academic team had requested an extension of bursary for in November 2014 (45). On closer inspection of the hours undertaken by the student, there appeared to be gaps in learning and progression when hours completed in practice were being disputed. Therefore, the education commissioner declined the request for an extension to the bursary due to the high levels of absence and the university was advised to suspend the students study, this occurred in January 2015. The Director of Nurse Education/Deputy Head of School had been asked to review the case as to how the student had progressed and been signed off as competent when there was a discrepancy in the hours in practice and theory achieved by the student and a high level of absence (74).

The Director of Nurse Education/Deputy Head of School informed us that it was custom and practice for students to be able to make hours up later in the programme (47). The management of this student does not comply with the interruption policy (19).

Although progression points occur at the end of each year, monitoring the completion of theory and practice hours does not appear to be part of this process. This individual case demonstrates poor management and lack of monitoring of individual students at key progression points within the programme.

We conclude that students on the pre-registration nursing (adult and mental health) programme do achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the relevant part of the NMC register. However, the hours that students need to complete in practice placements in order to achieve the competencies prior to progression points and at the end of the programme is not clearly stipulated. Furthermore, the monitoring of the hours and competencies achieved is not consistently robust particularly for students who have periods of absence throughout the programme.

Evidence / Reference Source

19. *University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015*

20. *NMC Monitoring Report 2012*

21. *Meetings with mental health student nurses, first years 3 February 2015*

22. *Meetings with mental health student nurses, first years 4 February 2015*

23. *Meetings with mental health student nurses, second and third years 5 February 2015*

25. *Meetings with mentors/sign off mentors (mental health), 3 February 2015*

- 26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
- 27. Meetings with student nurses (adult), first years, 3 February 2015
- 28. Meetings with student nurses (adult), first years, 4 February 2015
- 29. Meetings with student nurses (adult) second and third years 5 February 2015
- 30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
- 31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
- 36. Meetings with managers (nursing adult), 3 February 2015
- 37. Meetings with managers (nursing adult), 4 February 2015
- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 42. Meeting with service users, 5 February 2015
- 44. Meeting with service user (acute care) Lincolnshire Partnership NHS Foundation Trust 4 February 2015
- 45. Meeting with Education Commissioner (HEEM) and Workforce Development Manager (EM LETB) 4 February 2015
- 47. Meeting with the Director of Nurse Education/Deputy Head of School 5 February 2015
- 66. Inspection of two students OAR documents nursing (mental health) 5 February 2015
- 71. First year nursing (adult) students OAR documentation, viewed 3 and 4 February 2015.
- 73. Completed OAR of a September 2011 nursing (adult) student, viewed 5 February 2015
- 74. Individual student case re progression monitoring, viewed 5 February 2015

Outcome: Standard not met

Comments:

The management and monitoring of student hours undertaken in placement to allow the completion of competencies is not monitored effectively, particularly with regard to students who experience periods of absence.

1 June 2015: Follow up visit to the University of Lincoln. Standard now met

A follow up visit to the AEI on the 01 June 2015 reviewed evidence and confirmed the following:

The process has been strengthened to manage and monitor student hours undertaken in practice placements; that will recognise students who have missed any placement hours for whatever reason and the actions taken. The personal tutor will discuss completion of practice hours with the student at each post placement tutorial. An action plan will be instigated if required and if necessary a cause for concern form will be completed as part of the new cause for concern process. Placement hours will now go to the newly introduced progress panels in March, June and August highlighting any students at risk of non progression due to hour's deficit. If action plans are not completed successfully the progress panel can refer to FtP. Documentation has been

strengthened in the on-going assessment record (OAR) to capture any issues with regards to attendance in practice consistently. A position statement has been circulated to all students outlining attendance requirements. An additional statement was sent to all mentors reiterating how mentors should report absence from practice. Content has been added to the mentor update presentation regarding discussing and reporting attendance in placement. At the end of each placement, any student showing a shortfall in hours will be sent a formal letter with actions required.

A new requirement has been set that students complete 766 practice hours per academic year for each element of the programme. Failure to meet the hours will prevent the student from progressing. It was suggested that the school consider the consistency of hours stipulated as they do not equate to 2,300 over three years in all documentation. Further stipulations introduced include no student will be allowed to carry more than 35 hours (5 working days) from one year to the next.

The school undertook a root cause analysis (RCA) to review the student identified at the monitoring event where there was a discrepancy in the hours in practice and theory achieved by the student and a high level of absence. The RCA is very comprehensive and shows analysis of the causal factors related to the specific student and recommendations and actions that have been implemented in the form of several new processes that have been introduced to ensure attendance is monitored effectively and absence is dealt with appropriately as outlined above. The student identified at the review has now withdrawn from the programme.

Evidence to support findings during the visit to the AEI includes:

- BSc (Hons) Nursing Programme- Root cause analysis, meeting 21 May 2015, Terms of Reference
- BSc (Hons) Nursing programme- Root cause analysis, meeting 21 May 2015, agenda
- Flowchart for the process of monitoring practice hours, not dated
- Academic statement of student achievement of placement hours not dated
- Placement learning and attendance at UoL not dated
- UoL School of Health and Social Care, BSc (Hons) Nursing, Personal Progress Record
- Year1- Term 2/3- Week 27-36- Individual meeting- OAR Review period 1.
- Monitoring practice hours- BSc (Hons) Nursing- Adult and Mental health fields
- Meeting with Head of College, Head of School and Deputy Head of School /Director of Nurse Education, 01 June 2015

Areas for future monitoring:

- Monitor the consistency in approach taken by personal tutors with regards to monitoring individual student's progress with achievement of competencies, ESC and EU directives within the ongoing achievement record.
- Review the process for the ongoing monitoring of student hours and achievement of competencies as they progress through the programme.

- Review the effectiveness of the student interruption policy.
- Review students' understanding of how to achieve and evidence the EU directives as part of the OAR

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

Students complete module evaluations, practice evaluations and programme evaluations. Evaluation of practice forms are sent on to IPLU for information. The evaluations are sent out to individual practice areas every six months. Cohort leads meet formally with relevant student representatives three times per year. A Wiki has been developed through which all students can send in their issues for discussion at the subject committee. The committee takes the format of focus groups which are led by the student representatives. The programme leader submits an annual programme monitoring report that summarises and evaluates teaching and learning content and quality (20, 77). This report contributes to the School Annual Programme Monitoring Overview report (83).

What we found at the event

We found the university has comprehensive systems for student feedback and evaluation to enhance programme delivery. School quality committees are attended by representatives from practice placement providers and student cohorts to discuss any issues raised and report on actions taken (36-39).

The nursing programme received an overall National Student Survey (NSS) satisfaction score of 56% with 19% in feedback for the year 2013-2014. The school has formulated an appropriate action plan to address student dissatisfaction with elements of the programme and the action plan is reported on at the HEEM and UoL contract meetings (75, 85). The you said we did sessions have been part of the listening activities the programme team are undertaking in response to the NSS results (77, 95).

Nursing (mental health)

Students are provided with opportunities to evaluate the programme, they believe that 'their voice is heard' and that suggested changes to the programme to benefit current and future students is implemented (21-23).

Mental health students suggested that changes to module assessment and the timing of some module assessments had been modified as a result of student evaluations (21-23).

The student voice is captured through module evaluations, practice learning evaluations, 'you said and we did' activities and staff/student consultative meetings which student nominated representatives attend (95). A number of module evaluations were reviewed during the visit (76). These were complimentary of teaching staff, module content and teaching delivery approaches. Student's evaluations of practice are made accessible to practice partners via the PEMS information system which can be accessed by practice partners from within practice environments (25-26, 38-39).

Third year students (mental health) told us that academic staff fed back through stand-alone "you said we did" sessions. Students (mental health) in years one and two told us that these sessions are incorporated into staff-student forums (21-23, 95).

Nursing (adult)

Students confirmed that they are regularly consulted about the programme; both informally and through written evaluations and academic staff respond to their suggestions. They gave examples of changes in response to students' evaluations. Third year students described how their feedback had resulted in changes to the programme for subsequent cohorts. They confirmed that the academic staff did listen to their feedback through formalised module evaluations, practice placement feedback, focus groups and 'you said we did' activities (27-29, 95).

It is not explicit in the university quality assurance processes how NMC reporting mechanisms are included in the strategic overview of the school and College of Social Science. The feedback from the 2013-1014 NMC self assessment form is not included in the annual programme monitoring report (77). The NMC self assessment report completed for 2014-2015 does not include reference to the low NSS score and it is not sufficiently integrated into the reporting mechanisms within the school and college. The AEI requirements are not all up to date even though they are signed off as been updated in 2014 (9, 83).

A systems approach to quality assurance is weak. Identifying failing students in a more timely manner was raised in the initial team presentation as currently the assessment board which is held annually does not facilitate early identification of students who are 'at risk' (8). One of the external examiners commented on the high rate of defers seen at the assessment board and questioned the board's timing (77). Consistent monitoring of practice and theory hours to ensure all competencies are achieved is not assured (74).

Our findings conclude whilst there are some quality assurance mechanisms in place to address areas for development and enhance the delivery of the pre-registration nursing (adult and mental health) programme, there are ineffective quality assurance processes in place to manage risks at a strategic and operational level within the school and College.

<p>Evidence / Reference Source</p>
<p>8. Academic team presentation, outlining context and management of risks 3 February 2015</p> <p>12. Nursing staff NMC registration database February 2015</p> <p>20. NMC Monitoring Report 2012</p> <p>21. Meetings with mental health student nurses, first years 3 February 2015</p> <p>22. Meetings with mental health student nurses, first years 4 February 2015</p> <p>23. Meetings with mental health student nurses, second and third years 5 February 2015</p> <p>25. Meetings with mentors/sign off mentors (mental health), 3 February 2015</p> <p>26. Meetings with mentors/sign off mentors (mental health) 4 February 2015</p> <p>27. Meetings with student nurses (adult), first years, 3 February 2015</p> <p>28. Meetings with student nurses (adult), first years, 4 February 2015</p> <p>34. Four individual cause for concerns student cases, viewed 4 February 2015</p> <p>36. Meetings with managers (nursing adult), 3 February 2015</p> <p>37. Meetings with managers (nursing adult), 4 February 2015</p> <p>38. Meetings with managers (mental health), 3 February 2015</p> <p>39. Meetings with managers (mental health), 4 February 2015</p> <p>42. Meeting with service users, 5 February 2015</p> <p>43. Handbook for service user /patient and carer involvement (undated on NMC portal under AEI requirements 1.1)</p> <p>48. Fitness to practise regulations 2014/2015</p> <p>75. NSS Action Plan 2014-2015</p> <p>76. Inspection of nursing (adult) student module evaluations, 2 year 1 modules: 5 February 2015</p> <p>77. Annual programme monitoring report and action plan 2013- 2014 (on NMC portal, AEI requirements 1.5)</p> <p>83. School Annual Programme Monitoring Overview report 2013-2014</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>The university in collaboration with practice placement providers have a raising and escalating concerns policy. Students are made aware of how to escalate concerns in student handbooks and as part of each practice placement induction students are informed of the importance of, and process for, raising and escalating concerns when on practice placements (33).</p>

What we found at the event

All students, mentors and managers report being aware of how to raise concerns and complaints in practice settings (19, 21-23, 25-31, 36-39). We found any concerns and complaints raised are appropriately dealt with and communicated to relevant partners (see section 3.1.1).

Nursing (mental health)

All nursing (mental health) students indicated that they had received good support from mentors and link lecturers during all periods of practice learning (25-26, 38-39). There is an escalating concerns policy contained with the electronic student handbook (21-23). This policy is also available to staff within practice learning locations. An example of an escalating concern issue and the action plan for successful resolution was observed. This action plan was developed by the link lecturer and it helped to resolve the problem promptly (60). Students complete an electronic evaluation of all placements and these evaluations are shared with practice partners (25-26, 38-39). The practice learning team also have access to student evaluations and discuss evaluation findings with PSTs and mentors and determine a suitable solution if required.

External examiner reports are complimentary about the quality of the teaching and student learning on the programme (49). The reports submitted by the external examiner are comprehensive, detailed and suggest that the programme helps students to meet the required learning outcomes and NMC Standards. The external examiner for the pre-registration nursing (mental health) programme has had an opportunity to visit practice learning areas to meet nursing students, mentors and service managers (49).

Nursing (adult)

Overall practice learning environments are evaluated positively by students through the use of student evaluation practice experience (SEPE) (78). The evaluation process has been improved to ensure that there is full compliance by students. As all students must complete SEPE forms before they are able to commence onto the next practice placement (77). This was confirmed by PEMS (58).

Evaluation data is available to individual placement areas and to the organisation following students' placement (30-31, 78). Students confirmed that the placement areas receive these soon after they have completed their placement but would prefer them to be anonymous (27-29).

The PSTs and managers (36-37) confirmed that they act on any issues highlighted by student evaluations and feedback on placement learning experiences. This was confirmed by the mentors and verified by viewing a summary of SEPEs from practice placements visited (30-31, 78).

Evaluation data is managed by PEMS and shared with placement areas. Evaluation forms are scrutinised by the relevant PST and a RAG score attached to all issues raised (77). Where required action plans are developed between academic staff and placement areas and are kept in email format by PEMS. Action plans and outcomes are shared with IPLU and are recorded on the IPLU database. IPLU lists any deactivated placement practices and updates and shares this information with PEMS

(58, 61).

External examiners confirm that the programme is meeting learning outcomes and NMC standards but they do not all confirm that they have the opportunity to visit students and mentors/practice teachers in practice. We found that programme leaders are responsive to external examiner comments (69, 77).

We conclude from our findings that the university has processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners. However, the role of the external examiner in practice placements needs to be consistently applied.

Evidence / Reference Source

- 19. University of Lincoln: BSc (Hons) nursing programme, practice handbook for academics, nurse mentors and student nurses 2014-2015
- 21. Meetings with mental health student nurses, first years 3 February 2015
- 22. Meetings with mental health student nurses, first years 4 February 2015
- 23. Meetings with mental health student nurses, second and third years 5 February 2015
- 25. Meetings with mentors/sign off mentors (mental health), 3 February 2015
- 26. Meetings with mentors/sign off mentors (mental health) 4 February 2015
- 27. Meetings with student nurses (adult), first years, 3 February 2015
- 28. Meetings with student nurses (adult), first years, 4 February 2015
- 29. Meetings with student nurses (adult) second and third years 5 February 2015
- 30. Meetings with mentors/sign off mentors (nursing adult), 3 February 2015
- 31. Meetings with mentors/sign off mentors (nursing adult) 4 February 2015
- 33. University of Lincoln: Student handbook for nursing students 2014-2015
- 36. Meetings with managers (nursing adult), 3 February 2015
- 37. Meetings with managers (nursing adult), 4 February 2015
- 38. Meetings with managers (mental health), 3 February 2015
- 39. Meetings with managers (mental health), 4 February 2015
- 52. Transfer in documentation for a student nurse from another university 2014. APL claim documentation, viewed 5 February 2015
- 59. Escalating concerns protocol undated
- 61. IPLU visit, 3 February 2015 nursing (adult)
- 77. Annual programme monitoring report and action plan 2013- 2014 (on NMC portal, AEI requirements 1.5)
- 78. Nursing (adult) student evaluation practice experience (SEPE) reports, 3 and 4 February 2015
- 79. Mentor update presentation January 2015

Outcome: Standard not met

Comments:

The university quality assurance process needs strengthening at a strategic and operational level. External examiners in the adult programme need to be further involved in visits to practice placements.

1 June 2015: Follow up visit to the University of Lincoln. Standard now requires improvement

A follow up visit to the AEI on the 01 June 2015 reviewed evidence and confirmed the following:

Structures have been put in place to strengthen the quality assurance processes at both a strategic and operational level. These include the allocation of specific roles and responsibilities to principal lecturers for quality assurance, covering the following areas: lead for admissions and progression, quality assurance and enhancement, student and public engagement and a lead for research/scholarship and projects each report to the director of nurse education and into the newly established quality review meetings. The College senior management team have also put in a proposal for a quality officer for across the College to work specifically with professional bodies and further develop the quality assurance processes. The school have devised a risk register specific to the NMC approved programmes that is reviewed at the school and College levels. Therefore, ensuring engagement at all levels with quality assurance issues pertaining to NMC approved programmes as well as any other issues within the school. The structure in now that practice, academic and any action plans from for example the NMC, NSS are reported on at the quality review meeting which provides a quality summary report which feeds into the senior management team within the school and College as required.

Evidence to support findings during the visit to the AEI includes:

- UoL Job specification March 2015
- Issue log template 2015
- Lessons learned log template 2015
- Nursing leadership team structure
- Quality strategic map April 2015
- Risk register template June 2015
- Current risk register was seen at the follow up visit 01 June 2015
- Meeting with Head of College, Head of School and Deputy Head of School /Director of Nurse Education, 01 June 2015

Areas for future monitoring:

- Monitor the effectiveness and implementation of a systems approach to quality assurance mechanisms.
- Monitor that all external examiners have the opportunity to visit practice learning sites to meet with students, mentors, sign-off mentors and service managers

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 19 Jan 2015	
Meetings with:	
Director of nurse education/Deputy head of school Programme lead pre-registration nursing (adult and mental health) Lead for practice learning	
At monitoring event	
Meetings with:	
Director of nurse education/deputy head of school Programme lead pre-registration nursing (adult and mental health) Lead for practice learning Head of school Interim director of nursing and quality, Lincolnshire Partnership NHS Foundation Trust Director of operations, Lincolnshire Community Service Practice learning lead. Sherwood Forest Hospitals NHS Foundation Trust Education commissioning manager, HEEM Workforce development manager, LETB Deputy chief nurse, United Lincolnshire Hospitals NHS Trust Practice education management systems team Mental health lecturers x2 Programme team presentation outlining context and management of Meeting with IPLU team x2	
Meetings with:	
Mentors / sign-off mentors	32
Practice teachers	1
Service users / Carers	4

Practice Education Facilitator	4
Director / manager nursing	7
Director / manager midwifery	
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	1 Modern matron

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 21 Year 2: 5 Year 3: 7 Year 4: 0
Registered Nurse - Mental Health	Year 1: 13 Year 2: 3 Year 3: 1 Year 4: 0