Protecting the public through quality assurance
of education and supervision of midwives

2015-16
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of Huddersfield
Programmes monitored	Registered Nurse - Learning Disabilities; Registered Nurse - Mental Health
Date of monitoring event	24-25 Feb 2016
Managing Reviewer	Peter Thompson
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Grahame Smith, Tony Bottiglieri
Placement partner visits undertaken during the review	Mental health placement visits: Field Head hospital psychiatric intensive care unit; Newton Lodge medium secure unit; CMHT, Ossett, older people's community care team; Dewsbury hospital acute admissions ward; Dewsbury hospital older persons admissions ward; Ravensleigh community therapies team. Learning disabilities placement visits: Oakfield School, Pontefract; Star House, Pontefract; Community team for children, Wakefield; Adult learning disabilities team, Huddersfield; St Anne's - Oxford Court, Huddersfield; Willow Court, Hollybank Trust, Mirfield, West Yorkshire.
Date of Report	06 Mar 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

Standards for pre-registration education

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

Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

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

It is important to note that the grade awarded for each key risk will be determined by the

lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

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

Mott MacDonald

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NMC Nursing &
Midwifery
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Summary of findings against key risks

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

Introduction to University of Huddersfield's programmes

The School of Human and Health Sciences (SHHS) within the University of Huddersfield (UoH), offers a wide range of provision that covers behavioural and social sciences, clinical and health sciences and nursing.

The school works in partnership with a number of NHS trusts and with a range of private, independent and voluntary sector care providers across Yorkshire who provide practice placements for student nurses. The main campus for teaching is at the university's campus in Huddersfield.

The pre-registration nursing programme is offered at BSc (Hons) level and at MSc level within all four fields of nursing. The BSc (Hons) pre-registration nursing programme was approved in 2012 and the MSc programme was approved in 2014.

The pre-registration nursing programme is commissioned by Health Education England Yorkshire and Humber (HEEY&H). Commissions for the BSc (Hons) pre-registration nursing (learning disabilities) nursing field are for 25 students per each year in September. Recruitment falls short of targeted numbers. The school did not recruit to the MSc pre-registration nursing (learning disabilities) due to insufficient numbers of applicants.

There are 45 students commissioned for the BSc (Hons) pre-registration nursing (mental health) programme for a September intake. Recruitment is on target.

The MSc pre-registration nursing (mental health) programme recruited six students in the January 2015 intake and 12 mental health nursing students in the January 2016 intake.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Practice placement visits included providers in Huddersfield, Dewsbury and Pontefract, and included NHS hospital and community areas and private, independent and voluntary sector care providers.

Summary of public protection context and findings

Our findings conclude that the University of Huddersfield has systems and processes in place to monitor and control four of the five key risks to assure protection of the public. The key risk admissions and progression is not met in two areas; the university fails to comply with NMC requirements that all interview panel members undergo equality and diversity training. In addition, we found that the risk control system and processes for the accreditation of prior learning (APL) are weak and significant and require urgent improvements in order that public protection can be assured. The university is required to implement an action plan to ensure that the risks are controlled.

The university implemented an action plan to address the unmet outcomes and a return visit to the university on 11 August 2016 confirmed that the action plan has been fully implemented and the identified risks are now controlled.

The control of the key risks is outlined below.

Resources: Met

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (mental health and learning disabilities) programme to meet NMC standards.

There are sufficient appropriately qualified sign-off mentors available to support the number of students studying the pre-registration nursing (mental health and learning disabilities) programme to meet NMC standards.

Admission and progression – Not met

We found admissions procedures meet NMC requirements, ensuring all students have disclosure and barring service (DBS) checks, occupational health clearance and mandatory training before proceeding to their first practice placement experience. These compulsory procedures are undertaken in order to protect the public.

We confirm that selection panel members are recruited from service users and carers, practitioners and academic staff with due regard. We found that the university failed to ensure that service users and carers received equality and diversity training in preparation for their role in face-to-face interviews. We also found that checks are not made by the university to ensure that practitioners, involved in selection, comply with equality and diversity mandatory training. The university is non-compliant with NMC standards and requirements.

We found that there are policies and procedures for managing APL claims. However we found two recent examples of APL being awarded for transfer into the BSc (Hons) nursing programme which exceed the NMC requirement that only a maximum of 50 percent of a programme can be awarded through the APL process.

We conclude from our findings that the risk control system and processes for APL are weak and significant and require urgent improvements in order that public protection can be assured.

The school is required to complete an action plan, which reviews the policies and procedures for APL, and also to include measures to ensure governance of the two students who transferred into the pre-registration nursing (mental health) programme under a non-compliant APL process.

The school has sound policies and procedures in place to address issues of poor performance in both theory and practice. Practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. The robust fitness to practise procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures and examples of where failing students have been subject to clear development plans, which demonstrate the rigour of the process in ensuring public protection.

A return visit to the university on 11 August 2016 to review progress made against the action plan confirmed that revised systems and processes are in place to ensure that all service users and carers involved in the selection and recruitment process complete equality and diversity training and that checks are made by the university to ensure that practitioners, involved in selection, comply with equality and diversity mandatory training. The risk system and processes for APL have been revised and measures to ensure governance of the two students who transferred into the pre-registration nursing (mental health) programme are in place. The APL process is now compliant with NMC

requirements to ensure that public protection is assured.

Practice learning: Met

We found that partnership working is strong in relation to the delivery of the pre-registration nursing (mental health and learning disabilities) programme at operational levels. There are risk surveillance mechanisms in place to identify risks in practice and the university demonstrated, with its partners, compliance with NMC requirements. We found there is clear articulation of how the issues raised by external quality assurance (QA) monitoring are addressed through strategic partnership and reporting to the NMC. There is clear evidence of the university having carried out exceptional reporting to the NMC with regards to current and ongoing issues raised in Care Quality Commission (CQC) reports either directly or through opportunities to do so in annual self-assessment reporting. We found that students and staff are confident in the procedures for raising and escalating concerns in practice.

Service user and carer involvement is well embedded in the pre-registration nursing (mental health and learning disabilities) programme.

We found there is considerable investment in the preparation and support of mentors. The completion of mentor annual updates is monitored and robust with a database system that includes triennial review recording, which we found to be up to date. All mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding by sign-off mentors about assessing and signing-off competence through a graded practice model of assessment which ensures students are fit for practice and to protect the public.

The practice learning facilitator (PLF) role and local partnership working is significant in supporting the effective monitoring of mentor updates and triennial review. We found that all practice learning activity, including educational audit, mentor preparation and mentor updating is well coordinated through a comprehensive shared online practice placement quality assurance (PPQA) web site.

Fitness for practice: Met

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers confirmed that students completing the programme are fit for practice and employment.

Quality assurance: Requires improvement

We conclude that there are effective QA processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (mental health and learning disabilities) programme. There are clear procedures for concerns and complaints raised in practice learning settings which are appropriately communicated to relevant partners and dealt with effectively.

External examiners have due regard and there is evidence that they are engaged in the scrutiny of the assessment of theory and practice. However we found that documentary evidence is weak and is not sufficiently explicit in capturing all external examiners activity, particularly in APL and meeting with students and mentors. This requires

improvement.

Summary of areas that require improvement

A follow up visit to the university on 11 August 2016 confirmed that systems and processes are now in place to address the unmet risk areas identified below.

The following risk areas are not met:

The university fails to comply with NMC requirements that all interview panel members undergo equality and diversity training. The school is required to maintain a robust record and tracking process to ensure that all selection panel members are compliant with the NMC requirement to have undertaken equality and diversity training.

We found that the risk control system and processes for APL are weak and significant and require urgent improvements in order that public protection can be assured. The school is required to complete an action plan, which reviews the policies and procedures for APL, and also include measures to ensure governance of the two students who transferred into the pre-registration nursing (mental health) programme under a non-compliant APL process.

The following area requires improvement:

External examiners have due regard and there was evidence that they are engaged in the scrutiny of the assessment of theory and practice. However we found that documentary evidence is weak and is not sufficiently explicit in capturing all external examiners activity, particularly in meeting with students and mentors and APL.

Summary of areas for future monitoring

- There is a robust record and tracking process to ensure that all selection panel members are compliant with the NMC requirement to have undertaken equality and diversity training.

- APL processes are robust with safeguards in place to ensure the NMC requirement for APL is met.

- The extent to which external examiners are continually engaged in the assessment of practice, including APL, and the documentary recording of this activity.

- The implementation and impact of graded practice on the degree classification.

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

We found the programme teams have a close working partnership with practice placement providers. 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 told by all academic staff members that the students successfully completing the programme are fit for practice and sought after by employers both within health and social care organisations.

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

All mentors/sign-off mentors, practice learning facilitators (PLFs) and employers express confidence in the programmes. Mentors told us that they receive good preparation for their role and support from the programme teams and link lecturers. PLFs maintain the live databases of mentors and placement audits and work closely with staff in the practice learning unit at the university. We found mentors/sign-off mentors are committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet NMC standards and competencies on completion of the programme.

The education commissioner confirmed the clear lines of communication with the university, both formal and informal and that it is responsive to requests made for research activity, workforce planning and curriculum changes. The commissioner informed us about the added benefits of having access to a school with a well-developed research profile and gave examples of how the academic staff research activities had impacted upon the quality of care. The commissioner confirmed that successful students exiting the programme are fit for practice and are in demand by employers.

Students

We found all students are positive about their choice of university and complimentary about their experience at all levels within the programme. They confirm that they receive good support from university academic staff, practice learning facilitators and mentors in practice placements. In addition they confirm they are fully aware of their duty to protect the public.

Service users and carers

Service users and carers demonstrate a long-standing relationship with the university

and appreciate the regular opportunities for involvement in all aspects of nurse education. They are from diverse backgrounds and contribute their unique personal stories which they believe bring reality to the students' experience. They told us that they are fully supported by academic staff members and feel part of the school. They recognise that their preparation could be better, confirming that they had not received specific equality and diversity training, and are enthusiastic about any additional training opportunities.

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. These external quality assurance reports provide the reviewing team with context and background to inform the monitoring review (1-8).

The following reports required action(s):

Cygnet Hospital, Wyke, Bradford (adult mental health provision). Date of report: February 2014.

CQC carried out a routine inspection to check the essential standards of quality and safety were met. All areas were found to be met with the exception of assessing and monitoring the quality of service provision where action was needed to improve the arrangements to monitor and assess the risks to patients and to the service (1).

The university response: a risk assessment was carried out which concluded that issues identified did not affect the quality of students' learning. The practice placement continues to support learners with additional monitoring by the link lecturer. The university confirmed that it had been contacted by the NMC in October 2014 in relation to CQC findings at Cygnet Hospital. They had responded and provided the information requested (9).

Cygnet Lodge, Brighouse (rehabilitation and therapy unit for clients with mental health needs). Date of report: February 2014

CQC carried out a routine inspection to check the essential standards of quality and safety were met. All areas were found to be met with the exception of assessing and monitoring the quality of service provision where action was needed to improve risk assessment to patients and the service (2).

The university response: a risk assessment was carried out which concluded that issues identified did not affect the quality of students' learning. The practice placement continues to support learners with additional monitoring by the link lecturer (9).

Cowlersley Court Care Home, Huddersfield (residential care service). Date of report: December 2015

CQC made a three day unannounced inspection which was a follow up from an inspection made in April 2014 where the outcome had been that the service was not compliant. The inspection in 2015 gave an overall rating of the service of inadequate in all aspects of care delivery and management. The inspection team found that there had been further deterioration since the 2014 inspection.

The outcome of the inspection was not to place formal enforcement action but the provider was asked to address issues in relation to meeting care needs, treating people with dignity and respect, gaining consent in relation to care being given, medicines management, safeguarding, and the reporting of safeguarding concerns to the local authority or to the CQC, management of nutrition and hydration, management of furniture and equipment, recording and acting in response to complaints, record keeping and staff development (3).

The university response: it confirmed that there had been no students on placement in the home since 2013. In order to retain its status as a placement area it was due to be audited at the time of the CQC visit in 2015. A full risk assessment was carried out at the time of the CQC visit and the service was formally withdrawn from the placement circuit (9).

Lifeways Community Care, Halifax (care for adults with a range of disabilities and complex needs, including learning disabilities). Date of report: August 2015

CQC carried out an inspection and gave an overall rating of requires improvement which related to the effectiveness of the service, responsiveness of the service, and well led service. Issues in relation to effectiveness of the service included management of people's health conditions and lack of consistency in health action plans for people with learning disabilities. Issues in relation to responsiveness of services related to poor identification and lack of evaluation of achievement against the specified goals for the individual, and also the provision of activities required improvement. Issues in relation to a well led service included the follow-up of audits and the resolution of the problem within the timescales set by the previous audits (4).

The university response: a risk assessment was carried out and students were allowed to remain in placement. A joint action plan was developed in partnership with the placement to provide focussed learning opportunities for students; to consider the issues reported and the quality improvement measures which should be put in place. Students' evaluations recognised the value of being in placement at the time of CQC activity (9).

Millreed Lodge Nursing Home (care of the older person with dementia). Date of report: October 2015

CQC carried out an unannounced inspection and gave an overall rating of the service as inadequate. Safety of service, and well led services were both graded inadequate and the other three aspects of care provision were graded requires improvement. Concerns raised under safety of services included staffing levels, premises and medicines management. Concerns raised under effectiveness of service related to staff training which was not up-to-date and failure to meet legal requirements relating to deprivation of liberty safeguards. Concerns raised under caring services related to practices which failed to respect individuals. Concerns raised under responsiveness of services related to care plans, lack of activities to help people remain occupied and stimulated, and inadequacy of the complaints procedures. Concerns raised under the leadership of the service were related to the lack of effective systems in place to monitor, assess and improve the quality of the services provided which was evidenced by issues identified by the inspectors (5).

The university response: the university confirmed that the nursing home had not been allocated as a placement for students since 2013. Following the CQC report in 2015 it

was formally removed from the placement circuit (9).

Park View Nursing Home (care of the older person). Date of report: May 2015

CQC made an unannounced visit on the 13 and 22 April, 2015 following an inspection in November 2014 when six breaches of regulations relating to medicines, records, recruitment, staff training, safeguarding and quality assurance had been found. Enforcement action and warning notices that breaches relating to medicines and quality assurance had been issued and the timescales for compliance was set at 26 January 2015 and 26 February 2015 respectively. The inspection in 2015 found some improvements have been made but found other breaches of regulations and an overall rating for the service of inadequate was given in relation to all five areas of care provision and management. The nursing home was placed in special measures with enforcement actions specified, that related to: protection of individuals from abuse and improper treatment; provision of care with treatment in a safe way, and, in particular medicines management and infection control; staffing levels; security and maintenance of premises; treatment of individuals with dignity and respect; giving appropriate care to people in a way that reflects their preferences; and, quality assurance (6).

The university response: the university has been monitoring this placement since 2014 with concerns raised in relation to safeguarding. In 2014 it was re-designated as a practice learning environment only to be used as a spoke placement. Continuing concerns resulted in removal of the home from the placement circuit in January 2015 which preceded the CQC visit in April 2015 (9).

Pellon Care Centre (residential care for people living with dementia). Date of report: June 2015

CQC carried out in an unannounced visit and gave an overall rating of requires improvement which related to all aspects of care and management other than the caring level of the service which was rated as good. Issues relating to safety of services included medicines management and staffing levels. Issues relating to responsiveness of service included monitoring of bodyweight and lack of responsiveness to individual needs. Concerns relating to leadership of the service related to the inability to identify the concerns raised by the inspection team (7).

The university response: academic staff and students had concerns about the quality of the learning environment and it was removed from the placement circuit in February 2015 (9).

The Mid Yorkshire Hospitals NHS Trust (this provides multiple client services and is heavily featured within the university practice placement areas relating to adult, child and midwifery placements both hospital and community based). Date of report: December 2015

CQC carried out a follow-up inspection of the trust between 23 and 25 June 2015, in response to the previous inspection and an unannounced visit on 03 July 2014. Following the announced inspection in June 2015 the CQC received a number of concerns which led them to have further unannounced focused inspections in August 2015. The overall rating was requires improvement with safety of services rated as inadequate, caring services rated as good and the remaining three domains rated as requiring improvement. The concerns about safety related to staffing shortages and infection control procedures. Concerns about the effectiveness of services related to

consistency in the use of malnutrition universal screening tool (MUST), fluid balance monitoring and nutritional assessments. Concerns about responsiveness of services included referral to treatment times and adherence to national standards for admitted, none admitted and incomplete pathways and failure to achieve national standard for the percentage of patients discharged, admitted or transferred within four hours of arrival at accident and emergency. Concerns relating to well led services included failure to use the nurse staffing escalation policy to ensure sufficient numbers of staff were on duty. The outcome of this inspection was that 17 requirement notices were defined for trust action (8).

The university response: the university reported on the mid Yorkshire hospitals NHS trust concerns and the Huddersfield NHS foundation trust concerns in the self-assessment report, 2015-16 (11). A full risk assessment was carried out by the university and it was agreed to continue practice placements in the trust with close support from the placement learning facilitator and link tutor. Students are monitored through regular visits from the link tutor.

The university provided a full breakdown of ongoing current responses to concerns in the self-assessment report of 2014–2015 (10).

There is evidence that the university completed exceptional reporting to the NMC, although needed to be prompted by the NMC in the case of Cygnet Hospital in October 2014.

What we found at the monitoring visit:

The school continues to work closely with all practice placement partners to monitor the outcomes of external monitoring reports. There is an effective two-way communication process in place between university senior management and nurse directors in placement provider organisations. During the monitoring visit we found that all clinical governance issues are controlled and are well managed (9, 11-12, 14).

Follow up on recommendations from approval events within the last year

There was no approval or major modification activity relating to NMC approved programmes in 2014-2015 (11).

Specific issues to follow up from self-report

The school has given a detailed report on the ongoing actions and closure in relation to key issues identified for 2014–2015 in the self-assessment report (10-11)

Key issues identified within the 2015-2016 report are :

- Reduction in private, independent and voluntary sector placements: the school reports that there has been no reduction in the number of private, independent and voluntary organisations prepared to accept students in light of the change in payments. The school is confident that the incentives already offered by the university (continuing professional development opportunities) are successful in engaging partnership working (see section 1.2.1).

- Transition of PLF roles: the school reports that the transition of the PLF roles will be completed in the current calendar year and most organisations are employing more PLFs, previously funded by the local education and training board (LETB). The PLF role for private, independent and voluntary organisations is fulfilled through the work of the link tutors, personal tutors, the educational placement department and the director of practice education (see section 3.1.1)

- Grading of practice: the school reports that grading of practice is now completed for the first cohort of nursing students and that there is satisfaction that the system is robust. The school acknowledges that some more work is needed to improve the preparation of mentors and students which will be done in conjunction with the practice module leaders for year one, two and three of the programme. The school will continue to monitor the impact of grading of practice on degree classifications (see section 4.2.1).

Findings against key risks

Key risk 1 – Resources

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

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

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

What we found before the event

The learning disabilities nursing programme team consists of five academic staff members that include the field lead (4.5 whole time equivalent (WTE) (17, 21).

The mental health nursing programme team consists of seven full time academic staff members. Of these, one staff member is on sabbatical leave and one post is currently vacant (17).

Staff profiles confirm that field leads have a teacher qualification recorded with the NMC, operate with due regard for their respective fields and have experience commensurate with their work allocation (21).

The university is the first institution in the country to have 100 percent academic staff as members of the Higher Education Academy (HEA) (16).

The university strategy requires 100 percent of academic staff to hold a doctorate level qualification. Two members of the mental health nursing team hold doctorates (17).

What we found at the event

The university has processes in place to effectively monitor academic staff members to ensure active NMC registration is maintained. All newly appointed nursing and midwifery teachers, as a requirement of the contract of employment, must achieve teacher status and fellowship of the HEA (12, 21-23). A research and scholarship policy is in place whereby academic staff are required to engage in scholarship and research (12, 22-23).

The workload allocation process clearly identifies 20 percent of time for engagement in practice for each nurse teacher (12, 19). Programme team members confirmed that they are required to maintain a presence within clinical practice and provided examples that included teaching, research, audit and supporting mentors (22-23).

Field leaders have due regard; current NMC registration and a recorded teacher qualification and support the head of pre-registration nursing (17-18, 22-23).

We saw evidence that teachers supporting the pre-registration nursing (mental health and learning disabilities) programme have current NMC registration and either hold, or are working towards, an NMC recordable teaching qualification. They hold qualifications and experience commensurate with their role (17-18, 22-23).

We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (mental health and learning disabilities) programme to meet NMC standards.

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

What we found before the event

Documentary evidence identifies ongoing partnership working to ensure there are sufficient numbers of properly qualified mentors, sign-off mentors and practice teachers to support students. The university complies with education commissioning for quality (ECQ) requirements and the learning development agreement between the university and practice placement providers (11, 26-27, 29-32).

What we found at the event

We found that numbers of qualified mentors and sign-off mentors are monitored locally through educational audit and during practice placement visits by PLFs and link tutors. Link tutors monitor mentor and sign-off mentor availability within the private, independent and voluntary placement providers. At a strategic level the practice placement quality committee (PPQC) and the strategic health education partnership (SHEP) meeting monitors issues relating to mentor availability and service reconfigurations (14, 28-29).

Students and mentors confirmed they work 40 percent of the time together; the student:mentor ratio is one to one; and we confirm that the off duty rota reflects that students are supernumerary (24-25, 78, 80-81, 84-85).

A hub and spoke arrangement for practice is provided. For mental health this is allocated centrally and spoke placements last for two weeks. In learning disabilities nursing allocation of hubs is centrally managed through the placements team but the mentor in placement negotiates spoke placements on the student's behalf to ensure that there are opportunities for following the service user journey (14, 29, 68).

Mentors told us that during hub and spoke placements the allocated mentor in the hub is responsible for agreeing the student's learning experience for the 'day' spoke placement and the placement learning unit allocates the two week spoke placement. The student is allocated to a mentor both in the hub and spoke placements. Students confirmed they have a clear understanding about hub and spoke placements and mentor support is effective (79, 82-83, 86-89).

We conclude from our findings that there are sufficient qualified mentors/sign-off mentors available to support pre-registration nursing (mental health and learning disabilities) students.

Outcome: Standard met

Comments:
No further comments

Areas for future monitoring:
None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Entry criteria is clearly stated in online information available to candidates including detailed requirements in relation to numeracy, literacy and an International English Language Test (IELT) which is set at a minimum of seven for overseas candidates. Students undertaking the MSc pre-registration nursing (adult) programme enter via the

APL route and must hold a degree within a health-related subject area. Face-to-face interviews are used based upon a values based approach (33-34).

DBS and occupational health checks are made on entry to the programme (14, 33).

There is involvement of practitioners and service users in the selection of students (14, 33, 35, 76).

What we found at the event

Students described the selection process applied by the university which meets NMC requirements (24-25). The university has a clear policy relating to the recruitment and support of students under 18 years of age. The scheduling of the first clinical placement ensures that students have attained 18 years of age before being allocated to practice (14, 60).

Academic staff members and practice placement providers consider the values based interview approach is an effective tool in ensuring that students have the necessary personal attributes to work appropriately with service users, including good communication skills and adaptability (12, 23-24).

We found that service users and carers are involved in the selection of student nurses. Within mental health nursing the service user perspective is considered during the recruitment process through a service user workstation included in an objective structured clinical examination as part of the recruitment process (22, 24, 35, 38, 76).

A record of academic staff completion of equality and diversity training is kept and we can confirm that all academic staff members supporting the pre-registration nursing (mental health and learning disabilities) programme are compliant.

We found that service users and carers involved in selection and recruitment of students have not received equality and diversity training although there are opportunities available for this training. This does not meet NMC requirements.

Admissions staff told us that they assume that practitioners involved in selection have undertaken equality and diversity training within their employment base. We could find no mechanisms to check compliance that practice placement providers, invited to participate in selection panels for student nurses, have completed equality and diversity training (12-13, 22-23). The university fails to comply with NMC requirements that all interview panel members undergo equality and diversity training.

We found there are robust processes in place for obtaining DBS checks, health screening and references. Practice placement providers confirmed mechanisms are in place for sharing information and joint decision-making takes place with the university if issues arise (12, 22-26).

Students confirmed that they sign a declaration of good health and good character annually which ensures the university's responsibility for public protection and meets NMC requirements (23-24).

The school maintains close tracking of student progression and attrition and reports annually through contract monitoring. In mental health nursing recruitment is on target and attrition rates are zero percent for current cohorts. In learning disabilities nursing,

23 students were recruited in 2015 which falls short of the 28 commissioned places.

Attrition rates for learning disabilities nursing is between one percent and 16 percent for current cohorts but these figures include students who have suspended their programme for academic or for personal reasons. The commissioner is aware of attrition rates and confident that the school is managing students well (15, 26, 66).

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

What we found before the event

The school has a fitness to practise policy and procedure to address concerns relating to the professional behaviour of students in both academic and clinical settings. Students, academic staff and placement providers are informed of processes for monitoring performance (36-37, 50).

What we found at the event

We can confirm that the university has a robust fitness to practise policy and procedure to address issues related to poor student behaviour in practice and theory settings. Students and mentors confirm awareness of the policy and are able to describe poor behaviour, which may result in a referral to the fitness to practise committee (12, 22-25, 50).

In the pre-registration nursing (learning disabilities) programme we were informed that one student had been referred to the fitness to practise panel but the case was not proven. In the pre-registration nursing (mental health) programme three students were referred to the fitness to practise panel of which one student was discontinued, one was allowed to continue on the programme and one is still under consideration (11, 41, 43, 50, 72).

Mentors access the online mentor portal that is considered effective in communicating mentor information and provides flow chart guidance on reporting concerns about students' performance in practice (40, 42).

Students confirm the use of attendance tracking for both theory and practice. Classroom attendance is monitored through electronic swipe card reporting, with the school applying an additional random paper based register to cross check attendance (22-23, 36-37, 43). The school has a clear policy relating to students who abuse the registration system (43).

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

Risk indicator 2.1.3 - programme providers' procedures are implemented by practice

placement providers in addressing issues of poor performance in practice

What we found before the event

Pre-registration nursing practice assessment documentation includes the processes for managing failing students in practice, which involve both the mentor and the link tutor who construct an action plan with input from the PLF, as required. The procedure states that, if necessary, the formal fitness to practise process can be initiated (36-37, 39, 44-45).

The placement providers have risk assessment policies that are aligned to the university's fitness to practise policy (40, 42).

What we found at the event

We confirmed that mentors, PLFs and students have a clear understanding about the procedures that will be followed if poor performance in practice is identified. They gave examples of how the procedure is implemented to address poor student performance or inappropriate behaviour. They all confirmed that issues are identified early and acted upon with the involvement of the link tutor and the PLF and they have confidence that issues are thoroughly investigated. (81-82, 84-86).

Students confirm access to disabilities support following disclosure. Students understand the process of referral for disabilities assessment and the allocation of additional teaching and learning support resources which are communicated to academic and practice placement providers on a need to know basis (24-25).

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

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

What we found before the event

We found evidence that the school has an APL process and policy (51-54). The process requires the applicant to submit a portfolio of evidence, which includes two testimonials. The portfolio is assessed by two academic staff members and, if successful is recommended for approval to the academic validation panel which reports to the course assessment board (52).

From June-November 2015 there were 17 APL claims for candidates entering the MSc pre-registration nursing (mental health) route of which three claims were rejected and

one claim for entry to the MSc pre-registration nursing (learning disabilities) route was approved. Two students were transferred from other AEIs to complete their BSc (Hons) nursing programme (53).

What we found at the event

We viewed completed APL portfolios, which demonstrate that evidence was clearly matched to NMC outcomes (56).

We were told that the school had two recent claims for APL approved, which permitted two mental health nursing students, transferring from other AEIs, to be admitted to year three of the BSc (Hons) pre-registration programme (22, 46, 54-55). We scrutinised these two APL claims and following discussions with school academic staff we conclude that the process followed for the APL and achievement is not robust and has not been implemented as defined within the existing policies and procedures.

The summary of each of these claims showed that 240 credits had been approved when only up to a maximum of 50 percent of the programme is allowed provided all requirements are met in full (Standards for pre-registration nursing education, NMC, 2010 R3.5.2).

The admissions tutor and programme leader could not explain how this error had occurred and confirmed that the claim had been considered as per the school process leading to approval by the school academic approval panel.

We conclude from our findings that the risk control system and processes for APL are weak and significant and urgent improvements are required in order that public protection can be assured.

The school is required to complete an action plan, which reviews the policies and procedures for APL, and also includes measures to ensure governance of the two students who transferred into the pre-registration nursing (mental health) programme under a non-compliant APL process (46, 54-55).

Outcome: Standard not met

Comments:

The university fails to comply with NMC requirements that all interview panel members undergo equality and diversity training. We found that equality and diversity training is not provided for service users and carers and there are no checks made to ensure that practitioners have undertaken equality and diversity training prior to participating in student selection.

We found that the risk control system and processes for APL are weak and significant and require urgent improvements in order that public protection can be assured. There are inadequate checks made to ensure that no more than the maximum of 50 per cent of the pre-registration nursing programme is allowed for individual claims.

11 August 2016: Follow up visit to University of Huddersfield. Standard now met

A return visit to the university on 11 August 2016 to review the evidence against the action plan confirmed that the admission and progression risk theme is met.

The university has established a database of service users and carers and details of the membership of selection panels demonstrates that all participants have undertaken equality and diversity training within the last 12 months. A clear process, checked by the admissions tutor, is in place to ensure that all panel members are compliant with equality and diversity training prior to participating in face-to-face selection of students.

The university has reviewed its risk and control processes for APL. There are now clear APL policies and procedures that comply fully with the NMC requirement that no more than 50 percent may be awarded for prior learning. Briefing of the chair of the school awarding and validation panel (SAVP) and academic staff in the school about NMC requirements has been completed. Additional levels of scrutiny of APL claims are also in place. The role of the external examiner in sampling and scrutinising APL claims has been specified including reporting this activity in the annual reporting cycle. This assures protection of the public.

The two students that were awarded APL in excess of the NMC maximum of 50 percent have been well supported by the programme leader and field leader. A full explanation of the issue has been given verbally and in writing to both students. They have been provided with an amended programme which ensures that they complete an additional 60 credits at intermediate level to meet programme and NMC requirements. Both students have agreed to the amendments and are progressing with their studies.

Evidence:

- Database records of service user and carers on selection panels for recruiting student nurses, viewed 11 August 2016

- Interview schedule used for recording recruitment events and attendees, May 2016

- Copy of the email sent to all academic staff regarding service user and carers and equality and diversity training, 9 March 2016

- Completed declarations of equality and diversity compliance by selection panel members, May 2016

- Correspondence/email to colleagues informing them of actions required to meet NMC standards, 9 March 2016

- Minutes from admissions meeting, 8 March 2016

- Changes to APL guidance extract, May 2016

- APL proforma changes extract, May 2016

- Flow chart for APL transfers into the pre-registration programme, May 2016

- Extract from SAVP meeting outlining the NMC requirements for APL, 16 March 2016

- Copy of letter from the programme leader to two pre-registration students awarded excess APL claim, undated

- Amended external examiner guidelines includes reference to PRSB

requirements, May 2016

- Correspondence/email sent to external examiners informing them of the requirement to sample APL claims, 11 March 2016

- Terms of reference for school awards and validation panel (SAVP), 6 May 2016

- Meeting with acting dean and programme leader, 11 August 2016

- Meeting with service users and carers, 11 August 2016

- Meeting with programme leader and field leads for mental health and learning disabilities pre-registration nursing,11 August 2016

Areas for future monitoring:

- There is a robust record and tracking process to ensure that all selection panel members are compliant with the NMC requirement to have undertaken equality and diversity training.

- APL processes are robust with safeguards in place to ensure the NMC requirements for APL are met.

Findings against key risks

Key risk 3 - Practice Learning

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

Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations

What we found before the event

We found documentary evidence of partnerships at a strategic and operational level between the university and service providers to manage the provision and governance of practice placements to support nurse education (12, 28, 57).

Raising and escalating concerns policies are in place to ensure that students' concerns are fully investigated and supported (39).

CQC adverse reporting has been provided within the self-assessment documentation for the past two academic years (10-11).

What we found at the event

Our findings confirm that the university has well established and effective working relationships with commissioners and practice partners (12, 15, 27-30).

We found evidence of robust partnership working with all practice placement providers at both strategic and operational levels which practice placement providers confirmed as effective (80, 87).

A raising and escalating concerns policy is in place in the university and placement provider organisations. Students, nurse teachers or practitioners can raise issues of concern arising in practice placements. PLFs, mentors, and students report the process is effective in ensuring that concerns are fully investigated and supported (4, 39, 42, 80, 83,85-86). We found that the school and service partners deal appropriately with these concerns (11-12, 15).

Students are able to describe the policy for raising concerns and mentors confirmed that they have access to guidance when supporting students who raise a concern (24-25, 78-89).

The school reported that there had been 10 instances where concerns had been raised and escalated in 2014-15. Of these, five related to concerns about patient care and five related to the quality of the learning environment. It was confirmed that all were dealt with through the mechanisms in the policy, which is detailed within the programme handbook and practice assessment document (36-37, 50, 69, 70).

The PLFs are key to the effective governance of practice learning and are highly regarded by students, mentors and link tutors (12, 24-25, 78-83, 87-89).Review of funding and potential reduction of PLFs was identified as a potential risk within the school self-assessment report. The senior managers and commissioner confirmed that this risk is mitigated by the NHS provider's recognition of the role of the PLFs (12-13, 15)

The school has used available LETB funding to provide a support package for private, independent and voluntary sector placement providers which includes access to mentorship courses and academic support. This has resulted in retention of these placement areas (12-13, 15, 26).

The PLFs support the completion of educational audits, which are conducted every two years by trust staff in the placement area, normally with the link tutor from the university. We viewed a live database of placements which demonstrates a robust process for initiating the completion of audits when due. All educational audits we reviewed were in date (79, 81, 87, 89).

We conclude that there are well established and effective partnerships between the university and service providers at all levels to manage NMC risks.

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

What we found before the event

The school has a service user and carer strategy, which is reviewed annually and

reported to the dean and the school executive team. Outcomes and actions are set for the coming year. The activities of service users and carers are managed through the public partnership group which is coordinated from within the school, and publishes a twice-yearly newsletter. Service users and carers are involved in programme development and delivery (35, 59, 61).

There is clear information provided about practitioner's involvement in programme delivery with specified details of their input in pre-registration nursing learning disabilities and mental health modules. Their involvement in the development of the programme is evidenced within the respective approval reports (11, 20, 31-32).

What we found at the event

We found evidence that practice placement partners and service users and carers are involved in the recruitment of students and the development, delivery and evaluation of the pre-registration nursing programme (22-25, 35, 69, 83).

One service user told us how he had carried out a mapping exercise to provide a service user perspective for all of the generic and field specific competencies within the NMC standards (2010) which was presented at the programme approval (31-32, 38).

Service users and carers confirmed that they are regularly involved in teaching and outlined particular inputs that included; eating disorders, care of clients with learning disabilities, and the experience of being a service user of mental health services (38).

Students studying the pre-registration nursing (mental health) programme confirmed that service users provide written comments as testimonials in their practice portfolio about the care that they receive from students (24). We were told that students must gain testimonial feedback from service users for each practice placement they are allocated. These contribute to the judgement made regarding the student's suitability to progress on the programme and to register on completion of the programme (24-25, 36-37, 69-70).

Practitioners are invited regularly to teach on the programme and cover topics such as the mental capacity act, ethics and assessment of mental state. This was verified by students (24).

In the pre-registration nursing (learning disabilities) programme we found that service users and carers contribute to several aspects of the field and generic programme outcomes related to theory and practice. Students describe service user and carer involvement in year one of the programme where they contribute to teaching all student nurses on matters related to care values, barriers to clinical services and discrimination, and specific learning disabling conditions (23, 25, 47).

Mentors work closely with students and service users in identifying service users who might have the capacity to provide a testimony of the students' abilities (23, 25). The programme team in partnership with practice placement providers developed a Makaton symbols based patient/service user/client feedback form to enable service users to evaluate the student nurse's care. This is integrated into the practice assessment document for placements in learning disabilities services (23, 25, 45).

Our findings confirm service users and practitioners are involved in the delivery of the

pre-registration nursing (mental health and learning disabilities) programme.

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

What we found before the event

There is evidence of an academic lecturer workload distribution of 20 percent in practice. Workload allocation requires engagement in practice, which is achieved in a variety of ways which include research, clinical visits, teaching, educational audit and supporting mentors with failing students. All practice placements have a named academic lecturer in practice (2, 17, 58-59).

What we found at the event

We found that link tutors work in partnership with the PLFs; give regular and timely support; participate in the education audit of practice placements; undertake mentor update sessions either as part of the mandatory timetabled days or on a bespoke basis as required; and, assist in the management of placement capacity (14, 22-23, 69, 79, 81, 85, 89).

Mentors, sign-off mentors and clinical managers are able to name link tutors and other university academic staff who support students and mentors in practice placements (87). Student nurses confirmed that link tutors work with the PLFs in providing good support and are involved in supporting the assessment of practice (78, 83-86).

All students confirm they have good contact with the link tutor when they are in placement which includes face to face visits and email/telephone contact (13-14, 22-25, 78-89).

Our findings conclude that link tutors effectively support students and mentors in practice placement settings for the pre-registration nursing (mental health and learning disabilities) programme.

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

We found documentary evidence that mentors/sign-off mentors are properly prepared through an NMC approved mentor programme and regular updates. Information is also made available on the online PPQA web site about mentor preparation and updating and it provides access to policies that inform mentor activities (59, 62, 64).

What we found at the event

PLFs and the university academic staff confirmed that mentor and sign-off mentors are prepared in accordance with the NMC (2008) standards to support learning and assessment in practice (12-13, 15, 79, 82, 87).

We found PLFs and employers support mentors to successfully complete the university's NMC approved mentor module to enable them to support and assess student nurses. Mentors and sign-off mentors supporting students studying the pre-registration nursing programme (mental health nursing and learning disabilities) confirmed they are well prepared for their role in assessing practice (79, 82, 85, 87).

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

The learning and development agreement is signed by all placement providers and contains a commitment to provide sufficient mentors to support the commissioned pre-registration nursing students. This agreement also provides for the release of clinical staff to attend mentor, sign-off mentor and practice teacher preparation and updating (26-27).

What we found at the event

We found that mentors and sign-off mentors are able to attend annual updates either through online or face-to-face methods (12, 15, 40, 78-89). Mentors and sign-off mentors report no difficulties in taking time out to attend the annual updates or accessing the on-line sessions. Link tutors provide annual updates within the practice placement area, as required (22-23, 78-89).

Triennial reviews are conducted by the PLFs within NHS placements providers and by the link tutor and placement managers in the private, independent and voluntary sector. This is supported by evidence provided in mentor portfolios (64).

Mentor update attendance and completion is confirmed by an attendance register and the issue of a certificate, which contributes to the mentor's portfolio of evidence. This updating is recorded on the live register of mentors. (26, 59, 72, 78-89)

The educational commissioner confirmed that placement providers comply with the learning development agreements, which require mentor preparation, annual updating and triennial review (15).

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

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

What we found before the event
The live, password protected, register is kept by placement providers and PLFs keep this up to date via the online PPQA. Each placement has access to its own register. The online register contains independent and voluntary sector information as well at NHS placement providers. The placement team has read-only access but they are able to use the live register to inform student allocation (64).
What we found at the event
We can confirm that the mentor registers are accurate and up to date; they contain information about mentor qualifications, annual updates and triennial review. They use a red, amber, green (RAG) rating system which identifies mentors who are due to update or who are 'lapsed'. It is clear that the register is updated regularly and provides alerts to individuals. Mentors and university staff are able to access the database via the web facility PPQA that is viewed as beneficial (12-14, 64, 78-82, 87-89).

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

Findings against key risks
Key risk 4 - Fitness for Practice **4.1   Approved programmes fail to address all required learning outcomes in accordance with NMC standards** **4.2   Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards**
Risk indicator 4.1.1 – documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for
What we found before the event

The pre-registration nursing (mental health and learning disabilities) programme is mapped against NMC standards (31-32, 36-37, 47-49).

Pre-registration nursing (mental health and learning disabilities) programme documentation identifies learning and teaching strategies and student support to enable students to achieve NMC learning outcomes and competencies at progression points and for entry to the register (36-37, 47-49).

What we found at the event

The programme teams confirm module content and the thematic approach used in delivering the pre-registration nursing programme outcomes is in line with NMC outcomes and competencies (22-23).

All students interviewed told us that they benefit from effective teaching and learning strategies, which includes simulated learning. They are given opportunities to rehearse and develop caring and practical skills before they go into practice placements (24-25, 80, 83).

Students and the programme teams confirm personal tutors monitor academic and practice achievement with assessment recovery permitted on one occasion. Progression is reliant upon satisfactory achievement of NMC outcomes and competencies (22-26, 47-49).

Mental health nursing students informed us that teaching strategies include the innovative use of client scenarios and case studies which link to modules throughout the programme. This enables them to apply theoretical and practice learning to the client scenarios. We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice (24).

Learning disabilities student nurses confirm that a wide variety of teaching, learning and assessment methods are deployed in delivering the programme. In addition, the staged approach to practice placements link with the theoretical themes across the programme (24-25, 44, 85-86, 88-89).

External examiner reports confirm that the pre-registration nursing (mental health and learning disabilities) programme enables students to achieve NMC outcomes and competencies in both theory and practice at progression points and for entry to the register (65).

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

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

What we found before the event

The pre-registration nursing (mental health and learning disabilities) assessment of practice documentation and student support, enables students to achieve NMC practice learning outcomes and competencies at progression points and for entry to the NMC register (31-32, 36-37, 44-45, 63, 47-49).

What we found at the event

The respective module leaders prepare students for their practice learning experience where they have the documentation and policies and procedures explained to them. Students also have the opportunity to complete the preparation for practice assessment tool, which encourages them to make a pre-placement visit and to identify the learning opportunities available (14, 29).

The programme uses graded practice which is formative in year one and two of the programme and summative in year three (22-23, 69-70). The academic teams were asked to comment upon the impact of graded practice on degree outcomes but were unable to provide analysis due to the recent introduction of this approach. They suggested that improved grading processes which encouraged use of the higher range of marks above 70% for marking theoretical work, enhancements in learning quality support and the availability of a literary fellow to work with students on an individual basis to improve academic writing, had all impacted upon the improvements in degree classifications awarded (12-13).

We found the essential skills and competencies are identified in the assessment of practice documents. Samples of completed documents confirmed that students achieve the required outcomes at progression points and at the end of the programme. Mentors and sign-off mentors confirmed a clear understanding of practice assessment documentation (23-24, 78, 83, 86).

We found the tripartite approach to assessment of practice is important for the reliability of assessment judgements, as well as identifying any cause for concern and implementing action plans (80-81, 87-89).

We saw evidence that the hours and shifts worked by students are recorded by the student, confirmed by the mentor and closely monitored by the student's academic tutor and the university's placement learning unit (24-25, 44-45, 78, 80-81, 84, 87, 89).

Third year students informed us that they feel confident and competent to practise and to enter the professional register on completion of the programme (23-24, 78).

Testimonials in the practice assessment documentation, confirm that students are caring, compassionate and skilled in practice (23-24, 69, 78-79).

Employers and education commissioners confirm that students qualifying from the pre-registration nursing (mental health and learning disabilities) programme are fit for practice and in demand for employment locally (12-13, 15, 26).

We conclude that students on the pre-registration nursing (mental health and learning disabilities) programme achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the register.

Outcome: Standard met

Comments: Graded practice in year three has recently been implemented and its impact upon the final degree classification is not clear. The school intends to monitor the implementation and impact.

Areas for future monitoring: The impact of graded practice on the degree classification.

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

There is a range of effective mechanisms for eliciting and responding to student feedback and actions taken are reported back to students and to placements through dissemination and focus group meetings. Student feedback is captured through a range of methods that include online evaluation of practice, module evaluation, course evaluation and the national student survey (NSS). Students also feedback through student panels and course committees. Programme representatives are invited to all relevant programme development and approval events; programme and learning committee and subject reviews. Student feedback is actively sought, discussed and actioned at meetings. Practice placement providers are invited to contribute to internal quality processes (73-75).

What we found at the event

We found the university has comprehensive systems for student feedback and evaluation to enhance programme delivery (11-12, 22-23, 67).

All students are required to evaluate each practice placement experience through an online medium and link tutors monitor these evaluations which are also available through the PPQA to placement providers and to the commissioners. Each field cohort completes annual programme surveys.

Course evaluation surveys are carried out annually and demonstrate a good level of compliance and a high degree of satisfaction. In relation to the standards of teaching on the programme (the degree of satisfaction was between 84.6 percent and 92.3 percent from mental health student nurses and between 70.6 -88.2 percent for learning disabilities student nurses; satisfaction in relation to assessment and feedback ranged from 64 percent to 88 percent for mental health student nurses and between 71.4 percent and 88.2 percent for learning disabilities student nurses; satisfaction of academic support was high, ranging from 84.6 percent to 88 percent for mental health student nurses and 88.2-100 percent for learning disabilities student nurses (71, 75).

Students confirmed they are regularly consulted about the programme; both informally and through written evaluations and academic staff respond to their suggestions and concerns. They gave examples of changes in response to students' evaluations. Students described how module feedback from a previous cohort was shared with subsequent cohorts and how this feedback impacted on module/programme design (24-25).

Our findings conclude there are effective QA processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (mental health and learning disabilities) programme.

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

There is a clearly communicated range of methods, which enable concerns and complaints about practice learning settings to be raised and addressed. The university, in collaboration with practice placement providers, has a raising and escalating concerns policy and a clear complaints procedure. Students are made aware of how to escalate concerns and mentors and academic staff have clear guidance on how to support students raising concerns or making complaints (21, 26, 36-37,39).

What we found at the event

Students confirmed that they are informed about the complaints procedure at the start of the programme and they have access to the procedure which is summarised within the programme handbooks (24-25, 36-37, 57).

Mentors are clear about supporting students in practice who wish to make a complaint or raise or escalate concerns (78-89).

The senior academic staff confirmed that students have opportunities to raise complaints at the student panel, programme committee, with personal tutor and mentors in practice. In addition students have access to a student conciliator, from their own school or from another school in the university, who provides impartial advice and, where necessary, assists them to resolve a complaint before it escalates into a formal complaint (36-37). We found that all issues raised by students have been managed satisfactorily without the need to escalate further (12-13, 50).

We can confirm that external examiners have due regard and we found evidence that they are engaged in the scrutiny of the assessment of theory and practice. However we found that documentary evidence is weak and is not sufficiently explicit in capturing all of the external examiners activity, particularly in the frequency of scrutinising the practice assessment documents at progression points, their involvement in APL claims and in meeting with students and mentors (54, 65, 77). This requires improvement.

Outcome: Standard requires improvement

Comments:

External examiners have due regard and there was evidence that they are engaged in the scrutiny of the assessment of theory and practice. However we found that documentary evidence is weak and is not sufficiently explicit in capturing all of the external examiners activity, particularly their involvement in APL claims, and in meeting with students and mentors.

Areas for future monitoring:

To monitor the way in which external examiner activity is recorded and reported in relation to the assessment of practice. The activity should include involvement in APL, access to practice assessment documentation at the progression points and discussions with students and mentors.

Evidence / Reference Source

1. CQC report – Cygnet Hospital Wyke, Bradford, February 2014

2. CQC report – Cygnet Lodge, Brighouse, February 2014

3. CQC report – Cowlersley Court Care Home, Huddersfield, December 2015

4. CQC report – Lifeways Community Care, Halifax, August 2015

5. CQC report – Millreed Lodge Nursing Home, October 2015

6. CQC report – Park View Nursing Home, May 2015

7. CQC report – Pellion Care Centre, June 2015

8. CQC report – Mid-Yorkshire Hospitals NHS Trust, December 2015

9. University of Huddersfield, SHHS_summary of responses to CQC concerns, February 2016

10. University of Huddersfield, SHHS_self-assessment report, 2014–2015

11. University of Huddersfield, SHHS_ self-assessment report, 2015–2016

12. University of Huddersfield, SHHS_introductory meeting, 24 February 2016

13. University of Huddersfield, SHHS_resources meeting with senior staff, 24 February 2016

14. UoH_SHHS_managing reviewer meeting with placement managers and programme leaders, 24 February 2016

15. Telephone meeting with the Education Commissioner Health Education England, Yorkshire and Humber (HEEY&H), 24 February 2016

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78. UoH_SHHS_mental health nursing _placement visit_Field Head Hospital_psychiatric intensive care, 24 February 2016

79. UoH_SHHS_mental health nursing_placement visit_Newton Lodge_medium secure ward, 24 February 2016

80. UoH_SHHS_mental health nursing_placement visit_Ossett, 25 February 2016

81. UoH_SHHS_mental health nursing_placement visit_Dewsbury hospital, acute services, 25 February 2016

82. UoH_SHHS_mental health nursing_placement visit_Dewsbury hospital, older services unit, 25 February 2016

83. UoH_SHHS_mental health nursing_placement visit_Ravensliegh Community Therapies, 24 February 2016

84. UoH_SHHS_learning disability nursing _placement visit_Oakfield Park School, 24 February 2016

85. UoH_SHHS_learning disabilities nursing_placement visit_Star House, Pontefract, 24 February 2016

86. UoH_SHHS_learning disabilities nursing_placement visit_Community team for children, 24 February 2016

87. UoH_SHHS_learning disabilities nursing_placement visit_Adult learning disability team, 25 February 2016

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89. UoH_SHHS_learning disabilities nursing_placement visit_Willow Court, Hollybank, 25 February 2016

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 09 Feb 2016
Meetings with:
Head of pre-registration nursing Head of practice education Placements manager Acting dean Field lead mental health Field lead learning disabilities
At monitoring event
Meetings with:
Head of pre-registration nursing Head of practice education Placements manager Acting dean Field lead mental health Field lead learning disabilities Head of department Teaching fellow Admission tutors Educational Commissioner for Health Education England for Yorkshire and Humber Fitness to practice coordinator Senior service representatives

Meetings with:

Mentors / sign-off mentors	30
Practice teachers	
Service users / Carers	5

Practice Education Facilitator	4
Director / manager nursing	2
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	3 Resting mentors, mental health

Meetings with students:

Student Type	Number met
Registered Nurse - Learning Disabilities	Year 1: 6 Year 2: 3 Year 3: 8 Year 4: 0
Registered Nurse - Mental Health	Year 1: 12 Year 2: 6 Year 3: 7 Year 4: 0