

**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 Leeds
Programmes monitored	Registered Midwife - 18 & 36M; Registered Nurse - Adult
Date of monitoring event	20-21 Jan 2016
Managing Reviewer	Peter Thompson
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Ann Powell-James, Anne Baileff
Placement partner visits undertaken during the review	<p>Pre-registration nursing (adult) placements:</p> <p>St James University Hospital, Gastroenterology (ward J92)</p> <p>St James University Hospital, accident and emergency department</p> <p>St James University Hospital, care of the elderly (ward J15)</p> <p>Colton Lodges nursing home</p> <p>Leeds student medical practice</p> <p>Pre-registration midwifery placements:</p> <p>Leopold community team</p> <p>Leafield community team</p> <p>Armley community team</p> <p>St James University Hospital, delivery suite</p> <p>St James University Hospital, antenatal ward</p> <p>Leeds General infirmary, postnatal ward</p>

Date of Report	28 Jan 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.

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 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 Leeds' programmes

The University of Leeds (UoL) is an approved education institution (AEI) offering a range of programmes in pre and post registration nursing and midwifery. These are offered by the School of Healthcare which resides within the Faculty of Medicine and Health. Programmes approved include pre-registration nursing and midwifery and also the mentorship preparation programme. The adult and child BSc (hons) pathways were validated in 2011, mental health in 2012 and the MSc programme was reapproved in 2013. The child and mental health MSc programmes are not currently in operation due to lack of commissions. These programmes were approved until 2016 but the school has applied for an extension to enable alignment with the revised NMC standards for pre-registration nursing.

The pre-registration midwifery programme was approved in 2012 and is offered on a three year degree basis with provision for an 85 week post graduate diploma in midwifery which is not currently running due to lack of commissions.

Pre-registration nursing and midwifery programmes are commissioned by Health Education of Yorkshire and Humber (HEEY&H). The BSc nursing adult programme has an annual intake of 165 students. The commissioned places for midwifery are 50 per year.

The school of healthcare works in partnership with a number of NHS trusts across Yorkshire who provide practice placements for student nurses. The main campus for teaching is at UoL university campus.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Practice placement visits covered providers in Leeds, and included NHS hospital and community areas and voluntary sector providers. These included placement areas which had been subject to adverse Care Quality Commission (CQC) reports in 2014-15.

### Summary of public protection context and findings

Our findings conclude that the UoL 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 practice learning is not met and the university are required to implement an action plan to ensure the risk is 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 adult nursing and pre-registration midwifery programmes to meet NMC standards.

There are sufficient appropriately qualified sign-off mentors available to support the number of students studying the pre-registration adult nursing programme and the pre-registration midwifery programme.

Admission and progression: Met

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration adult nursing and pre-registration midwifery programmes meet NMC standards and requirements, which is fundamental to protection of the public.

Disclosure and barring service (DBS) checks, 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.

The school of healthcare 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 (FtP) procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures and examples of where students have been subject to development plans, which demonstrate the rigour of the process in ensuring public protection.

Practice learning: Not met

We found that partnership working is strong in relation to the delivery of pre-registration adult nursing and pre-registration midwifery programmes at operational levels. There are risk surveillance mechanisms in place to identify risks in practice but the AEI has failed to comply with NMC requirements (NMC Quality assurance framework, Part four.

Responding to concerns within nursing and midwifery education and supervision of midwives) by carrying out exceptional reporting when required. We found there is a lack of clear articulation of how the issues raised by external QA monitoring are addressed through strategic partnership and reporting to the NMC. There was no evidence of the AEI having carried out exceptional reporting to the NMC with regards to current and on-going issues raised in CQC reports either directly or through opportunities to do so in annual self-assessment reporting.

9 June 2016 - a review of the evidence against the action plan under the risk area practice learning (R3.1 and R3.1.1) confirmed that that mechanisms are now in place to address issues raised by external QA monitoring which include clear strategic partnership working and exceptional reporting to the NMC.

Service user and carer involvement is well embedded in the pre-registration adult nursing and pre-registration midwifery 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 an improved database system that includes triennial review recording, which we found to be up to date. Annual supervisory review by the named supervisor of midwives is an effective way for mentors to monitor their mentor role. All mentors are appropriately prepared for their role of supporting and assessing students, and there is a clear understanding by sign-off mentors about assessing and signing off competence to ensure students are fit for practice 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. In addition there is new technologies implemented to support these processes for example the web-based facility available to academic and practice staff via the practice placement

unit.

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 in the main 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 describe students completing the programme as fit for practice and employment.

Quality assurance: Met

Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (adult) and pre-registration midwifery programmes.

### Summary of areas that require improvement

None identified

### Summary of areas for future monitoring

- To monitor the extent to which mentors are able to achieve the 40 percent required time in supporting students in practice.
- To monitor staffing levels within the placements and impact upon mentor and sign-off mentors capacity.
- To monitor exceptional reporting to NMC in compliance with the NMC quality assurance framework, part four.
- To consider the impact of reducing the amount of formative feedback on theory assessments.
- To monitor the development of improved mechanisms for ensuring effective communication between practice partners and the AEI around external quality assurance (QA) monitoring and action plan implementation.
- To monitor the implementation of plans to involve service users and carers within the face to face selection of students for entry to the MSc pre-registration nursing programme.
- Within midwifery to monitor the processes and support given to students to achieve their personal delivery quotas within the delivery suite experience provided to them.

### 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 that academic teams are able to give a clear overview of the programmes and are confident that there are robust policies in place to ensure that appropriate screening on entry and monitoring of student performance is maintained. Academic staff members confirmed good working relationships and communication with practice placement providers. We were told by all academic staff that the students successfully completing the programmes are fit for practice and sought after by employers within healthcare organisations.

We found that the undergraduate and postgraduate adult nursing programme teams have a good working relationship with practice placement providers. The team told us how student feedback is used to inform the continuous improvement of the programmes and that learning and teaching strategies enable students to meet the required NMC learning outcomes. The team are confident that students who successfully complete the programme are fit for practice.

The programme team for the midwifery programme was able to confirm that the quality of the teaching is deemed good by students and they have good working relationships with practice partners. There have been staff changes recently with new roles combining teaching and research and all research staff are involved in teaching student midwives. Midwifery liaison lecturers are visible in the clinical areas. The midwifery team confirmed that midwife mentors are involved in teaching, and liaison lecturers are involved in student practice assessment interviews. They told us that they welcome and respond to student feedback on programme and practice issues.

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

All mentors, sign-off mentors and practice learning facilitators feel well prepared for their roles, are confident in dealing with any poor performance of students and escalate relevant concerns to staff at the university. Mentors feel well supported by university staff as they engage in the joint development of action plans for students and monitor any concerns. Link liaison lecturers are visible in midwifery units/wards and acute wards. Mentors agree that the mentor updates provided by the university academic team as part of the trust mandatory training days are useful and effective. They agree that the updates enable them to understand the programme and NMC requirements,



and to become familiar with programme changes and the common assessment document used for practice assessment. They confirmed that they have good understanding of the practice teaching and assessment requirements for student nurses and student midwives.

In acute adult placements mentors stated that they sometimes struggle to provide sufficient time to support students because of staffing pressures but overcame this through using associate mentors and a team approach to ensure adequate student supervision.

Trust managers confirmed that the students exiting the nursing and midwifery programmes are usually employed locally and are of a high calibre.

Two senior trust representatives attended the opening meeting of the monitoring event and contributed fully to the scheduled meetings as appropriate. In particular the review team was impressed that these two managers contributed to the introductory meeting and to the presentation and demonstrated good partnership working and ownership.

The commissioner confirmed that the nursing and midwifery students qualifying through the UoL were of high calibre and that both were valued as employees by the NHS and by the independent and voluntary sector healthcare providers.

### **Students**

Students on all programmes receive clear information about the standards they need to reach and the skills they need to develop for each year of the programme. Students describe that new academic staff appointments have contributed positively to the quality of programme delivery. Students in both programmes generally feel well supported in making progress throughout their programme, are adequately prepared for placement and feel that the programme ultimately prepares them for employment. Use of simulation suites help students on both programmes to prepare for practice. Students welcome the engagement of service users in programme delivery, particularly students on pre-registration midwifery programme, as it enables them to comprehend their perspectives on care. They perceive that they are encouraged to make links between theory and practice.

The adult nursing students are largely positive about their learning experience in both theory and practice. They told us that they feel supported by academic staff and that the personal academic tutor and module facilitator system works well. The feedback they receive is timely and helpful. They described their experience of mentorship and reported that this is satisfactory and they experience a good range of practice placements.

Midwifery students in the main were found to be enjoying their midwifery programme and consider the teaching overall to be of good quality. Students value the input of service users to the programme in class sessions. Students confirm that there are usually midwifery jobs available locally and that the recruitment process is competitive. Some students discussed the 'peer mentor' system as being much improved whereby third year students support first year students and that this system is being developed proactively by students. Students appreciate feedback on their assessment work and on the whole this is deemed useful. Most students agree that the feedback and teaching quality has improved since the appointment of new members to the midwifery teaching team. All students agree that they are able to contact their liaison lecturer and that this

person is involved in practice assessment interviews with their mentors. Most students report feeling very well supported by their sign-off mentors and other mentors and in the main reported good mentor continuity.

### **Service users and carers**

We met with service users and carers in the university who were pleased to relate their experiences of contributing to the nursing and midwifery programmes in a variety of ways including recruitment, teaching, assessment and evaluation. They confirmed that they feel prepared, supported and valued both by the academic staff and by students

In regard to adult nursing the service users and carers told us that they had contributed to programme design and have contributed to making videos and to formulating scenarios and phrasing questions for use during selection. They told us they are not directly involved in face to face interviewing but regularly participate in open days. They are able to contribute to teaching a wide range of care issues that include care with compassion, care of people with cancer and caring for people with a learning disability.

In midwifery we were told that service users and carers are involved in all aspects of programme design and delivery. We were told by the service user coordinator that a service user had acted as co-chair for the midwifery curriculum development group. The service user for midwifery confirmed that service users and carers are directly involved in selection for which they have received preparation including equality and diversity training.

### **Relevant issues from external quality assurance reports**

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 (1-7).

The following reports required action(s):

BUPA Care Homes: Colton Lodges Nursing Home, Leeds (Adult services: date of report 10 July 2015)

The CQC carried out an unannounced inspection on 06 May 2015 and followed up an earlier inspection from August 2013. The outcome was an overall rating of requires improvement but safety of services was found to be inadequate due to a lack of consistency in risk management and medicines were not being managed safely. The inspection team also found that the provision of supervision and appraisal required improvements to ensure that staff development was reviewed and training needs were appropriately identified. The team were told that people using the services were supported by staff who were not always caring and that there were different standards of care at different times. The team also found that the services was not responsive to individual's needs in that people did not always receive care that was planned to meet individual needs and preferences and care records did not sufficiently guide staff in the provision of care. Overall they found that the service was not always well led and required improvement. (1)

Leeds Community Health Care NHS Trust (community services, adult, children and adolescents: date of report 22 April 2015)

The CQC carried out an inspection visit from the 24th to 27 November 2014 and gave an overall rating of requires improvement. Safety of services and responsiveness of services were found to require improvements. In relation to safety of services concerns related to the provision and maintenance of premises and equipment with concerns regarding staffing levels across a number of services and concerns regarding the transcription of medication in district nursing services. In relation to the responsiveness of services to people's needs, the inspection team found variation in the planning and delivery of services with particular issues relating to the length of stay and waiting times for community children's and adolescent mental health services. (2)

Leeds Teaching Hospitals NHS trust (adult, child, mental health services: date of report July 2014).

CQC carried out a comprehensive inspection. The outcome was a rating of requires improvement in relation to the safety and the responsiveness of the acute services, and the leadership within the acute services. Concerns from the inspection team related to low numbers of nursing and medical staff in some areas particularly in elderly care wards, children's wards and surgical wards and in out of hours medical, and anaesthetics. They found inconsistency with the quality and recording of the nursing and medical handovers. There was variability in the extent to which staff had completed mandatory training. While staff were aware of how to support vulnerable patients, mental capacity assessments were not always documented in accordance with the mental capacity act (2005). Within midwifery services there was a shortfall in relation to midwifery and medical staffing. The inspection team found that, within outpatients there was some inconsistency in the prescribing of oxygen, which did not adhere to the trust policies. (3)

Community Links (Northern) Ltd, Oakwood Hall, Leeds (residential home for young adults with enduring mental health problems: date of report 20 August 2015)

The CQC made an unannounced inspection visit on 19 May 2015. The overall rating was that the service requires improvement in relation to safety, effectiveness, and responsiveness of services. In relation to safety of services the inspection team found some safeguarding concerns following the altercation between two of the service users. In the effectiveness of services the inspection team found that appointments with other professionals were not regularly followed up or recorded accurately. In relation to responsiveness of services the inspection team found that people's care records did not contain a life history, which would better enable staff to understand and have insights into the person's background and experiences. (4)

BUPA Care Homes (GL) Ltd, Park Avenue nursing home, Leeds, (adult older person's services: date of report 24 April 2015)

The CQC made an unannounced inspection and gave an overall rating of requires improvement in relation to effectiveness of services and leadership in services. In effectiveness of services the inspection team found that the service was not fully meeting the legal requirements relating to the deprivation of liberty safeguards (DoLS). Under leadership the inspection team found that the service was not consistently well led, that the quality assurance systems had not always been effective and that reporting of significant events to the CQC had not always taken place. (5)

Waterloo Manor independent hospital (long stay/rehabilitation mental health for working age adults and low secure mental health wards for working age adults: date of report 17

August 2015)

The CQC carried out a scheduled visit in February 2015. An overall rating for the hospital was that it was inadequate in all aspects of provision. Requirements notices were placed upon the provider. The inspection team found the following concerns:

- Patients were cared for in unsuitable environments that compromise their health and well-being. Dirty wards with tired furnishings were not conducive to patients' recovery.
- Managers had no plans to reduce the number of fixtures on the ward which could be used by patients to self-harm. Also no action was taken to reduce the risk to patients with suicidal thoughts and behaviours.
- Staff did not maintain comprehensive risk assessments.
- Staff did not manage medication safely and no action was taken on reports from external agencies with a monitoring role to oversee audit and safe practices in relation to medication.
- The senior management team did not ensure that learning from serious incidents was always shared with frontline staff.
- Staff did not plan, assess, or provide care to an adequate standard.
- Patients were transferred from one mode to another during their admission without proper planning or communication.
- Staff did not demonstrate a good understanding of the mental capacity act (2005) and deprivation of liberty safeguards.
- The overall leadership and management of care was poor and there were limited systems to audit the quality of care, to listen to patients concerns and complaints, and insufficient action taken to improve the overall quality of care.
- The service had an improvement plan developed as a result of the previous CQC inspection, but the senior management team did not monitor this closely enough and key actions were not carried out. (6)

Local Supervising Authority Annual Audit Report Monitoring the Standards of Supervision and Midwifery Practice Leeds Teaching Hospitals NHS Trust Thursday 16th October 2014.

The outcome of the audit was that

Domain 1: The interface of statutory supervision of midwives with clinical governance was partially met.

Domain 2: The profile and effectiveness of statutory supervision of midwives was met.

Domain 3: Team working, leadership and development was partially met.

Domain 4: Supervision of midwives and interface with service users was met. (7)

Update: 21 January 2016

A clear action plan, involving the AEI and partners was provided. (115)

#### What we found at the event

The AEI confirmed that they had been aware of all of this activity and were able to provide brief reports, which described how each of the above external reports had been responded to. However, the reports were lacking in clear articulation of how the issues raised by external systems regulators and QA monitoring of practice were addressed through strategic partnership and reporting to the NMC. There was no evidence of the AEI having carried out exceptional reporting to the NMC with regards to current and on-going issues raised in CQC reports, either directly or through opportunities to do so in annual self-assessment reporting. The summary of responses lacked specific details of the application of a clear policy and approach based upon partnership working or risk assessment and failed to convince that the issues raised by external scrutiny had been dealt with safely and effectively. (10-11, 45-46, 112)

The AEI's responses to external inspections were found to be inadequate and are reported further under practice learning, 3.1. We found that there is inadequate governance of, and in, practice learning and this is based upon a poor articulation of clear partnership working in responding to external adverse reporting and in failing to provide any exceptional reports to the NMC.

The managing reviewer directed the AEI that, within two working days of the monitoring event, it is to provide a full exceptional report to the NMC. This will be followed up by the requirement of an action plan to be formulated and agreed within ten working days.

#### Follow up on recommendations from approval events within the last year

We are informed that there was no approval or major modifications activity relating to NMC approved programmes in 2014-2015 and therefore no outcomes to report (self-assessment report 2015-2016).

#### Specific issues to follow up from self-report

The school has provided a detailed report on the ongoing actions and closure of actions in relation to key issues identified for 2014 to 2015 annual monitoring. These issues were:

- The school reports that service user and carer engagement and involvement in selection recruitment in preregistration programmes remains variable. A variety of methods being employed to engage them in this activity which includes producing guidelines and to give them greater involvement in learning and teaching activities within school. The school has also developed service user and carer videos for use within the selection events which are to be evaluated in the next academic year.
- The school reports that it constantly reviews the number of mentors and sign-off mentors to support students in practice and that a bespoke and rolling programme of mentor updates across acute and community trusts is supported by practice learning facilitators and academic staff. Academic staff co-ordinate private, independent and voluntary sector mentor updates. The school reports

that the output from the mentorship programme has increased from 33 to 99 during the past academic year.

- The school reported concerns over ongoing funding for practice learning facilitators. The school reports that all Leeds NHS trusts have continued to fund practice learning facilitators for the foreseeable future but will not support their engagement in visiting private, independent and voluntary sector placements. The contingency arrangement adopted by the school is to fund two lecturer/practice lecturer members of staff to spend 50 percent of the time supporting students in these areas. This funding has also been matched by the Leeds Beckett University to support GP practices, allied health professional and independent sector placements.
- The school reports that it has managed to increase the engagement of service partners in selection activities, although it remains variable. Admissions tutors are working to identify practitioners who have undertaken trust equality and diversity training and involving them in selection events. There is ongoing work to ensure that all events have at least one practice partner representative.
- The school has evaluated the revised guidance to support students in escalating concerns. Practice partners have assisted by setting up a “report and support” group to support students who raise concerns. Leeds Community Healthcare trust and the Leeds and York partnership foundation trust have strengthened support networks for students raising concerns.

Several areas identified for monitoring have not been included in the closure of actions section of the self-assessment report 2015 to 2016 and these relate to:

- Evaluation of processes in place to address assessment and feedback relating to issues raised in the national student survey.
- Evaluation of the process for developing a consistent approach to involve the external examiners in practice placements assessment.

These issues were considered during the monitoring visit and have been reported under the quality assurance section. (10-11)

### 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.

<p>What we found before the event</p>
<p>A summary of staff details confirms that programme leaders have due regard and hold a recordable teacher qualification. The majority of staff hold recordable teacher qualifications and all demonstrate due regard in relation to their designated professional roles. The school has an impressive profile of staff qualifications and experience commensurate with programmes taught. (13)</p>
<p>What we found at the event</p>
<p>We can confirm that academic staff leading and contributing to the pre-registration nursing programme (adult) and pre-registration midwifery programme are well qualified and have experience commensurate with their roles. (12-13, 45-46, 54, 80)</p> <p>The majority of staff members have gained the required NMC teaching qualification and tutors are supported in working towards this. All act with due regard. (45, 54).</p> <p>More than 50 percent of academic staff members have been awarded doctorates (45).</p> <p>Programme tutors perceive that they have adequate resources to deliver the programmes to the required standards and are able to adequately cover staff absence amongst the team. (45, 54, 80)</p> <p><b>Adult Nursing</b></p> <p>We can confirm that the programme leads for the BSc (hons) and the MSc pre-registration nursing (adult) programmes have due regard and hold a recordable teaching qualification registered with the NMC. (54, 121, 126)</p> <p>The BSc adult nursing students said that they are satisfied with the academic support they receive; they are each assigned a personal academic tutor (PAT), who provides academic support for the duration of the programme, and an academic supervisor for each individual module. They stated that academic staff are accessible and respond quickly to requests for support. The MSc adult nursing students in the main described a similar level of support, however they said that they do on occasions find it difficult to contact academic staff. (55-57)</p> <p><b>Midwifery</b></p> <p>We can confirm that the programme lead for the BSc (hons) midwifery programme has due regard and holds a recordable teaching qualification registered with the NMC. (121)</p> <p>There is 10 full time equivalent midwifery academic staff including the Lead midwife for education (LME) who is enabled by the university to fulfil her role as required by NMC standards including involvement in addressing concerns. (21, 80, 128-129)</p> <p>We were able to conclude from our findings that the AEI is adequately resourced to deliver pre-registration nursing (adult) and pre-registration midwifery programmes.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>

#### What we found before the event

Documentary evidence shows us that there is on-going partnership working to ensure sufficient numbers of properly qualified mentors, sign-off mentors and practice teachers to support students which comply with the educational commissioners of quality requirements (ECQ) and the learning development agreement between the AEI and placement providers. (14-15, 28, 34, 126)

#### What we found at the event

We found that there are a sufficient numbers of mentors and sign-off mentors to support the number of students in hospital wards, the community and in independent and voluntary sector placements. (77-79, 95-96, 99-104, 106, 126)

There is evidence of forward planning of student placements across different AEIs in the locality, which share placement areas for adult nursing to ensure wards and mentors can manage student allocations and appropriate mentor to student ratios are sustained. (58-59)

Across both programmes, mentors are informed of the students assigned to them in advance of the placement and induct students into their roles. (95, 58-59, 95-96, 98, 126)

The PLF informs university link lecturers and also the placement team, of changes in service configurations, and resulting staff changes which may impact upon the placement areas ability to support students. The centralised placement unit adjusts allocations accordingly to ensure placements with mentors and sign-off mentors. As well as using intelligence gathered from link lecturers the unit also uses audit and live mentor database information to inform this allocation. Within the independent and private sector the function of the PLF is performed by two designated academic staff members who are given sufficient time to fulfil this role. (47, 114)

#### Adult nursing

The mentors in four of six placement areas described significant pressure on their time, and that although they were doing so, it was a challenge to fulfil the requirements of their mentorship role. (58-61)

Staffing pressures on some acute wards are acknowledged and can influence the nature of support provided to students so staffing changes are monitored by ward managers in liaison with the PLF. (45, 47, 54-55, 58, 95-96, 126)

Students and mentors confirmed that all students have designated mentors and sign-off mentors and associate mentors to account for any variations in mentor and student shift patterns and to support students when sign-off mentors are on short-term absence. (54, 58-71, 95)

#### Midwifery

Mentors reported that they sometimes have more than one student allocated to them. However they are from different cohorts and this is not perceived as an issue by



students or mentors that we met. Students and mentors confirm that students spend at least the 40 percent minimum time with the sign-off mentors. Students confirm that they receive effective support from midwife mentors and mentors confirmed that they are effectively prepared and updated for their role. (92-96)

Students have raised issues at the staff student forum relating to service changes affecting midwifery staffing levels in some clinical areas in the trust, which was also reflected in the National Student Survey (NSS) 2015. Mentors confirm that subsequent actions taken to the student allocation system and closer monitoring of staffing levels/partnership working, have improved the process of ensuring appropriate and effective mentor student allocation. These actions have been recently implemented and therefore need to be monitored to ensure that NMC standards continue to be met. (47, 89-91, 95-96, 128)

**Outcome: Standard met**

Comments:  
No further comments

Areas for future monitoring:

- To monitor the extent to which mentors are able to achieve the 40 percent required time in supporting students in practice
- To monitor staffing levels within the placements and impact upon mentor and sign-off mentors capacity

**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

We found that admission processes and entry criteria follow NMC requirements, Entry criteria are clearly stated in online information to candidates and detail requirements in relation to numeracy and literacy and the International English Language Testing System (IELTS) is set at a minimum of seven for overseas candidates. 30 percent of students undertaking the MSc adult nursing programme enter via the APL route. (17, 20-21, 125)

Involvement of practitioners in selection is confirmed. During 2014-15 there were 56

nursing and midwifery selection events, which saw 47 practice partners at the selection events. (11, 120, 138)

#### What we found at the event

We can confirm that admission processes and entry criteria meet NMC requirements. (17, 54-55, 80-81, 122-125)

All pre-registration nursing and midwifery programmes utilise an enhanced values based recruitment strategy. BSc (hons) and MSc adult nursing and BSc (hons) Midwifery have a commitment to engage practitioners and service users and carers in the recruitment of potential students. All candidates undertake face-to-face interviews and are asked questions based on the NHS constitution values. All candidates sit a numeracy examination as part of the selection process. (17, 54-55, 119, 125)

We confirmed that 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. (20-23, 27, 52, 54-55, 80-81)

We found there is a policy relating to students less than 18 years of age. Practice placement providers and academic leads confirmed that this policy and procedure is effective to manage the learning experiences of students less than 18 years of age going into practice placements. (19, 54, 80)

#### Adult nursing

The BSc and MSc nursing programme teams told us that all academic staff have equality and diversity training, and that a database to monitor this is maintained for staff and clinical staff involved in admissions. We heard that while service users did not contribute directly at selection days they were available at open days, and that there are plans in place for service user involvement in MSc selection. (54, 122-123)

Service users told us that they contribute to adult nursing selection by helping to formulate questions and scenarios, some of which have been filmed, for the group activities and interviews. (49)

#### Midwifery

We found that recruitment and admission procedures comply with NMC requirements. (21, 81)

All academic and practice staff involved in interview processes for applicants to the programme have undertaken equality diversity and inclusion training. (80, 95)

Student midwives are involved in interview days and open days and also undertake equality and diversity training, which is viewed as valuable experience by current students themselves and for the applicants, and by the academic team. (80-81, 122-123, 127)

Interview topics relate to values and the role of the midwife, with service users having contributed to the development of topics and being welcomed to attend the interview days. (49, 80)

<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The school has a robust FtP policy and procedure to address concerns relating to the professional behaviour of students in both academic and clinical settings. (11, 20-21, 25, 31, 111)</p> <p>Students, academic staff and placement providers are informed of processes for monitoring performance. (20-21, 26, 29, 30)</p> <p>The placement providers have clearly articulated risk assessment policies that are commensurate with the university's policy. (26, 31, 35)</p>
<p>What we found at the event</p>
<p>We found that the procedures and processes for addressing issues of poor student performance are robust, using the university's FtP policy where necessary for conduct issues. Procedures for assessment and reassessment of theory, and progression on the programme including the 12 week rule, are made clear to students. They are aware of the procedures involved with monitoring of their performance and the support they can receive via academic supervision for each module. Academic staff described how they fulfil the roles of staff tutors and act as personal tutors for students, which enabled them to track student progress and offer advice and support on pastoral and academic matters. (20-21, 31, 35, 52, 54, 57, 80, 137)</p> <p>The academic lead for students is responsible for overseeing their performance in theory and practice and to put support mechanisms in place and/or to refer them to occupational health if appropriate. (31, 35)</p> <p>The school has a committee structure in place which ensures that students' performance is monitored and any disciplinary action is taken as required. (25, 52, 110)</p> <p>Students told us that academic supervisors and module leaders offer them advice and support with academic modules. (20, 21, 35, 55, 57, 81, 93)</p> <p>The raising and escalating concerns policy has been updated in 2015 and students have been made aware of this through dissemination at staff /student forum, poster displays, reflection on practice sessions and online. (11, 31, 52)</p> <p>We were told that concerns raised about student behaviour are referred to the FtP panel at school level and serious or repeated offenders are referred to the university committee which has representatives from placement providers, the professional lead with due regard and a lay person. (35)</p> <p>It was confirmed that the numbers of cases involving student behaviour referred under the policy continues in a downward trend although concerns over plagiarism are increasing. There were nine new referrals to FtP, of which six were considered not conduct issues and no further action taken, three were heard by the FtP panel, and</p>

<p>students remained on the programme with conditions. No students were referred to the university FtP panel in 2014-15. (9, 52, 126)</p> <p>The school also has procedures in place to consider issues of academic misconduct and DBS. All final year students investigated for plagiarism are notified to the FtP panel, which is in line with school policy. (11, 26-27, 52, 55)</p> <p>In addition all students self-declare their good health and good character annually. (54, 80, 124)</p> <p>Adult nursing</p> <p>Students told us that they are familiar with procedures for professional conduct. (26,55).</p> <p>The programme team reported that the attrition rate for the pre-registration provision was around four percent and that their commissioners closely monitor this. We were also told that all leavers are offered a meeting with the programme lead and attrition is documented at the programme management group meetings. (51, 54-55)</p> <p>Midwifery</p> <p>One midwifery student, who had stepped off the programme due to health matters, confirmed that she had been fully supported to return successfully and undertake appropriate progression requirements including self-declaration of good health and good character. (82)</p> <p>Academic staff and students confirmed that the use of formative feedback for theory assessment is useful although students report this as lacking consistency in some cases. (80-81, 92-93, 127)</p> <p>We conclude from our findings that the university has effective policies and procedures in place for the management of poor performance in theory and practice. We are confident that concerns are investigated and dealt with appropriately ensuring protection of the public.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>We found documentary evidence of 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. The procedure is outlined in pre-registration nursing (adult) and pre-registration midwifery documentation. (20-21, 26, 29, 31, 35, 39)</p> <p>If necessary, the formal FtP process can be initiated.(31)</p> <p>There is support for student with disabilities. (43)</p>
<p>What we found at the event</p>
<p>The programme provider procedures are implemented by practice placement providers</p>

in addressing issues of poor performance in practice. Mentors and students are aware of the guidance for achieving progression points and NMC standards. These are accessible in the practice assessment documents for adult nursing and for midwifery. (29-30, 55, 95)

The procedures for dealing with poor performance and escalating concerns about students are understood and implemented by mentors when required. (59, 95, 96, 126)

University staff and mentors form action plans together to support students in improving their performance. (43, 50, 54, 80, 107-108)

At the end of each placement, student assessments on placements are signed off by mentors, which are seen by academic tutors. In the common assessment booklet for midwifery students, mentors have to signify whether there are any issues with student performance and whether they have informed the liaison lecturer. (30, 81, 127)

We saw examples where action plans have been put in use to aid student development and where improvement had resulted. (107-108)

In response to student feedback, information and induction booklets have been produced for students, and examples of these were seen on visits to placements. (44, 60, 105, 116-117, 127)

Students reported that induction is effective, which includes a tour of the wards, and some are able to visit wards for induction before the start of the placement. Students report receiving sufficient notice of their placements. (58, 60-62, 95, 127)

Link lecturers are linked to wards and have good relations with trust placement areas and other providers. (37, 45, 54)

Students and mentors find link lecturers approachable, accessible and responsive to any concerns raised in placement areas. (37, 57-58, 60, 95-96)

We conclude that the processes for managing failing students in practice are understood and are implemented appropriately.

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

The school has a clear accreditation of prior learning (APL) process and policy and an individualised programme panel policy (IPP). Programme managers and the professional lead for each field signs off theory and/or practice hours mapped against the programme outcomes before applications are signed off through the IPP panel. (32-33, 40, 42)

In 2014-2015 the IPP considered 74 claims for APL and approved all. (33)

What we found at the event

<p>Adult nursing</p> <p>We found that the programme teams are familiar with the APL requirements. APL is used within the BSc pre-registration programmes (adult) only when students wish to transfer their training from another AEI. The MSc programme lead told us that 30 percent of students have been given credit for previous learning. We were told that a robust process is in place and that students are required to present a portfolio of evidence, and timesheets signed by a manager for 750 hours of practice. A mentor is required to sign-off all practice standards also during the programme. The descriptions provided reflected the AEIs policies and procedures in this area. (33, 48, 54, 109)</p> <p>Midwifery</p> <p>According to the NMC Standards the use of APL applies to midwifery only in cases of transfers in to the pre-registration programme from other NMC approved midwifery pre-registration programmes. (48, 80)</p> <p>We are able to conclude that the systems for the APL and achievement are robust and well managed.</p>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <p>The school is planning to extend the role of service users included face to face selection within the MSc pre-registration programme. They have already identified a suitable service user and conducted equality and diversity training.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>To monitor the implementation of plans to involve service users and carers within the face to face selection of students for entry to the MSc pre-registration nursing programme.</li> </ul>

<p><b>Findings against key risks</b></p>
<p><b>Key risk 3 - Practice Learning</b></p> <p><b>3.1 Inadequate governance of and in practice learning</b></p> <p><b>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</b></p> <p><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></p>
<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>

We found that there are strategic and operational level arrangements in place to ensure safe and supported practice learning .We are told that HEEY&H Learning Development Agreements (LDA) are in place with all practice partners prior to students having placement. (14-16, 24-25, 50, 97)

Educational audit, mentor support processes, HEEY&H practice standards and practice assessment documentation has all been developed in partnership between the UoL and placement providers and the commissioners. (15)

CQC adverse reporting is not reported within the self-assessment documentation for the past two years and, given the range of concerns raised by CQC, it is likely that the AEI is failing in its compliance in exception reporting to the NMC. (1-11)

#### What we found at the event

We can confirm that, at strategic level there are various committees in which education commissioners, the AEI and placement providers meet together and these include practice placement quality group and a PLF stakeholder group. Practice placement quality groups sit at both Local Education and Training Boards (LETB) and AEI level with practice placement provider representation at both of them. Practice quality standards are in line with Supporting Learning and Assessment in Practice (SLAiP) requirements. (14, 43, 45-46, 51, 126)

We found clear operational partnership arrangements are in place to support delivery of all programmes. Students are allocated according to approved programme guidelines. Practice placement providers are informed of students' placements normally one month before the placement. Practice learning facilitators ensure new placement areas are set up and LDA signed, followed by an educational audit being completed by the AEI and practice. (72-76, 86-88)

There is an up to date database of placements. Normally educational audits are undertaken biannually by AEI staff and placement provider staff using a regional audit tool, which serves UoL, Leeds Beckett University and the Open University, who access the same placement resources. There is a named academic for each cluster area who is responsible for ensuring that the audit event takes place annually for the whole cluster and they liaise with the designated link lecturer and service manager. (14-16, 24-25, 37, 43, 47, 72-76, 86-88, 99-101, 114)

The needs of students with disabilities are addressed on an individual basis in discussion with the student, school and university disability advisers and, where appropriate, the mentor. (17, 20-21, 29-30, 47)

#### Adult nursing

We found that mentors within practice placement providers are less clear about the process for communication impending or the results of CQC inspections, particularly when risks emerge, and none could describe any formal framework for doing this (61-63).

#### Midwifery

We found that partnership working is strong in midwifery at operational levels. However,

there is a lack of clear articulation of how the issues raised by external QA monitoring is addressed through strategic partnership and reporting to the NMC (46-47, 80, 112)

For midwifery there is one trust with two large maternity units and community areas where students have placements. Some placements support student midwives from other AEs on short non-assessed placements which is not considered problematic. This arrangement is managed through the centralised regional placement allocation process and monitored via the required audits of learning environments (80, 99-101, 128).

The role of the PLF appears significant in the effectiveness of the partnership working and all stakeholders are aware of the PLF who supports midwifery. The placements are acknowledged as complex and dynamic regarding staffing and this is monitored through regular audit and the existing forums between the university and the trust. (80-81, 83-84, 95, 128)

There is an effective relationship between the university and the Local Supervising Authority (LSA) and the Lead Midwife for Education (LME) is involved in decision-making at all levels.(46)

We can conclude that there is effective partnership working between the university and hospital and community placement providers regarding the delivery of the theory and practice components of the programme.

However, we could not be assured that there are robust systems in place to escalate concerns that may emerge as a result of CQC inspections or similar.

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 and carers are involved in a range of activities, which include programme development, selection, teaching, assessment, and research. The school has clear guidelines to prepare and support service users and carers in these activities. (18, 20-21, 29-30, 36)

What we found at the event

We are informed that service user and carer involvement has expanded within programmes. Service users and carers engage effectively with colleagues within the school and an annual network seminar has resulted in increased involvement of service users and carers within modules. The evaluation of this event was positive by lecturers and the 14 service users and carers involved and this will continue to be evaluated and repeated next year. Some of the service users and carers involved within the school also have a national voice with Carers UK/NICE and engage in debate about being a carer. Members of programme or module teams influence the content and delivery methods by including patient narratives, poems, case studies, media depictions, simulated practice opportunities. A service user is co presenting with a lecturer on the



use of digital stories and patient narrative in the student education conference at the UoL in January 2016. Students have evaluated positively the use of videos, which were developed following interviews with children, parents and patients. (10, 45)

Service users and carers were very passionate about their involvement in healthcare education that includes nursing, midwifery, medicine and speech therapy. They confirmed a range of contributions that included cancer care, care of clients with learning disabilities, stroke care, and breast-feeding. They feel that their contributions are appreciated and enhance the students learning experiences. (49)

We found evidence that practitioners contribute to programme development and delivery through membership of curriculum planning groups and participation in scheduled teaching. (38-39, 44, 54, 80, 118)

We saw examples within assessment documents of service users and carer's contributions in the form of testimonials to students practice assessment. The role of the mentors and sign-off mentors was clear in, and integral to, the assessment process. (54-55, 80-81, 107-108)

#### Adult nursing

We heard from the programme team that service users and clinicians are involved in curriculum development. (54)

A module leader described a service user day that has been developed in one module and a mentor told us about the contribution she was making to one module. (63)

Senior staff from practice placement providers gave assurance that they support and release staff for curriculum development. (45)

We also heard that opportunities are provided in some placement settings for students to meet with service users and carers by taking part in patient forums. (63)

#### Midwifery

We found that there is a range of involvement by maternity service users in the midwifery programme. Students value the input that service users give to class based sessions and cited several examples of how this is undertaken and what benefits there are to their learning of user involvement. (81, 82, 127)

There are service users involved in programme development through the programme management team meetings, which the academic team value highly. (80)

There is a range of ways in which practitioners contribute to the programme delivery, including participating in Objective structured clinical examination (OSCE) assessments as confirmed by the external examiner. (80-81, 85-96, 130)

Mentors were able to confirm that they are invited regularly by the academic team to contribute and most do so when possible, within the constraints of their own workload and the service. (85, 130)

Some mentors told us that they are able to feedback their concerns and ideas about programme development to the team, an example was where mentors felt that too many students were in practice at one time and this was effectively listened to and addressed. (85, 128)

We were able to conclude that service users and carers and practitioners are involved

in the delivery and continuous improvement of the pre-registration nursing (adult) and pre-registration midwifery programmes.

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

What we found before the event

We are informed that links between AEI and practice are strong. Liaison lecturers support practice through educational audit and monitoring of action plans besides making informal visits. The workload allocation model is comprehensive and allows for staff to meet NMC requirements with 20 percent of time in practice. An allowance is given for clinical liaison, ensuring up-to-date evidence of teaching, scholarship and research activities. The policy relating to the clinical liaison role provides guidelines, job descriptions and specifications, which allow staff time and guidelines for liaison with clinical partners. A member of the academic staff is designated a cluster of placements to oversee and monitors the auditing cycle. (12-14, 37, 43)

What we found at the event

We found clear evidence that academic staff support students in practice placement settings through fulfilment of the link lecturer role for pre-registration nursing placements and liaison lecturer role for midwifery placements. (54, 80, 43, 45, 51)

Adult nursing

The programme team told us that all members of staff who are registered nurses are expected to be link tutors and that time is made available to do this, link tutors are regularly involved in providing mentor updates. (12, 37, 47, 54)

Mentors confirmed that they feel very well supported by AEI academic staff and have easy access to them. (58-63)

Students are fully aware of the link tutor role and who the link tutor is for their current placement. Those who have needed to contact them have been able to do so in a timely way. (55-57)

Midwifery

We found that in all the placement areas visited, the liaison lecturer role is deemed to be effective and highly regarded. Mentors agree that liaison lecturers provide support for students in practice and participate in all intermediate and final practice assessment interviews. (30, 80, 83-84)

Students agree that the liaison lecturers are valuable for their support and are confident that when they are in practice, the liaison lecturer is available by phone and email in between assessment meetings. Liaison lecturers have specific allocated placement areas. (37, 80-82, 93, 96)

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
<p>Mentors/sign-off mentors are properly prepared through an NMC approved mentor programme and regular updates. Information is also made available on the online practice placement quality assurance (PPQA) website, about preparation, updating and policies that inform mentor activities. (11, 14-15)</p> <p>There are clear processes for monitoring of mentor preparation and annual updates. (11)</p>
What we found at the event
<p>We can confirm that there are clear processes for mentors, sign-off mentor and practice teacher preparation and updating. (34, 45-47, 125)</p> <p>Mentors confirm that they are well prepared and updated for their role. The update materials and online updates as well as the academic staff delivering updates, are programme specific. Mentors agree this supports the success of their being properly prepared for their role in assessing student nurses and midwives in practice. (58-63, 83-85, 96)</p> <p>Within midwifery, a coordinating mentor is designated to liaise with the PLF to monitor mentor preparation and availability. The live register has a facility, which reminds mentors, and sign-off mentors, by email, of when their updating and triennial reviews are due. The reminder gives a two-month lead in to ensure that mentors do not lapse in their update requirements. (47, 83, 102, 132, 113)</p> <p>Mentors confirmed that the online support material is very useful in supporting their interactions with students. (43, 83-85, 132)</p> <p>Students reported that they are aware of the updating status of mentor and sign-off mentors because it is a requirement that they confirm this within the practice assessments documents. (29-30, 54-55, 81)</p>
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
<p>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 and pre-registration midwifery students. This agreement also provides for the release of clinical staff to attend mentor, sign-off mentor and practice teacher preparation and updating. (11, 14, 16, 132)</p>

<p>What we found at the event</p>
<p>Commissioners and senior managers confirmed that mentor preparation and updating is part of the service level agreement and is reviewed through contract monitoring processes. (14, 16, 45-46, 51)</p> <p>We found that all mentors and sign-off mentors are up to date and meet the requirements for triennial reviews. This is clearly documented on 'live' mentor databases on the PPQA online register, which also identifies when mentors are approaching their annual updates and triennial reviews, in addition to annual appraisals. (113)</p> <p><b>Adult nursing</b></p> <p>Mentors and practice learning facilitators told us that mentors are properly prepared for their role and that they have access to, and are released to attend, regular updates. (58-63, 133)</p> <p>We heard from the programme team, link tutors and mentors that mentorship updates are offered frequently, in a variety of settings and in both face-to-face and online modes. The updates are of a good quality and enable mentors to stay up to date. (54, 58-63)</p> <p>We were able to verify the record of updates and triennial reviews on the live register in five of six areas (58-61, 63), and a paper version in one area. (62)</p> <p>We were told that line managers conducted triennial review and that the PLFs provide online guidance to assist practitioners in preparing and assembling evidence to discuss at the triennial review. (47)</p> <p><b>Midwifery</b></p> <p>We found that mentors understand the need for annual updates and the mentor updates are undertaken as part of mandatory training. This is further supported with online resources. (83-85)</p> <p>Mentor and sign-off mentor updating is also discussed and monitored through the mentors' annual supervisory review with their named supervisor of midwives. (96)</p> <p>Mentors are able to access their own information through the central web-based PPQA facility which they find very useful. (95-96, 126)</p> <p>We are able to conclude that mentors are released to attend regular continuing professional development, and that a sufficient number of updates are offered to enable mentors to meet the requirements for an annual update and triennial review.</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>The live, pass word 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 as NHS</p>

placement providers. The placement team has read-only access but are able to use the live register to inform student allocation. (14, 50)

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 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 PPQA web facility. (14, 58-61, 63, 95, 102, 113)

**Outcome: Standard not met**

Comments:

There are risk surveillance mechanisms in place to identify risks in practice but the AEI has failed to comply with NMC requirements (NMC Quality assurance framework, Part four: Responding to concerns within nursing and midwifery education and supervision of midwives) by carrying out exceptional reporting when required. We found there is a lack of clear articulation of how the issues raised by external QA monitoring of practice is addressed through strategic partnership and reporting to the NMC.

**9 June 2016: Follow up Documentary Evidence from University of Leeds.  
Standard now met**

Updated 9 June 2016

The University of Leeds identified and implemented an action plan to ensure that mechanisms are in place to address issues raised by external QA monitoring which include clear strategic partnership working and exceptional reporting to the NMC.

A review of the evidence against the action plan on 9 June 2016 confirmed that the following actions have all been met:

The university is continuing to work with LETB to promote 'Checked latest regulator report' being added to the audit check list. LETB has agreed to do this in principle but changes to the reporting template will be subject to funding and HEE agreement. This remains a standing issue on the meeting agenda of the practice placement quality group (PPQA) which manages practice learning for all AEIs within the Health Education of Yorkshire and Humber (HEEY&H) catchment area.

The university has contacted all practice placement providers to emphasise the importance of informing the university of pending or ongoing CQC or other regulator activities relating to their device provision. This is further reinforced through the PPQA meetings which have placement provider as well as other AEI representatives in attendance.

A series of link lecturer updates has been carried out to brief them regarding requirements to include a summary of the outcome of any external or other regulator reports pertaining to respective placement areas when completing educational audits.

The liaison officers of the university are carrying out reviews of the CQC website monthly for new reports which relate to any practice placements used within the private, independent and voluntary sector.

The raising concerns policy has been modified to ensure the additional reporting is identified in the flow chart. The amended policy gives clear guidance on reporting which captures details of timelines for reporting, risks identified and actions taken to address any concerns raised. The revised policy was agreed on 21 April 2016 and clearly acknowledges the university's responsibility to carry out exceptional reporting to the NMC as appropriate.

The university has developed clear trigger criteria for carrying out exceptional reporting to the NMC of any issue impacting upon the student learning environment. Exceptional reporting to the NMC has been carried out on 10 February 2016.

The university has contacted all directors of practice (or equivalent) within AEIs sharing practice placements to exchange information on any external or internal concerns that have been raised, and to confirm actions taken.

The university has secured agreement that any concerns raised through external (CQC) reporting or internal mechanisms are discussed regularly at the meeting of the practice placement quality group. The additional standing agenda item considers the number of exception reports sent, location of concern and reason for concern.

#### Evidence

- Email correspondence with LETB in relation to amending educational audit reports to included QA reports. Confirmation of approval in principal from LETB subject to funding and HEE agreement (23 May 2016).
- Correspondence from head of school, University of Leeds, to all placement partners (2 March 2016) to emphasise the importance of sharing information on QA activity impacting on placements.
- Registers and details of link lecturer briefing meetings (23 May 2016)
- Confirmation from director of practice confirming monthly reviews of monitoring of the CQC website for activity relating to private, independent and voluntary sector placements (28 April 2016)
- Revised raising and escalation of concerns policy (29 April 2016)
- Copy of exceptional report sent to NMC (10 February 2016)
- Correspondence to other AEIs (31 March 2016)
- Draft minutes of PPQA meeting (17 March 2016)

#### Areas for future monitoring:

- To monitor the development of improved mechanisms for ensuring effective communication between practice partners and the AEI around external QA monitoring and action plan implementation
- To monitor exceptional reporting to the NMC in compliance with the NMC quality assurance framework, part four.

## 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

All pre-registration nursing and midwifery programmes are mapped against NMC standards, (20- 21, 29-30, 38-39, 134-136)

External examiner reports confirm that pre-registration nursing (adult) and pre-registration midwifery are enabled to achieve NMC competencies at progression points and for entry to the register. (40-41)

Pre-registration nursing (adult) and pre-registration midwifery 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. (20-21, 38-39, 134-136)

What we found at the event

All students told us that they benefit from effective teaching and learning strategies, which include simulated learning. They are given opportunities to rehearse and develop caring and practical skills before they go into practice placements .We found that assessment methods are varied, appropriate and sufficiently challenging to develop and assess students’ knowledge and understanding. (20-21, 24, 55, 80)

External examiners’ reports for nursing adult and midwifery programmes confirm students are able to move through programme progression points and are successful on completion of the programme. (40-41, 131)

We found that the programmes are up to date and reflect current workforce priorities. Commissioners and employers confirmed that successful students emerging from the programmes are employable and fit for practice. (45, 51, 55, 81,134-136)

All third year students reported that they feel confident and competent to practise and to enter the NMC professional register on completion of their programme. (55, 81)

All student achievements are monitored through module and progression boards. Ratification of the final academic and professional achievement for entry to the register

<p>is managed by the skills progression and awards board. (42, 54, 80)</p> <p>Adult nursing</p> <p>There is a well-designed resources clinical simulation suite to enable students to develop practice clinical skills before going into practice. (53)</p> <p>The programme teams described how a research led learning strategy is applied to teaching and learning strategies.(54)</p> <p>External examiner reports and programme documentation confirm that a variety of teaching, learning and assessment strategies are used in the programmes. (29, 40)</p> <p>Nursing students told us that, while they feel prepared to go into practice, they would benefit from additional clinical skills practice and simulation. However all told us that they have managed to progress through the programme within the expected timeframe. (55-57)</p> <p>Evidence from timetabled schedules confirmed that a full range of skills are taught in the university and that this corresponds with preparation for clinical allocations. (118-119)</p> <p>Mentors told us that students have the skills and competencies they would expect them to have for the point they are at in the programme. (60, 63-64)</p> <p>Students described opportunities to receive formative feedback and we were told that for each summative assessment they were able to submit up to 20 percent of the word count for feedback prior to submission. (55)</p> <p>All stakeholders confirmed that graduates from the AEI were fit for practice and employable. (45-46, 51, 54-55, 58-63)</p> <p>Midwifery</p> <p>We found that there is documentary evidence to support student midwives' achievement of all NMC and programme outcomes in the common assessment documents (CAD) and practice skills records and in the external examiner report. (30, 41-42, 108)</p> <p>NMC and programme requirements for student midwives at progression points and at completion are evidenced in the midwifery programme handbook. (21)</p> <p>As a result of our findings we are able to conclude that the approved programmes address all required learning outcomes in accordance with NMC standards.</p>
<p>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</p>
<p>What we found before the event</p>
<p>The pre-registration nursing (adult) and the pre-registration midwifery programme 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. (20-21, 29-30)</p> <p>This is confirmed by the respective external examiners. (40-42)</p>



## What we found at the event

We found the essential skills and competencies and European Union (EU) directive requirements 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 programmes. (40-43, 107-108)

Placement learning outcomes are achieved under the supervision of a sign-off mentor whom the student works with at least 40 percent of time; we are assured that preliminary, intermediate and final interviews are held at the required times to record progress against the intended learning outcomes. Mentors confirmed the on-going record of achievement is accessible to them and this is referred to in order to get information about students' past performance. (43)

We found that several documents must be completed to confirm all NMC requirements have been met, including a competency document containing the essential skills clusters, and a record of EU requirements. All practice documents are regularly examined by personal tutors and programme leads and a sample of practice assessment documents are moderated. (20-21, 42-43, 110)

External examiners engage with both theory and practice. (40-41, 131)

### Adult nursing

We found that the requirements of the EU directive including the specified hours of theory and practice are met in the approved programmes. Students are able to undertake short visits to enable them to follow a client/patient through to other services such as social services, specialist nursing services, voluntary support/specialist groups. They use these experiences to develop a portfolio of evidence to demonstrate the generic and EU competencies. (11, 20, 47, 107, 134-135)

We found that the essential skills and competencies and EU directive requirements are clearly identified in the practice assessment document. (29)

Samples of completed practice assessment documents demonstrate that students achieve the required outcomes for each progression point. (29)

The mentors and students we spoke to found the practice assessment document easy to use and understood how to complete it. (56-63)

### Midwifery

We found that there is documentary evidence to support student midwives' achievement of all NMC practice learning outcomes competencies and proficiencies, in the common assessment document, practice skills records and external examiner report. (30, 41, 108)

NMC and programme requirements for practice achievement at progression and at completion are evidenced in the midwifery programme handbook. (21)

One issue raised by third year students is in relation to numbers of personal deliveries and concerns about achieving these by the end of the programme due to lack of delivery suite experience. (81)

Documentation provided by the LME confirms that there is variability among third year

students on these numbers, although all achieve the NMC/EU requirement by the end of their programme. There is a contingency plan by the programme leader to monitor and address birth number shortfalls for specific students for example further delivery suite shifts being made available. (130)

As a result of our findings we are able to confirm that there is 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.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

- To consider the impact of reducing the amount of formative feedback on theory assessments.
- Within midwifery to monitor the processes and support given to students to achieve their personal delivery quotas within the delivery suite experience provided to them.

**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' views and evaluations about the theoretical and practice elements of the programmes are sought in a number of different ways. All students are required to evaluate each practice experience through an online medium for which they receive an evaluation certificate, which is a requirement for achievement at each progression point of the programmes. (11, 20-21, 115-116)

What we found at the event

The review team found that student evaluations inform programme development. (44-45)

The course management team reviews evaluations to ensure student issues are dealt with. All modules are evaluated on paper based feedback forms and each of these informs the annual programme monitoring report which is submitted to the school taught education committee (STSEC) which decides on actions necessary to enhance programme provision. (25, 44, 46, 54, 80, 116, 118)

Students confirmed that they provide feedback at the end of each placement and academic module on programme delivery. (55, 81, 117)

Student evaluation outcomes are recorded electronically for placements and are available on the placement database. (58, 114, 117)

In particular the student's evaluation questionnaires incorporate a 'friends and families test', which is considered to be useful in indicating quality within care settings. A strength perceived by the senior managers and commissioner is that clear shared ownership of placement evaluations and placements do not need to wait for the AEI to receive, collate and disseminate the evaluations for practice. (46, 50)

We were told that undergraduate programme experience surveys invite student feedback on overall satisfaction, quality of teaching, assessment and feedback, academic support, organisation and management, learning resources, and personal development. (66)

The school provides opportunities for feedback through a student /staff forum which meets twice in each semester and has elected student representatives from each year of each programme. This reports to the school and then faculty taught student education committee and board. (44)

The school has clear committee structures in place, which are designed to provide governance of all aspects of programme provision. (8-9, 42-44, 137-138)

#### Adult nursing

The programme team told us that the response rate from students for module and programme evaluations is very good, and that the core research module has recently been modified in response to student feedback. (54)

Changes made in response to module evaluations are reported annually in the module and programme review and discussed at the programme management committee, which both students and staff attend. (118)

Examples of recent changes made as a result of student feedback include the formation of working groups to assess programme content related to medicines management, making timetables available to students on the virtual learning environment, introducing the concept of 'feed forward' in student feedback, restructuring of exams. (118)

#### Midwifery

Students confirmed that they undertake regular evaluation of the programme through electronic feedback forms. Some students were able to cite several examples of where their feedback to the academic team was responded to, leading to improvements for example the 'peer mentor' system for students supporting one another, improved teaching through simulation, and tutor assessment feedback quality. Some students felt that they could not openly discuss their concerns in a class situation when invited to by lecturers, and some found the use of their student representative in raising concerns

and attending forums on their behalf, to be beneficial in evaluating programme elements and having actions fed back to them. (81, 127-128)

External examiners' reports indicate that their feedback on programme aspects is responded to by the programme team and that they have made suggestions for programme enhancement. (41, 130)

External examiner reports demonstrate their commitment to engage with clinical practice elements of the programme and that they have due regard according to NMC requirements. (41, 131)

Our findings confirm that student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery.

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. (20-21, 26, 35)

External examiners, have due regard and engage with both theory and practice elements of approved programmes. (40-41, 131)

What we found at the event

We found a range of methods which enable concerns and complaints about practice learning and care standards to be raised and dealt with effectively. The university and placement partners operate clear raising and escalating concerns policies and procedures which are explicit within student handbooks, practice assessment documents, placement resource files and are reinforced at each placement induction. (20-21, 24, 29-30, 35)

We were informed that the school had dealt with four formal concerns which were raised in 2014-2015 and were related to elderly care, conduct within the birthing centre, concerns about care within a nursing home and concerns raised about healthcare practitioners from another university. We are able to confirm that the policies and procedures were followed to escalate the concerns and students were supported during the process by the personal tutor. (11, 52)

We can confirm that academic staff, mentors, and students are aware of the circumstances under which concerns may be raised and of the mechanisms for doing so. (54-55, 62-63, 80-81, 84-85)

Student evaluations of practice are available to the commissioner, placement providers,

and the education committee for professional practice and patients' safety, which uses them as a source of surveillance of quality of care. Quarterly reports of placement evaluations are discussed at the practice placement quality group and determines actions required, for example in relation to mentor availability and updating. (25, 50-51)

External examiners reports demonstrate consistency in their engagement in all programme assessment of achievement and they have opportunities to meet with mentors and students. They regularly scrutinise practice assessment documents and this includes any Recognition of Prior Learning (RPL) claims which include competencies in practice. (40-41)

#### Adult nursing

Mentors and students told us that they were familiar with the process for raising concerns and complaints in practice settings, and this included the policies of both the AEI and practice placement providers. As part of their induction into the practice setting students are informed about the procedure for reporting critical incidents and near misses and about local complaints policies. (55-63)

#### Midwifery

The 2015 NSS highlighted placement issues in relation to mentor support and placement allocation and was responded to promptly in the setting up of a trust student subgroup forum with clear aims and subsequent actions instigated on 3 December 2015 (128).

We found that in the clinical areas visited there is now an orientation booklet available for students, and nominated staff with responsibility for student rotas and evaluations are discussed at the practice placement quality group and determines actions required, for example in relation to mentor availability and updating. (25, 50-51)

Students were able to confirm that the mentor allocation was appropriate, and the LME confirmed that there is an academic team member on the trust forums and that students were encouraged to attend. (80-81)

Students report feeling welcome in practice placements and were invited to participate in a range of forums. (93, 95-96, 127-129)

We found there is a robust system in place for raising and escalating concerns (reported in 3.1.1). However we found that a clear reporting process for sharing and responding to concerns raised by CQC and other external agencies is not explicitly articulated.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

## Evidence / Reference Source

1. CQC report –BUPA care homes: Colton Lodges nursing home, Leeds, 10 July 2015
2. CQC report – Leeds community healthcare NHS trust, 22 April 2015
3. CQC report – Leeds teaching hospitals NHS trust, 1 July 2014
4. CQC report – community links (Northern) Ltd, Oakwood Hall, Leeds, 20 August 2015
5. CQC report –BUPA care homes: (GL) Limited. Park Avenue nursing home, Leeds, 24 April 2015
6. CQC report – Waterloo Manor independent hospital, 17 August 2015
7. CQC report – local supervising authority annual audit report , 16 October 2014
8. STSEC 1525\_DBS annual report\_2014-2015
9. STSEC 1528\_designated officer for professional conduct-annual report\_2014-2015
10. University of Leeds, SOH, self-assessment report, 2014 – 2015
11. University of Leeds, SOH, self-assessment report, 2015 - 2016
12. AEI section 1.4\_SOH\_ workload manual,\_2014
13. UoL\_SOH\_academic staff profiles,\_2016
14. Educational\_contract quality report\_UOL\_SOH\_2015
15. AEI requirements.\_section 1.6
16. Yorkshire and Humber (HEEY&H)\_learning development agreement, 2016
17. UoL\_undergraduate admissions policy\_2006 15
18. UoL\_SOH\_service user and carer benchmarks\_2009
19. [www.Leeds.ac.uk/Secretariat/documents/safeguarding\\_policy.pdf](http://www.Leeds.ac.uk/Secretariat/documents/safeguarding_policy.pdf)
20. UoL\_SOH\_programme handbook pre-registration adult\_2015 – 2016
21. UoL\_SOH\_programme handbook pre-registration midwifery\_2015 to 2016
22. UoL\_SOH\_policies positive disclosure and disclosure barring services,\_January 2014
23. UoL\_SOH\_School Teaching Students Education Committee\_disclosure and barring service annual report\_2014 to 2015
24. UoL\_SOH\_practice of assessment\_2015 2016
25. UoL\_SOH\_committee structures are taught students\_2015
26. UoL\_student professional conduct process: information the students\_2013
27. UoL\_SOH\_disclosure and barring protocol\_April 2013
28. [www.healthcareplacements.Leeds.co.uk](http://www.healthcareplacements.Leeds.co.uk)
29. West Yorkshire\_practice assessment documentation\_preregistration adult nursing\_2016
30. West Yorkshire\_practice assessment documentation\_preregistration midwifery\_2016

31. *UoL\_SOH\_student professional conduct process\_2014*
32. *UoL\_APL – code of practice, 2011*
33. *UoL\_individualised programme panel annual report\_2014 to 2015*
34. *AEI\_requirements\_section 1.8*
35. *UoL\_SOH\_guidance for staff and students\_raising and escalating concerns, 2015*
36. *UoL\_SOH\_good practice guidelines for working with service users and carers (SUC)\_January 2013*
37. *UoL\_SOH role of the placement provider cluster lead\_2015*
38. *NMC\_approval report BSc (Hons) midwifery 2011*
39. *NMC\_approval report BSc(Hons) adult nursing2011*
40. *UoL\_SOH\_external examiner reports (adult nursing)\_2014 – 2015*
41. *UoL\_SOH\_external examiner reports (preregistration midwifery)\_2014 -2015*
42. *STSEC\_1529\_skill progression and awards board report\_2014 to 2015*
43. *STSEC\_1527\_annual report director of practice\_2014 to 2015*
44. *STSEC\_1534\_action plan based on student experiences: session 2015 – 2016*
45. *UoL\_SOH\_introduction and presentation meeting\_20 January 2016*
46. *UoL\_SOH\_managing reviewer meeting with senior academic staff\_20 January 2016*
47. *UoL\_SOH\_managing reviewer meeting with placement managers and programme leaders\_20 January 2016*
48. *UoL\_SOH\_managing reviewer meeting with APL coordinator\_20 January 2016*
49. *UoL\_SOH\_managing reviewer meeting with service users and carer representatives\_20 January 2016*
50. *Practice placement quality group\_14 May 2015*
- UoL\_SOH\_managing reviewer debrief meeting \_20 January 2016*
51. *UoL\_SOH\_managing reviewer meeting with HEE&H commissioner\_21 January 2016*
52. *UoL\_SOH\_managing reviewer meeting with FtP panel members\_21 January 2016*
53. *UoL\_SOH\_managing reviewer: learning resources tour\_21 January 2016*
54. *UoL\_SOH\_Adult reviewer meeting with programme team\_20 January 2016*
55. *UoL\_SOH\_Adult reviewer meeting with preregistration adult students\_20 January 2016*
56. *UoL\_SOH\_adult nursing \_placement visit\_ St James University Hospital\_accident and emergency\_meeting with MSc student\_20 January 2016*
57. *UoL\_SOH\_adult nursing\_placement visit\_ St James University Hospital\_ care of the elderly \_meeting with MSc students\_20 January 2016*
58. *UoL\_SOH\_adult nursing\_placement visit\_ St James University Hospital\_gastroenterology\_meeting with mentors\_20 January 2016*
59. *UoL\_SOH\_adult nursing\_placement visit\_ St James University Hospital\_accident and emergency\_meeting with mentors\_20 January 2016*
60. *UoL\_SOH\_adult nursing\_placement visit\_ St James University Hospital\_ care of the elderly \_meeting with*

*mentors\_20 January 2016*

- 61. UoL\_SOH\_adult\_nursing\_placement\_visit\_Pudsey\_neighbourhood\_team\_meeting\_with\_mentors\_21\_January\_2016*
- 62. UoL\_SOH\_adult\_nursing\_placement\_visit\_Colton\_Lodges\_nursing\_home\_meeting\_with\_mentors\_21\_January\_2016*
- 63. UoL\_SOH\_adult\_nursing\_placement\_visit\_Leeds\_student\_medical\_practice\_meeting\_with\_mentors\_21\_January\_2016*
- 64. UoL\_SOH\_adult\_nursing\_placement\_visit\_Leeds\_student\_medical\_practice\_meeting\_with\_mentors\_21\_January\_2016*
- 65. UoL\_SOH\_adult\_nursing\_placement\_visit\_St\_James\_University\_Hospital\_gastroenterology\_*
- 66. UoL\_SOH\_undergraduate\_programme\_survey\_results\_student\_meetings\_2015*
- 67. UoL\_SOH\_adult\_nursing\_placement\_visit\_St\_James\_University\_Hospital\_accident\_and\_emergency\_duty\_roster\_20\_January\_2016*
- 68. UoL\_SOH\_adult\_nursing\_placement\_visit\_St\_James\_University\_Hospital\_care\_of\_the\_elderly\_duty\_roster\_20\_January\_2016*
- 69. UoL\_SOH\_adult\_nursing\_placement\_visit\_Pudsey\_neighbourhood\_team\_duty\_roster\_20\_January\_2016*
- 70. UoL\_SOH\_adult\_nursing\_placement\_visit\_Colton\_Lodges\_NH\_duty\_roster\_20\_January\_2016*
- 71. UoL\_SOH\_adult\_nursing\_placement\_visit\_Leeds\_student\_medical\_practice\_duty\_roster\_20\_January\_2016*
- 72. UoL\_SOH\_adult\_nursing\_placement\_visit\_St\_James\_University\_Hospital\_care\_of\_the\_elderly\_placement\_audit\_20\_January\_2016*
- 73. UoL\_SOH\_adult\_nursing\_placement\_visit\_St\_James\_University\_Hospital\_care\_of\_the\_elderly\_placement\_audit\_20\_January\_2016*
- 74. UoL\_SOH\_adult\_nursing\_placement\_visit\_Pudsey\_neighbourhood\_team\_placement\_audit\_21\_January\_2016*
- 75. UoL\_SOH\_adult\_nursing\_placement\_visit\_Colton\_Lodges\_nursing\_home\_placement\_audit\_21\_January\_2016*
- 76. UoL\_SOH\_adult\_nursing\_placement\_visit\_Leeds\_student\_medical\_practice\_placement\_audit\_21\_January\_2016*
- 77. UoL\_SOH\_adult\_nursing\_placement\_visit\_St\_James\_University\_Hospital\_live\_register\_20\_January\_2016*
- 78. UoL\_SOH\_adult\_nursing\_placement\_visit\_Leeds\_student\_medical\_practice\_live\_register\_21\_January\_2016*
- 79. UoL\_SOH\_adult\_nursing\_placement\_visit\_Colton\_Lodges\_nursing\_home\_live\_register\_21\_January\_2016*
- 80. UoL\_SOH\_midwifery\_reviewer\_meeting\_with\_programme\_team\_20\_January\_2016*
- 81. UoL\_SOH\_midwifery\_reviewer\_meeting\_with\_preregistration\_midwifery\_students\_20\_January\_2016*
- 82. UoL\_SOH\_midwifery\_placement\_visit\_Leafield\_community\_team\_meeting\_with\_student\_20\_January\_2016*
- 83. UoL\_SOH\_midwifery\_placement\_visit\_Leopold\_community\_team\_meeting\_with\_sign\_off\_mentor\_20\_January\_2016*
- 84. UoL\_SOH\_midwifery\_placement\_visit\_Leafield\_community\_team\_meeting\_with\_sign\_off\_mentor\_20\_January\_2016*
- 85. UoL\_SOH\_midwifery\_placement\_visit\_Armley\_community\_team\_meeting\_with\_sign\_off\_mentor\_20\_January\_2016*
- 86. UoL\_SOH\_midwifery\_placement\_visit\_Leopold\_community\_team\_placement\_audit\_20\_January\_2016*
- 87. UoL\_SOH\_midwifery\_placement\_visit\_Leafield\_community\_team\_placement\_audit\_20\_January\_2016*
- 88. UoL\_SOH\_midwifery\_placement\_visit\_Armley\_community\_team\_placement\_audit\_20\_January\_2016*



89. UoL\_SOH\_midwifery\_placement visit\_Armley community team\_duty roster\_20 January
90. UoL\_SOH\_midwifery\_placement visit\_Leopold community team\_duty roster 20 January 2016
91. UoL\_SOH\_midwifery\_placement visit\_Leafield community team\_duty roster\_20 January 2016
92. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_delivery suite\_meeting with student\_20 January 2016
93. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_antenatal ward\_meeting with student\_20 January 2016
94. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_post natal ward\_meeting with student\_20 January 2016
95. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_delivery suite with sign off mentor\_21 January 2016
96. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_antenatal ward\_meeting with sign off mentor\_21 January 2016
97. The Leeds teaching hospital NHS trust\_maternity services\_risk management policy\_January 2016, 15
98. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital postnatal ward\_meeting with sign off mentor\_21 January 2016
99. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_delivery suite\_placement audit\_21 January 2016
100. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_antenatal ward\_placement audit\_21 January 2016
101. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital postnatal ward\_placement audit\_21 January 2016
102. UoL\_SOH\_midwifery\_placement visit\_St James live register for midwifery sign off mentors\_21 January 2016
103. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_delivery suite\_duty roster\_21 January 2016
104. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital\_antenatal ward\_duty roster\_20 January 2016
105. Student forum meeting\_31 October\_2014
106. UoL\_SOH\_midwifery\_placement visit\_St James University Hospital postnatal ward\_duty roster\_20 January 2016
107. UoL\_SOH\_completed portfolio is adult nursing
108. UoL\_SOH\_completed portfolio is midwifery practice
109. UoL\_SOH\_completed RPL portfolios
110. UoL\_SOH\_assessment board minutes
111. UoL\_SOH\_fitness to practice statistics/DBS and academic disciplines
112. UoL\_SOH\_feedback to CQC reports
113. UoL\_SOH\_evidence of live register- viewed online by managing reviewer 20 January 2016

114. *UoL\_SOH placement database\_ viewed online by managing reviewer 20 January 2016*
115. *LSA audit action plan 2014*
116. *Student evaluations theory 2014-2015*
117. *Student evaluations of practice 2014-2015*
118. *Undergraduate Module reviews: session 2014 – 2015*
119. *Examples of practitioners involvement in teaching – timetables undated*
120. *Pre-registration nursing (adult) selection schedules 2015*
121. *UOL\_SOH\_staff pin numbers registration checks online 20 January 2016*
122. *Records of equality and diversity training for SUC undated*
123. *Records of equality and diversity training for academic staff undated*
124. *Records of equality and diversity training for practitioners undated*
125. *Pre-Registration student records 2014-2015 undated*
126. *HEEY&H. ECQ report 2015*
127. *Leeds General Infirmary midwife mentor meeting 21 January 2016*
128. *Leeds general Infirmary student midwife meeting 21 January 2016*
129. *LTHT Women's CSU/University of Leeds student sub-group meeting 3 December 2015*
130. *LME confirmation re monitoring of EU directive re student midwife birth numbers 21 January 2016*
131. *LME confirmation re external examiner involvement with practice learning and assessment 21 January 2016*
132. *HEE&Y PPQA\_ On line mentor update link\_ accessed 21 January 2016*
133. *Mentorship update 2014-15 ; child (example of session content) ; Mentor Updates May – Aug*
134. *Programme specification BSc Nursing, 2011*
135. *Programme specification-MSc nursing\_2011*
136. *Programme specification\_ BSc midwifery,\_2011*
137. *STSEC 1523\_report form school plagiarism panel\_ Oct 2015*
138. *STSEC-1524\_review of admissions activity\_2014-2015*

Personnel supporting programme monitoring
<b>Prior to monitoring event</b>
Date of initial visit: 06 Jan 2016
<b>Meetings with:</b>
<p>Programme leader MSC nursing programme</p> <p>Professional lead for children's nursing (covering adult programmes)</p> <p>Programme leader BSc (hons) nursing</p> <p>Associate director practice/professional lead for mental health</p> <p>Lead midwife for education</p> <p>Director student education/director of practice</p> <p>Quality assurance manager</p> <p>Programme leader BSc(hons) midwifery</p> <p>Associate director of student education (curriculum and assessment)</p> <p>The head of school</p>
<b>At monitoring event</b>
<b>Meetings with:</b>
<p>Head of school</p> <p>Programme leader MSC nursing programme</p> <p>Programme leader BSc (hons) adult nursing</p> <p>Programme leader MSc adult nursing</p> <p>Associate director practice/professional lead for mental health</p> <p>Lead midwife for education</p> <p>Director student education/director of practice</p> <p>Quality assurance manager</p> <p>Programme leader BSc(hons) midwifery</p> <p>Associate director of student education (curriculum and assessment)</p> <p>The head of school</p> <p>The lead midwife for education</p> <p>Associate director for student experience</p> <p>Professional lead - child</p> <p>Contact supervisor/specialist midwife risk management</p> <p>Director of the academic unit adult, child and mental health nursing</p>

Director of student education  
 Associate director of student education - practice  
 Education lead for nursing and midwifery, Leeds teaching hospital NHS trust  
 Chief nurse, Leeds community healthcare NHS trust  
 Senior lecturer, Leeds Beckett University  
 Deputy head of midwifery, Leeds teaching hospital NHS trust  
 Programme team BSc (hons) midwifery  
 Programme team BSc (hons) and MSc adult nursing  
 Practice learning facilitators  
 Academic lead for students  
 Admissions tutor, adult nursing and midwifery  
 Business manager  
 Chair of individualised programme panel  
 Director of the academic unit of midwifery, social work, pharmacy, counselling and psychotherapy  
 Student education service manager

Meetings with:

Mentors / sign-off mentors	30
Practice teachers	
Service users / Carers	5
Practice Education Facilitator	5
Director / manager nursing	2
Director / manager midwifery	2
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Midwife - 18 & 36M	Year 1: 6 Year 2: 14 Year 3: 7 Year 4: 0
Registered Nurse - Adult	Year 1: 8 Year 2: 9 Year 3: 6 Year 4: 0

This document is issued for the party which commissioned it and for specific purposes connected with the captioned project only. It should not be relied upon by any other party or used for any other purpose.

We accept no responsibility for the consequences of this document being relied upon by any other party, or being used for any other purpose, or containing any error or omission which is due to an error or omission in data supplied to us by other parties.