

2016-17

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

Programme provider	Manchester Metropolitan University
Programmes monitored	Registered Nurse - Adult; Return to Practice Nursing
Date of monitoring event	11-12 Jan 2017
Managing Reviewer	Gibson D'Cruz
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Carys Horne, Grahame Smith
Placement partner visits undertaken during the review	<p>Pre-registration nursing (adult field):</p> <p>Bucleuch Lodge, Withington Community Hospital, University Hospital of South Manchester NHS Foundation Trust</p> <p>Theatres, The Alexandra Hospital</p> <p>Integrated Care, Heaton Lane Stockport, Stockport NHS Foundation Trust</p> <p>Ward D2 (orthopaedics), Stepping Hill Hospital, Stockport NHS Foundation Trust</p> <p>Cardiac and intensive care unit, Central Manchester NHS Hospitals NHS Foundation Trust</p> <p>Wyncourt Nursing Home</p> <p>Return to practice nursing:</p> <p>Ward F5 (cardiology), University Hospital of South Manchester NHS Foundation Trust</p> <p>Ward F9 (maxillofacial unit), University Hospital of South Manchester NHS Foundation Trust</p> <p>Palatine Ward, The Christie NHS Foundation Trust</p> <p>Ward 76 (children's), Central Manchester NHS Hospitals NHS Foundation Trust</p> <p>Theatres, Central Manchester NHS Hospitals NHS Foundation Trust</p>
Date of Report	23 Jan 2017

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 nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2016, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure 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.

The NMC may conduct a targeted monitoring review or 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: Risk controls need to be strengthened. 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 in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and 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	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	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, and can reflect on, 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 Manchester Metropolitan University's programmes

Manchester Metropolitan University (MMU) is one of the largest campus-based universities in the UK with a total student population of over 36,000. The university is arranged into six faculties; the department of nursing (the department) is located within the faculty of health, psychology and social care (the faculty).

The department offers a range of NMC approved programmes at undergraduate and postgraduate levels which include pre-registration nursing (adult field), mentor preparation, return to practice nursing, and specialist community public health nursing (health visiting and school nursing) programmes.

The department works in partnership with several practice placement providers across the north west of England and Health Education England North West (HEENW).

This monitoring review focuses on the pre-registration nursing (adult) programme and the return to practice (nursing) programme, which are delivered at the Manchester campus.

The pre-registration (adult) nursing programme is offered at undergraduate and postgraduate level and provides the opportunity for successful students to apply for entry to the NMC register as an adult field nurse. It is delivered in partnership with local NHS trusts and placement providers from the private, voluntary and independent sector.

The three-year BSc (Hons) pre-registration nursing (adult) programme was approved on 6 January 2016. There are two intakes per academic year with approximately 100 students in the September cohort and 60 in the March cohort. A postgraduate pathway was approved in October 2016 as a major modification and the first cohort of students is due to commence this pathway in September 2017.

The return to practice (nursing) programme was approved on 15 March 2012 and students can undertake this programme at academic level five or six. The department offers this programme three times a year, with approximately 19 students in each intake.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration was given to students' practice learning experiences in Stepping Hill Hospital, Stockport NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust which had been given adverse outcomes from the Care Quality Commission (CQC) visits.

Summary of public protection context and findings

We conclude that Manchester Metropolitan University has systems and processes in place to monitor and control risks to assure protection of the public in four key risks: resources, admissions and progression, fitness for practice and quality assurance.

The practice learning risk theme requires improvement in two areas. The key risk themes are described below.

Resources: met

We conclude that the university has adequate and appropriately qualified academic staff to deliver the pre-registration nursing (adult) and the return to practice nursing programmes to meet NMC standards. There are sufficient and appropriately qualified mentors and sign-off mentors available to support the number of students undertaking the pre-registration nursing (adult) and return to practice nursing programmes.

Admissions and progression: met

We conclude that admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) and the return to practice nursing programmes meet NMC standards and requirements.

We found that disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are completed before a student can proceed to placement.

The university has effective procedures in place to address issues of poor performance in both theory and practice and these procedures are widely disseminated and well-understood by academic staff and students. Practice placement providers have a clear understanding of and the confidence to initiate procedures to address issues of students' poor performance in practice.

We found that robust systems are in place for the accreditation of prior learning (APL) and achievement.

Practice learning: requires improvement

We conclude that the university has well-established and effective working relationships with commissioners, practice placement providers and approved education institutions (AEIs) in the region who use the same practice placement providers, at both a strategic and operational level.

We confirm that the university and practice placement providers respond appropriately to concerns regarding placement learning. We found that effective risk management approaches are being adopted to protect student learning in placement areas that have resulted in adverse outcomes from CQC inspections. However, the university is not exceptionally reporting to the NMC in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016). This requires improvement.

We found there is an effective network of support for students in practice placements from mentors, sign-off mentors, practice education facilitators (PEFs) and link lecturers.

There is a service user and carer strategy, which is evolving. Service users and carers are involved in all aspects of the pre-registration nursing (adult) programme. However, service user and carer involvement in the delivery of the return to practice nursing programme requires improvement.

Mentors and sign-off mentors are appropriately prepared for their role in supporting and assessing students. Sign-off mentors have a clear understanding of their role in assessing and signing-off competence to ensure students are fit for practice and for entry to the NMC register.

We found mentor registers provide an accurate, complete and up-to-date record.

Fitness for practice: met

Our findings conclude that learning, teaching, assessment strategies and placement learning experiences in the pre-registration nursing (adult) and return to practice nursing programmes enable students to meet the required programme learning outcomes, NMC standards and competencies. Students report that they feel confident and competent at the end of their programme. Mentors, employers and commissioners describe students completing the programmes as fit for practice and employment.

Quality assurance: met

Our findings conclude that there are effective and robust quality assurance processes in place to manage risks and for the continuing development, delivery and enhancement of the pre-registration nursing (adult) and return to practice nursing programmes.

External examiners engage with all aspects and stages of the programmes

Summary of areas that require improvement

The following areas require improvement:

- The university should ensure that exceptional reporting to the NMC takes place in a timely way in accordance with the Quality Assurance Framework part four (NMC, 2016).
- The university needs to strengthen service user and carer involvement in the delivery of the return to practice nursing programme.

Summary of areas for future monitoring

- Exceptionally reporting adverse risks in practice placements to the NMC in a timely way.
- Service user and carer engagement in the return to practice nursing programme.
- The completion of annual updates for mentors and sign-off mentors.
- The rigour of the APL process for entry to the postgraduate diploma in adult nursing programme.
- The impact on academic staff resources and placement capacity following implementation of the nursing associate programme.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found the academic team to be enthusiastic and have an active engagement in programme design and delivery. The academic team is approachable and responsive to concerns raised by students, mentors and PEFs.

The academic team described effective working partnerships and communication with practice placement providers to enhance the provision and ongoing development of the programmes. The pre-registration nursing (adult) programme team are committed to service user engagement to enhance the student experience.

The programme team are proud of, and value the high level of support and effective systems provided to students throughout the programmes in both the academic and practice learning settings.

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

We found mentors and sign-off mentors are committed to ensuring that students are appropriately recruited, supported in practice learning, and meet NMC standards and competencies on completion of the programmes. All mentors, sign-off mentors and PEFs are aware of the requirements that students need to achieve for each progression point and completion of the pre-registration nursing (adult) programme and for successful completion of the return to practice (nursing) programme.

All mentors, sign-off mentors and PEFs expressed confidence in dealing with poor performance of students and to escalate concerns to the academic staff at the university. Mentors told us that they receive good preparation for their role and support from the programme teams and link lecturers. Mentors told us that link

lecturers are generally responsive to concerns and engage in the joint development of action plans for students who require them.

PEFs reported that they work closely with the university to maintain the live databases of mentors and placement audits. They provide a range of professional development activities for students each month which are well-attended.

Mentors and service managers told us they value the high level of support provided by PEFs.

All mentors, sign-off mentors and PEFs we met, expressed confidence in the programmes in preparing students for employment.

Employers stated that students who successfully complete the programmes are confident and competent practitioners and many join their workforce on completion of the programmes, where they make a significant contribution to the healthcare team.

The commissioner reported a good working relationship with staff in the department. The commissioner stated that quality assurance feedback has highlighted the good calibre and competency of the students who complete the programmes.

Students

Students on the pre-registration nursing (adult) programme and return to practice nursing programme demonstrate professionalism, are articulate and assertive. They confidently responded to all questions and shared their learning experiences.

We found students positive about their choice of university and complimentary of their experiences within their programme of study. All students told us that they are enjoying their studentship. Students on both programmes receive clear information regarding the NMC standards they must attain to successfully complete their programme.

Students on the pre-registration nursing (adult) programme welcome the engagement of service users and carers in programme delivery and assessment of their performance in practice, which enables them to develop and comprehend service-user perspectives.

All the students feel very well supported in theory and practice and are satisfied with the overall quality of the programme. They told us feedback on academic performance is timely and helpful in enabling them to develop. Students commented specifically on the support of the PEFs, the support and guidance offered by personal tutors and the excellent teaching and learning facilities within the university campus.

The students on both programmes told us that their programme prepares them for employment and professional practice.

Service users and carers

Service users reported that they are involved in the development of the pre-registration nursing (adult) programme. They are engaged in the preparation of questions for the selection of students and the delivery of the pre-registration nursing (adult) programme. Service users feel that the academic team and students value their contribution as it facilitates the development of the service users and carers' perspectives of care.

Service users are impressed by the conduct of the students on the pre-registration nursing (adult) programme during sessions in the university. The service users and carers are also complimentary of the quality of care that students provide and activities they are involved in to promote public health in the community settings.

Relevant issues from external quality assurance reports

We considered 92 CQC reports, published between January 2014 and October 2016, for organisations that provide 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.

There were 32 reports that rated organisations as either inadequate or requiring improvement, 22 were for organisations that are not currently used as placement providers for students on the pre-registration nursing (adult) programme (4-25).

The following reports require action(s):

Macclesfield District General Hospital, East Cheshire NHS Trust, date of report; 15 May 2015

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met.

Overall, this hospital was rated as requires improvement. The areas which require improvement included safety, effectiveness, responsiveness and leadership. In addition, medical care, surgery, maternity and gynaecology, services for children and young people, end of life care and outpatients and diagnostic imaging all require improvement. The CQC set six areas that 'must be improved' by the trust (26-27).

The AEI also received concerns from a student regarding aspects of patient care on a specific ward and these were exceptionally reported to the NMC on 10 March 2016. The concerns were raised by the student after the placement was completed. The AEI reported to the NMC on 23 March 2016 that following a meeting between the director of nursing, performance and quality, East Cheshire NHS Trust and senior practice staff to discuss the concerns, several actions were implemented and the placement was not used as a learning environment for students of the university.

University response: at the initial meeting, the programme team informed us of the action taken by the university in partnership with the placement provider. Following the agreed actions, this provider is currently used for placements. However, the ward identified by the student is not in use as a learning environment (1, 77, 81).

Manchester Royal Infirmary, date of report; 13 June 2016

CQC carried out a routine inspection, including announced and unannounced visits, to check the essential standards of quality and safety were met.

Overall, this hospital was rated as good. However, urgent and emergency services and end of life care were rated as requires improvement. The CQC set two areas that 'must be improved' by the trust (28).

Stepping Hill Hospital, Stockport, date of report; 11 August 2016

CQC carried out a routine inspection, including announced visits, to check that essential standards of quality and safety were met.

Overall, this hospital was rated as requires improvement. The areas that require improvement included safety, effectiveness, leadership and responsiveness. In addition, urgent and emergency services, medical care (including older people's care) and maternity and gynaecology all require improvement. The CQC set 65 areas that 'must be improved' by the trust (29-30).

Tameside General Hospital, Tameside Hospital NHS Foundation Trust, Ashton-under-Lyne, date of report; 8 September 2015

CQC carried out a routine inspection, including announced and unannounced visits, to establish if the trust had made improvements since the last inspection in May 2015 when it was rated as 'inadequate'.

Overall, this hospital was rated as requires improvement. The areas that require improvement are safety, effectiveness and responsiveness to people's needs. The CQC set four areas that 'must be improved' by the trust (31).

North Manchester General Hospital, The Pennine Acute Hospitals NHS Trust, date of report; 12 August 2016

CQC carried out a routine inspection to check the essential standards of quality and safety were met.

Overall, this hospital was rated as inadequate. The area ratings that require improvement are effectiveness and responsiveness. Safety and well led were rated inadequate. In addition, the services rated as inadequate are: urgent and emergency services; medical care (including older people's care); maternity and gynaecology; and, services for children and young people. The surgery services require improvement. The CQC set 43 areas that 'must be improved' by the trust (32-33).

Wythenshawe Hospital, University Hospital of South Manchester NHS Foundation Trust, date of report; 30 June 2016

CQC carried out a routine inspection to check the essential standards of quality and safety were met.

Overall, this hospital was rated as requires improvement. The areas that require improvement are safety and responsiveness. In addition, urgent and emergency services, medical care, surgery, maternity and gynaecology and outpatients and diagnostic imaging all require improvement. The CQC set 16 areas that 'must be improved' by the trust (34-35).

What we found at the monitoring visit:

We found that adverse CQC review outcomes are robustly managed and appropriate action is taken, where required. We found the university has effective partnership working and governance arrangements at a number of levels to ensure shared responsibility for students' learning in the practice learning environments.

When the outcome of a CQC review is known, the university assesses the risk to

student learning in each placement with the practice placement provider. The evaluations of practice learning experiences by students are also considered. All the above organisations are currently in use for pre-registration nursing (adult) students and/or return to practice nursing students, with the exception of a specified ward at Macclesfield District General Hospital, East Cheshire NHS Trust (1-2, 81, 124).

We were told that decisions on whether to exceptionally report concerns to the NMC is based on the nature of concerns raised in the CQC report and student evaluations (124).

We found that, except for the CQC adverse findings at Macclesfield District General Hospital, East Cheshire NHS Trust which were exceptionally reported to the NMC, the CQC findings for the organisations reported above were notified to the NMC in the annual self-assessment report 2016-17 (1). (See section 3.1.1)

Follow up on recommendations from approval events within the last year

Re-approval of BSc (Hons) adult nursing programme 6 January 2016 (41)

There were four recommendations:

- Develop a robust 'service user involvement strategy' that is specifically defined and embedded across the whole programme. This should include reference to the training that will take place for service users and carers (NMC Standard 1.2).

We found that a service user involvement strategy for pre-registration nursing has been developed and this complements the faculty strategy (see section 3.2.1).

- Develop a more formalised and captured inter-professional learning strategy for the programme (NMC Standard 5.7).

This has been implemented (see section 4.1.1).

- Remain cognitive of equality and diversity policies and requirements in relation to the students on the programme (NMC Standard 2.3).

This is addressed (see section 2.1.1).

- Keep under review the quantity of essential reading that is recommended for students (NMC Standard 5.3).

We found the department adheres to the university's requirement of only including 10 texts as essential reading. However, this is supplemented by further recommendations by individual lecturers during units of study (81).

Postgraduate diploma in adult nursing (major modification event held in October 2016) (42)

There were two recommendations:

- Where possible a registered nurse (RN) mentor is involved in providing testimonials supporting prior learning of applicants. Where the skills and knowledge are endorsed by an alternative professional the APL portfolio

documentation should confirm that they are:

- a) appropriate – i.e. a registered professional competent in the skill or aspect of competency in which the student is being assessed; and,
- b) suitably prepared – i.e. the registered professional has undergone training and development that has enabled them to be competent to support and assess students (NMC Standard 3.5).

We were informed that there have been no applications for approval of APL for the postgraduate pre-registration nursing (adult) pathway. There is a robust process for ensuring the applications for APL in the undergraduate pathway which includes verification of evidence provided by applicants (see section 2.1.4).

- Continue to evaluate the impact of service reconfiguration within the Pan Manchester area on availability of practice placements and mentors (NMC Standard 6.5).

We found there are processes in place to monitor the availability of practice placements and mentors. We found there are sufficient placements, mentors and sign-off mentors for all students (see section 1.2.1 and 3.1.1).

Specific issues to follow up from self-report

Issues in the self-assessment report 2015-2016 include (1):

- There will be 111 students commencing the nursing associate programme in the department in January 2017. This may have an impact on staffing resources, teaching accommodation and placement capacity.

We were informed that additional academic staff will be appointed to resource the nursing associate programme and there will be no impact on the NMC approved programmes (122).

- Due to the changing configuration of community service provision, the department anticipates an impact on placements in the community for the adult nursing field students.

We were told that there are currently sufficient audited practice placements in the community for all students. We were told that placement capacity is monitored and managed in partnership with other AEs in the region (81).

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

<p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation</p>
<p>Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.</p>
<p>What we found before the event</p>
<p>The university monitors NMC registration status and compliance with revalidation requirements of all academic staff annually (36).</p> <p>The human resources department of the university provides a range of programmes that staff can undertake as part of their professional development. Newly appointed academic staff are required to obtain an NMC teacher award within three years of employment. The university provides an NMC approved teacher preparation programme (36-38).</p>
<p>What we found at the event</p>
<p>We found that the university has an effective process and database to monitor and ensure that all registrant nursing staff have current registration and meet revalidation requirements. A review of the academic staff database showed that all nursing lecturers have current NMC registration and undertake professional development activities (83).</p> <p>Senior staff told us that line managers act as confirmers for academic staff to ensure NMC revalidation requirements are met and we saw evidence of this process (82, 115, 120).</p> <p>The programme leaders of the pre-registration nursing (adult) programme and the return to practice nursing programme hold current NMC registration, an NMC recorded teaching qualification and act with due regard for their field of practice. All registrant teachers have experience commensurate with their role. Some registrant teachers hold dual NMC registration, which supports the inter-professional learning elements and the delivery of the EU requirements within the pre-registration nursing (adult) programme (82, 117, 127).</p> <p>Senior staff confirmed that all newly appointed nursing lecturers must achieve teacher status and fellowship of the higher education academy as part of their employment contract. A review of the staff database showed that almost all nursing lecturers have a recorded NMC teaching qualification or are working towards one (82, 120, 122).</p> <p>Senior staff reported that there are sufficient academic lecturers to deliver the programmes effectively. This was corroborated by students who did not report any postponement or cancellation of scheduled teaching sessions due to the lack of academic staff. The students also confirmed that they have excellent continuity in the provision of personal tutors across the programmes (120, 128, 131, 133).</p>

<p>We conclude that the university has adequate resources to deliver the pre-registration nursing (adult) programme and the return to practice nursing programme to meet the NMC standards.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>Documentary evidence states there are sufficient appropriately qualified mentors and sign-off mentors available to support the numbers of students allocated to placement (36, 41).</p> <p>At the major modification event to approve the postgraduate diploma in adult nursing programme the impact of service reconfiguration within the Pan Manchester area on availability of practice placements and mentors was identified as an area for future monitoring (NMC Standard 6.5) (42).</p>
<p>What we found at the event</p>
<p>Pre-registration nursing (adult)</p> <p>We were told that there is strategic allocation of students to practice placements to ensure that there are sufficient and appropriately qualified mentors available to support students and to enable students to meet related learning outcomes. Although all student nurses undertake practice placements at the same time of the year, assurance was given that there are sufficient audited placements to meet the student nurse numbers. The programme team are aware that they will have to closely monitor the impact on placement capacity when the nursing associate programme commences in January 2017 (95, 115, 127).</p> <p>All students told us that they are very well supported by PEFs, mentors and sign-off mentors. All students are allocated a primary mentor with due regard. In some placement areas students also have an associate mentor and all mentors act with due regard. Students confirmed that they work a minimum of 40 percent of their time in placement with their mentor and that they are afforded supernumerary status. Third year students confirmed they are allocated a sign-off mentor during their final placement and they understand the requirement for sign-off (128-129, 131-132).</p> <p>Allocation of hub and spoke placements is determined by the student's overall placement experience, the opportunities for learning within spoke areas and the learning outcomes to be achieved. Students are required to discuss and negotiate specific spoke experience requests with their mentor in their hub placement. Students confirmed that they are aware that mentor support extends throughout spoke placement experiences. Feedback from the spoke placement about the student's</p>

performance is logged within the student's practice assessment document (129-131, 133).

PEFs and clinical managers told us that although there are demands on placements by other health professionals and students from other AEs, this is well-managed and placement capacity is maximised. Students did not report any issues relating to placement and mentor capacity (128-129,131-132).

We were told of an impending potential incident where a student may be unable to access the intended allocated placement due to limited learning opportunities and mentor availability. We saw evidence that this was escalated and being managed appropriately (129).

Return to practice nursing

We found that there are sufficient mentors and sign-off mentors available to support the return to practice nursing students. Students confirmed they work a minimum of 40 percent of the time with their mentors; the student to mentor ratio is at least one to one. The hours and shifts worked by students are recorded by the student, confirmed by the mentor and closely monitored by the university (113-114, 116, 134-138).

Mentors told us that during hub and spoke placements, the allocated mentor in the hub is responsible for agreeing the student's learning experience in the spoke placement. The student is allocated to a mentor in both the hub and spoke placements. Students confirmed they have a clear understanding about hub and spoke placements and mentor support is effective. In addition, students and mentors confirmed the assessment of practice is objective and is cognisant of the need to protect the public (116, 134-138).

We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors to support the number of students studying the pre-registration nursing (adult) programme and the return to practice nursing programme.

Outcome: Standard met

Comments:

Academic staff resources and placement capacity will have to be closely monitored when the nursing associate programme commences.

Areas for future monitoring:

- Review the impact on academic staff resources and placement capacity to support NMC approved programmes when the nursing associate programme is implemented.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

The university wide admissions policy governs the department's selection and recruitment process. Selection and recruitment is conducted in partnership with practice placement providers. There is a policy in place for managing the admission of a student who is under 18 years of age at programme commencement to protect the student and the public (36, 39, 41).

Pre-registration nursing (adult)

Prospective students apply for a place on the programme through the universities and colleges admissions service (UCAS). Following successful shortlisting, applicants are interviewed by a panel consisting of an academic staff member and a representative from the practice placement providers. Service users are indirectly involved in the selection and recruitment process by contributing to the design of questions that the panel pose at the interview (39-41).

Return to practice nursing

Applicants apply directly to the university for a place to undertake the programme. Applicants are required to submit an NMC Pin on the application form. A check is made on the NMC register to ensure authenticity of the applicant's NMC Pin (44-46).

Applicants are shortlisted by a member of the academic team. A face-to-face interview is conducted and the panel will normally consist of a member of the academic team and a representative from the practice placement providers (44-46).

At the interview stage of the recruitment process, a diagnostic assessment of learning needs in relation to theory and practice is undertaken (44).

Successful applicants for both programmes must have satisfactory health clearance and DBS service assessment. There is a university wide policy on how outcomes of this assessment is managed (40-45).

What we found at the event

Pre-registration nursing (adult)

We found that admission processes are comprehensive and inclusive and include representatives from placement providers. Students we met reflected positively on their experience of the admission process confirming that panel membership for individual face-to-face values based interviews includes practitioners. PEFs confirmed their regular involvement in the face-to-face interviews and stated that dates scheduled for interviews are available well in advance.

We found that service users are indirectly involved in the selection and recruitment process by contributing to the design of questions that the panel pose at the interview. One service user reported attending the face-to-face interview process for the pre-registration nursing (adult) programme and being invited to feedback her perceptions on the process. This feedback is recorded in a formal report to the department and include perceptions on the robustness, fairness and equity of the approach. The service user confirmed that a values-based approach was used to assess the candidate's suitability for nursing and reported being impressed by the approach adopted. One recommendation was suggested to enhance the process, which includes inviting candidates to discuss scenarios which challenged them in ways they were not expecting in practice. The service user was not aware if this recommendation had been implemented. The review team suggest that a formal review of the service user strategy may be a useful and timely activity. (84, 98, 117-118, 124, 128-130).

We established that there are effective processes for obtaining DBS checks, health screening and references. These checks are made before students go into placement areas to assure the suitability of students to be in placement areas and protect the public. This information is shared by the university with practice placement providers. We were informed that where an applicant has an adverse DBS assessment, the decision on whether the applicant should be offered a place is made by the programme leader. We suggest that this should involve a representative from a practice placement provider organisation (126,131-133).

Return to practice nursing

We found that academic staff and PEFs contribute to the interviews, and service users provide advice on the process. The service user and carer perspective is considered during the recruitment process through service user and carer informed questions. The programme team told us that they intend to include service users and carers as members of the interview panel in the future. Academic staff and practice placement providers judge the values based interview approach as an effective tool in ensuring that students have the necessary attributes to work appropriately with service users, including good communication skills and adaptability (118-119, 134-138).

We found there are robust processes in place for obtaining DBS checks, health screening and a reference. Practice placement providers confirmed mechanisms are in place for sharing information and joint decision making takes place with the university if issues arise (119, 134-138).

Students confirmed that they sign a declaration of good health and good character, at the start and at the completion of the return to practice nursing programme, which ensures the university's responsibility for public protection and meets NMC

<p>requirements (116, 134-138).</p> <p>The university informed us that there is a record kept of academic staff, practitioners and service users and carers who have completed equality and diversity training. Academic staff confirmed their participation in this training and we observed the records as confirmation. (119-120, 122).</p> <p>We conclude from our findings that the admissions process for the pre-registration nursing (adult) and return to practice nursing programmes meet the NMC requirements.</p>
<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 university has a fitness to practise policy and procedures to address concerns relating to the professional behaviour of students in both academic and clinical settings. Students, academic staff and placement providers are informed of processes for monitoring a student's performance (40, 44, 47).</p> <p>In the academic year 2013-2014, five student nurses underwent a preliminary investigation of fitness to practise and one student was referred to the fitness to practise panel (3).</p> <p>The requirements for assessments, progression and completion are governed by university regulations. Where appropriate and necessary, a variation from these regulations is obtained to ensure that programmes meet the NMC requirement (40, 44, 48).</p> <p>Instances of plagiarism in academic work are investigated and handled in accordance with the university's policy on academic misconduct. In the academic year 2013-2014, one student was investigated for academic misconduct (3, 50).</p> <p>Pre-registration nursing (adult)</p> <p>Progression points are clearly identified in the pre-registration nursing (adult) programme. Personal tutors play a key role in monitoring progress by verifying assessments of practice and the student's professional and personal development which is documented in the portfolio. In addition to achievement of outcomes in theory and practice, the student is required to submit an annual declaration of good health and good conduct (40, 49).</p> <p>The requirement for progression from one year to the next takes account of the 12-week rule and this has required a variation from the university's regulations for assessment (40, 48).</p>
<p>What we found at the event</p>

We found that all academic, practice staff and students are aware of the procedures to address issues of poor performance in both theory and practice (116, 119, 126, 128, 130-131 134-138).

Students told us that they are aware of, and understand, fitness to practise procedures. Students confirmed that they are required to complete declarations of health and character annually at progression points in the programme; between year one and year two and between year two and year three. This process is triggered by an email alert from their personal tutor to which the student is required to respond and complete the declarations. We were provided with evidence of this process operating efficiently (86, 119, 128, 130-131).

We were told that the membership of the department's fitness to practise panel consists of two senior members of academic staff and a manager from a practice placement provider who is independent of the case being considered. The university provides members of the panel with training for their role. In addition, the panel reflects on the cases considered annually, to identify lessons learnt to enhance the fitness to practise process (126).

We were told that in the past two years, five cases of fitness to practise were considered. The outcomes ranged from a period of supervision to withdrawal of the student from the pre-registration nursing (adult) programme. There has been no fitness to practise cases for students on the return to practice nursing programme (87-88).

We were informed that there have been investigations of three cases of plagiarism in academic assignments by pre-registration nursing (adult) students in the last two years. These investigations were conducted under the university's procedure for handling academic misconduct (50, 87-88).

We found there are processes in place to monitor and manage students' attrition in both programmes being monitored. The commissioner spoke very highly of the strategies taken by the department to address attrition rates in the pre-registration nursing (adult) programme; the rate is now one of the lowest in the north west region. The programme team told us that one of the strategies taken was the introduction of transition weeks during which support is provided to students who may be experiencing difficulties. The completion rate for the return to practice nursing was 59 percent and at the review, we were told that this rate has increased (1, 99, 115, 119, 123).

For students who have failed theory or practice assessment components there is a clear reassessment policy in place. One student described the experience of failing a summative assessment and the academic and pastoral support mechanisms subsequently put in place which enabled success at the second submission (51, 119).

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders.

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

<p>What we found before the event</p>
<p>Practice assessment documents are clear in requiring an initial, mid and end of placement review of a student's achievement in practice. Failing students are given specific advice regarding the areas of practice that need action and improvement (51-52).</p>
<p>What we found at the event</p>
<p>Students told us that they are aware of, and understand, the university's fitness to practise procedure. They are informed of the procedure at the start of the programme. Pre-registration nursing (adult) students are reminded of these procedures at the start of each academic year. Mentors, sign-off mentors and PEFs told us that they have a clear understanding of the university's fitness to practise procedures and how to initiate them (126, 128, 130-131).</p> <p>Pre-registration nursing (adult)</p> <p>We found evidence that the processes for managing failing students in practice are well understood. Students and mentors informed us that they have a clear understanding of the procedures to follow in the event of poor student performance in practice, whether these concerns are of an academic or behavioural nature (129, 132-133).</p> <p>We were told by students that the university provides excellent and timely support in practice settings where problems emerge in relation to a student's practice placement. This support is coordinated by the relevant university link lecturer. Mentors confirmed that the process to follow in the event of emergent concerns about a student in practice, is supported by the PEF and the university link lecturer (128-133, 146).</p> <p>Return to practice nursing</p> <p>We were told by mentors, PEFs and students that they have a clear understanding about the procedures that will be followed if poor performance in practice is noted. They gave examples of how they are implemented to address poor student performance or inappropriate behaviour. All confirmed that issues are identified early and acted upon with the involvement of the link lecturer and the PEF, and they have confidence that issues are thoroughly investigated, as required (116, 119, 134-138).</p> <p>We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.</p>
<p>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</p>

standards of proficiency
What we found before the event
<p>There is a university policy for APL and APL procedures are in place within the department and comply with NMC maximum limits. The policy has been used only for applicants seeking to transfer their studies from other AEIs to this university (1, 54).</p> <p>At the major modification event to approve the postgraduate diploma in adult nursing programme (held in October 2016), the rigour of evidence and the witness testimonials presented within the portfolio to support the APL application was identified as an area for future monitoring (NMC Standard 3.5) (42).</p>
What we found at the event
<p>The university has robust policies for APL. The policy has been used only for applicants seeking to transfer their studies from other AEIs to this university. There have, to date, been no claims for entry to the postgraduate diploma in adult nursing programme.</p> <p>Applicants seeking to transfer their studies from other AEIs to the university are required to submit a range of evidence which includes: provision of references from their current programme; a transcript of elements of the programme successfully completed and the number of hours spent in practice. We reviewed one successful APL claim for an applicant transferring from another AEI into year two of the pre-registration nursing (adult) programme (85, 125).</p> <p>We were informed that the university regulations allow the department to make decisions on the amount of APL for transfers in, without the need for an external examiner to review the application (125). The department is advised that there should be external examiner involvement for any future APL claims for entry to the postgraduate diploma in adult nursing programme to determine the rigour of evidence and process.</p> <p>The university's regulations have been amended to remain in accord with the NMC's requirement to not exceed 50 percent of the pre-registration nursing (adult) programme (125).</p> <p>We found that due to the length of the return to practice nursing programme, APL is not used (119).</p> <p>Our findings confirm the university has effective policies and procedures in place for APL.</p>
Outcome: Standard met
Comments:

The department is advised that there should be external examiner involvement for any future APL claims for entry to the postgraduate diploma in adult nursing programme to determine the rigour of evidence and process.

Areas for future monitoring:

- Review the rigour of the APL process for entry to the postgraduate diploma in adult nursing programme.

Findings against key risks

Key risk 3 - Practice Learning

3.1 Inadequate governance of and in practice learning

3.2 Programme providers fail to provide learning opportunities of suitable quality for students

3.3 Assurance and confirmation of student achievement is unreliable or invalid

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

What we found before the event

The annual reports submitted by the university to the NMC indicate that there is a strong partnership between the university/department, placement providers and HEENW. There is evidence of close working with other AEIs in the region to manage issues that affect the placement learning experience of students. Through the north west placement development network, university staff work with placement providers and other AEIs in the region to manage placement capacity and to identify new placement areas (1-3, 55).

There is evidence of cross AEI working to ensure the safety of students in placement areas that have received an adverse CQC report (2).

The university have exceptionally reported to the NMC one instance of an adverse CQC report and the actions that have been initiated (77).

Information for students on how to report concerns of poor care in practice placements is included in student handbooks and in practice assessment documents. There are clear processes on how these concerns are investigated and managed (2, 56-62, 77-78).

There is an educational audit process and documentation for placements that are new as well as placements currently in use. The documents include information on the nature of learning opportunities available as well as the types of students who could be placed in the area. The documents and processes are shared with other AEIs in

the region. Audits are conducted on a two-year cycle and there is a process to describe how currency of audits is maintained (63-65).

At the initial meeting, we were informed that the cycle for auditing placements is coordinated by another AEI (81).

What we found at the event

Practice placement providers and the commissioner informed us that they have well established and effective partnership working with the university. We found evidence of robust partnership working with all practice placement providers at both strategic and operational levels. We were told of effective communication between the university and practice placement providers, with a two-way sharing of information. For example, we viewed evidence of a practice placement provider who had completed a survey of service users' experiences of the trust and the results were shared with the university (119, 123, 134-139).

The university works collaboratively with three other AEIs in the region and this partnership works effectively to support practice learning. There is a shared and coordinated approach to the provision of mentor updates and the conduct of educational audits. Each practice placement has one link lecturer and this lecturer, who may be employed at one of the four AEIs, supports all students undertaking a placement in that area. There is a network of communication to share information and concerns regarding placements and practice learning (115, 127).

Students told us that although there is no visible differentiation between their uniforms and those of students from other AEIs who use the same practice placements, this is not problematic. Students are proactive in identifying themselves as students of the university and they adhere to both trust and university-specific policies and procedures (130-132).

A raising and escalating concerns policy is in place in the university and placement provider organisations. Issues of concern arising in practice placements can be raised by students, academic staff or practitioners. We found evidence of students using the university's processes to raise their concerns and the concerns ranged from levels of supervision to standards of care. PEFs, mentors, and students report the process as effective in ensuring that concerns are fully investigated and supported (116, 134-138).

The department maintains a record of past and current concerns and incidents raised regarding practice learning. This record also contains data on actions taken to address these concerns and the outcome of these actions (146).

We were told that the decision on whether to exceptionally report escalating concerns to the NMC is based on the nature of the concerns cited in the CQC report and feedback from students about their practice learning experiences at the time. We were told that the university only escalates concerns to the NMC in situations where a placement area is withdrawn from the placement circuit (119, 124, 134-138).

We found that, apart from one CQC report with adverse findings, CQC reports published earlier in the year which identify concerns in placement providers used by the university are not reported, by the university, to the NMC until the end of the year in the annual self-assessment report. This requires improvement. The AEI is required to exceptionally report to the NMC in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016).

In instances where there is an adverse CQC report and the placement area is not removed from the placement circuit, an action plan is developed jointly between the placement provider and the university. We viewed evidence of an action plan which demonstrated there was an increase in the frequency of visits made by link lecturers to support students. If a placement area is withdrawn from the placement circuit, a satisfactory educational audit is undertaken before the area is used as a practice learning environment for students. We were told that the decision to remove a placement, from the placement circuit, is made by the senior manager in the organisation, in discussion with the university and other AEIs who use the same practice placement provider (124, 147-148).

PEFs support the completion of educational audits with practice placement staff and the university link lecturer. We found evidence of the use of educational audit data in matching the learning opportunities available in an area to a student's stage in the programme. We viewed a live database of placements which was available within the placement areas. This database demonstrates a robust process for initiating the completion of audits when due. We confirmed that all audits are completed every two years; audits we reviewed were in date. Following the successful completion of an educational audit in a placement area, a certificate of accreditation as a learning environment is displayed in that area (102-112, 128, 134-138).

We were told that students are allocated a placement in advance of the commencement date. This is communicated appropriately and is perceived by practice partners to be timely and efficient. In some areas, the PEFs meet with each student at the beginning and at the end of each placement. They also collate additional evaluation data for internal quality assurance (129, 131-133).

We conclude that there are well established and effective partnerships between education and service providers at all levels with practice placement providers and NMC risks are effectively managed. However, there is a need to strengthen the exceptional reporting process to the NMC.

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

What we found before the event

There is some evidence of practitioners being involved in the recruitment and selection of students for the pre-registration nursing (adult) programme and the return to practice nursing programme (40-43, 45).

Service users are involved in the selection of students through their contribution to the development of questions that will be asked at face-to-face interviews with applicants (41, 46).

There is a service user forum that serves as a focus for service user input into the delivery of the curricula (66, 79).

Service users provide feedback on a student's performance. Mentors gain consent from service users before they provide the feedback (51-52).

What we found at the event

Pre-registration nursing (adult)

We found evidence of practitioner and service user involvement in programme delivery. Service users contribute to all years of the programme. Their engagement takes place in a variety of ways, including simulations. This is supported by students who told us service users are invited to discuss key issues and share their experiences with them within a classroom context. For example, a service user shared the experience of living with dementia and Parkinson's disease and how this impacted on their lifestyle and the impact this had on relatives. This perspective was provided alongside a specialist nurse for dementia. Students commented on the positive elements of this approach to teaching and learning and the potential for enhancing their ability to apply theory to practice (96, 128, 130).

Within the students' assessment documentation that we viewed, we found recorded testimonials from service users (51, 128, 130-132).

Return to practice nursing

We found evidence that practice placement providers are involved in the design, delivery and evaluation of the return to practice nursing programme. Service users and carers are involved in the design of interview questions and are not involved in the face-to-face interviews. Service users and carers are not directly involved in the delivery of the programme. We reviewed a document that described the ways that service users are involved in the post-registration programmes offered by the department and this document confirms that service users are involved in the delivery of other programmes but not the return to practice programme. We were informed by the programme team that time constraints in the timetable do not give enough opportunity for service users and carers to be directly involved in the delivery of the programme and therefore the use of web-based resources will continue to be used. Service user and carer involvement in the delivery of the return to practice programme requires improvement (92, 97, 116, 119).

Students confirmed that service users provide written comments as testimonials in their practice portfolio on the care that they receive from them. This testimonial evidence contributes to the judgement made regarding suitability to progress and return to the register on completion of the programme (119, 134-138).

<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>All academic staff have an allocation of 200 hours per year to undertake the link lecturer role. As part of this role, academic staff support mentors and pre-registration students in the practice setting and provide mentor update sessions. The students undertaking the return to practice nursing programme may be visited on placement by academic staff, depending on the programme requirements (36).</p>
<p>What we found at the event</p>
<p>The university has a clear policy on the role of the link lecturer. Within the workload model, 200 hours per academic year is allocated for academics to undertake this role. We found that within this role, some academic staff engage in clinical practice whilst others facilitate students' learning opportunities and the application of theory to practice through discussion with students (122, 128-133, 149).</p> <p>We found that link lecturers, in partnership with PEFs, give regular and timely support; participate in mentor update sessions either as part of the mandatory timetabled days or on a bespoke basis as required; and assist in the management of placement capacity. Link lecturers, in partnership with the PEFs, participate in the educational audits of practice placements (119, 134-138).</p> <p>Mentors and sign-off mentors are able to name link lecturers and other university staff who support students and mentors in practice placements (134-138).</p> <p>Student nurses confirmed that link lecturers and PEFs provide them with good support and they are involved in supporting the assessment of practice. Most of the students reported that university link teachers are present in practice areas although there is some variability in the frequency of contact with their own university link lecturers (128-136, 138).</p>
<p>Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date</p>
<p>What we found before the event</p>
<p>At the initial meeting, we were informed that the record of mentors in private, voluntary and independent placement providers is held at NHS organisations which is part of the register of mentors for the NHS organisation. PEFs manage the whole register to ensure its accuracy (81).</p>
<p>What we found at the event</p>

<p>We reviewed three 'live' mentor databases for the private, voluntary and independent placement providers and found that the mentors and sign-off mentors are up to date. (114).</p> <p>The databases use a 'traffic light' approach of green, amber and red to signify currency and annual update requirements. Each database entry identifies the mentor and records the type and date of mentor preparation programme completed and their triennial review status. The mentor database is managed and monitored by the PEF to ensure currency (114).</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>There are clear strategies in place to ensure that mentors and sign-off mentors are prepared. The department provides an NMC approved mentor preparation programme for registered nurses to become mentors and sign-off mentors (36, 45).</p> <p>PEFs play a role in ensuring that mentors and sign-off mentors are properly prepared to undertake assessments of practice of students through annual mentor updates (36).</p>
<p>What we found at the event</p>
<p>We found that PEFs and employers support nurses to successfully complete the university's NMC approved mentor module to enable them to support and assess student nurses (134-138).</p> <p>Mentors and sign-off mentors confirmed they are well prepared for their role in assessing practice. In addition, PEFs and academic staff confirmed that mentors and sign-off mentors are prepared in accordance with the NMC (2008) Standards to support learning and assessment in practice (89, 119, 134-138).</p> <p>Mentor updates are provided through face-to-face sessions or through online materials. Mentors confirmed that the sessions are useful and include updates on professional standards, teaching and learning strategies and the skills of facilitation and reflection relevant to their role as a mentor or sign-off mentor (130-133).</p> <p>There is a rolling programme of mentor update sessions provided in hospital and community settings which is communicated to clinical managers, mentors and sign-off mentors. PEFs described bespoke approaches to updating mentors in areas where releasing mentors to attend updates would be problematic (130-133).</p> <p>There are a number of mentors and sign-off mentors who have not been able to attend update sessions who are not live on the mentor register. PEFs told us that the release of mentors to attend updates is often challenging due to competing demands</p>

<p>in practice. They confirmed that there are sufficient mentors and sign-off mentors to support students, but there are a significant number of mentors who have not attended an annual update and are therefore not active mentors at present. PEFs described a range of different approaches they are implementing to provide more opportunities to improve provision and access. These include the provision of mentor drop-in sessions in the community, update sessions being held in wards and departments and through education link groups (127, 130-132).</p> <p>We viewed three mentor databases and are assured that mentors and sign-off mentors who were allocated students at the time of the visit are properly prepared for their role in assessing practice (134-138).</p>
<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, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>In the pre-registration nursing assessment of practice document, mentors must confirm that they have attended an annual update and are live on the mentor register (36).</p>
<p>What we found at the event</p>
<p>Placement managers support mentors and sign-off mentors to attend annual updates and to participate in triennial review (130-132).</p> <p>There are a range of opportunities facilitated by PEFs and link lecturers for mentors and sign-off mentors to attend annual updates. The mentor database and all mentors and sign-off mentors met during the practice placement visits confirmed the requirements for annual updating and triennial review are in line with NMC standards (112, 134-138).</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>To be reviewed at the event.</p>
<p>What we found at the event</p>

We viewed three trust-held 'live' mentor databases and found the records of mentors and sign-off mentors were up-to-date. The databases include the date and type of mentor preparation programme completed, date of attendance at an annual mentor update and date of triennial review. PEFs monitor the databases and send mentor status reports to clinical managers and placement areas to ensure that students are only allocated to a mentor/sign-off mentor who is on the 'live' database (134-138).

During the visits to the placement areas, we triangulated the mentor register with the duty rotas of student, we found evidence that all students were allocated to mentors who have live mentor status (128, 131-132).

Outcome: Standard requires improvement

Comments:

CQC reports published earlier in the year which identify concerns in placement providers used by the university are not reported to the NMC until the end of the year in the annual self-assessment report. This requires improvement. The AEI is required to exceptionally report to the NMC in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016).

Service user and carer involvement in the delivery of the return to practice nursing programme requires improvement.

The department is advised that there should be external examiner involvement for any future APL claims for entry to the postgraduate diploma in adult nursing programme to determine the rigour of evidence and process.

The release of mentors to attend updates is challenging. The completion of annual updates for mentors and sign-off mentors needs ongoing monitoring to ensure there are sufficient and appropriately prepared mentors and sign-off mentors to support students.

Areas for future monitoring:

- Exceptional reporting to the NMC.
- Service user and carer engagement in the return to practice nursing programme.
- Mentors are able to attend updates and meet the requirements of triennial review.

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

Pre-registration nursing (adult)

The pre-registration nursing (adult) programme outcomes are mapped to the assessment tasks and NMC competencies. The generic and field standards for competence for all domains are addressed in the programme and are embedded in the delivery of the programme (40-41).

A blended teaching strategy uses a variety of teaching methods. The teaching and learning strategy also uses scenario-based learning and information technology (40).

Simulation is used to develop clinical skills and this occurs in the skills laboratories and the simulation suites in the university. A total of 95 hours of simulation counts towards the practice learning hours of the programme (1, 40).

Inter-professional learning occurs during scenario-based learning and during placements. In partnership with the university, one placement provider won an award for the inter-professional learning activities. In partnership with the university, another placement provider has developed a strategic approach to inter-professional learning (40, 45, 79-80).

Students are provided with all the relevant information in a student handbook for the programme as well as yearly handbooks. The yearly handbooks provide information on the learning that will occur in the units and the assessment tasks of the unit (68-70, 78).

Return to practice nursing

The programme is designed to ensure that students demonstrate their ability to meet the former NMC PREP standards. The programme learning outcomes are mapped to these standards (NMC,2001 (45-46, 52).

At the interview stage of the recruitment process, a diagnostic assessment of the applicant's learning needs in relation to theory and practice is undertaken (44).

The results of assessments for both programmes are confirmed by the board of examiners, which are governed by the university's assessment regulations (67).

What we found at the event

Pre-registration nursing (adult)

Students told us that a range of teaching strategies are employed in the university which are effective in enhancing their learning. We viewed several workbooks including a pharmacology and medicine administration practice workbook that are employed to support teaching and learning (90-91, 131-133).

We found evidence of excellent teaching and learning resources for students which have been developed by mentors in practice placements. We observed a community unit-based 'Happy Planet Student Pack' as an induction and educational resource for

students. We also viewed a toolkit to facilitate students' engagement in inter-professional learning in practice. In their evaluation of practice placements, students reported that they could access the placement provider's IT systems for learning. In some practice placements, students are given a password to access the internet for online learning and are given a unique trust password (100, 130, 132).

Students confirmed that they complete the required mandatory training prior to commencing practice placements. They also reported that there are opportunities for them to engage in simulated learning, which takes place in a well-resourced skills laboratory within the university. Students told us that this mandatory training and other sessions in the department have prepared them for practice placements (131-133).

An online resource that contains scenarios focusing on families and communities has been developed for use by students. The department is currently working with the social work team to develop this resource into a tool for inter-professional learning. Students told us that they experience opportunities to engage in inter-professional learning in practice. This includes experiences gained during hub and spoke placements and during the latter, a student's learning experience is logged and the evidence is kept within the student's assessment document. Placement providers also provide students with a timetable of inter-professional teaching sessions with a range of health professions (1, 36, 93-94, 128, 131, 133).

We found that students experience various opportunities to meet the EU directive requirements during practice learning in both acute and community settings, as well as scenario-based learning in the university. Mental health issues are addressed throughout the programme. In the second year of the programme, students have the opportunity to visit placement areas outside of the adult field. Students are required to submit a written assignment that focuses on the other fields of nursing and document their evidence of learning in relation to the EU directive requirements in their professional portfolio. Students told us of their experiences in placements in acute care settings and in a nursing home of providing care under supervision, to service users who were physically ill, confused and potentially lacked mental capacity. We were also told of examples of teaching to facilitate students to appreciate the skills of nursing in other fields of practice and the need to meet the requirements of the EU directive. For example, one university link lecturer described the facilitation of a regular teaching session focusing on self-harm (41, 49, 131-133).

We were told by the programme team that during the community placements, which occur at the end of the second year or the beginning of the third year of the programme, students engage in public health activities. This includes measuring the blood pressure of members of the public and providing them with health promotion advice. A service user that we met commented on the value of these activities in helping members of the public make decisions regarding their health. This also assists students to comprehend the lifestyle and health choices people face (117-118).

The assessment strategy includes both formative and summative assessments. Students confirmed that their summative assignment results are communicated to them in a timely way (129, 131-133).

Effective monitoring mechanisms are in place to ensure that students have completed

<p>all the required elements of the programme as well as the number of hours of theory and practice to be compliant with the EU directive. There is a robust process for ensuring that only students who have successfully completed all components of the programme and have had assessment results ratified by the board of examiners are forwarded to the NMC (129-132, 151, 153).</p> <p>Students commented positively on the currency of the programme in preparing them for their future roles as registered nurses. A third-year student reflected on the range of placements experienced throughout the programme and reported that her studentship, learning opportunities and diverse patient and client group contact had been a very positive learning experience providing excellent preparation for future nursing practice. The student has secured a job as a nurse following successful completion of the programme and registration with the NMC (128, 131).</p> <p>PEFs, employers and the education commissioner told us that students are fit for purpose and practice and are highly employable as registered nurses on successful completion of the programme (123, 128, 132-133, 152)</p> <p>Return to practice nursing</p> <p>All return to practice students we met told us that they benefit from effective teaching and learning strategies. which includes virtual learning and resources. We confirmed that students must undertake mandatory training before they go into practice placements. We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice (116, 119, 134-138).</p> <p>All students reported to us that they feel confident and competent to practise and to return to the professional register on completion of their programme (116, 134, 136, 138).</p> <p>We conclude that students on the pre-registration nursing (adult) and return to practice nursing programmes achieve the learning outcomes at progression points and meet NMC standards for entry to the NMC register.</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>Pre-registration nursing (adult)</p> <p>The pre-registration nursing (adult) 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. Module leaders prepare students for their practice learning experience where they have the documentation, relevant policies and procedures explained to them (49, 68-70).</p>

Return to practice nursing

The return to practice assessment of practice documentation and student support enables students to achieve NMC practice learning outcomes/programme learning outcomes and for entry to the NMC register. Information on the placement and the assessment of practice is provided to PEFs and mentors by the department (52, 71).

What we found at the event

Pre-registration nursing (adult)

The university's recent investment in the provision of electronic tablets for students is evaluated very positively by students, mentors, PEFs and personal tutors. This resource provides; students to have online access to practice assessment documentation; feedback from mentors to a student; evaluation of students' practice placement experience; and, enables personal tutors to monitor a student's progress during practice placements. Currently the electronic tablet is only used by first year students; second and third students continue to use the paper version (51, 133).

We found that students are provided with excellent support during their practice placements to facilitate their achievement of practice competencies. The placement pathway that students on the pre-registration nursing (adult) programme follow includes sufficient variety to enable them to acquire the NMC essential skills cluster and NMC outcomes (108, 111, 128).

We found evidence that mentors have a sound understanding of the programme and their responsibilities in teaching and assessing students. Mentors and sign-off mentors understand the practice assessment process and documentation. We saw a completed practice assessment documentation which confirms that documentation is completed appropriately at progression points (51, 130-133).

Within the assessment of practice document, the activities that must be carried out as part of a student's induction to the practice area are made clear. Students told us that they receive an induction pack to each placement although they suggested that this could be made available electronically and sent to each student in advance of the placement to facilitate pre-reading and preparation for practice. Students told us that they are given an initial introduction to each placement and meet with their mentor to discuss their learning outcomes. This is generally undertaken during the first two working days of each placement. Students and mentors confirmed they are very well supported by PEFs. Information on the support available for students who have a disability is available for students and practice placement staff (53, 129, 130, 132).

We found evidence that the hub and spoke placement arrangement is approached proactively by students and is viewed as an opportunity to appreciate the patient's journey through healthcare and to engage with different members of the multidisciplinary team. Students can experience the process of supporting a patient through initial admission to hospital, through pre-operative assessment and surgical intervention to discharge home. We found evidence that the processes for managing failing students in practice are understood. Students and mentors informed us they

understand the procedures to follow in the event of poor student performance (129, 132-133).

Sign-off mentors described the process of sign-off and confirmed that the required assessment documentation is completed in a timely and efficient way. Sign-off mentors draw on previous and current student assessment documentation and feedback from the wider nursing team involved in hub and spoke placement provision to complete the final sign-off (131).

We viewed student assessment documentation that confirms that students meet NMC requirements at progression points and achieve the NMC competencies for entry to the register (51).

Prospective employers and the education commissioner told us that students are fit for purpose and practice and highly employable as registered nurses on successful completion of the programme (123, 128, 132-133, 152).

Return to practice nursing

The length of the period of placement learning a student must complete is determined by the number of years that a student has been inactive on the NMC register and is based on a sliding scale. The nature of the placement experience is determined by the student's previous experience and discussed and agreed at the time of the selection interview (44).

We found the essential skills and competencies are identified in the assessment of practice document. Mentors and sign-off mentors report clear understanding of the practice assessment documentation (52, 119, 134-138).

We found the tripartite approach to assessment of practice is important for the reliability of assessment judgements, as well as identifying any cause for concern and implementing action plans (116, 119, 134-138).

Return to practice students informed us that they feel confident and competent to practise and to return to the professional register on completion of the programme (116, 134-138).

Mentors and employers confirm that students are fit for practice on completion of the return to practice nursing programme (134-138).

We conclude that students on the pre-registration nursing (adult) and return to practice nursing programmes achieve NMC practice learning outcomes at progression points and meet NMC standards for entry to the NMC register.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks
<p>Key risk 5 - Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>
<p>Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>Students provide evaluative data on their learning experiences at various points in the programme and this includes end-of-unit and end-of-programme evaluations. First year students complete the placement evaluations on the new electronic system while second and third year students complete paper versions. An action plan is developed if necessary (40).</p> <p>The programme leader provides a report on student evaluations to external examiners and professional, statutory and regulatory bodies. Link lecturers provide feedback on issues raised by students to practice placement areas. Placement evaluations are also provided to PEFs (40).</p> <p>Students can become quality ambassadors who contribute to a cross AEI group which produces a quarterly newsletter (40, 74-75).</p> <p>The role and expectations of an external examiner are made explicit in a university policy to meet Quality Assurance Agency (QAA) requirements and in an information booklet for external examiners (48, 72-73).</p> <p>External examiners' NMC registration is checked and recorded on a spreadsheet held by the department (36).</p> <p>External examiners are involved in the assessment of theory and practice, and will either visit placement areas or meet mentors and students following attendance at examination boards (40, 45).</p>
<p>What we found at the event</p>
<p>We found the university has comprehensive systems for students to provide feedback regarding the theoretical and practice elements of the programmes to enhance programme delivery (116, 119, 134-138, 150).</p> <p>Overall we found that practice learning environments are evaluated positively by students. The university use several different fora to communicate student feedback to placement providers. Feedback from practice placement evaluations is obtained</p>

and collated electronically through the practice assessment record and evaluation (PARE) system on the student's personal tablet (first year students only) or through paper versions of practice assessment documents. This information is shared with the university and with mentors and PEFS, and actions are implemented and followed up, if required. In addition, some practice placement areas collate written evaluations of students' feedback as a form of internal quality enhancement. PEFs confirmed they access student evaluations and feedback on placement learning experiences, and act on emergent issues. They ensure evaluation data is available to individual placement areas and to the organisation following students' placement. Students are informed of outcomes and actions arising out of their evaluations through the university's virtual learning environment (50, 100-101, 116, 121, 131-138).

Students are consulted about aspects of programme provision and provided evidence of changes made to the programme following students' feedback. Students told us that they provided feedback on how some academic staff over-emphasised the degree of difficulty of the second year of the programme. The lecturers modified their advice following this feedback (116, 129, 138).

The senior staff of the department informed us that all external examiners are appointed by the university. The department monitors and holds the NMC registration details of all external examiners. We were told that there has recently been a re-allocation of responsibilities of external examiners resulting in a new external examiner appointed for the return to practice nursing programme. We confirmed that this external examiner has the appropriate experience and qualifications and due regard. There are several external examiners for the pre-registration nursing (adult) programme who have current NMC registration and due regard (120-122, 143-144).

We found that all external examiners meet mentors, sign-off mentors and students in the first year of their tenure. In addition, they have a face-to-face meeting with students prior to the board of examiners meeting. We confirmed they review theoretical and practice assessments at all academic levels in the pre-registration nursing (adult) programme which was evidenced in external examiners' reports. External examiners state they have received satisfactory and timely responses from the programme team on issues they have raised in their reports (121, 140-142).

External examiners for the pre-registration (adult) nursing and return to practice nursing programmes confirm that the students meet programme learning outcomes and NMC standards and competencies (140-142).

A review of the NMC online portal demonstrates that the university provides documentation and evidence to comply with the NMC AEI requirements. This provides assurance of the university's continuing AEI status (36).

We found that the department fully engages with the university's process for programme monitoring and enhancement. The faculty has a process for approving modifications to programmes, with programme committees playing a key role in proposing modifications. The faculty's process is also used to ensure that programme teams respond in a timely manner to conditions and recommendation made by approval panels. We saw evidence of the programme team responding to the conditions made by two recent approvals (41-42, 121).

<p>Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the return to practice programme.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>There are clear processes that students can use to raise complaints regarding their learning experience in the academic and practice setting. The complaints procedure is available in the handbooks provided to students and mentors (76).</p> <p>There have been two instances where this procedure was used related to learning in the university and one of these was by a student undertaking the return to practice nursing programme (3).</p>
<p>What we found at the event</p>
<p>All students, mentors and practice placement providers report being aware of how to raise concerns and complaints in practice settings. Students told us that concerns are managed and followed up in an appropriate and sensitive way and that they feel confident to use this process if required. The pre-registration nursing (adult) programme team described an incident in practice where a student had been asked to establish an insulin infusion in practice but was aware of the inappropriateness of this and that it was outside of the student's scope of practice. The student escalated this concern to the university, the student was advised on the action that the student should take and the placement provider investigated the incident. The university also reported this concern to another AEI who had students in the placement area. We also reviewed the documentation associated with an incident that occurred involving a student nurse and we are assured that appropriate action was taken to prevent such incidents from reoccurring (116, 119, 127, 134-138, 145).</p> <p>The department maintains a past and current record of all concerns and incidents raised regarding practice learning. This record also contains data on actions taken to address these concerns and the outcome of these actions (146).</p> <p>We conclude from our findings that the university has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.</p>
<p style="text-align: center;">Outcome: Standard met</p>
<p>Comments:</p>

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

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15. *CQC inspection report, Mansfield Community Hospital Stockwell Gate, Mansfield, 20 October 2015*
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17. *CQC inspection report, Newark Hospital, Sherwood Forest Hospitals NHS Foundation Trust, Boundary Road, Newark, 20 October 2015*
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25. CQC inspection report, *Woodend Care Home, Bupa Care Homes (ANS) Limited. Bradgate Road Altrincham, 19 August 2016*
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27. CQC inspection report, *East Cheshire NHS Trust, Macclesfield District General Hospital, Victoria Road, Macclesfield, report 2, 15 May 2015*
28. CQC inspection report, *Manchester Royal Infirmary, Oxford Road, Manchester, 13 June 2016*
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52. MMU assessment of practice document – return to practice nursing, undated
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70. MMU BSc (Hons) adult nursing year 3 handbook, September 2016
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117. Meeting with adult field programme team, department of nursing, MMU, 11 January 2017
118. Meeting with service users, department of nursing, MMU, 11 January 2017
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121. Meeting with academic team and administrator to review quality assurance processes, department of nursing, MMU, 11 January 2017
122. Meeting with senior academic team to review resources in the academic setting, department of nursing, MMU, 11 January 2017
123. Meeting with education commissioner, HEENW, 11 January 2017
124. Meeting with academic team, department of nursing, MMU and head of nursing for professional development, Central Manchester Foundation Trust to review clinical governance issues and CQC adverse reports, 11 January 2017
125. Meeting with academic team to review admission and approval of prior learning policies and procedures, 12 January 2017
126. Meeting with academic team, department of nursing and head of faculty student and academic services, faculty of health, psychology and social care, MMU to review fitness to practise issues, 12 January 2017
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131. *Practice visit – adult nursing, meeting with student, mentors, managers, Ward D2 (orthopaedics), Stepping Hill Hospital, Stockport NHS Foundation Trust, 11 January 2017*
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141. *Award external examiner annual report – academic session 2015/2016, undated*
142. *External examiner reports -return to practice x3, various dates*
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147. *Student support mechanism in place at Tameside Hospital NHS Foundation Trust, July 2014*
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152. *Employer satisfaction data 2013-2016, undated*

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Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 13 Dec 2016
Meetings with:
<p>Head of department (nursing), department of nursing, faculty of health, psychology and social care, MMU</p> <p>Programme lead, BSc (Hons) adult nursing, department of nursing, faculty of health, psychology and social care, MMU</p> <p>MMU programme lead, return to nursing, department of nursing, faculty of health, psychology and social care, MMU</p> <p>MMU principal lecturer, department of nursing, faculty of health, psychology and social care, MMU</p> <p>PEF, Central Manchester University Hospitals NHS Foundation Trust</p>
At monitoring event
Meetings with:
<p>Head of department (nursing), department of nursing, faculty of health, psychology and social care, MMU</p> <p>Programme lead, BSc (Hons) adult, department of nursing, faculty of health, psychology and social care, MMU</p> <p>Programme lead, return to nursing, department of nursing, faculty of health, psychology and social care, MMU</p> <p>Principal lecturer, department of nursing, faculty of health, psychology and social care, MMU</p> <p>Senior lecturer and admissions lead, department of nursing, faculty of health, psychology and social care, MMU</p> <p>Senior lecturer and placement lead, department of nursing, faculty of health, psychology and social care, MMU</p> <p>Principal lecturer for work-based learning, faculty of health, psychology and social care, MMU</p> <p>Faculty quality officer, faculty of health, psychology and social care, MMU</p> <p>Head of faculty student and academic services, MMU</p> <p>Head of nursing for professional education and development, Central Manchester NHS Hospitals NHS Foundation Trust</p> <p>Lead PEF, University Hospital of South Manchester NHS Foundation Trust</p>

Meetings with:

Mentors / sign-off mentors	13
Practice teachers	1
Service users / Carers (in university)	2
Service users / Carers (in practice)	2
Practice Education Facilitator	16
Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	11 Practice education manager x 3 Database administration staff x 2 Successfully completed return to practice students x 6

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 2 Year 2: 3 Year 3: 1 Year 4: 0

Return to Practice Nursing	Year 1: 3 Year 2: 0 Year 3: 0 Year 4: 0
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