

2016-17

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

Programme provider	University of Salford
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Children
Date of monitoring event	15-16 Mar 2017
Managing Reviewer	Shirley Cutts
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Angela Hudson, Jo Rouse
Placement partner visits undertaken during the review	<p>Pre-registration nursing (adult):</p> <p>Pennine Acute Hospitals NHS Trust, Royal Oldham Hospital</p> <p>Pennine Care NHS Foundation Trust</p> <p>Salford Royal NHS Foundation Hospital</p> <p>St Ann's Hospice</p> <p>Pre-registration nursing (child):</p> <p>Pennine Acute Hospitals NHS Trust, Royal Oldham Hospital</p> <p>Pennine Care NHS Foundation Trust</p> <p>Royal Manchester Children's Hospital</p>
Date of Report	27 Mar 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 pre-registration education

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

Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

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

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

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

Summary of findings against key risks

Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience / qualifications commensurate with role 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 University of Salford's programmes

The pre-registration nursing programme is delivered by the school of nursing, midwifery, social work and social sciences, one of seven schools within the University of Salford (UoS).

The BSc (Hons) pre-registration nursing programme was approved in 2011 for two fields of practice; adult and child. A postgraduate MA nursing (adult and child) route was approved in 2013. There was a major modification to the programme in 2016 which led to changes in teaching methods and the introduction of the online assessment of practice record.

The focus of this monitoring review is the pre-registration nursing adult and child fields of practice: the three year BSc (Hons) nursing route and the three year postgraduate MA nursing route.

The university works closely with a number of practice placement providers across the north west to provide practice learning opportunities for pre-registration nursing students. The university is situated within the area managed by Health Education England North West (HEENW).

Pre-registration nursing (child) students have placement opportunities provided in the Royal Manchester Children's Hospital, Central Manchester Foundation Trust, Pennine Acute Hospitals NHS Trust, Pennine Care NHS Foundation Trust and Bolton NHS Foundation Trust. There are also a small number of placements available with private, voluntary and independent (PVI) providers.

Pre-registration nursing (adult) students have placement opportunities provided in Salford Royal NHS Foundation Trust, Bolton NHS Foundation Trust, Pennine Acute Hospitals NHS Trust, and Pennine Care NHS Foundation Trust. There are also a small number of placements available with PVI providers.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular attention was paid to student experiences in the Royal Oldham Hospital which had been subject to adverse outcomes from the Care Quality Commission (CQC).

Summary of public protection context and findings

Our findings demonstrate that the University of Salford has systems and processes in place to monitor four of the key risk themes to assure protection of the public.

The key risk theme practice learning is not met. At a strategic level we found no evidence of operational working and processes between the university and practice placement providers, including communication and management of governance issues related to clinical areas and practice learning environments. The university does not have a formal system in place for monitoring CQC reports and responding in

a timely manner. There is no evidence that the university had used the exceptional reporting process to alert the NMC to concerns raised by CQC.

The university must implement an action plan to ensure the risk is controlled and NMC requirements are met.

The key risks are outlined below.

The university implemented an action plan to address the not met outcome. A return visit to the university took place on 15 August 2017 to review the progress that had been made in meeting the NMC key risks.

The key risk practice learning is now met and the identified risks are controlled.

Resources: met

We conclude that the university has adequate academic resources to deliver the pre-registration nursing (adult and child) programme to meet NMC standards.

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 and child) programme.

Admission and progression: met

We conclude from our findings that selection and admission processes for the pre-registration nursing (adult and child) programme meet NMC requirements.

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. Practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice.

The robust fitness to practise procedure manages issues of concern, both academic and practice related. We found evidence of the effective implementation of these procedures and examples of where students have been subject to remedial action or their programme terminated, demonstrating the rigour of the process in ensuring public protection.

We conclude from our findings that systems for accreditation of prior learning (APL) and achievement are in place and supported by verifiable evidence, mapped against NMC outcomes and competencies and meet NMC requirements.

Practice learning: not met

We conclude from our findings that sound partnerships exist with placement providers and the university at the programme operational level. The university link lecturers (ULLs), practice education leads (PELs) and practice education facilitators (PEFs) work together to support students and mentors and to maintain an effective practice learning environment for students.

However, at a strategic level we found no evidence of operational working and processes between the university and practice placement providers, including communication and management of governance issues related to clinical areas and practice learning environments. The university does not have a formal system in place

for monitoring CQC reports and responding in a timely manner. In addition, there is no evidence that the university had used the exceptional reporting process to alert the NMC to concerns raised by CQC. This risk theme is not met and requires action.

We found that service user and carer involvement is well embedded in the pre-registration nursing (adult and child) programme.

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

We found that mentor registers for the pre-registration nursing (adult and child) programme are up to date and accurate.

A return visit to the university on 15 August 2017 to review progress made against the action plan concluded that effective systems are in place to ensure that the communication and management of governance issues in practice learning areas occurs at strategic and operational levels. A Manchester wide approach to the monitoring and response to CQC reports has been implemented which involves a structured investigation process. An 'on call' system has been implemented to ensure the senior staff in the school take responsibility to exceptionally report concerns to the NMC in a timely manner.

The key risk is now met and the identified risks are now controlled.

Fitness for practice: met

The teaching and assessment methods on the programme are varied and effective to enable pre-registration nursing (adult and child) students to achieve the programme learning outcomes at progression points and meet NMC standards for entry to the NMC register.

Students have access to a variety of placements in the acute trusts and community settings. The use of a hub and spoke placement model increases the range of practice learning experiences for students. Practice learning experiences and support enable students' achievement of all learning outcomes and NMC competencies in both theory and practice at progression points and for entry to the register.

Commissioners and managers are keen to retain and employ successful students completing the pre-registration nursing (adult and child) programme.

Quality assurance: met

We conclude that the university's internal quality assurance processes manage risks, address areas for development and enhance the delivery of the pre-registration nursing (adult and child) programme.

We conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Summary of areas that require improvement

A follow up visit to the university on 15 August 2017 confirmed that systems and processes are now in place to address the not met and the requires improvement issues identified below.

The following area is not met and requires attention:

- At a strategic level there should be effective processes and operational working between the university and practice placement providers, including communication and management of governance issues related to clinical areas and practice learning environments.
- The university, in partnership with placement providers, should implement a formal system for monitoring CQC reports and responding in a timely manner.
- The school is required to develop and implement a process to ensure exceptional reporting to the NMC is actioned in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016).

The following area requires improvement:

- Strong and effective partnership arrangements with NHS placement providers at a strategic level.

Summary of areas for future monitoring

- Systems and processes are in place to monitor CQC reports.
- Exceptional reporting to the NMC in a timely way.
- Strong and effective partnership working at a strategic level.

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 staff demonstrate enthusiasm and commitment to the delivery and development of the programme which is reflected in the 2016 major modification. They are supportive of students in their academic study and during practice placements. They told us that they value their relationships with their practice placement providers and engage with practice through the university link lecturer role and as personal teachers.

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

Mentors told us they are well prepared for their role. They work hard to support the students' practice learning and value the support they receive from the teaching staff. They understand the programme requirements and are confident in assessing the students. PEFs told us that they work with the university to manage the practice learning environments and participate in teaching and programme development activities.

Employers and commissioners confirmed they are satisfied that students are well prepared for their role as registered nurses.

Students

Students express satisfaction with their programme of study and the learning opportunities they encounter in both university and in practice placements. Students told us their learning in the university provides them with sufficient underpinning knowledge and skills to prepare them to undertake practice placements.

Students state that the programme prepares them for their professional role. They told us that they are supported by the university link lecturer, their personal teacher and by their mentors in practice. They are positive about the structure of the programme and confident that it provides them with the knowledge and skills required.

Service users and carers

We found that service users and carers are passionate about their role in the delivery and development of the pre-registration nursing programme. They are confident that students and teaching staff value their contributions to the programme. They feel well supported in their role. The service users and carers we met told us that the pre-registration nursing students demonstrate effective caring qualities and are developing the skills required of a registered nurse.

Relevant issues from external quality assurance reports

32 CQC reports were considered for practice placements used by the university to support students' learning. These external quality assurance reports provided the reviewing team with context and background to inform the monitoring review (1-7, 86-109).

The following reports required action(s):

Royal Oldham Hospital (one of four hospitals in the Pennine Acute Hospitals NHS Trust) was awarded an overall grade of inadequate in the report of August 2016 (3). The children and young people's services in the hospital were graded inadequate. The issues identified which require immediate action in the children and young people's services include: ensuring sufficient numbers of appropriately qualified and experienced staff; maintaining children's dignity at all times; assessment of risks to the health and safety of children receiving treatment; and, the timely investigation and action of untoward incidents.

Areas identified for immediate action in the adult services include: sufficient appropriately qualified staff and timely assessment of patients in the accident and emergency department; management of records and controlled drugs, assessment of patients' nutrition and hydration needs, minimising the movement of patients within the unit and timely discharge in the medical services; surgical services require sufficient nursing staff, review of capacity assessments and 'do not attempt cardio pulmonary resuscitation' assessments.

In the critical care area action includes the timely and appropriate discharge of patients and adherence to national guidance and standards of critical care.

Pennine Acute Hospitals NHS Trust developed an action plan addressing all of the above areas. Recruitment remains an issue in paediatric and critical care services (36).

We found ULLs work with PEFs and mentors to ensure that the practice learning environments is safe and appropriate for student nurses (16).

North Manchester General Hospital, also part of Pennine Acute Hospitals NHS Trust, was rated inadequate in August 2016 (4).

The findings which require actions in the medical care services include: investigations into incidents are not carried out in a timely manner, learning is not shared, the environment in some areas means that infection control policies cannot always be followed, the trust protocol for monitoring deteriorating patients is not always followed.

Urgent and emergency services fail to meet the department of health target of treatment in four hours for 95 percent of patients, and to meet the 15 minute triage target.

In the maternity and gynaecology services findings which require action include: delayed investigations into serious incidents; a shortage of midwifery staff leading to delays in transfer women during labour; midwives and medical staff are not up to date in the skills they perform; and, there is a lack of clear systems and processes to manage risks.

In the services for children and young people findings which require action include: delays in the investigation of incidents; care and treatment does not always reflect current guidance; and, a shortage of staff on the paediatric ward.

We found the ULL works with PEFs and mentors to ensure that the practice learning environments is safe and appropriate for student nurses (16, 82).

Follow up on recommendations from approval events within the last year

There were no approval events in the last year.

There was a major modification to the pre-registration nursing programme in 2016. Potential risks for future monitoring are identified as:

- The number of appropriately qualified and experienced staff to deliver multiple cohorts (see section 1.1.1).
- The sustainability of the weekly personal teacher support provided to students (see section 3.2.2) (8-9).

Specific issues to follow up from self-report

- The need to monitor the four intakes and the impact on practice placements is identified.

It is too early to identify the impact of the four intakes on practice placements as only two intakes have commenced since the major modification was implemented in September 2016. Academic staff and practice placement providers have systems in place to monitor the situation. It is anticipated that the impact will be small as the increase in the overall number of students has been small. Commissioners are positive regarding this change (15-16, 37, 39-43).

Findings against key risks

Key risk 1 – Resources

- 1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.

What we found before the event

There are sufficient teachers with appropriate professional and academic qualifications to support the increase to four intakes per year for the pre-registration nursing (adult) programme which began in September 2016 (8-11).

The programme leaders for the pre-registration nursing (adult and child) routes have

<p>current registration and teaching qualifications recorded with the NMC (12-13).</p> <p>Newly appointed teaching staff are required to undertake a teacher's preparation programme if they do not already have a teaching qualification. There is an effective process and reporting in place for nurse and midwife lecturers to achieve and record a teaching qualification with the NMC (12, 49).</p>
<p>What we found at the event</p>
<p>We found that there are sufficient appropriately qualified academic staff to meet the requirements of the programme (37, 40-44, 67, 71, 85).</p> <p>The human resources department in the university monitors professional registration and revalidation of academic staff. We found that records show that all academic staff have current NMC registration. Workshops have been delivered by the director of midwifery, counselling and psychotherapy (who was previously the clinical lead for re-validation at NHS England (north)), to prepare staff for re-validation and confirmers are identified. We confirmed that academic staff supporting students on the pre-registration nursing (adult and child) programme have due regard (49-50, 111).</p> <p>We were told that academic staff are encouraged and supported to undertake professional development activities. Responses in the staff experience survey undertaken in 2014 demonstrated that they are satisfied with the opportunities provided and that they can put their knowledge and skills into practice. Current academic staff also confirm these findings (37, 51-52).</p> <p>A major modification to the pre-registration nursing programme in 2016 has led to a small increase in student numbers and increased student intakes from two to four per year for the adult field of nursing. Recruitment of new academic staff to meet additional demand has taken place. The students we met confirm that they are allocated a personal teacher and they are effectively supported (39-43, 66).</p> <p>We conclude that the university has adequate academic resources to deliver the pre-registration nursing (adult and child) programme to meet 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>PEFs in the trusts maintain the mentor database and monitor mentor numbers. They are members of the North West Placement Network which meets bi-monthly and monitors any gaps or surplus in mentor capacity. This intelligence is shared with the placement department in the school (14-15).</p> <p>Bolton NHS Foundation Trust (NHSFT) has reported to the ULL that staffing is a significant issue, which could impact on mentoring (16).</p>

What we found at the event
<p>We found that there are sufficient mentors to support the numbers of students in all placement providers. Students confirmed that they are allocated a mentor who has due regard, and that they work with their mentor for at least 40 percent of the time. Mentors and sign-off mentors confirm that there have been significant staffing changes but that mentor:student ratios are consistently 1:1 or occasionally 1:2 (39-43, 53).</p> <p>The practice placement provider trusts hold their own database of mentors and monitor the numbers of mentors to ensure current levels are sufficient for the numbers of students. PEFs monitor mentor numbers and alert the school's clinical placement unit (CPU) of changes in capacity (39-43, 65). ULLs also monitor the allocation of students to mentors (16). These processes also apply if students from another university are allocated to the placement areas (39-43).</p> <p>Hub and spoke placements are agreed between the student and the mentor. A named supervisor is allocated in the spoke placement. Evidence of learning is recorded in the student's personal development plan and verified by the supervisor and the mentor. The hub mentor monitors the student's attendance (22, 24, 39-43).</p> <p>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 and child) programme.</p>
Outcome: Standard met
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Findings against key risks
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation</p>
<p>Risk indicator 2.1.1- selection and admission processes follow NMC requirements</p>

<p>What we found before the event</p>
<p>All shortlisted applicants for the pre-registration nursing programme are required to attend for a face to face interview. Academic and practice staff conducting the interviews receive training in equality and diversity (10-11).</p>
<p>What we found at the event</p>
<p>We found that selection and admission procedures meet NMC requirements.</p> <p>The university has an admissions policy which requires that all staff involved in interviews receive training in equality and diversity. The director of admissions monitors that all interviewers have the appropriate equality and diversity training (53, 56, 109).</p> <p>The interview day for the pre-registration nursing programme consists of literacy and numeracy testing, activities to assess values in nursing and a face to face interview. Interviewers are lecturers and practice partners. We were told of a recent challenge for practice representatives to be released to participate in the interview process due to work pressures in their trusts. University and NHS trust representatives informed us that they anticipate this situation will improve. All staff involved in the interview process receive training in equality and diversity (39-43, 53-54, 56).</p> <p>Service user and carer involvement in the admission process is through the development of the questions for the interview which focus on the values in nursing (38, 53, 59).</p> <p>The university has a policy to support the admission of students under 18 years of age. Students under 18 years of age are referred to a designated student officer in the university's student life department. The marketing and student recruitment department provides clear guidance regarding specific support and supervision required for students under 18 years of age in the university and in practice placements (57).</p> <p>Once a place is offered, applicants are required to complete a declaration of good health and good character and a university criminal convictions declaration. The interview schedule provides time between the application and commencement of the programme for disclosure and barring service (DBS) clearance and health checks to be completed. Students confirm that they are not able to attend practice placements until DBS and health clearance is obtained (39-43, 53).</p> <p>A university vetting panel meets to discuss and make decisions if issues are raised during the DBS process (53, 55, 58).</p> <p>We conclude from our findings that selection and admission processes for the pre-registration nursing (adult and child) programme meet NMC requirements.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor</p>

performance in both theory and practice
What we found before the event
<p>The university has a fitness to practise procedure in place which is implemented by the school (14, 61).</p> <p>Training is provided for staff involved in fitness to practise panels (17).</p>
What we found at the event
<p>We found that the university has fitness to practise procedures and that academic staff, practice staff and students are fully cognisant of these procedures.</p> <p>There is a staged approach taken to raise pre-registration nursing students' awareness of the university's fitness to practise procedure. In year one, students are introduced to the requirements of the Code (NMC, 2015), social media and professional boundaries are discussed, and university student facing procedures and raising concerns are explained. These are supplemented with an online workbook about NMC professional requirements. In year two, fitness to practise case studies focussing on the behaviour of students are used to support students' learning. Year three learning involves fitness to practise case studies using the inappropriate behaviour of registrants. In addition, there are sessions on escalating and raising concerns, professional indemnity insurance and re-validation. Students confirm they understand university policy and procedures around fitness to practise. They are positive about the effectiveness of the teaching and learning strategies which introduce these procedures (39-43, 66, 78).</p> <p>Practice staff and managers expressed confidence in the university's procedures, stating that the university would effectively investigate and manage concerns about students' performance to protect the public (39-43).</p> <p>The school maintains a database of fitness to practise cases. This includes information about the student's field of nursing practice, the alleged issue, the investigation and the outcome. The outcomes for cases reviewed in 2015-16 ranged from 'no case to answer' to the discontinuation of the student from the programme (64).</p> <p>Students' progression in theory and practice is managed by the assessment board. Assessment of theory regulations are included in the student handbook with links to the university's assessment policy. Students are informed that undertaking spoke placements are not possible if they are struggling to achieve the required competencies in practice. They must stay in their hub placement to facilitate their achievement (24, 44).</p> <p>A fitness to study procedure is used when there is concern about a student's health, safety and mental well-being. The procedure enables the school to support the students and support their progress. It is also used as a strategy to improve retention</p>

<p>on the programme (62-63, 110).</p> <p>Attrition rates are monitored and have raised concern. In 2014-15 attrition was seven percent on the pre-registration nursing programme (child), and six percent on the pre-registration nursing programme (adult). A slight reduction was noted in January 2016 (81, 84, 110).</p> <p>Students confirm that they complete a declaration of good health and good character at progression points on the programme and on completion of the programme (39-43, 60).</p> <p>We conclude from our findings that 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.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Guidance and support is provided for practice staff in both the NHS and PVI sector when they raise concerns about a student's performance (18-19).</p>
<p>What we found at the event</p>
<p>We found that practice placement providers understand and implement the university's fitness to practise procedures.</p> <p>During 2015-16 there were a total of 36 fitness to practise investigations involving pre-registration nursing students; 21 involved pre-registration nursing adult students, 10 pre-registration mental health students and five pre-registration child students. Six students were discontinued from the programme (64).</p> <p>Mentors and sign-off mentors confirm that they feel supported to raise concerns of poor practice and performance by students. They understand the process for escalating their concerns about a student's performance to the PEF who will then contact the student's personal teacher. They told us this process was included and discussed during annual mentor updates They confirm that effective lines of communication exist with the university when poor performance concerns are raised (39-43).</p> <p>We found that senior managers in the trusts are involved in decision making as members of fitness to practise panels. The university ensures that the practice representative on the panel is from a different trust to where the student is working (78).</p> <p>We conclude that practice placement providers understand and implement the university's fitness to practise procedure to address issue of poor performance in</p>

practice for students on the pre-registration nursing (adult and child) programme.
Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
What we found before the event
There is an APL system in place. The university has an APL co-ordinator and the school has an APL lead. All APL applications are presented to the assessment board. In 2015-16 there were two successful applications for entry to the pre-registration nursing programme (20).
What we found at the event
<p>We found that the outcomes for year one of the pre-registration nursing programme are mapped against several undergraduate health programmes which are delivered locally. However, despite this mapping activity the number of applications for APL are small. Any APL claim received is reviewed by the director of admissions and referred to the assessment and examination boards where they are available for scrutiny by pre-registration nursing external examiners (53, 79).</p> <p>In 2016-17 three APL claims were approved for students transferring from other approved education institutions (AEIs) into the pre-registration nursing (adult) programme (79).</p> <p>We conclude from our findings that systems for APL and achievement are in place and supported by verifiable evidence, mapped against NMC outcomes and competencies and meet NMC requirements.</p>
Outcome: Standard met
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Findings against key risks

<p>Key risk 3 - Practice Learning</p> <p>3.1 Inadequate governance of and in practice learning</p> <p>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 Assurance and confirmation of student achievement is unreliable or invalid</p>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>Strategically the school works with other AELs to develop policies and procedures to support and protect students in practice placements (18-19, 22-24, 30).</p> <p>Operationally the pan Manchester placement group provides opportunities to discuss placement issues (21).</p> <p>The ULLs work with the PEL and the PEFs to monitor the placement areas. PELs are employed by the trusts and take a lead for specific clinical areas. PEFs are employed by HEE and cover a specified geographical area which includes providers from the PVI sector. Royal Bolton Hospital are currently piloting an 'on call' system for the PEFs (15).</p> <p>Educational audits are completed biennially. The audit is completed by the PEL and/or the PEF and verified by the ULL. If necessary, action plans are developed in conjunction with the ULL at the end of the verification process. Guidance is provided in the audit document which identifies that it is good practice to review and update the action plans. The CPU informs ULLs and PEFs when audits are due (16, 22-23).</p> <p>A hub and spoke model of placement experiences is adopted. Appropriate spoke placements are agreed during the educational audit process. If a spoke placement is identified outside the audit process the mentor, PEF and ULL complete a risk assessment which is filed with the audit (24).</p>
<p>What we found at the event</p>
<p>We found that sound partnerships exist with placement providers and the university at the programme operational level. The ULLs, PELs and PEFs are committed and work together to complete the educational audits, and support students and mentors to maintain an effective practice learning environment for students (16-17, 39-43, 82).</p> <p>However, we found no evidence of partnership working at a strategic and higher operational level between the university and practice placement providers. This requires improvement.</p>

The CQC inspection at the Royal Oldham Hospital gave an overall grading of inadequate. We found no evidence of communication of these outcomes between senior staff in the trust and the university and no evidence of joint actions arising from adverse concerns or partnership working at a strategic level between senior staff in the Royal Oldham Trust and the university. Senior managers in the trust developed an action plan to address the CQC concerns raised (3, 36).

At a strategic level we found no evidence of operational working and processes between the university and practice placement providers, including communication and management of governance issues related to clinical areas and practice learning environments. The university does not have a formal system in place for monitoring CQC reports and responding in a timely manner. These must be addressed.

There is no evidence in the university annual self-assessment reporting process of informing the NMC of concerns in practice placements or of senior staff in the school exceptionally reporting concerns to the NMC regarding the CQC outcome at the Royal Oldham Hospital and the actions taken to ensure practice learning is not compromised. The university is required to exceptionally report to the NMC in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016). This must be addressed.

We found there is an informal process for managing concerns raised by CQC at an operational level which includes initial communication from the PEL to the CPU. Further action is then taken by the ULL, the programme leader and the personal teacher in partnership with the PEF. Consideration may be given to removing students from the practice area but there is no identified process as to how this would be decided. There is no requirement for the placement area to have a risk assessment or repeat educational audit to determine whether the environment is suitable for students' practice learning. The educational audits we observed were in date but had not been reviewed in response to the CQC report (82).

We found that the ULLs and the PEFs work together to ensure that the practice learning environment is appropriate for pre-registration nursing students (adult and child). Their actions include reviewing placement capacity, students' evaluations of practice, holding regular student meetings and reviewing student resources (16, 40).

The students we met at Royal Oldham Hospital are positive about their practice learning experience. They confirm receiving support from a named mentor and they receive additional support from their personal teacher and the ULL. Mentors confirm that they can provide the support required by the students and that they receive support from the PEF and ULL (39).

Partnership working at an operational level was also evident in the other practice placement areas that we visited. Managers, mentors and PEFs expressed confidence and satisfaction in the partnership working arrangements in place. They told us that communication with the programme leaders regarding operational issues such as student recruitment, employment and fitness to practise is effective. In all the practice placement areas we visited we found that the PEFs and the ULLs work together to support mentors and students and to maintain a positive learning environment (39-43).

<p>ULLs are active in their designated practice placement areas and complete regular reports. Students' evaluation of practice is an important part of this process. We found that the ULLs are diligent in their scrutiny of evaluations and respond in a timely manner. Actions include discussions with students, mentors, PEFs and the development of action plans, where necessary (16-17).</p> <p>The programme leaders confirm that partnership working and collaboration is effective through the pan Manchester collaboration. This partnership also provides opportunities to share good practice. They told us there is a focus on public health, with learning opportunities for pre-registration nursing (adult and child) students that address key health and well-being agendas (37).</p> <p>We confirmed that the completion of educational audits meet NMC requirements. The pan Manchester audit documentation is used and completed by the PEL and the PEF and verified by the ULL (22-23). Action plans are developed and reviewed, as required. The CPU monitors educational audits and sends out alerts in advance of their expiry date. PEFs also maintain a placement education audit risk register to ensure that audits are renewed every two years. PEFs confirmed that if an audit was to go out of date whilst students were on placement, they would work with the PEL and ULL to update the audit to avoid removing students, as this would be too disruptive to students' learning and assessment in practice. We found that educational audits are complete, up to date and action plans reviewed. Arrangements are in place to manage the completion of the document and share information where placements are shared with other AELs (16, 39-43, 45, 65).</p> <p>A raising and escalating concerns policy is in place in the university and placement organisations. Students, mentors, sign-off mentors and PEFs demonstrated knowledge of the policy and process and confidence in escalating concerns, if required. Students, mentors and sign-off mentors gave us examples of escalating concerns and reported that concerns are fully investigated and they were supported during the process (39-40, 43, 66).</p> <p>We conclude that at a strategic level there should be processes in place to ensure effective partnership working between the university and practice placement providers which includes communication and management of governance issues related to clinical areas and practice learning environments. This needs to be addressed.</p> <p>In addition, the school is required to develop and implement a process to ensure exceptional reporting to the NMC is actioned in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016).</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>The school has a service user and carer forum and a user/carers lead. There is a strategy which identifies actions to develop service user and carer involvement in</p>

programme development and in all years of pre-registration nursing programme delivery. This is supported by a user and carer curriculum advisory group which meets twice per year and encourages involvement in programme developments and assessments (25).

The guidance for the involvement of service users and carers in the assessment of practice of pre-registration nursing students is included in the practice assessment document (PAD) or practice assessment record electronic (PARE). Any comments submitted by a service user/carer about a student's performance in practice is countersigned by the mentor. Service users and carers have the right to refuse to contribute to this process (26-27).

What we found at the event

We found that service users and carers and practitioners are involved in the delivery and development of the pre-registration nursing (adult and child) programme.

The service users and carers we met are enthusiastic about their involvement in the programme. They attend the regular service user and carer meetings. Their main contribution to programme delivery is participation in an annual all day conference for first year pre-registration student nurses. They are involved in group work with the students and they are positive about the qualities demonstrated by the students and their insight about patients' needs. Service users and carers are confident that their contribution is valued by both students and academic staff, which was confirmed by the students and academic staff that we met. The service users and carers state that they should be part of the teaching team, describing their input as a 'golden thread of patient involvement' (37-38, 66).

Other activities the group have been involved with include the design of the 'supporting families and carers module', contribution to a book written by a member of academic staff which is now used as a text book to support students learning on the programme and involvement in patient representative activities both locally and nationally (38).

We met a carer representative who is involved throughout the three years of the pre-registration nursing programme, using his experience as manager of a local carer centre. He has been involved in the development of the university's young adult carers policy which is introduced to all pre-registration nursing students. He is currently working with the chancellor to host a creative writing workshop which will capture user/carer stories and experiences. He described the partnership between his organisation and the school as strong (38, 67).

Service users and carers can feedback on students' performance by completing witness testimonies which can be used by the student's mentor and included in the PAD/PARE document. Students confirm they seek service user and carer feedback in each placement. They confirm this feedback is optional and that it is sought with their mentor's supervision (39-43).

PEFs are involved in the recruitment of students and the design, delivery and evaluation of the pre-registration nursing (adult and child) programme (39-43).

<p>Students told us that practitioners provide specialist input to skills sessions in preparation for practice placement learning (39-43).</p> <p>We conclude that practitioners and service users and carers are involved in a number of activities in the development and delivery of the pre-registration nursing (adult and child) programme.</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>The ULLs have an active role in placement settings. They work closely with the PEFs (15-16).</p>
<p>What we found at the event</p>
<p>We found that academic staff support students during their practice placement experience. This is primarily by their personal teacher who provides support for the duration of the student's programme. They have contact with the student every week which may be via a phone call, email or a visit to the practice placement. They are responsible for verifying the completion of the assessment of practice documentation. Mentors understand this support system and contact the appropriate personal teacher, when necessary. Students and PEFs confirmed that this support system is effective (15, 37, 39-43).</p> <p>The role of the ULL is to ensure that the practice learning environments within their specified area are safe and appropriate for the students. They work closely with the PEFs and the PELs and are available for individual student support, if necessary (16, 39-43).</p> <p>We conclude that students on the pre-registration nursing (adult and child) programme are supported by academic staff in their practice placement settings.</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>PEFs maintain the mentor records for the PVI sector placements. The registers have a red/amber/green (RAG) rating system. PEFs inform the ULLs if an area requires more updated mentors and these areas are targeted by the ULL who will provide additional mentor updates (15).</p>
<p>What we found at the event</p>

<p>We found that mentor registers for the PVI sector are accurate and up to date.</p> <p>The mentor registers for the PVI sector are maintained by the PEF who covers the geographical area in which the PVI placement is located. The live registers we viewed contain information about the mentor's initial preparation programme, annual updating and triennial review. We confirmed that mentors who had not attended updates by the 12 month point are not removed from the register but are marked as inactive until the required mentor update has been completed (39-43, 65).</p> <p>We conclude that the system managed by the PEFs for maintaining mentor records in the PVI sector is robust.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The school delivers an NMC approved mentor preparation programme which is delivered face to face and online (14).</p> <p>The PARE is completed online for students who commenced the pre-registration nursing (adult and child) programme from September 2016. Training for mentors in using the online assessment document is included in the mentor updates. The programme leader meets weekly with the CPU to look at frequently asked questions regarding the PARE and responses are published online (16).</p>
<p>What we found at the event</p>
<p>We found that mentors are well prepared for their role in assessing practice.</p> <p>The university offers an NMC approved mentor preparation programme, with a variety of delivery methods and academic credit options, for NHS trust and PVI placement providers. Other AELs in the geographical area also offer approved mentor preparation programmes. Mentors and sign-off mentors told us that they were supported to complete the mentor preparation programme which has prepared them for their role in supporting and assessing students in practice (15, 39-43).</p> <p>PEFs told us that they comply with their trust policy which requires that 70 percent of the eligible nursing and midwifery workforce must have a mentor qualification. They told us that they report mentor data to the heads of nursing on a quarterly basis, also indicating the percentage of mentors and sign-off mentors who are active. They told us that a mentor qualification was a requirement for all band six nursing posts (39-43).</p> <p>Mentors and sign-off mentors confirm they receive an email from the PEF and the PEL one month before their annual mentor update is due. They told us they know they cannot make assessment judgements if their mentor update or triennial review is out of date. We observed that mentors who had not attended an annual update by the</p>

<p>12 month point are marked as inactive on the mentor register until the update has been completed (39-43). Some mentors and sign-off mentors told us their triennial review date is aligned to their NMC revalidation date (43)</p> <p>Mentors and sign-off mentors confirm they understand the practice assessment documents and they are supported to use the new online practice assessment document for the September 2016 cohort pre-registration nursing students. PEFs provide teaching sessions and support on the use of the online assessment document. Sign-off mentors confirmed their understanding and role in signing-off pre-registration nursing (adult and child) students on completion of their programme (39-43).</p> <p>We conclude that mentors and sign-off mentors are properly prepared and supported for their role in assessing practice.</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>Mentor updates are provided in the trusts by the ULLs (16).</p>
<p>What we found at the event</p>
<p>We found that mentors are encouraged and supported to attend annual mentor updates. Mentor updates are delivered monthly in the trusts and in the PVI sector by the ULLs and/or the PEFs. An online update is also available. Mentors' use of the online version is monitored and mentors are only able to complete an online update once every three years. In some trusts, mentor updates form part of the mandatory training. Bespoke updates are delivered if necessary. Mentors express a clear understanding of annual updating, triennial review and revalidation requirements (39-43, 46, 65).</p> <p>We conclude that mentors and sign-off mentors are able to attend annual updates sufficient to meet requirements for triennial review. They understand their role in supporting and assessing students.</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>

PEFs maintain the mentor records. The registers have a RAG rating system. PEFs are informed if a placement area has low numbers of updated mentors and these areas are targeted (15).

What we found at the event

We found that mentor databases are maintained by the PEFs in the trusts.

We viewed a sample of mentor databases and verified that 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 (39-43).

PEFs told us that they provide ULLs with a copy of their mentor database each month to ensure that pre-registration nursing students are allocated to active mentors.

We conclude that robust systems are in place to ensure records of mentors and sign-off mentors are accurate and up to date.

Outcome: Standard not met

Comments:

At a strategic level we found no evidence of operational working and processes between the university and practice placement providers, including communication and management of governance issues related to clinical areas and practice learning environments. The university does not have a formal system in place for monitoring CQC reports and responding in a timely manner. In addition, the school is required to develop and implement a process to ensure exceptional reporting to the NMC is actioned in a timely manner in accordance with the Quality Assurance Framework part four (NMC, 2016). These must be addressed.

We found no evidence of partnership working at a strategic and higher operational level between the university and practice placement providers. This requires improvement.

15 August 2017: Follow up visit to University of Salford. Standard now met

We are assured that effective systems are in place to ensure that the communication and management of governance issues in practice learning areas occurs at strategic and operational levels.

We found that partnership working at a strategic level is now established. Senior staff in the school are members of boards of governors in all their partner NHS trusts. Reciprocal arrangements are in place within the school for NHS trust partners. Senior representatives from NHS trusts we met confirmed these partnerships and described the management team within the school as professional and responsive to practice placement providers. They gave an example of the robust partnership working which took place to support student nurses and manage the impact of the recent explosion in central Manchester.

There has been a restructure within the school. The creation of an associate dean for a learning and teaching post provides a clear line of communication and

accountability, within the school and with NHS trust partners. A new associate dean for practice learning has been appointed. This role is intended to provide a more direct link with practice placement providers and the ULLs. ULLs meet regularly with programme leaders who report to the associate dean for learning and teaching. This provides opportunities for the timely exchange of information regarding issues in practice placement areas.

An on-call rota system has been introduced for the associate deans to take responsibility and facilitate a prompt response to escalating concerns and exceptionally report concerns to the NMC in a timely manner.

The associate director of learning and teaching is now responsible for monitoring the progress of any action plans relating to practice learning environments.

A pan Manchester approach for reporting concerns to the NMC has been developed and implemented which promotes a pro-active approach to intelligence gathering. This development includes the introduction of an investigation pack which provides a structured proforma to support and guide an investigation. Evidence of the recent escalation of a concern to the NMC was provided, which included the removal of a placement area from the placement circuit.

The key risk is now met and the identified risks are now controlled.

Evidence to support the standard is met includes:

- UoS developing the NMC/CQC reporting structures post 31 March 2017, undated
- Greater Manchester practice education group, investigation pack for determining action required following CQC/NMC or interprofessional outcome reports, July 2017
- Greater Manchester practice education facilitators forum, NMC, CQC reporting flowchart, undated
- Emails between ULL and associate dean learning and teaching, July 2017
- Greater Manchester practice education facilitators forum process for the identification, selection and removal of a practice placement from the training circuit for undergraduate nursing and midwifery programmes, April 2017
- Associate dean rota for reporting of placement issues/escalation of concerns, 2016-17 calendar
- Bolton NHS Foundation Trust, board of directors meeting, 25 May 2017
- Email communication, Greater Manchester Mental Health NHS Foundation Trust, 6 April 2017
- Healthwatch Salford, board minutes, 19 May 2017
- Mid Yorkshire Hospitals NHS Trust, meeting of the trust board, 11 May 2017
- NHS in Greater Manchester, Greater Manchester combined authority, Greater Manchester delivery group minutes, 25 November 2016

- Salford health and wellbeing board, terms of reference, 1 April 2017
- Meeting with UoS dean, associate deans, programme leaders and senior managers from NHS and independent sector partners, 15 August 2017
- Meeting with UoS associate deans and programme leaders, 15 August 2017

Areas for future monitoring:

- Effective partnership working at a strategic level between the university and practice placement providers.
- Systems and processes are in place for monitoring CQC reports.
- A process is in place to ensure exceptional reporting to the NMC in a timely way.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for

What we found before the event

The pre-registration nursing programme consists of a number of generic modules which are delivered by lecturers from all fields of nursing practice. The programme content is regularly reviewed. For example, dementia standards have been mapped against all programmes and the school’s year two core skills framework has been rolled out across all fields (14).

A major modification to the pre-registration nursing undergraduate programme in 2016 led to changes in teaching methods and introduced the PARE.

What we found at the event

We found that the revised structure of the pre-registration nursing (adult and child) programme in identified blocks of theory and practice, is welcomed by the students. Students told us that a range of teaching, learning and assessing strategies are used

for the pre-registration nursing (adult and child) programme. Students particularly value the opportunities for simulated learning in preparation for practice (39-43, 65).

The major modification to the programme in 2016 introduced an increase in the use of distance learning. Students confirm they are required to complete online learning activities and are provided with a range of material through the virtual learning environment including PowerPoint presentations, case studies, question and answer worksheets, videos and discussion blogs. The students told us that they like the distance learning materials, but also value face to face teaching with opportunities for discussion. Students describe the teaching as being of good quality and the programme is well structured and organised (39-43, 65).

The school has a simulation suite which is used for formative assessments for all nursing fields including handwashing, catheterisation, eating and drinking and administration of medicines (20).

Students confirm learning is effective through simulation and they spend time in the simulation suites in skills rehearsal, for example rehearsing cardiopulmonary resuscitation, blood pressure recording and personal care. Students told us it is possible to book individual time in the simulation suites but they would welcome additional time for skills rehearsal (39-43, 65, 68).

Students confirm they complete mandatory training, including fire safety, moving and handling, and infection control, prior to starting placement (39-43, 68).

A variety of assessment methods are used during the programme and include observed structured clinical examinations (OSCEs), examinations and written assignments. External examiners state that these methods are robust and ensure that students meet NMC requirements (71).

All modules are evaluated and students told us that academic staff are responsive to their feedback, citing examples where student representatives' request for more teaching on anatomy and physiology resulted in academic staff providing additional face to face sessions through a masterclass (39-43, 69).

Students confirm that they can access support for academic work from their personal teacher. They told us they are required to meet with their personal teacher a minimum of two times each semester to complete their reflective portfolio. They confirmed they are able to see their personal teacher outside of this scheduled activity. Students discussed a range of strategies which are available to support them with academic writing skills, study skills and numeracy skills (39-43, 65).

Students told us they have opportunities to submit work for formative assessment and they receive feedback which supports their development and submission of summative assessments (39-43, 65).

Students confirm they must meet all practice and theory requirements in order to progress to their next level/year of study and for eligibility to successfully complete the programme in readiness for professional registration with the NMC. Their personal teacher validates the PAD/PARE and the professional development portfolio, confirming that all theory and practice hours are achieved and all required assessments are completed (37, 39-43).

Third year nursing students told us that they will feel confident and competent to enter the NMC register. They are aware of the process and requirements for applying for registration and understand future revalidation requirements. The module preparation for role transition is identified as being very informative and is positively evaluated by students (39-43, 65, 80).

Pre-registration nursing (adult)

Students are aware of the EU directive and its requirements. We confirm that students achieve EU requirements (40).

We were informed that it is a challenge to provide placement opportunities to meet the EU requirements, so theoretical sessions occur in university. Students are required to complete activities and workbooks following lectures by field specialists to demonstrate achievement of these outcomes and requirements, which are signed-off by their personal teacher (26).

Commissioners and employers are confident that, on successful completion of the programme, students are fit for practice and are employable (39-43, 81).

We conclude that effective teaching and learning strategies enable pre-registration nursing (adult and child) students to achieve the learning outcomes at progression points and meet NMC standards for entry to the NMC register.

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

What we found before the event

Interprofessional learning (IPL) opportunities occur mostly in the practice setting and are documented in the student's PAD. Year three pre-registration nursing students attend conferences which include multi-disciplinary issues. Students complete a professional development portfolio in which they document and reflect on IPL experiences and their exposure to other fields of nursing practice (14).

Mentors are provided with advice regarding support for students with additional learning or health needs (29).

Mentors must complete a written risk assessment for students working in community settings (30).

A hub and spoke model is used for many practice placement experiences, with spoke placements being organised by the student and their mentor. Communication between the mentor in the hub placement and the supervisor in the spoke placement is documented in the PAD. Pre-registration nursing (adult) students can use the spoke placement to complete the requirements of the EU directives (24).

Pre-registration nursing (adult)

Students are allocated a 'home trust' and will undertake practice placements anywhere within that trust. The CPU aim to ensure that all students have a variety of practice placement experiences across acute community settings (31).

Pre-registration nursing (child)

All pre-registration nursing (child) students have at least two placements in a district general hospital and two placements at the Royal Manchester Children's Hospital (RMCH) as well as a critical care/high-dependency placement which is always within RMCH (31).

Community placements are normally with health visitors, school nurses or children's community nursing teams. Students will normally be allocated one community placement in each year of the three-year programme (31).

What we found at the event

We found that the CPU has a designated placement administrator and placement assistant to support each field of practice in the pre-registration nursing programme. Locally developed models of placement allocation are used to ensure that students have a variety of practice experiences, where they can achieve the competencies required in the assessment of practice (65).

Placement learning opportunities have been mapped to the requirements of the pre-registration nursing programme and the PAD/PARE. The CPU uses the 'Bullpitt model' (a skills framework developed by a PEF) to allocate students to practice placements which maximises their opportunities to meet the requirements of the PAD/PARE. There is also a structured approach to allocating community placements to ensure a breadth of learning opportunities are available. Students are given an initial introduction to each placement and meet with their mentor to discuss their learning outcomes. Some students told us that there are occasions when they have been placed in inappropriate placements to meet the assessment requirements. However, they confirmed that placements were changed if this happens (39-43, 65-66).

PEFs, mentors/sign-off mentors and students told us that in each placement students can undertake relevant and appropriate spoke learning placements to extend their learning opportunities. Students confirm that this model is working well and that they experience a range of placement learning opportunities which enables them to achieve the programme practice outcomes (39-43, 66).

Students told us they have opportunities for interprofessional learning. They confirm they learn with students and staff from other professions within practice placements. PEFs told us they lead multidisciplinary learning opportunities in the practice setting and students are given the opportunity to attend. Students who do attend record the activity in the PAD/PARE (39-43).

We found that progression requirements and essential skills are identified and assessed in the PAD/PARE. Students practice documents confirm that students meet NMC requirements at progression points and achieve the NMC competencies for

<p>entry to the register (39-43).</p> <p>PEFs, mentors, sign-off mentors and students are aware of their duty to report poor performance. All stakeholders are able to discuss fitness to practise requirements. Placement representatives confirm they attend fitness to practise panels held at university and participate in decision-making (39-43).</p> <p>Placement representatives confirm they work with the university to host employment roadshows. They confirm they employ students who have successfully completed the programme and they are safe, competent and fit for practice. They told us they provide support and preceptorship to enable students to transition to registered nurses (43).</p> <p>Pre-registration nursing (adult)</p> <p>At Salford Royal Hospital the PEFs and the trust executive host an executive lunch with groups of students monthly. This is an opportunity for students to feedback any issues. Concerns are acted upon and feedback provided to students.</p> <p>We conclude that students on the pre-registration nursing (adult) and pre-registration nursing (child) programme are provided with practice learning experiences and supports students' achievement of all learning outcomes and NMC competencies in both theory and practice at progression points and entry to the register.</p>
Outcome: Standard met
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

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>

Students evaluate their practice placements at the end of each placement. These are reviewed regularly by the lead ULL. This information is fed back to personal teachers, ULLs, PEFs and the PEL. Issues are raised at the ULL meetings and the PEF forum, which is attended by the practice development managers, directors, programme leads and link lecturer leads (14, 16, 32).

The national student survey (NSS) 2016 showed an improvement in all areas for pre-registration nursing, with an average of 91 percent satisfaction with practice placements. A review of student evaluations submitted between 1 January 2016 and 5 June 2016 also demonstrates a high level of student satisfaction with placements (33-34).

What we found at the event

We found that systems are in place to monitor the quality of the programme and enhance delivery. Students confirm that they are consulted regularly about the programme; both informally and through written end of module evaluations, placement evaluations and student surveys. They state that academic staff respond to their suggestions and gave examples of changes made in response to students' evaluations. Children's nursing students described how feedback from their cohort had resulted in a change to the modular structure of the programme to a linear structure, and how the final summative theory assignment had been reviewed for subsequent cohorts (39-43, 77).

Evaluations of practice are completed electronically, through the PARE for students commencing the programme from September 2016, or through the virtual learning environment Blackboard for students commencing before this date. ULLs and PEFs are alerted if the score is less than 75 percent. 'Concern words' are also logged into the system. If these occur they are noted by a member of the CPU and the appropriate ULLs and PEFs respond to the evaluation. If a student uses the rating disagree/strongly disagree they have to provide explanatory comments. The response rate has increased to 80 percent since the introduction of the online system. Evaluations are also discussed with the student's personal teacher (48, 66).

Service users and carers are also involved in evaluation sessions with students and view this as an extremely positive experience (38).

The programme leader is required to produce an annual report which is presented to the staff:student committee and the joint board of studies. The draft report must be discussed with the programme team, ULLs and students. The programme leader is responsible for implementing an action plan in response to any issues raised, and provide feedback for students (69, 77).

The school has a system of action planning which records feedback from a number of sources and the actions needed to address the issues. Sources include NSS, practice partners, student module evaluations and external examiners. For example, in August 2016 practice partners raised concerns regarding the numeracy skills of pre-registration nursing students. The plan identifies increasing the mathematical support already available through the 'Askus' system by promoting the use of the SN@P

<p>website (110).</p> <p>Students told us that they are able to nominate outstanding placement areas and outstanding mentors for recognition. They told us the award winners are invited to the university to receive a certificate. Certificates are visible on some student notice boards in placement areas we visited (40-43).</p> <p>External examiners are involved in the assessment of both theory and practice. All external examiners have due regard and current NMC registration and teaching qualifications (13, 83).</p> <p>External examiners' reports for the pre-registration nursing (adult and child) programme confirm that the programme is of good quality and meets all statutory requirements. We found that external examiners for both fields of nursing practice have visited practice areas, meeting with managers and mentors. Attendance at OSCE assessments is also reported. Their reports confirm their attendance at boards of examiners (71-76)</p> <p>Programme leaders respond to external examiners in a timely way. External examiners' annual reports indicate that they have regular communication with both the programme leaders and the assessment office (71).</p> <p>The AEI requirements in the online NMC portal was last updated in November 2016. The evidence provided is through lists of university and school policies and procedures with no narrative, which would have been useful prior to the visit. Access to the policies and procedures was available during the visit and demonstrates that the university meets NMC requirements (111).</p> <p>We conclude that the university's internal quality assurance processes manage risks, address areas for development and enhance the delivery of the pre-registration nursing (adult and child) 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>Guidance is available to students on how to raise a concern if they are involved in or have witnessed an incident in practice. Support is provided from their mentor or the nurse in charge. The student is advised that they must contact the AEI and the trust PEF within one day of the issue being identified. Students are confident to raise concerns, although they identified potential difficulties giving feedback to mentors (33, 35).</p>
<p>What we found at the event</p>

We found that concerns and complaints raised in practice learning settings are appropriately dealt with through a pan Manchester process. This process clearly outlines the types of incidents which may give the student cause for concern and identifies how support is provided for the student. Guidance is also provided for the practice partner and the university in managing the process (112).

We found that students understand the process for escalating concerns and the process for making complaints. The processes are visible on student notice boards and in student resource folders in ward areas. Students confirm they feel confident in following the process and are aware of where to access support which is available at all stages of the process if an investigation is required. One student described being very well supported by staff in their practice placement and the school when they had raised a cause for concern which was appropriately managed (37, 39-43, 47, 66).

The CPU ensures that PEFs receive student evaluation information. PEFs confirm they receive feedback from student evaluations of placement learning. They confirm they review the evaluations for trends and any negative student evaluations result in an action plan. PEFs confirm they make evaluation data available to individual placements/departments and report emergent trends, issues and concerns to senior nursing managers (39-43, 65).

The bi-monthly UoS PEF meeting provides a regular opportunity for PEFs to meet with academic staff. Issues discussed include student feedback, assessment issues and feedback from external examiners (28).

We conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

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4. Care Quality Commission, The Pennine Acute Hospitals NHS Trust, North Manchester General Hospital, quality report, August 2016
5. Care Quality Commission, The Pennine Acute Hospitals NHS Trust, Community Trust, quality report, August 2016
6. Care Quality Commission, Royal Manchester Children's Trust, quality report, June 2016
7. Care Quality Commission, St Ann's Hospice Little Hutton, quality report, January 2017
8. Mott MacDonald NMC, Programme audit/ major modification report: registered nurse – adult, April 2016
9. Mott MacDonald NMC, Programme audit/ major modification report: registered nurse – child, April 2016
10. NMC, programme approval report: nursing, adult field, March 2011
11. NMC, programme approval report: nursing, child field, March 2011
12. University of Salford, website, accessed to review staff profiles, 12 February 2017
13. NMC website, registration check, accessed 12 February 2017
14. UoS self-assessment report, 2015/16
15. UoS initial visit meeting with staff, 22 February 2017
16. UoS link lecturer report, June 2016, October 2016, January 2017
17. UoS PEF meeting, August 2016
18. UoS, University of Manchester, Manchester Metropolitan University, NHS Greater Manchester PEF Forum, pan Manchester PEF/HEI guidelines, process of dealing with incidents involving learners, October 2010.
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20. UoS self-assessment report, 2016/17
21. UoS, University of Manchester, Manchester Metropolitan University, PEF Forum, North West Placement development forum, minutes of pan Manchester placement group, June 2016.
22. UoS, University of Manchester, Manchester Metropolitan University, PEF Forum, North West placement development forum, audit document for existing practice placements, undated,
23. UoS, University of Manchester, Manchester Metropolitan University, PEF Forum, north west placement development forum, audit document for new practice placements, undated
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27. Service user/carer/relative involvement in practice assessment of a student nurse, undated
28. UoS PEF meeting, August 2016
29. UoS reasonable adjustments – students with learning or health needs, undated.
30. UoS, University of Manchester, Manchester Metropolitan University, NHS North West, student nurses and midwives visiting clients in the community, June 2014
31. UoS, procedure for the allocation of pre-registration nursing students, November 2016
32. Practice assessment record and evaluation template, Clatterbridge General Hospital, undated
33. NHS HENW meeting with UoS, November 2015
34. Practice assessment record and evaluation, central Manchester University Hospitals NHSFT, UoS, all placements, nursing, all cohorts, January 2016 – 6 June 2016
35. University of Manchester, Manchester Metropolitan University, NHS Greater Manchester PEF forum, pan Manchester PEF/HEI guidelines, student process, October 2010
36. The Pennine Acute Hospitals NHS Trust, Quality improvement delivery programme report, Quality and patient engagement assurance committee, December 2016
37. UoS meeting with programme leaders, pre-registration nursing adult and child, 15 March 2017
38. UoS meeting with service users and carers, 15 March 2017
39. Visit to Pennine Acute Hospitals NHS Trust, meetings with PEFs, mentors, students, service users, review of mentor database and placement educational audits, 15 March 2017
40. Visit to Pennine Care NHS Foundation Trust, meetings with PEFs, mentors, students, service users, review of mentor database and placement educational audits, 15 March 2017
41. Visit to Salford Royal Hospital, meetings with PEFs, mentors, students, service users, review of mentor database and placement educational audits, 16 March 2017
42. Visit to St Ann's Hospice Little Hutton, meetings with PEFs, mentors, students, service users, review of mentor database and placement educational audits, 16 March 2017
43. Visit to Royal Manchester Children's Hospital, meetings with PEFs, mentors, students, service users, review of mentor database and placement educational audits, 16 March 2017
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47. Using the learner's voice for better learning and better care poster, HENW, undated
48. HENW placement outcomes self -assessment document, October 2016

49. UoS, NMC spreadsheet of academic staff qualifications, PIN numbers, registration date, teaching responsibilities, accessed 16 March 2017
50. UoS, process for re-validation, workshops for staff presented by associate dean, 16 March 2017
51. UoS, staff experience survey, report for college of health and social care, August 2014
52. UoS, School of nursing midwifery, social work and social sciences web page, staff profiles, accessed 16 March 2017
53. Meeting with admissions tutor, 16 March 2017
54. UoS, School of nursing, midwifery, social work and social sciences, admissions 2016/17, nursing and midwifery programmes, literacy and numeracy testing at interview, personal interview, undated
55. UoS, criminal convictions declaration, undated
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57. UoS, admission of students under 18 years of age, December 2014
58. UoS, school of nursing, midwifery, social work and social sciences, school vetting policy, September 2015
59. UoS, school of nursing, midwifery, social work and social sciences, service user meeting, interview questions workshop, July 2012
60. UoS, school of nursing, midwifery, social work and social sciences – annual declaration of good health and good character, undated
61. UoS, external examiner report form, pre-registration nursing (child) 2015/16
62. UoS, fitness to study procedure, October 2013
63. Letter to student re reasonable adjustment plan for physical health needs, November 2014
64. UoS, school of nursing, midwifery, social work and social sciences, fitness to practise cases 2016, undated
65. Meeting with clinical placements unit manager, 15 March 2017
66. Meeting with pre-registration nursing (adult) students, MA and BSc routes, 15 March 2017
67. The Harold Riley Award, overview of development of service user and carer group in the UoS, undated
68. Timetable showing teaching of moving and handling, September 2014 intake
69. UoS, annual programme monitoring and enhancement procedure, 2014/15
70. National student survey, pre-registration nursing programme (adult and child), 2016 results
71. UoS, external examiner report form, pre-registration nursing (adult), 2015/16
72. UoS, report on external examiner meeting with pre-registration nursing students, February 2015
73. UoS, report on external examiner visit to Bolton NHS Foundation Trust, February 2015
74. UoS, report on external examiner visit to Royal Manchester Children's Hospital, November 2016
75. UoS, school of nursing, midwifery, social work and social sciences, MA nursing, moderation record, oral presentation, academic year three, role transition (all fields) x2, undated
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77. UoS, school of nursing, midwifery, social work and social sciences, staff: student committee minutes, 23 November 2016 (all fields)
78. UoS, fitness to practise procedure, December 2016
79. Written response to NMC regarding APL process and claims, 1 March 2017
80. UoS, school of nursing, midwifery, social work and social sciences, module evaluation, preparation for role transition, undated
81. Telephone conversation with commissioner from HENHSNW, 15 March 2017
82. UoS, school of nursing, midwifery, social work and social sciences, communication strategy for healthcare organisations with a high media profile, April 2013
83. UoS external examining policy for all taught programmes, 1 October 2015
84. UoS, school of nursing, midwifery, social work and social sciences, adult nursing programme monitoring and enhancement report, August 2016
85. Care Quality Commission report, Bridgewater Community Healthcare NHS Foundation Trust, February 2017
86. Care Quality Commission report, Calderstones Partnership NHS Foundation Trust, July 2016
87. Care Quality Commission report, Manchester Royal Infirmary, June 2016
88. Care Quality Commission report Greater Manchester Mental Health NHS Foundation Trust, June 2016
89. Care Quality Commission report Manchester Mental Health and Social Care Trust, February 2017
90. Care Quality Commission report, Stepping Hill Hospital, August 2016
91. Care Quality Commission report, Tameside General Hospital, February 2017
92. Care Quality Commission report, Wythenshawe Hospital, June 2016
93. Care Quality Commission report, Royal Albert Edward Infirmary, June 2016
94. Care Quality Commission report, The Christie NHS Foundation Trust, November 2016
95. Care Quality Commission report, Bolton Hospice, January 2017
96. Care Quality Commission report, Bedford Nursing and Residential Home, July 2016
97. Care Quality Commission report, Bury Hospice, June 2016
98. Care Quality Commission report, Dr Kershaws Hospice, December 2016
99. Care Quality Commission report, Arbury Court, June 2016
100. Care Quality Commission report, Kemple View, June 2016
101. Care Quality Commission report, Abbeydale Nursing Home, July 2016
102. Care Quality Commission report, All Saints Hospital, May 2016
103. Care Quality Commission report, Bridges Family Support Service, February 2016
104. Care Quality Commission report, Mill View Hospital, January 2017
105. Care Quality Commission report, Birchwood Nursing Home, April 2016
106. Care Quality Commission report, The Spinney, December 2016

107. Care Quality Commission report, St Georges Nursing Home, December 2016
108. Care Quality Commission report, The Heathlands Village, March 2016
109. UoS, equality and diversity policy, undated
110. UoS, school of nursing, midwifery, social work and social sciences, programme action log pre-registration nursing, 2014-2016
111. UoS, AEI requirements on NMC online portal, last updated November 2016
112. NHS Greater Manchester practice education facilitators forum, UoS, University of Manchester, Manchester Metropolitan University, pan Manchester students, Process of dealing with incidents involving learners, October 2010

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 22 Feb 2017	
Meetings with:	
Associate dean, academic assurance Assistant director pre- registration nursing Programme leads x5	
At monitoring event	
Meetings with:	
Dean of school Associate dean, academic and quality Programme leads x5 Student facing procedures lead and ULL Director of pre-qualifying nursing education Interim assistant director of pre-qualifying nursing education Manager of CPU Director of admissions	
Meetings with:	
Mentors / sign-off mentors	20
Practice teachers	
Service users / Carers (in university)	4
Service users / Carers (in practice)	4
Practice Education Facilitator	12
Director / manager nursing	3

Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 6 Year 2: 10 Year 3: 10 Year 4: 0
Registered Nurse - Children	Year 1: 3 Year 2: 3 Year 3: 4 Year 4: 0

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