

2017-18

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

Programme provider	De Montfort University
Programmes monitored	Registered Specialist Comm Public Health Nursing - HV
Date of monitoring event	29-30 Nov 2017
Managing Reviewer	Shirley Cutts
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Dilyse Nuttall
Placement partner visits undertaken during the review	Leicestershire Partnership NHS Trust Hinckley Health Centre, Hinckley, Leicester Lincolnshire Community Health Services NHS Trust by teleconference
Date of Report	11 Dec 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

As set out in the NMC QA framework, which was updated in 2017, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

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

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

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

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

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

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

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

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

Summary of findings against key risks						
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their 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 in evidence to support the 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 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	
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 AEI staff support students in practice placement settings
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice				3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 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) is confirmed through documentary evidence				
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 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) is confirmed through documentary evidence				
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 De Montfort University's programmes

The school of nursing and midwifery (the school) at De Montfort university (DMU), is based within the faculty of health and life sciences. It delivers pre-and post-registration nursing and midwifery programmes.

The focus of this monitoring review is the specialist community public health nursing programme (SCPHN), health visiting (HV) programme.

The postgraduate diploma/MSc SCPHN HV programme was approved in 2012. A modification took place in 2013 which enabled the programme to also be delivered as a route at academic level six as a BSc (Hons) programme. The programme is offered full time and part time, with the majority of students attending full time. A fully integrated theory/practice programme is provided.

The majority of students undertake their practice placements in Leicestershire, with a small cohort in Lincolnshire.

There were 12 SCPHN HV student numbers in the 2017 intake; seven full time students are based in Leicestershire Partnership NHS Trust and five full time students are based in Boston, Lincoln, Sleaford and Grantham, which is part of Lincolnshire Community Health Services NHS Trust.

Summary of public protection context and findings

Our findings conclude that De Montfort university has processes and systems in place to monitor and control four out of five risk themes. The key risk theme fitness for practice is not met.

The university must implement an action plan to ensure the risks are controlled, NMC standards are met and public protection is assured.

25 March 2018: The university produced an action plan to address the unmet outcome. The action plan has been fully implemented and the NMC standard is now met.

The key risk themes are described below:

Resources: met

We conclude that the university has adequate resources to deliver the SCPHN HV programme to meet NMC standards. There are sufficient appropriately qualified mentors and practice teachers to support the number of students studying the programme.

Admissions and progression: met

We conclude that the admissions process meets NMC requirements. We found that disclosure and barring service (DBS) checks are confirmed before a student can enter the programme and on completion of the programme.

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

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

Practice learning: met

We conclude that there are effective partnerships between education and service providers at all levels. DMU is now supporting students in Nottinghamshire, Derbyshire and Lincolnshire and they are building collaborative working relationships with a number of approved education institutions (AEIs) who use the same placement areas.

There is a collaborative, proactive approach to ensuring that clinical governance issues are controlled and well managed. We are assured that effective risk management approaches are adopted and actions are taken in partnership between the university and practice placement providers to ensure students' practice learning is not compromised when Care Quality Commission (CQC) reports have identified areas of concern.

We conclude that practitioners and service users and carers are involved in programme development and delivery in the SCPHN HV programme.

Academic staff effectively support students in practice settings.

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

Fitness for practice: met

We conclude from our findings that the programme learning, teaching and assessment strategies and experience and support in practice placements enable SCPHN HV students to meet the programme and NMC standards and proficiencies. Students report that they feel confident and competent to practise at the end of their programme for entry to the NMC professional register. Mentors and employers describe successful students completing the programme as fit for practice and employment.

However, we found that systems for monitoring and recording the practice hours worked by students are not robust. There is no system for recording hours worked; there is reliance on practice teachers monitoring sickness but this is not recorded in the students' practice assessment diary (PAD). The school is not routinely informed of sickness or attendance. The university needs to work with placement providers to ensure there is a robust system in place to accurately record practice hours to meet

NMC standards. This requires urgent and immediate action to manage the risk and ensure public protection.

The university implemented an action plan to ensure that students practice hours are recorded and monitored.

25 March 2018: A documentary review was undertaken to review progress made against the action plan. We confirmed that revised systems and processes are in place to ensure that students' practice hours are recorded in the PAD. The practice teacher is required to complete attendance records of practice hours for their SCPHN HV students. A tripartite approach is now taken to ensure that all students achieve the required practice hours.

Quality assurance: met

Our findings conclude that there are effective internal QA processes in place to manage risks, address areas for development and enhance the delivery of the SCPHN HV programme. The student voice is valued and action is taken to resolve issues if they are raised. Concerns and complaints raised in the practice setting are responded to effectively and appropriately dealt with and communicated to relevant partners.

Summary of areas that require improvement

A review of progress against the university action plan took place on 25 March 2018. This confirmed that systems and processes are now in place to ensure that all SCPHN HV students record their practice hours. The university monitors the practice hours to ensure the NMC standard is met.

The key risk is now controlled and the NMC standard is met.

The following is not met and requires urgent attention:

There are inadequate safeguards in place to ensure that NMC standards for completion of the required number of practice hours are met.

- The school must put a system in place to confirm and accurately record the practice hours completed by students to ensure NMC standards are met and protection of the public is assured.

Summary of areas for future monitoring

- A robust system is in place to accurately record the completion of the required practice hours by SCPHN HV students.
- Involvement of service users and carers in the recruitment and selection of SCPHN HV students.

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

The programme team describe established partnership working with practice placement providers. The academic team confirm that they meet regularly with practice placement representatives and collaborate in the selection and recruitment of students, and the development and delivery of the programme. They confirm that students receive appropriate practice experience which enables them to achieve practice outcomes.

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

Managers, practice teachers and mentors confirm collaboration with the AEI in recruiting students and in developing the programme. They described the collaborative approaches taken to recruit students to the SCPHN HV programme. Managers and practice teachers told us that they contribute to the teaching within the programme. They also confirm that there are adequate numbers of practice teachers to support students and that the programme adequately prepares students for the health visitor role.

Students

Students told us that they are well supported by the programme academic staff, practice teachers and managers. They confirm that they are able to undertake a wide range of practice experiences which are relevant to the health visitor role. Students are aware of the processes for raising concerns and of the importance of fitness to practise.

Service users and carers

Service users and carers told us that they are involved in all aspects of programme development and delivery and that their contributions are valued by academic staff and students. They described their participation as embedded in the work of the school.

Relevant issues from external quality assurance reports

10 CQC reports were considered for practice placements used by the university to support students' learning. These external QA reports provided the reviewing team with context and background to inform the monitoring review (1-10).

The following reports required actions:

University Hospitals of Leicester NHS Trust, Leicester Royal Infirmary. Date of report: 5 September 2017 (3).

CQC visited the emergency department (ED) at the Leicester Royal Infirmary (LRI) in March 2016. The trigger for this inspection was related to capacity in the ED rather than a concern about care.

DMU was notified by LRI staff regarding this inspection and meetings were held with students on placement in the ED by LRI and DMU representatives to assess the suitability of the learning environment. An educational audit was completed and an action plan to address the concerns of the CQC was developed. This has been fully implemented by LRI. The assistant chief nurse at LRI regularly updates the head of school about progress. Health Education East Midlands were also informed of the situation and were satisfied with the actions taken.

CQC review of health services for children looked after and safeguarding in Leicester City, 8-12 February 2016. Date of report: 5 August 2016 (15).

CQC undertook a review of health services for children in University Hospitals Leicester, Leicestershire Partnership NHS Trust, Staffordshire and Stoke on Trent Partnership NHS Trust, Leicester Recovery Partnership and Soldiers, Sailors, Airmen and Families Association (SSAFA) Care.

The report does not identify the reason for the review but includes a statement that Leicester has been identified as the 23rd most deprived local authority in England with almost half of the population living in areas of very high deprivation. It acknowledges the strong links between economic hardship with poor lifestyle and the consequential impact on individual and family health. There is no grading given for the services but a number of recommendations for improvement were made for key practice partners, including UHL and Leicestershire Partnership NHS Trust.

An action plan has been developed by Leicester City clinical commissioning group (CCG), which also includes actions for key practice partners, including: UHL; Leicestershire Partnership NHS Trust and other placement providers (14-15).

In response DMU has undertaken a review of curriculum content, and safeguarding processes, within programmes provided by the school. Lead roles for adult and child safeguarding have been created, and internally recruited to lead this work (14).

Follow up on recommendations from approval events within the last year

There were no approval events within the last year.

Specific issues to follow up from self-report

Issues and actions highlighted in the 2016-2017 self-report (14) include:

- Link lecturer role replacing the practice support tutor.

The link lecturer role was introduced in September 2017. Academic staff undertaking the role are experienced lecturers. Their workload has been adjusted to release dedicated time to fulfil the requirements of the role. The impact of the role has not yet been evaluated (64). (see section 3.1).

- Post-commissioning provision.

Following the change in commissioning arrangements discussions are taking place with placement providers to review the content of, and process for, service level agreements (12). (see section 3.1).

- Supporting students in surrounding counties.

We conclude that robust systems are in place to support students undertaking practice placements in surrounding counties. The systems range from financial support for the provision of accommodation to dongle access to DMU's online facilities. The students we spoke to in Lincolnshire confirm that they are well supported (14, 19, 39). (see section 3.2.2).

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 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes

What we found before the event

All programme leaders have a recorded teaching qualification and act with due regard (13).

Recruitment of nursing and midwifery lecturers during 2016 led to the appointment of 17 new members of staff. Mentors provide support for new lecturers and their workload is adjusted for the first three years. They are required to undergo an induction and a period of probation. New nursing and midwifery staff undertake the DMU/NMC approved recordable teacher qualification, if required (13).

Renewal of professional registration is monitored by an administrator who ensures that lecturer data is accurate and current (13).

All teaching staff have 25 days of contractual study leave which can be used in a variety of ways including honorary clinical contracts with NHS trusts. Additional scholarly hours are allocated for staff to develop their research skills and PhD study (13, 16).

What we found at the event

There are three members of academic staff who hold current SCPHN HV NMC registration: the programme leader for the SCPHN programme; the SCPHN HV pathway leader; and, another member of academic staff. The SCPHN programme team all contribute to the teaching of the SCPHN HV programme. They all hold experience/qualifications commensurate with their role and a NMC recorded teaching qualification. The programme team told us that practitioners also contribute to the programme which enhances the application of specialist knowledge and skills. Teaching staff confirm and can demonstrate that they have protected time to meet continuing professional development and revalidation requirements and to fulfil other roles required to support the programme (36, 47, 49).

Academic staff inform their line manager of their re-registration with the NMC. This information is collated by the administrator who is responsible for maintaining the database. The database uses the 'red – amber – green' (RAG) rating system to indicate re-registration and revalidation status. Scrutiny of the database demonstrates that academic staff meet NMC registration and revalidation requirements (48-49).

We conclude that the university has adequate appropriately qualified academic staff to deliver the SCPHN HV programme to meet NMC standards.

<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>SCPHN students are supervised by a practice teacher who is registered on part three of the NMC register in the field of HV, has successfully completed an NMC approved practice teacher preparation programme and whose name appears on the local register held by placement providers and as such, is subject to triennial reviews (17).</p>
<p>What we found at the event</p>
<p>We found that there are two models of support being used for the students undertaking the current SCPHN HV programme: a one to one model and a long-arm approach to mentoring. We spoke to students, practice teachers and one mentor who confirmed that both models provide effective and robust support (37-39, 42).</p> <p>Managers, practice teachers and students in Leicestershire Partnership NHS Trust confirmed that there are sufficient appropriately qualified practice teachers to support a one to one ratio of student to practice teacher. The mentor database held by the practice learning manager confirmed that practice teachers hold the appropriate qualifications. The database includes details of mentor updates, registration and triennial review (37-38).</p> <p>The practice teacher, mentor and student based in Grantham, Lincolnshire confirmed the use of a long-arm approach where a named mentor supports each student and a practice teacher supports a maximum of three students. They described in detail how the practice teacher and mentor work together to ensure that the students receive appropriate support. They share responsibility for ensuring that students gain appropriate specialist practice experience to meet the learning outcomes. The practice teacher described the clinics she held which the students would participate in (39).</p> <p>All the students we spoke to confirmed that they receive sufficient support from practice teachers and/or mentors to enable them to safely meet learning outcomes (37-39).</p> <p>Managers, practice teachers and students confirmed that they work with and support students in practice for sufficient time to enable students to safely meet learning outcomes, and others deputise in their absence (37-39).</p> <p>The programme team, managers and practice teachers told us that there are sufficient resources in place for the number of students in placement areas. Students confirmed that they are able to access a wide range of relevant experience and are</p>

confident that they would be prepared for the SCPHN HV role on successful completion of the programme. This was demonstrated in student portfolios and practice assessment documentation which evidenced a wide range of relevant practice experience and a shared approach to identifying the student's learning needs and developing action plans (37-41, 44).

We conclude from our findings that there are sufficient appropriately qualified practice teachers and mentors to support the number of students studying the SCPHN HV programme.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

Students have a DBS check prior to admission to the SCPHN HV programme. On satisfactory completion of the programme, prior to being recommended for registration to the NMC, students must confirm their continuing good health and character and continuing professional registration by completing a self-declaration form (17).

What we found at the event

SCPHN HV students are seconded to the programme by their employer. The programme team, managers and practice teachers describe a collaborative approach to selection and admission, with the AEI involved in the selection processes with the employers. They described the qualities required for the HV role and explained how the selection process supports assessment of these qualities in potential students (36-39, 50).

The programme team, managers and practice teachers confirmed that those involved in the selection process have completed equality and diversity training. Line managers record the completion of equality and diversity training in employees' personal files. The programme lead ensures that trust staff involved in interviews have received equality and diversity training. The interview process includes a 10 minute presentation by the candidate and a response to a scenario. We confirmed that the trust initiates a DBS check before interview and the DBS information is shared with the university prior to students embarking upon the programme (20, 32, 34, 36-39, 43, 51-53).

Leicestershire Partnership NHS Trust's recruitment and selection handbook advocates the inclusion of service users in the selection process, although this has not been implemented for the SCPHN HV programme. The school has a robust system of service user/carer involvement in pre-registration nursing and midwifery student interviews. The lecturer who is the service user champion identified that plans for the inclusion of service users and carers in the interview process for the SCPHN HV programme are in place. This was confirmed by the programme team (28, 36-39, 69-70).

The programme team and managers confirmed that occupational health clearance and DBS checks are undertaken by the employing NHS trust. This was confirmed by students and was also identified in the recruitment and selection handbook (20, 36-39, 43).

Students confirm that the selection processes they had experienced reflect the approaches described by the programme team, managers and practice teachers (37-39).

We conclude from our findings that selection and admission processes for the SCPHN HV programme meet NMC requirements.

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

What we found before the event

DMU has systems in place for managing poor performance of students which are well understood by students and practice placement providers. Fitness to practise (FtP) panels are held regularly and placement providers are represented when necessary.

Practice teachers and mentors have access to escalating concerns procedures and these are discussed in the mentor/practice teacher preparation programmes and annual updates. Practice link lecturers (PLLs) are the conduit between the school and trusts, providing effective support for students, mentors and practice teachers (13).

The school has a team of academic practice officers (APO). They investigate suspected cases of plagiarism and collusion and also promote best practice in assessment design amongst academic colleagues (22).

What we found at the event

We found the university has procedures in place to address concerns relating to professional behaviour of students in academic and practice settings. We found that academic and practice placement provider staff and students are fully cognisant of these procedures. All FtP cases during 2016/17 were investigated in line with FtP procedures. We confirmed the cases investigated did not involve SCPHN HV students (18, 21, 56-57).

There is a faculty lead for FtP whose role includes appointing an investigator to explore and gather evidence about the alleged FtP concern, if necessary. FtP panels include a senior NMC registered practitioner from the same discipline as the student under investigation and a lay member. Guidance is provided to the FtP panels regarding the sanctions which are available and the importance of proportionality when applying sanctions (21-22, 55).

We confirmed that the programme team understand the university's FtP procedures and how they are communicated to practice placement providers. Managers and practice teachers described FtP procedures which are supported by clear processes identified in trust guidance (18, 35-39).

We confirmed that there have been no SCPHN students referred through the FtP process in 2017. We were provided with case studies which illustrate how concerns regarding students' performance were raised and the FtP process was implemented for pre-registration nursing students. Students are aware of their right to appeal against a decision made by the FtP panel. We saw evidence of the appeals process being implemented (56-57).

Procedures in the school ensure that students who are signed-off for admission to the NMC register meet academic and professional requirements. The programme team, practice teachers and students confirm that students' progress is assessed and confirmed at identified progression points within the programme and that any concerns regarding progression are addressed immediately. This would include the development of an action plan with the student, involving the pathway leader. Managers confirm that the practice learning facilitator would also offer support, as appropriate. We confirmed that external examiners ratify the assessment and progression of students on the SCPH HV programme (36-39, 75-76).

Students confirmed they are required to make a declaration of good health and

<p>character on completion of the programme prior to entry to the NMC register. They are also aware of the importance of FtP procedures (37-39, 80-81).</p> <p>We conclude from our findings that procedures to address issues of poor performance in both theory and practice are robust and are applied in both theory and practice.</p>
<p>Risk indicator 2.1.3 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>APL and achievement processes are in place (13-14, 23).</p> <p>In the SCPHN HV programme, APL allowance is up to 30 credits which is clearly stated in programme documentation (17).</p>
<p>What we found at the event</p>
<p>We confirmed the university has an APL process which can be applied to the SCPHN HV programme. The programme team told us that students can use APL for up to 30 credits. However, no students have used APL but are aware of its availability. The V100 part of the programme is offered as an additional non-credit rated element which allows students who enter the programme with an existing V100 to use APL (23, 36-39).</p> <p>The APL process requires that the appointed programme external examiner reviews all claims. The claims are then presented to the single tier assessment board, and details are discussed before the claim is ratified (31, 60).</p> <p>We conclude from our findings that systems for APL and achievement are in place and meet NMC requirements.</p>
<p>Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>We found documentary evidence that details procedures for mentors and practice teachers to address issues of poor performance in practice (17, 33).</p>

What we found at the event

We confirmed that practice placement providers understand and implement the university's procedures related to students' poor performance in practice. Students are seconded to the SCPHN HV programme, therefore they are subject to both the university and their employer's FtP procedures. Information regarding the seconding trust's FtP process is provided by the trust to the SCPHN HV students. The students confirmed the process identifies the student and practice teacher's responsibility in relation to the student's poor performance (35-39).

Practice teachers described the university's process for managing poor performance in practice, and confirmed that actions would be agreed in partnership with the SCPHN HV pathway leader. They informed us they would be supported by additional practice visits by a member of the programme team to support the development of an action plan, as appropriate (35-39).

Information regarding FtP procedures is included in the service level agreement which clearly identifies the rights and responsibilities of the university and the practice placement provider. This includes the practice placement provider's right to remove a student from a practice placement area if there are concerns regarding their conduct. It also identifies the practice placement provider's responsibility to inform the university as soon as the concern is identified (58).

We were presented with FtP case study examples which demonstrate that practice placement providers understand the FtP process and are prepared to implement it and FtP processes are followed (56, 59).

We conclude that practice placement providers understand and work with the university when implementing their own and the university's FtP procedures. Systems of support are in place to address poor performance in practice for students on the SCPHN HV programme.

Outcome: Standard met

Comments:

The school has a robust system of service user/carer involvement in pre-registration nursing and midwifery student interviews. We were told plans for the inclusion of service users and carers in the interview process for the SCPHN HV programme are in place.

Areas for future monitoring:

- Involvement of service users and carers in the recruitment and selection of SCPHN HV students.

Findings against key risks

Key risk 3 - Practice Learning

3.1 Inadequate governance of, and in, practice learning

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

3.3 Assurance and confirmation of student achievement is unreliable or invalid

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

What we found before the event

Partnerships between the university and practice placement providers at strategic and operational levels are strong and long standing. The dean and head of school (HoS) meet regularly with senior managers from the trusts. The university is committed to partnership working in order to ensure the provision is responsive to service and commissioner requirements (13).

As the need to share placement providers with other universities is growing, DMU has joined with 13 other universities in the west and east midlands with the intention of working together to develop and introduce a common PAD for pre-registration nursing across the area (67).

Educational audits are conducted jointly by staff from the university and practice placement providers. The placement office (PO) notifies the university staff when an audit is due. The PLLs are responsible for reporting the findings of an educational audit and any required action plans (37, 45).

The practice learning committee (PLC) monitors all placement activity. The PO maintains the database of completed practice profiles and educational audits. Placement capacity figures from local trust placement providers are forwarded to the PO on a quarterly basis (13-14, 24, 29).

The university has a process in place to ensure that CQC reports are notified by service providers to the university so that students may be withdrawn from unsuitable placements, if necessary, or their programme strengthened to aid in improving practice/service delivery (13, 15).

Service level agreements are in place which include confirmation that an educational audit is in place (16, 25-27).

What we found at the event

The university relationship with the Leicestershire trusts is well established at strategic and operational levels. New partnerships with trusts in Derbyshire, Nottinghamshire and Lincolnshire are being established as placements are now being provided in these areas for pre-registration nursing and midwifery students and post-registration nursing students. A small cohort of SCPHN HV students are based in Grantham, part of Lincolnshire Community Health Services NHS Trust. The HoS meets regularly with senior managers in these trusts. This was confirmed by the SCPHN HV programme team and service who stated channels of communication are effective. Practice teachers confirmed that they meet at practice teacher forums in the university three times per year and are visited in practice at least three times during the programme by a member of the programme team (11, 36-39).

The service level agreement clearly identifies that service providers will inform the HoS of CQC visits and outcomes and any identified issues regarding patient safety concerns in placement areas. We found that the HoS meets every six weeks with practice placement providers to share and discuss relevant information pertaining to the programme and practice learning. An ongoing action log is recorded (11, 13-14, 58, 90). We found that the school is responsive to any concerns raised and issues are investigated with their practice placement providers. Action plans are jointly agreed to ensure that the practice learning environment is safe for students. DMU's response to the CQCs review of 'children: looked after and safeguarding in Leicester City', was to review the curriculum content and safeguarding processes within programmes provided by the school. Lead roles for adult and child safeguarding have been created, and internally recruited to lead this work. The HoS confirmed that the school follows guidance in the NMC QA handbook, working with their practice partners to address issues raised through CQC reports. The HoS stated that all risks are controlled and have not required exceptional reporting to the NMC (11, 13-15, 58, 90).

Service level agreements are in place. However, following the change in commissioning arrangements, discussions are taking place with placement providers to review the content of, and process for, service level agreements (12, 58, 61).

Educational audits are conducted biennially, with a health and safety audit undertaken annually. The PO staff are responsible for alerting the PLL when the audit is due. We were shown audits for four placement areas used by SCPHN HV students. All were completed by a senior member of staff representing the placement provider and the PLL from the school, and had been completed within the last two years. No action plans were in place. Staff in the PO confirm that students are not able to access a placement area if the educational audit is not up to date (45, 62, 64).

As the placement circuit used by the school is expanding the practice support teacher role has been revised. It was replaced by the introduction of six link lecturers in September 2017. They each have responsibility for the educational audits in a specific geographical area, providing a clear contact with the school for placement

providers. They arrange quarterly meetings within each geographical area to update the placement log which will illustrate the findings, actions and resolution of issues arising from the educational audits. They use these findings to inform mentor updates. The link lecturers work with other AEIs regarding the completion of educational audits where placement areas are shared (11, 62-65).

Practice teachers described appropriate educational audit of practice placement processes and this was evidenced through audit documentation reviewed at the event. Practice teachers are involved in auditing the placement area with the link lecturers and SCPHN HV pathway leader. Any actions required are discussed at practice teacher meetings (37, 45).

In addition to the educational audit, practice teachers also complete a personal practice audit/profile. This provides details of their professional activity and the experience they can provide for students. A copy of this is held by the programme team (66).

We confirmed that policies and processes regarding raising and escalating concerns are understood by the students and practice teachers. Guidelines are available for DMU staff regarding how they respond to concerns raised by students and the support that they should provide. Students had not experienced any issues in practice placements which required them to escalate a concern. They told us that they are confident that they will be supported by university staff if this was necessary (36-39, 91).

We conclude that there is effective partnership working at both strategic and operational levels between the university, practice placement providers and other AEIs who share the same placement areas.

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

What we found before the event

DMU has a well-established service user/carers (SUC) group which has a strategy of involvement in all pre-and post-registration nursing and midwifery programmes. The school has appointed a lecturer as a champion for SUC involvement. Membership of the SUC group aims to ensure diverse representation. Group members belong to both strategic and operational curriculum steering groups and are involved in module delivery. The involvement of SUCs was noted at the approval event for the SCPHN programme. The SUC group is developing its role in the selection and interviewing of students. Some members have attended equality and diversity training and safeguarding training. The SUC research audit network is proactive on advocacy and employment issues (13, 17, 28).

Senior members of academic staff have been identified as the main point of contact to support service users/carers. They are responsible for facilitating forums, induction and training, as well as recruitment and selection to these roles (13).

Practitioners are regularly engaged on a sessional basis to deliver various aspects of the SCPHN HV programme. The level of this input is supported by the service level agreement with the trusts which enables staff to be released to teach their specialist subjects. Practitioners receive free use of the DMU library facilities; have an email account, access to IT facilities and “hot desk” accommodation (13, 58).

What we found at the event

The faculty has a SUC group and the school has developed a sub group, the patient advisors group which is chaired by the school’s champion for SUCs. Some SUCs are members of both groups (28, 69-70).

Service users explained the training they receive and described the support provided by academic staff. There is a pay structure for their involvement in activities which carries with it an expectation that the service user will be well prepared. Service users have use of the library and IT facilities and they also have identity badges. They told us that they feel valued by both students and academic staff and they are part of the team. They are invited to participate in staff seminars and educational activities within the school and the wider university. Some are now pursuing their own professional and academic development (34, 69-70, 90).

The programme team told us that service users are involved in curriculum development and also contribute to sessions on the SCPHN HV programme. Students identified sessions where service users have contributed to teaching sessions. One service user described a session on post-natal depression which she had provided to SCPHN HV students. Practice teachers and students confirmed that service user feedback is sought in relation to student performance and is fed back verbally to students as well as within the practice assessment documentation (36-39, 70).

Practice managers and practice teachers stated that they are able to provide feedback to the programme team, which included suggested changes to the programme to ensure it continues to meet the needs of the service provision. Students told us practitioners provide current and up to date practice sessions into the classroom (36-39, 71).

We conclude that service users/carers and practitioners are involved in programme development and delivery of the SCPHN HV programme.

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

What we found before the event
SCPHN HV students are supported in practice by their personal tutor/pathway lead as well as their practice teacher and mentor. Meetings are held by appointment each semester with the student, mentor and practice teacher. A second visit can be requested at any stage, when a concern is highlighted by the student, mentor or practice teacher (17).
What we found at the event
<p>The programme team told us that they engage with practice at least three times per year on planned practice placement visits, as well as at the three practice teacher forums which are held in the university. Practice teachers and students confirmed that the programme team are visible in practice placements. They described effective partnership working between students, practice teachers and the programme team. Students confirm that they receive appropriate support from the programme team, both in the university and in practice placements. Practice teachers also confirm that they are appropriately supported by the pathway leader in their role (37-39).</p> <p>We conclude that students on the SCPHN HV programme are supported by academic staff in practice placement settings.</p>
Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice
What we found before the event
<p>PLLs support mentors and ensure that practice teachers and mentors are registered on a suitable mentor database (13).</p> <p>Three half day study days for all practice teachers associated with the SCPHN programme take place each year at the university to update them on any changes to the programme and to ensure they have the necessary skills and knowledge to teach any new material introduced (17).</p>
What we found at the event
The university identifies the criteria required for practitioners who assess the practice competence of students undertaking the SCPHN programme. Practice teachers confirm that they have successfully completed an NMC approved preparation programme in order to undertake the role. This is recorded on the practice teacher

register (36-39, 73, 82).

Practice teachers confirm that they are given protected time to prepare for the practice teacher role. They are supported to attend practice teacher updates at the university, which includes opportunities for shared learning with other practice teachers. They also receive annual mentor updates and complete triennial reviews to meet NMC requirements. They report being well supported by both their service managers and by the university (36-39, 74).

Practice teachers described effective approaches to supporting the learning and assessment of SCPHN HV students and the role of the practice documentation in this process. They stated that practice documentation is completed in a timely manner and this was confirmed by students. External examiners confirm that practice teachers appropriately complete practice documentation which supports the successful completion of practice learning and proficiencies (36-39, 73-74, 79).

We conclude that practice teachers and mentors are appropriately prepared for their role in assessing practice.

Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students

What we found before the event

Mentors and practice teachers are able to attend annual updates and have the opportunities to meet the requirements for triennial review. Triennial review is annotated on the 'live' mentor/practice teacher register with the majority linked to annual appraisal. Attendance of practice teachers at annual updates are prioritised by practice placement providers (13).

What we found at the event

Robust and secure systems are in place to ensure that students are assigned only appropriate and adequately prepared practice teachers. Managers and the programme leader work together in the allocation of practice teachers to SCPHN HV students. The mentor/practice teacher database records the practice teachers' qualifications and the dates of updates, revalidation and triennial review. Service managers and the programme leader confirmed that this is scrutinised to ensure that practice teachers have the correct up to date qualifications and have attended an update within the last year. Practice teachers confirmed that they attend updates at the university which includes updates on the programme and their role as a practice teacher. They also received annual mentor updates (36-39, 73).

In areas where a 'long arm' arrangement is used, service managers allocate mentors to practice teachers in consultation with the identified practice teacher. The mentor

database is scrutinised to ensure that the mentor has the correct up to date qualifications, and have attended an update within the last year (36-39, 73).

Managers and practice teachers confirmed that there are sufficient placement areas for students and that they are able to access all the required specialist practice areas. Changes resulting from service reconfigurations are communicated to programme providers in a timely way to enable effective oversight of student support by mentors and practice teachers (36-39, 87).

We conclude that robust systems are in place to ensure that only appropriately prepared practice teachers and mentors are assigned to students.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 4 - Fitness for Practice

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

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

Risk indicator 4.1.1 - 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) is confirmed through documentary evidence

What we found before the event

The programme is modular in nature. Core modules focus on public health, protecting vulnerable groups, leadership and research. There is also a suite of optional modules which includes the V100 programme. The practice experience runs concurrently with the theoretical elements of the programme (17).

The programme comprises 50 percent theory and 50 percent practice. The 12-week supervised practice module is undertaken in HV practice. The module includes theory days which provide students with the opportunity to consolidate learning and practice in HV. Students must undertake a minimum of 10 weeks in their defined area of practice. All modules are assessed in theory and practice. The module 'safeguarding and protecting children and adults' includes the compulsory invigilated examination (17).

The teaching and learning strategy is student-centred and includes a wide variety of learning methods including: case studies, scenarios, small group work, action learning sets, workshops, podcasts, reflection, student presentations, and focused tutorials. These facilitate the students' ability to integrate theory with practice and meet the diverse needs of student groups. The centre for enhanced learning through technology supports and assists in the development of teaching materials for inclusion on the blackboard virtual learning environment (17, 30).

What we found at the event

We found that the university provides clear guidance for students to prepare them for the SCPHN HV role and the learning, teaching and support strategies which are provided. This is supported by an informative student handbook which provides a clear overview of the programme's modular structure and the indicative content of each module. Students confirmed this information is helpful, and learning and teaching strategies and support provided are effective in preparing them for the SCPHN HV role. External examiners comment positively on the range of teaching, learning and assessments utilised in the programme (37-39, 46, 75-76, 83-84).

The programme team, service managers, practice teachers and students confirmed that students receive mandatory training, delivered by the employing trust, as part of their induction (36-39).

We found that values based care is promoted throughout the programme which commences as part of the recruitment process. The importance of these qualities is emphasised and assessed in the practice assessment diary (40, 42, 50).

Students, practice teachers and service managers confirm that the core modules enable students to develop and demonstrate the knowledge and skills to provide effective specialist community public health nursing. They enable students to build the confidence to instigate change at a strategic or operational level within the workplace, preparing students for their new role within the SCPHN HV workforce (37-39, 44, 54).

Students informed us that the programme and related assessments enable them to apply theoretical learning to practice. Practice teachers and students confirmed that continuous formative feedback on practice is provided and this is formalised in the practice documentation at the agreed review points in the programme (37-39, 68).

Students based at a significant distance from the university in Lincolnshire told us that

the programme team are responsive to suggestions regarding the organisation of the programme. One example they gave is that the start time has been changed to recognise the travel time. They stated that they feel part of the university and did not have any issues accessing support or resources (39).

A variety of assessment methods are used within the programme and students confirmed that feedback is provided to them, particularly to those that have been referred. External examiners comment positively on the variety of assessment methods used, confirming they enable students to demonstrate a range of academic skills, identifying their individual strengths and supporting them to develop their weaker areas. They state that the programme team are open to suggestions and enthusiastic about developing the programme (42, 44, 75-76).

We found that systems for monitoring and recording the practice hours worked by students are not robust. The programme team, practice teachers and students described systems that are in place for reporting absences from practice and from the university. However, there is no information in the practice documentation relating specifically to the number of practice hours/days which students are required to complete in order to meet the requirements of the programme and NMC standards. There is no system in place for students or practice teachers to log practice hours.

We found that Leicestershire Partnership NHS Trust has produced its own guidance for practice teachers supporting students on the SCPHN HV programme, which includes a requirement that student sickness is reported within the trust. Practice teachers told us that students are required to make up any absence from practice but there is no clear guidance on how this is initiated, monitored or recorded. In addition, there is no clear process to inform the programme team that students have completed the required practice hours (35, 37-39, 46).

We conclude that students are supported to achieve all NMC learning outcomes and proficiencies to meet the programme and NMC requirements. However, there are inadequate safeguards in place to ensure that NMC standards for completion of the required number of practice hours are met. This requires immediate action. The school must put a system in place to confirm and accurately record the practice hours completed by students to ensure NMC standards are met and protection of the public is assured.

Risk indicator 4.2.1 - 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) is confirmed through documentary evidence

What we found before the event

SCPHN HV students have a period of three weeks alternative practice experience which allows them the opportunity to gain experience in practice settings and to

experience a different range of clients. The period of supervised practice runs over 12 weeks to allow for consolidation study days during that period (17).

What we found at the event

We found that the SCPHN HV students are supported by their employing trust and practice teachers to access appropriate practice placement areas to ensure that students can meet the requirements of the programme (37-39, 82).

The students we met understand their responsibilities in engaging with practice learning and state that they are well supported in achieving the required competencies and outcomes in practice. They described a wide range of learning opportunities available to them and explained the use of the practice assessment diary in supporting their practice learning (37-39).

Students complete three weeks of alternative practice and a consolidating period of practice. The PAD and the practice portfolio require practice teachers to provide signed confirmation that all module learning outcomes have been achieved and that the required proficiencies have been met. The university provides guidance to assist students and practice teachers with the completion of the portfolio (40-41, 44, 78).

Practice teachers confirm their understanding of, and can demonstrate appropriate use of, the practice assessment documentation and their role in accurately recording the student's competence for the appropriate stage of achievement in practice (37-39).

Employers confirm that students successfully exiting the SCPHN HV programme are able to practice safely and effectively. We were informed that all students in the 2016/17 cohort who applied for a SCPHN HV post following successful completion of the programme, were employed (36, 79).

We conclude that SCPHN HV students are supported in audited practice placements to achieve the practice learning outcomes and proficiencies to meet NMC standards.

Outcome: Standard not met

Comments:

There are inadequate safeguards in place to ensure that NMC standards for completion of the required number of practice hours are met. This requires immediate action. The school must put a system in place to confirm and accurately record the practice hours completed by students to ensure NMC standards are met and protection of the public is assured.

**25 March 2018: Follow up Documentary Evidence from De Montfort University.
Standard now met**

25 March 2018: A review of the evidence to support completion of the AEI action plan was completed.

The student portfolio and PAD have been amended to include a practice attendance sheet. Guidelines are provided for students and practice teachers regarding the completion of the attendance sheet. All SCPHN HV students who commenced the programme in September 2017 and their practice teachers have been updated regarding the requirement to complete the attendance record. An audit of completed attendance records for the SCPHN HV 2017 cohort for semester one was completed by the programme leader. This demonstrates that all records were completed appropriately.

Evidence:

- DMU, faculty of health and life sciences, school of nursing and midwifery, BSc (Hons) SCPHN HV, practice teacher and mentor handbook, 2017/18, updated December 2017
- DMU, programme handbook, BSc (Hons) SCPHN (HV /school nursing (SN)), undergraduate, level six, 2017/18, updated December 2017
- DMU, programme handbook, BSc (Hons) SCPHN (HV /SN), postgraduate diploma, level seven, 2017/18, updated December 2017
- DMU, SCPHN programme flow chart of action plan for non-achievement of practice hours, undated
- DMU, SCPHN action to support non-achievement of practice hours, undated
- DMU SCPHN HV student portfolio signature page, undated
- DMU, faculty of health and life sciences, SCPHN, practice sign-off sheet, daily record of placement attendance/non-attendance, undated
- DMU, faculty of health and life sciences, school of nursing and midwifery SCPHN, practice teacher update day, meeting notes 24 January 2018 and 11 January 2018
- DMU, practice teacher and mentor update day, 24 January 2018
- DMU audit of practice hours paperwork, SCPHN HV students (cohort 2017/18), semester one, undated

Areas for future monitoring:

- A robust system is in place to accurately record the completion of the required practice hours by SCPHN HV students.

Findings against key risks

Key risk 5 - Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

Evaluation of the programme is undertaken at modular and programme level. Students have a strong voice through the staff student consultative committee (SSCC). Practice placements are evaluated and the findings are reported to the PLC and then communicated back to the trusts for reporting/action if needed by the PLLs. Practice evaluations are conducted online and practice placement providers receive copies of this feedback in a timely manner. This system also includes an early warning system for the escalation of issues. Practice placement providers report that this system is effective and key issues are actioned in a timely manner (14, 25).

The SSCC provides opportunities for students to raise issues. Actions taken regarding student concerns/issues are identified and the actions taken are clearly explained. Two student representative co-ordinators have been appointed and work with the associate head of school (student experience) and have become part of the SSCC (25).

The single tier assessment board confirms and ratifies all modular assessments and completion of programme results as well as conferring awards and prizes. External examiners attend the assessment boards and are encouraged to meet with students and mentors prior to the boards (13).

Each programme management board is required to develop an implementation plan. There is a faculty learning and teaching committee in each faculty of the university. A development in 2016 was the creation of the school learning and teaching group (SLTG) which is chaired by the DMU teacher fellow from the school. The SLTG developed a comprehensive action plan intending to standardise procedures across all programmes (30).

What we found at the event

Evaluation of the theoretical content of the programme takes place at lecture and module levels. These evaluations are used in the development of the module enhancement plan (MEP). External examiner comments for the module assessment are included in the MEP. The MEP is presented at a module meeting, which is attended by practice teachers. The module leader manages the MEP which is

monitored by the programme leader who signs off its completion when the outcomes are achieved. The MEP feeds into the annual programme appraisal and enhancement (PAE) report. Actions have included changes to theoretical content and student support for assignments (85-87).

The PAE report contribute to the programme development and enhancement plan which details student feedback, external examiner feedback, student progression, achievement and employability. The plan is managed by the programme leader (54).

We found that students are invited to join the programme management board, but attendance by post-registration and postgraduate (PG) students is poor. Opportunities for these students to raise programme issues are available through the SSCC, which then feeds into the programme management board. SSCC operates a virtual network in addition to attendance at meetings which is well used by students. Other alternative ways of gathering the views of PG students are being explored (87, 89).

SCPHN HV students confirmed they evaluate each practice placement experience. The evaluation form has recently been revised in partnership with lead nurses in the trusts and practice teachers. The final version was introduced in the practice teacher and mentor update. Feedback to placement providers from evaluations is via the PLL. Practice teachers confirm that they receive feedback on evaluation of the placement area. The PLL also reviews all practice evaluations within their geographical area and addresses issues as necessary with the practice learning environment (37-39, 46, 82).

The external examiners appointed to the SCPHN HV programme have due regard, current registration and a NMC recorded teaching qualification. The university ensures external examiners' professional currency and eligibility requirements are met, including those for registration and revalidation, and this is managed within the school (11, 36, 72).

Students' practice portfolios are scrutinised by the external examiner at the end of the programme. The portfolios demonstrate student progression over the year long programme with a clear distinction between academic level six and level seven study (75-76, 79).

External examiners report that the theory and practice based learning enables students to achieve the requirements for the academic award and eligibility for professional registration. They comment that the standard of feedback to students is consistently excellent and the whole range of marks is used when appropriate. We found they are asked to comment on all examination papers before their use and comment on various aspects of assessment procedures within the school (75-76).

The opportunity for external examiners to meet with students and practice teachers occurs when attending the assessment board. Students reported to the external examiner that they are satisfied with the content of the programme and the teaching style and support provided. Practice teachers also reported their satisfaction with the programme to external examiners, describing the effective support provided by the teaching team (75-76).

We confirmed that the programme team respond to issues raised in the external examiner reports in a timely and effective way (75-76, 79).

We conclude that the university's internal QA systems provide assurance that risks are managed and address areas for development and enhancement of the SCPHN HV programme to meet NMC standards.

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

What we found before the event

Guidance for students regarding raising concerns is available. It makes clear the distinction between raising concerns regarding patient care and complaints about treatment towards the student, and provides the pathways to follow for either (33).

What we found at the event

Practice teachers and students described the processes for making complaints or raising concerns in practice. We were told that practice placement providers had been involved in the development of the guidance for practice placement staff when responding to concerns raised by students (37-39, 88).

We found that no concerns have been raised by SCPHN HV students. However, students confirm they would be confident to escalate a concern in practice, they would be supported to do so, and the concern would be followed up to seek resolution (36-39).

We were shown examples of concerns raised by pre-registration nursing students and the actions taken by the university. The examples demonstrate that the university responds in a timely manner, taking appropriate and proportionate action for the resolution of the issues raised. In the examples we viewed, feedback was provided to both students and practice placement providers. Students and mentors are encouraged to provide feedback regarding the resolution of the issue and their reflections on the implementation of the raising concerns process were also included in the documentation (77, 88).

We confirmed that agreed mechanisms are in place, and are followed, to ensure that practice placement providers receive and respond to student evaluations of placement learning experiences, and all relevant stakeholders are informed of the actions taken, where possible (37-39, 86-87).

We were informed that practice placement providers receive timely evaluations of external examiners' engagement and reporting of assessment of practice, and carry out actions as required (86-87).

We conclude that concerns and complaints raised in practice learning settings are appropriately dealt with.
Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Evidence / Reference Source

1. CQC, University Hospitals of Leicester NHS Trust, Glenfield Hospital, January 2017
2. CQC, University Hospitals of Leicester NHS Trust, Leicester General Hospital, January 2017
3. CQC, University Hospitals of Leicester NHS Trust, Leicester Royal Infirmary, 5 September 2017
4. CQC, Leicestershire Partnership, NHS Trust, February 2017
5. CQC, Derby Teaching Hospitals NHS Foundation Trust, London Road Community Hospital, February 2017
6. CQC, Derby Teaching Hospitals NHS Foundation Trust, London Road Community Hospital, May 2017
7. CQC, Derby Teaching Hospitals NHS Foundation Trust, Royal Derby Hospital, May 2017
8. CQC, St Andrew's Healthcare – women's service, August 2017
9. CQC, University Hospitals of Leicester NHS Trust, January 2017
10. CQC, United Lincolnshire Hospitals NHS Trust, Lincoln County Hospital, April 2017
11. Meeting with HoS, 30 November 2017
12. Meeting with head of NHS contracting and head of division, child and maternal health/chair of practice learning committee, 30 November 2017
13. AEI requirements, updated 2016, accessed 7, 8, 13, 23, 24 November
14. DMU NMC self-assessment report, 2016/17
15. CQC, review of health services for 'children: looked after and safeguarding in Leicester City', August 2016
16. DMU, strategic school review process (SSRP) action plan – School of nursing and midwifery, undated
17. NMC programme approval report: SCPHN HV, October 2012
18. DMU, faculty of health and life sciences, final process for managing the reporting of concerns about nursing and midwifery students, undated
19. Initial visit meeting, 14 November 2017
20. DBS process flow-chart, undated
21. DMU, faculty of health and life sciences, fitness to practise policy, 2015
22. School of nursing and midwifery, APO, role and responsibilities, November 2016
23. DMU, department of academic quality, a guide to the recognition of prior learning, edition two, 2014/15
24. DMU, faculty of health and life sciences, school of nursing and midwifery, academic year 2016/17, minutes of fifth meeting of practice learning committee, September 2017
25. Nursing and midwifery SSCC academic session 2015-16, student experience enhancement plan, updated October 2016
26. DMU, school of nursing and midwifery, education in practice agreement, undated

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30. DMU, faculty of health and life sciences, school of nursing and midwifery, school learning and teaching group action log 2015-2016
31. DMU, department of academic quality, a guide to the recognition of prior learning, 2014/15
32. DMU, professional services, equality and diversity, undated
33. DMU guidance for the raising of concerns about care by students, undated
34. DMU, people-management-handbook/joining-dmu/equality-of-opportunity-policy, undated
35. Leicestershire Partnership NHS Trust, guidance and documentation to support clinical team leaders, mentors, practice teachers, SCPHN students, 2017/18
36. Meeting with SCPHN teaching team, 29 November 2017
37. Leicestershire Partnership NHS Trust, meetings with interim head of learning and development, senior nurse professional lead, family service manager, clinical team leader, practice teachers and students, 29 November 2017
38. Hinckley Health Centre, Meetings with practice teachers and students, 30 November 2017
39. Teleconference with Lincolnshire based practice teacher, mentor and student, 30 November 2017
40. DMU, BSc (Hons) SCPHN, practice assessment diary, undated
41. DMU, PG Diploma SCPHN, programme practice portfolio, undated
42. DMU, SCPHN programme handbook, 2017/18
43. Leicestershire Partnership NHS Trust, recruitment and selection handbook, undated
44. Sample of student portfolios, viewed 29 November 2017
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46. SCPHN HV, student evaluations of practice x8 date
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59. Detail of case studies where FtP concerns have been raised by practice partners, E-mail from FtP lead to assistant head of school, 13 November 2017
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61. Partnership agreements with LOROS, Derby Teaching Hospitals NHS Trust, Nottingham City Care Partnership, Sherwood Forest Hospitals, University hospitals of Leicester NHS Trust, Nottingham University Hospitals NHS Trust, Leicestershire Partnership NHS Trust, Nottinghamshire Healthcare NHS Trust, Northamptonshire Healthcare NHS Foundation Trust, various dates
62. DMU, school of nursing and midwifery, placement profile and educational audit x4, various dates
63. DMU, placement provider health and safety agreement, undated
64. Visit to work based learning unit, 29 November 2017
65. DMU, pre-registration nursing, practice learning environment, link lecturer guidelines, June 2017
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67. Letter to Health Education England, from universities in the West Midlands and East Midlands, 7 November 2017
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72. Print outs from NMC 'search the register' website confirming external examiner registration status, various dates
73. Practice teacher register, September 2016 cohort
74. DMU, school of nursing and midwifery, practice teacher/mentor approval form (nurses only), undated
75. DMU, Leicester undergraduate external examiner report, SCPHN programme, January 2015, January 2016, February 2017, November 2017

76. DMU, postgraduate external examiner report, January 2017
77. DMU, Completed actions for escalations forms x3, 24 April 2017–18 June 2017, 15 May 2017-25 June 2017, 12 June 2017–30 August 2017
78. DMU, school of nursing and midwifery, Guidance for portfolio completion SCPHN, undated
79. Notes from STAB, 1 November 2017
80. DMU, check list for sign off day for SCPHN students, undated
81. DMU, faculty of health and life sciences, school of nursing and midwifery, self-declaration of good health and good character, guidance notes, undated
82. Selection criteria for practice teachers of students on the BSc (Hons) SCPHN, faculty of health and life sciences, BSc Hons SCPHN, information for practice teachers, undated
83. DMU, the DMU student experience of induction 2017–2018
84. DMU, faculty of health and life sciences, SCPHN, induction and registration schedule, 2017
85. DMU, faculty of health and life sciences, school of nursing and midwifery, post registration module achievement action plan, 2016
86. DMU, faculty of health and life sciences, module enhancement plan, SCPHN, innovative approaches to health promotion, academic session 2016/17, undated
87. DMU, faculty of health and life sciences, school of nursing and midwifery, final meeting of nursing and midwifery PG and post-registration programme management board, academic year 2016/17
88. DMU, faculty of health and life sciences, school of nursing and midwifery, guidance for DMU staff responding to potential safeguarding concerns, raised by pre-registration nursing and midwifery students, September 2012
89. Student evaluation of the practice learning environment for SCPHN and specialist practice qualification district nursing programmes, undated
90. External partners action log meeting, meeting held on 27 September 2016
91. DMU, faculty of health and life sciences, school of nursing and midwifery, guidance for DMU staff responding to concerns raised by nursing and midwifery students, updated 2017

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 14 Nov 2017	
Meetings with:	
Head of school Associate head of school, student experience Education lead, Leicestershire Partnership NHS Trust Fitness to practise lead Service user champion Practice learning manager, Leicestershire Partnership NHS Trust Programme lead, SCPHN programme Pathway lead, SCPHN programme, HV pathway	
At monitoring event	
Meetings with:	
Head of school SCPHN programme, Pathway lead for school nursing SCPHN programme, pathway lead for HV Programme lead, SCPHN programme Interim head of learning and development, Leicestershire Partnership NHS Trust Senior nurse/professional lead, Leicestershire Partnership NHS Trust Family services manager, Leicestershire Partnership NHS Trust Clinical team leader, Leicestershire Partnership NHS Trust	
Meetings with:	
Mentors / sign-off mentors	1
Practice teachers	6
Service users / Carers (in university)	2

Service users / Carers (in practice)	
Practice Education Facilitator	1
Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered	Year 1: 6
Specialist Comm	Year 2: 0
Public Health	Year 3: 0
Nursing - HV	Year 4: 0

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