2013-14
Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

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

Programme provider	University of Manchester
Programmes monitored	Registered nurse - adult; Registered nurse - children
Date of monitoring event	12-13 February 2014
Managing Reviewer	Irene McTaggart
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	Joseph Cortis, Jo Rouse
Placement partner visits undertaken during the review	Manchester Royal Infirmary: High Dependency Unit Ward 37 (Renal) Malory Suite, The Spire Hospital District Nursing Team, Brownley Green Royal Manchester Children's Hospital: ward 77 and ward 80 Children's community nursing team, Stepping Hill Hospital, Stockport Integrated service for children with additional needs (ISCAN), Rowan House, Tameside
Date of Report Publication	4 July 2014

Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care.

We set standards 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.

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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 Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users

and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement" When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks

Category	Risk				
Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers hold NMC recordable teaching qualifications and have experience /qualifications commensurate with role			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice		
	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	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 that the NMC sets standards for**	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register 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	Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to Manchester University's programmes

The School of nursing, midwifery and social work within the faculty of medical and human sciences at the University of Manchester (UoM) has a well-established history of providing a broad range of nursing courses, including pre-registration nursing, undergraduate and postgraduate post qualifying courses and MPhil/PhD. The school is recognised as one of Europe's leading nursing education and research departments. This monitoring review focuses on the pre-registration nursing programme; adult field and child field.

The university, together with other local approved education institutions (AEIs) and placement practice partners, have formed the placement development network (PDN). This network will ensure the capacity required to place students in practice learning environments meets their learning needs. The PDN is responsive to service reconfigurations which impact on practice placements with an element of flexibility and collaboration between all concerned to maximise efficacy.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements which have been subject to concerns as a result of Keogh and Care Quality Commission (CQC) reviews.

Summary of public protection context and findings

To optimise the quality of learning in practice the UoM works within a pan-Manchester framework operated through a secure shared capacity database. This ensures that students are allocated equitably to practice placements across the Greater Manchester area and there are sufficient appropriately qualified mentors to meet student capacity. Furthermore, in order to minimise the effect of service reconfigurations on practice placements the university works closely with practice education facilitators (PEF) to achieve more flexible and creative approaches to placement allocation.

We found that the university has effective procedures for the recruitment and selection of students. Students, service users and practice placement providers are satisfied that the group interview process is effective in selecting candidates with the appropriate values and attitudes for nursing.

Our findings confirm that procedures for addressing poor performance in theory and practice are robust. Policies and procedures relating to fitness to practise are comprehensive and fully meet the requirements of the NMC. Outcomes of the health and conduct committee investigations confirm that cases are dealt with appropriately to support the student but most importantly to protect the public.

We are satisfied that practice staff members have the confidence and knowledge to implement the cause for concern policy in situations where students are not achieving the required competencies and may be a danger to public protection.

We found effective partnerships between the university, the commissioners and practice placement partners. Use of the pan-Manchester educational audit tool facilitates consistency in the quality assurance of practice learning environments across the Greater Manchester area.

Students informed us they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

One of the main practice placement providers, Tameside Hospital NHS Foundation Trust, received adverse CQC and Keogh reviews in 2013. We found that effective partnership working between the academic teams, the practice placement partners and the commissioners has ensured that concerns have been addressed and appropriate levels of response agreed and implemented. Disclosure of information about inspections is now included in each trust's learning development agreement with the university. Progress is monitored in order to protect student learning and to ensure that students are not subjected to either poor educational or patient care practices.

Summary of areas that require improvement

- The quality assurance process specific to external examiner reporting, in relation to theory and practice of the approved programme, needs to be strengthened.

Summary of areas for future monitoring

- The development of the academic in practice role.
- The timely and effective communication of external monitoring results such as CQC reports.
- The use of accreditation of prior learning (APL) in the pre-registration nursing programme.
- The effectiveness of the multi-professional practice learning environment audit tool.
- Quality assurance processes specific to external examiner reporting in relation to theory and practice of the approved programmes.

Summary of notable practice

Practice Learning

The 'recognising excellence in practice award for mentors'.

The on-line learning resource SharePoint in the Paediatric Intensive Care Unit (PICU) at

Manchester Children's' hospital.

Summary of feedback from groups involved in the review

Academic team

We found that the academic teams have effective partnerships with local practice placement partners. Transparent and collaborative relationships are reported at all levels of the partner organisations. There are systems in place to support students in both theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

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

Mentors told us that they are well prepared for their role and fully understand their responsibilities in supporting students. However, to avoid ambiguity in interpretation of outcomes, a few mentors would like more preparation for completion of the practice assessment documentation. They confirm that mentor updates enable them to continue to support students effectively.

Mentors are satisfied with the level of support that they received from the PEFs and academic staff. However, the contact that mentors have with academic staff (including the link lecturers) varies significantly across practice learning environments.

Education commissioners, service managers and employers told us that students are well prepared for practice placements and that graduates from the programme are able to fulfil the demands of employment.

Students

We found that all students generally feel well supported in both university and practice settings. They were informed about subsequent placements in good time and felt well prepared for their first placement.

Students were varied in their responses when addressing percentage of time spent with their mentor. They told us that the provision of associate mentors provided them with adequate supervision in practice enabling the 40% of time working with mentors to meet NMC requirements.

Service users and carers

Service users and carers confirmed that they are part of student selection panels and they are well prepared by university staff for their role. They told us that their contributions and opinions are taken seriously, they feel a valued part of the team and they are fully committed to contributing to the overall student learning experience. The university plans to recruit a further 12 to15 service users and carers to expand their engagement in the curriculum.

Relevant issues from external quality assurance reports

Keogh reviews and CQC reports were considered for practice placements used by the university to support students' learning.

The following report requires action(s):

CQC and Keogh reviews in Tameside Hospital NHS Foundation Trust (2013) identified concerns relating to: respecting and involving people who use services, care and welfare of people who use services, and assessing and monitoring the quality of service provision.

CQC reports have not always been notified to the university in a timely manner.

At the monitoring review we found that the university has enhanced relationships with Tameside Hospital NHS Foundation Trust. This has led to the development of strategies to share and take collaborative action following CQC and other external inspections. As a result, CQC reports are now placed on the trust's website with appropriate actions related to the escalation of concerns policy, as required.

Disclosure of information about inspections is now included in each trust's learning development agreement (LDA) with the university. Audit documentation includes actions taken as a result of CQC or other inspections. This process is followed in both the NHS and independent sectors.

Commissioners report the university is responsive to adverse CQC reports, examining the implications for the students' educational experiences and taking appropriate and effective action to any issues raised.

All CQC compliance reports relevant to the placement areas used by the university for approved nursing and midwifery programmes were considered, but did not require further discussion as part of this review.

Evidence / Reference Source

1. CQC report: Manchester Royal Infirmary, December 2012

2. CQC report: Altrincham General Hospital, January 2013

3. CQC report: Trafford General Hospital, October 2012

4. CQC report: Wythenshawe Hospital April, 2013

5. CQC report: Tameside General Hospital, July 2013

6. Keogh report: Tameside Hospital NHS Foundation Trust Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England, 2013

7. Key Findings and Action Plan following Risk Summit, July 2013

8. Response to issues regarding practice learning paper 12

9. Meeting with Director of undergraduate education, 13 February 2014

10. Meeting with Assistant Director for education and commissioning, 12 February 2014

Follow up on recommendations from approval events within the last year

Pre-registration midwifery, April 2013

Recommendations include:

- Continue to work with stakeholders to ensure that there are sufficient sign off mentors to support students in their practice learning environments.

At the review we were told that the midwifery team are working more closely with PEFs who are ensuring that mentors undertake their updates annually and reinforce the role of the sign off mentor. PEFs have a role in maintaining the live register of mentors and are tasked to ensure that sufficient sign off mentors are available to support students in practice. The midwifery team are confident that they are using every opportunity in the university and in practice to enhance the mentorship role.

- Continue to develop inter-professional learning (IPL) initiatives in practice and academic settings.

We found that the midwifery programme director has met with a team from the School of pharmacy to exchange ideas of IPL with pharmacy students. A medicines management project is included in the curriculum for third year midwifery students and pharmacy students. Opportunities for IPL with medical students are being explored. IPL takes place in the Manchester leadership programme completed in year two, with students on other programmes in the university

- Consider using audio-visual recording of objective structured clinical examinations (OSCEs) to add to the transparency and rigour of the assessment.

We found that resources have been discussed and agreed with senior management.

Preparation for mentorship, June 2013

Recommendations include:

- Reduce the number of intended learning outcomes in the level seven course unit.

We were told that this is now completed.

- Monitor the support of protected learning time within trusts

We found that attendance and protected time are monitored by the unit lead and appropriate action is taken, involving the student's employer and PEF, as required.

- Review course materials to ensure relevance for all health and social care professionals.

We were told that this is now completed.

- Ensure accessibility of all online materials for off-campus students.

We were told that trust / practice based firewalls can occasionally impede access to

systems external to their own, thus inhibiting student access to university systems. Students are advised to discuss this with the IT support team at their trust and also to make good use of resources available to them via the open internet and on campus. A range of e-learning resources and support services are available for students on and off campus.

We found that recommendations from all programme approvals have been addressed.

Evidence / Reference Source

1. University on Manchester self-review, 2013/14

2. NMC programme approval report: midwifery, April 2013

3. NMC programme approval report: Learning and assessment in practice, June 2013

Specific issues to follow up from self-report

All actions highlighted in the self- report are complete. Specific issues followed up include:

Placement reconfigurations: the university is not always informed of service changes that affect placements

The notification process has been strengthened at board level with oversight from the North West Council of Deans. The university is working more closely with PEFs to ensure there are flexible and creative approaches to placement allocation. There is a timeline of notification of placement requirements to the placement development network, placement providers and students.

High academic failure rate in the life sciences subjects (nursing)

The university has broadened opportunities for summative assessment, giving some credit for coursework. Trends in entry requirements in student admissions indicate that access course entrants do not perform well, which has prompted a review of entry criteria There are planned changes to the examination which will be more orientated to nursing practice.

Disappointing reduction in student satisfaction scores in the National Student Survey 2012/13

This is being addressed (see section 5.1.1).

Evidence / Reference Source

1. University on Manchester self-review, 2013/14

2. Presentation by programme leaders, 12 February 2014

3. Meeting with Director of undergraduate education, 13 February 2014

4. Meeting with Assistant Director for education and commissioning, 12 February 2014

Findings against key risks

Key risk 1 – Resources

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

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

Risk indicator 1.1.1 - registrant teachers hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role

What we found before the event

The local education and training board (LETB) provide funding for the postgraduate certificate in education (PGCE) for staff involved in the delivery of pre-registration nursing and midwifery programmes. 66% of lecturers had completed this qualification in 2010/11, with ambitions to increase the number. The number of academic staff holding an NMC recorded teaching qualification has risen from 66% in 2010/11 to 67.4% in 2013/14.

What we found at the event

We found that all nursing and midwifery academic staff members have current registration with the NMC and the relevant clinical and professional experience required to deliver the programmes. The majority of staff members hold an NMC recordable teaching qualification. Programme leaders act with due regard and have a recordable teaching qualification.

The university has recently appointed three clinical teaching fellows and is currently recruiting five more staff including research/teaching experts and lecturer/researchers. Clinical teaching fellows retain 60% employment in clinical practice. Teaching staff engage in teaching clinical skills / simulated practice learning whilst research/teaching

staff undertake 40% time in research.

Evidence / Reference Source

1. NMC programme monitoring report , 2011
2. MHS Academic performance enhancement scheme, 2013
3. Staff profile: educational qualifications
4. Staff CVs and PINs
5. University response to issues regarding practice learning paper 12
6. NMC website registration check
7. Presentation by programme leaders, 12 February 2014
8. Meeting with Assistant Director for education and commissioning, 12 February 2014
9. Meeting with Director of undergraduate education, 13 February 2014

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

What we found before the event

Students are supervised directly by mentors at least 40% of the time and are supernumerary.

What we found at the event

We found there are sufficient qualified mentors and sign off mentors to support the number of student allocations. PEFs review mentor databases on a monthly basis and inform the university quarterly about placement capacity and mentor numbers. PEFs informed us that placement capacity for supporting students is managed pan-Manchester via a secure shared capacity database.

We found that annual learning development agreements (LDAs) formulated between the trusts and the university and are also used to record placement capacity.

Evidence / Reference Source

1. Practice (Preparation for Mentorship) FHEQ Level 5, 6 and 7
2. University pre-registration student nursing university rules and regulations (Web link)

3. NHS Statements of compliance hub and spoke policy for undergraduate nursing and midwifery programmes

4. Academic year allocation timeline overview, 2013-14

5. Meeting with PEFs, 12 -13 February 2014

6. Pan-Manchester secure shared capacity database Adult, 12 February 2012

7. Copy of mentor register – Central Manchester & University Hospitals NHS Foundation Trust (CMFT),

8. Child 13 February 2014

9. Live mentor registers

10. Interviews with PEFs and mentors, 12 -13 February 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

Findings against key risks

Key risk 2 – Admissions & progression

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

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Risk indicator 2.1.1 - admission processes follow NMC requirements

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What we found before the event

Selection and admission processes include practitioners, service users and carers. There is a procedure in place for under 18 year olds.

Academic staff and service users/carers and practitioners involved in recruitment receive training including equality and diversity.

Disclosure and barring service (DBS) checks and health screening are obtained prior to commencement of students' placements. Good health and good character is confirmed by students in each year of study.

What we found at the event

Our findings confirm that recruitment and selection processes comply with NMC standards and requirements.

Candidates undertake a group interview as part of the selection process. Academic staff, practitioners, service users and carers are included in all interview panels and they all receive training in equality and diversity. There is variation in the range of stakeholder involvement across the fields of nursing and for consistency it is usually the PEF who attends. PEFs confirmed that the selection process is a shared decision making process using a grid matrix.

Students confirmed they have their health status and DBS checked prior to commencement of placements. If this is not received prior to students commencing placement then the placement is delayed or students have to temporarily withdraw from the programme.

The university has a policy for managing students entering the programme under 18 years of age but is aware that this requires updating to reflect current terminology.

Students confirmed they complete a self-declaration of good health and good character at progression points in each year of the programme.

Evidence / Reference Source

1. Service user/carer involvement in nurse education PDF
2. SNMSW Framework for the admission and support of students under the age of 18 years, July 2008
3. Stakeholder involvement in Bachelor Nursing (Hons) interviews for September 2013 intake paper 6
4. SNMSW Good health and good character PDF
5. Response to issues regarding practice learning paper 12
6. Meeting with service users and carers, 12 February 2014
7. Nursing entry requirements university web pages
8. Meeting with PEFs, 12 -13 February 2014
9. Interviews with students, 12-13 February 2014
10. Programme team presentation, 12 February

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

What we found before the event

There are comprehensive policies, procedures and documentation to ensure effective management of issues related to poor performance. These include provision of appropriate examination boards, mentorship, university link lecturers (LL), PEFs, practice assessment

documentation, ongoing achievement records, a health and conduct committee and a fitness to practise committee.

Progression is at appropriate points in the programme with the requirements to be met clearly annotated.

What we found at the event

We found that the university has effective policies and procedures in place to manage poor performance in both theory and practice.

Mentors and PEFs demonstrate understanding of how to raise concerns about students in practice. Students confirm their understanding of the requirements of the programme and the consequences of poor performance.

The university has a health and conduct committee (HCC) to manage reported potential fitness to practice issues. The HCC includes an NHS trust representative who has authority to represent all practice provider partners.

There were 17 nursing students referred to the HCC in 2012-13 with varying outcomes, ranging from action plans in specific practice learning environments to discontinuation from the programme. Our findings conclude that the outcomes of the cases considered by the HCC panel are appropriate to support the student, but most importantly decisions made protect the public.

Evidence / Reference Source

1. Pan Manchester students - Process of dealing with incidents involving learners: student process
2. Pan Manchester students - Process of dealing with incidents involving learners: HEI Process
3. Practice learning report form SNMSW practice learning feedback guide for mentors
4. Mentor web page resources for supporting students
5. Health and conduct committee terms of reference, August 2012
6. Meeting with Director of Undergraduate Education, 13 February 2014
7. Meeting with Practice Education Facilitators (PEFs) 12-13 February 2014
8. Interviews with students, 12-13 February 2014
9. Interviews with mentors, 12-13 February 2014
10. Meeting with practice placement partners, 12 -13 February 2014

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

What we found before the event
Policies, procedures and documentation are in place to ensure effective management of issues related to poor performance.
What we found at the event
PEFs and mentors described the process for supporting failing students in practice. The process for raising concerns about students' performance in practice is displayed in a variety of places, including student information boards and on a student SharePoint information site, and is part of the content and discussion at mentor updates. We found that PEFs and mentors are confident in implementing the process for addressing poor performance in practice.
Evidence / Reference Source
1. SNMSW Practice learning feedback guide for mentors 2. Response to issues regarding practice learning paper, 2012 3. Student PADs 4. Meeting with Practice Education Facilitators (PEFs), 12-13 February 2014 5. Interviews with students, 12-13 February 2014   Interviews with mentors, 12-13 February 2014
Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
What we found before the event
The APL process is transparent allowing a maximum of one third of the programme to be accredited. The decisions made by the APL assessor and the panel ensure prior learning is mapped to NMC programme outcomes.
What we found at the event
Systems for the accreditation of prior learning and achievement are comprehensive and

well established within the university and there is recognition by academic staff of the need to map prior learning against the NMC learning outcomes and the required hours of theory and practice learning.

To date no students have applied to make an APL claim for the 2011 approved nursing curriculum. This will require following up at the next NMC monitoring event.

Evidence / Reference Source
1. University of Manchester: Accreditation of prior learning (APL) – Principles and guidance

Outcome: Standard met

Comments:
- To date no students have applied to make an APL claim for the new approved nursing curriculum.

Areas for future monitoring:
- The use of APL in the pre-registration nursing programme.

Findings against key risks

Key risk 3- Practice earning

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

LLs regularly access the CQC website to check for external inspections about their link placement areas; however the reports are often published several months after the CQC visit.

If there are proposed changes to PLEs that impact on the programmes, these need to

be taken to and supported by the programme committees and endorsed by the school teaching and learning committee.

Expectations and obligations of all partners involved in practice learning, including students, are detailed in a pan-Manchester policy document.

Pan Manchester related issues and recommendations are referred to the pan-Manchester practice placement group for discussion.

The pan-Manchester audit document for new practice placements ensures that any proposed PLE is fit for purpose. The university uses the pan-Manchester audit document for existing practice placements to conduct biennial audits for each PLE, undertaken in quarterly annual cycles.

What we found at the event

We found evidence of partnership working between multiple education and practice placement providers at a strategic and operational level. Examples include pan-Manchester policies and the recently revised on-line pan-Manchester multi-professional educational audit tool for practice placements.

We were informed that a collaborative pan-Manchester approach is taken to ensure that adequate placements are available for each university to meet the learning needs of students.

Educational audit documents viewed were paper based and hand written and completed on a two-year cycle. A database held in the university triggers a traffic light warning system to ensure audits are carried out to meet NMC requirements.

Health Education North West (HENW), includes requirements in each NHS trust's LDA to disclose information about external inspections, for example CQC reviews, with the university. We were informed this is operationalised through a number of approaches such as the practice development network and the practice learning steering group.

The university reviews the outcomes of CQC reports, investigates any issues and puts measures in place to address any concerns which impact on students' placement learning experience. This ensures that students are not exposed to either poor educational or patient care practices.

The practice learning steering group records and follows up any untoward incidents reported by students. This is a robust system for raising and escalating concerns with effective communication links and partnership working arrangements with PEFs and practice placement providers. Joint action plans are initiated and closely monitored to address any concerns raised.

Students confirmed they understood the process and that they have the confidence to raise and escalate concerns.

The university confirmed that the same process is used in relation to independent sector reporting/managing concerns.

Evidence / Reference Source

1. North West multi professional audit tool, July 2012

2. Process for monitoring progress of audits for renewal, July 2012

3. Meeting with Assistant Director for education and commissioning, 12 February 2014

4. Interviews with PEFs, students, mentors12 -13 February 2014

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

What we found before the event

Service users/carers are involved in both curriculum design and delivery with training given in preparation to fulfil these roles. It is unclear if programme management teams include service user/carers and practitioners.

What we found at the event

We found that service users and carers had a comprehensive training programme to ensure the capability and effectiveness of their engagement in all aspects of the nursing programme. Service users and carers informed us they are currently involved in programme development and delivery. However, this was more evident in the child field where students confirm teaching sessions delivered by service users and carers are a worthwhile and positive part of their programme. They demonstrated a shared understanding of the school's development plans and vision to enhance the engagement of service users and carers across all fields within the pre-registration nursing programme. A recruitment drive is currently under way to increase the number of service users engaged in nursing and midwifery programmes.

Students' practice assessment documents (PADs) demonstrated service user and carer comments which are anonymised and entered by the mentor to maintain confidentiality.

Practice placement partners confirmed that they are involved in curriculum development and delivery in the nursing programme. There is an on-line comprehensive and very informative learning resource developed by practitioners for students and newly qualified nurses in the paediatric intensive care unit at Manchester Children's Hospital and this is an area of notable practice.

Evidence / Reference Source

1. Service user and carer engagement presentation

2. Service user/carer involvement in nurse education PDF

3. Curriculum development meeting attendance, July 2010–July 2012

4. Service user/carer recruitment and selection briefing, October 2010

5. SNMSW undergraduate annual monitoring report 2012-13

6. Meeting with service users and carers, 12 February 2014

7. Meeting with academics leading service user and carer strategy, 12 February 2014

8. Service user/carer training documentation

9. Programme committee meeting attendance, February 2012-November 2013

10. NHS Manchester Mental Health and Manchester City Council remuneration policy for service user and carer involvement, February 2010

Risk indicator 3.2.2 - academic staff support students in practice

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What we found before the event

Academic staff have a variety of opportunities available to engage in practice activities.

The university LL is supported by the PEF, placement development manager (PDM) and lead link lecturer (LLL).

What we found at the event

We found that the school has an academic lead for practice who has a strategic and operational role working collaboratively with practice placement providers.

The role of the university LL is undertaken on a pan-Manchester basis to ensure that all placement areas across the Greater Manchester circuit have the opportunity to access support and guidance in relation to the learning and assessment of students in practice.

The LLs and PEFs role is clearly documented and made available to all placement areas, students and mentors in NHS trusts and independent sector placements.

LLs work in partnership with placement providers to identify, monitor and enhance the practice learning environment and this is evidenced in the educational audit documentation.

We were informed that there is a workload management tool that demonstrates the academic staff has the capacity to engage in LL activities.

Students and mentors told us that they are supported effectively in practice by the PEF and the student's academic advisor.

Evidence / Reference Source

1. Pan-Manchester university link lecturer standards for all pre-qualification programmes updated 25 April 2012
2. Meeting of the lead university link lecturers and the academic lead for practice learning: Terms of reference, June 2012
3. SNMSW protocol principles for Identification monitoring removal of placements, December 2012
4. Meeting with Director of undergraduate education, 13 February 2014
5. Student PADs
6. Noticeboards in practice learning environments
7. Practice placement educational audit tool
8. Pan-Manchester audit document for new practice placements
9. Interviews with students, mentors and PEFs 12- 13 February 2014

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

What we found before the event

The preparation for mentorship course unit is offered frequently throughout the year, at various academic levels.

What we found at the event

We found that the NMC approved preparation for mentorship course is delivered frequently throughout the year and addresses all relevant issues required to support and assess pre-registration nursing students, including management of failing students.

The PEFs informed us that the trust's work force policy requires that 70% of nursing staff should hold mentor qualifications and be entered on the live mentor register. This ensures that the placement allocation officer is confident to allocate students to sufficient appropriately qualified mentors and sign-off mentors to maximise the student learning experience.

Students are able to nominate a mentor for the recognising excellence in practice award for mentors. This is considered an accolade by academics, students and practitioners and is an area of notable practice.

Evidence / Reference Source

1. MSLAP Preparation for Mentorship Brochure

2. A mentor's guide to student progression pdf

3. SNMSW Assessment in Practice & Learning Hours pdf

4. NMC programme monitoring report, 2011

5. NHS Statements of compliance

6. Hub and Spoke Policy for UG programmes, Nursing & Midwifery

7. Adult Copy of mentor register CMFT; 12 February 2014

8. Child Live mentor register SNHSFT

9. Meeting with PEFs, 12 -13 February 2014

10. Interviews with mentors, 12 -13 February 2014

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

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What we found before the event

Updates are available in both face to face and electronic formats. There is an expectation that mentors will include a face to face experience as part of their update. Updates are held in a variety of venues and can be booked via the mentor website.

What we found at the event

We found that not all mentors were aware of the availability of the on-line presentation which the school confirmed was employer choice for mentor updates. We established that all mentors are expected to engage in at least one face to face update. However, we were informed that mentor compliance is currently 80%.

Face-to-face sessions are held in a variety of locations, can be booked via the mentor web site and are led by university staff with some input from PEFs.

Mentors informed us they have a clear understanding of the requirements for annual updating and triennial review.

Evidence / Reference Source

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1. Mentor web page resources for supporting students

2. SNMSW Assessment in Practice

3. Meeting with Director of Undergraduate Education, 13 February 2014

4. Interviews with mentors and PEFs, 12 -13 February 2014

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

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What we found before the event

Registers are held by the trusts and reported as well managed.

What we found at the event

We found that trust mentor databases are maintained by PEFs who ensure a robust system is in place keep the database accurate and up to record. There is a system in place to alert mentors two months before the mentor update is due and when a mentor's updates are out of date the mentor is inactivated on the register.

Our findings conclude that PEFs and practice placement managers ensure that the data stored on the register, regarding mentor updates and triennial reviews, is kept up to date and accurately reflects the current capacity of placement areas.

Evidence / Reference Source

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1. Adult copy of mentor register CMFT, 12 February 2014
2. Child Live mentor register SNHSFT
3. Interviews with mentors, PEFs and placement managers, 12- 13 February 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

Findings against key risks
Key risk 4 - Fitness to Practice **4.1   Approved programmes fail to address all required learning outcomes that the NMC sets standards for** **4.2   Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for**
Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for
What we found before the event
Programme documentation identifies learning and teaching approaches, support for students and assessment methods to ensure students achieve NMC outcomes and proficiencies at progression points and at the end of the programme.
What we found at the event
All programme documentation provides evidence that the NMC learning outcomes and competencies have been mapped across the programme delivery. We heard from students that they understand the learning outcomes and competencies they have to achieve by progression points and at the end of the programme to enable them to enter the NMC professional register. We found students are taught essential skills prior to commencing placements and are assessed throughout the programme. This includes medication skills and mandatory training. The PAD focuses on essential skills practice and the domains of practice. A variety of effective learning and teaching methods are used to enable students to achieve the learning outcomes: case scenarios, seminars, key lectures, simulated practice and e-learning packs. Theme days are organised to cover maternity care and care of the newborn. E-learning packs are used to deliver input regarding the care of mental health and learning disabilities service users. Child field students reported the first year of the programme to be quite generic and that they would have preferred more field specific input at this point in their programme; this has, however, increased in subsequent years. Student progression and verification of achievement of all theory and practice modules is closely monitored by the student's academic advisor. Programme hours are recorded in the student's PAD and on a central database which alerts the academic advisor of

any shortfall. If programme hours are identified as incomplete a learning contract and action plan will be implemented to ensure all NMC requirements are met.

Evidence / Reference Source
1. NMC Monitoring Report ,2011

1. NMC Monitoring Report ,2011

2. NMC Programme approval report: nursing, April 2011

3. BNurs Supplementary Regulations, 2011

4. University Regulation and guidance on assessment progression and completion

5. Programme handbooks

6. Programme specification

7. Student PADs

8. Student ongoing achievement record

9. Interviews with students, mentors, and PEFs, 12 -13 February 2014

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

The school's examinations office track student progression, verify all theory and practice modules have been successfully passed and hours completed before students are put forward to the examination board.

Practice assessment documentation and ongoing achievement records are used to ensure consistency of practice assessment throughout the programme.

In order to comply with NMC requirements, progression points are included at appropriate stages of the programme.

What we found at the event

We found that EU directives are met through the use of specific outcomes embedded in a portfolio of evidence which must be completed by the end of the programme. A managed learning opportunity process is used to ensure all students have adequate exposure to all four fields of practice. Students confirmed that they are required to produce a portfolio of evidence to support their learning in the practice learning environments.

We conclude from observing samples of practice documents, and getting confirmation

from students and mentors, that the NMC standards and requirements are adequately planned for and students achieve the required outcomes at progression points. The academic advisor signs off PADs prior to outcomes being confirmed by the board of examiners.

Employers and mentors confirm that students exiting the pre-registration adult field and child field nursing programmes are safe, competent and fit for practice.

Evidence / Reference Source

1. School Assessment in Practice guidelines
2. School UG Annual Monitoring, 2012-13
3. Mentor web page resources for supporting students
4. School Assessment in Practice
5. Academic year allocation timeline overview, 2013-14
6. Student PADs and on- going achievement records
7. Meeting with PEFs, 12 -13 February 2014
8. Interviews with students, mentors and employers, 12- 13 February 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

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

National Student Survey (NSS) 2012/13 reported a reduction in student satisfaction scores.

Student submission of a completed practice evaluation tool (PET) with their practice assessment document is encouraged although not mandatory. Students have to provide receipt of completing the PET when submitting their practice assessment which has resulted in an almost 100% response rate.

Data from the evaluations is fed back to the PEFs via the LLs and any concerns are followed up directly with the PEFs.

What we found at the event

The school reports a disappointing reduction in student satisfaction scores in the NSS 2012/13. This included lower than expected scores for organisation and management of the programme.

We found that the school has responded appropriately to student feedback and scheduled 'student experience' sessions to facilitate exchange of ideas, address concerns and provide other feedback and appropriate actions.

Students told us they are given the opportunity to evaluate each module. A number of students reported they are only aware of changes made as a result of evaluations through talking to other students. However, other students were able to recall occasions when academic staff fed back actions taken as a result of student evaluations.

We found students evaluate practice placements through an on-line questionnaire: PET. We were told that the response rate has dramatically increased since students are required to submit a print-out confirming they accessed the PET when submitting their practice assessment document.

Data from the placement evaluations is fed back to the PEFs via the LLs and any concerns are followed up directly by the PEFs.

PEFs review student responses regularly and feed back to the clinical placement manager and the relevant academic staff. Any concerns are discussed with the placement area concerned and an action plan drawn up, when necessary. We found most students and mentors were not aware of this and some mentors commented that when feedback is provided this tends to focus on negative comments.

Action plans are developed in partnership with PEFs and are monitored through the practice learning steering group and the biennial audit.

If there are proposed changes to practice learning placements that impact on the NMC

approved programme, these are presented to the programme committee, and if supported, they are then endorsed by the school's teaching and learning committee.

A peer assisted study scheme (PASS) is in place; it strengthens the role and involvement of students, involves student representatives and is viewed by students as a helpful source of peer support. PASS groups meet monthly allowing students to discuss relevant topics, for example, examination results.

Evidence / Reference Source

1. BNurs Peer assisted study scheme (PASS) expectations
2. Student placement evaluations CMUH, December 2013
3. Student feedback guide for your practice placement experience, June 2010
4. Practice evaluation response rates, 2011-2013
5. National Student Survey (NSS) 2012/13 and response
6. Interviews with students, 12- 13 February 2014
7. Meeting with the programme team, 12 February 2014

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

Issues identified for monitoring in the previous year have been actioned with progress being made in all areas.

External examiners are expected to engage with practice in a variety of ways however they do not visit practice learning environments.

What we found at the event

We found there is a robust system in place for raising and escalating concerns (reported in 3.1.1). Students confirmed they understand the process and that they have the confidence to raise and escalate concerns.

We found from the external examiners annual reports made available that these were mainly unit reports which demonstrated variability in terms of quality of detail and compliance with the requested sub-headings of the form required by the university. The report from the programme external examiner was incomplete as the specific section designated for comment on the overall programme was not completed. This omission had not been identified or rectified by the school quality assurance processes.

Whilst the school reported that external examiners have access to samples of PADs there was no evidence that external examiners reported on them.

We did have evidence that external examiners attend examination boards.

Mentors attend a pre-registration nursing external examiners' placement meeting in the university to discuss any placement or practice assessment issues and receive feedback from external examiners.

Evidence / Reference Source

1. University Annual and Self Report

2. Response to issues regarding practice learning paper 12

3. SNMSW Protocol Principles for Identification monitoring removal of placements December 2012

4. External examiners practice meeting minutes, September 2012

5. Interviews with students, mentors and PEFs, 12 -13 February 2014

6. External examiner reports (programme and unit level) ranging from 2011 to 2013.

7. Meeting with Director of Undergraduate Education, 13 February 2014

8. BN Nursing examination board minutes, 13 July,12 September 2013

Outcome: Standard requires improvement

Comments:
- We found that external examiner reports were inconsistent and did not clearly reflect the examiner's assessment of students' practice learning. Furthermore, the university quality assurance processes failed to pick up the omissions.

Areas for future monitoring:
- The quality assurance process specific to external examiners reporting, in relation to theory and practice of the approved programme, needs to be strengthened.

Personnel supporting programme monitoring	
Initial visit on 09 Jan 2014 prior to monitoring event. Meetings with:	
Teaching and learning enhancement manager Professor of nursing education, academic lead quality assurance Academic leader, practice learning	
During monitoring event. Meetings with:	
Director of undergraduate education Programme delivery team (leaders) Academic lead, service user and carer involvement Service users and carers Support team audit database Assistant director for education and commissioning	

Meetings with:

Mentors / sign-off mentors	14
Practice teachers	0
Service users / Carers	2
Practice Education Facilitator	11
Director / manager nursing	4
Director / manager midwifery	0
Education commissioners or equivalent	1

Designated Medical Practitioners	0
Other:	0

Meetings with students:

Student Type	Number met
Nursing - Adult	Year 1: 2 Year 2: 4 Year 3: 4
Nursing - Child	Year 1: 1 Year 2: 2 Year 3: 4