

**2014-15**

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

Programme provider	University of Liverpool
Programmes monitored	Registered Nurse - Adult
Date of monitoring event	11-12 Mar 2015
Managing Reviewer	Karen Stansfield
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Sue Ryle
Placement partner visits undertaken during the review	Wirral University Teaching Hospital NHS Trust, Arrowe Park Hospital (wards 11 and 27), Moving On With Life and Learning (independent sector), Liverpool Community Health NHS Trust.
Date of Report	15 Mar 2015

**Introduction to NMC QA framework**

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. 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 Quality assurance (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 monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. 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					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience /qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes 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	5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

## Introduction to University of Liverpool's programmes

The school of health sciences (faculty of health and life sciences) (the school), at the University of Liverpool (UoL), comprises directorates of diagnostic radiography, nursing, occupational therapy, orthoptics, physiotherapy and radiotherapy. The school's strength lies within the multi-professional nature of its programmes with the nursing provision being small but well integrated. The directorate presently has a cohort of 50 students increasing to 60 in September 2015.

The school was reapproved to deliver pre-registration nursing in 2011. This monitoring review focuses on pre-registration nursing (adult).

Students are very positive about the programme and the support they receive from the UoL and its practice placement partners.

The commissioners and employers confirm that the programme prepares nurses who are fit for practice at the point of registration. The majority of the NMC key risks are controlled but admissions and progression requires improvement to ensure a service user and carer strategy is in place, including further involvement of service users and carers in the selection process.

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 in Wirral University Teaching Hospital NHS Trust, Arrowe Park Hospital and Liverpool Community Health NHS Trust which were subject to adverse Care Quality Commission (CQC) reports in November and January 2014.

## Summary of public protection context and findings

We found admissions and progression procedures are effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) programme meet the NMC standards and requirements which are fundamental to protection of the public. However, there is currently no service user strategy in place and service user and carer involvement in selection is minimal. This requires improvement.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

Disclosure and Barring Service (DBS) checks, occupational health clearance and mandatory training are completed before a student can proceed to placement.

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

The school has effective procedures in place to address issues of poor performance in both theory and practice. The fitness to practise (FtP) procedures and processes manage incidents of concern, both academic and practice related. We found evidence of the effective implementation of these processes.

We found that practice placement providers have a clear understanding of, and confidence to, initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both the UoL and NMC requirements to protect the public.

We found that programme learning strategies, experience and support in practice placements enables students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of CQC reviews in placements in Wirral University Teaching Hospital NHS Trust, Arrowe Park Hospital and Liverpool Community Health NHS Trust which were subject to adverse CQC reports in November and January 2014.

We found the UoL has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students' learning in the practice environments. There are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the nursing (adult) programme.

### Summary of areas that require improvement

At present there is a school service user involvement position statement (2011) which informs the engagement of service users in the pre-registration nursing (adult) programme. This does not constitute a strategy or provide a clear action plan of how service users and carers are involved in the nursing (adult) programme now and in the future. There is limited involvement of service users and carers in the admissions and selection process. This requires improvement.

### Summary of areas for future monitoring

- Review the service user and carer strategy.
- Monitor the involvement of service users and carers in the admissions and selection process.

### Summary of notable practice

#### Resources

None identified

#### Admissions and Progression

None identified

**Practice Learning**

None identified

**Fitness for Practice**

None identified

**Quality Assurance**

None identified

**Summary of feedback from groups involved in the review**

**Academic team**

We found the programme teams are motivated and committed to the delivery of a pre-registration nursing (adult) programme. They informed us about effective systems which are in place to support nursing students in relation to theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

We were informed that there are currently 9.6 whole time equivalent (WTE) nursing lecturers. There is one WTE vacancy which has been recruited to, and the academic member of staff will be in place by September 2015. The nursing team successfully undertake their responsibilities to teach and support students. All students are allocated an academic advisor who provides support within the UoL setting and visits students on practice placements. Academic staff also visit the practice placement areas in the capacity of link lecturer.

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

All mentors/sign-off mentors, practice education facilitators (PEFs) and employers expressed confidence in the programme. Mentors told us that they receive good preparation for their role and support from the programme team and link lecturers. They are confident in dealing with any poor performance of students and escalate relevant concerns to PEFs and academic staff at the UoL.

The status of mentors and sign-off mentors and triennial review are recorded in the practice learning support system (PLSS) and updated by PEFs. The PLSS is shared between the UoL, Liverpool John Moores University, Edge Hill University and the University of Chester.

Mentors feel well supported by academic staff and PEFs, who respond promptly to student concerns and CQC reports to prevent any negative impact on student learning whilst in practice placements.

We found mentors/sign-off mentors are committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet the NMC standards and competencies on completion of the programme.

Employers and commissioners report students are fit for practice and purpose on successful completion of the programmes.



### **Students**

We found all students are positive about their choice of the UoL and complimentary about their experience at all levels within the programme.

We found that nursing students are articulate and objective in their feedback. They reported good quality teaching and learning and evaluate their practice learning experiences positively. Students welcome the engagement of service users, PEFs and guest speakers in their education. They are complimentary about the support they receive from the academic staff at the UoL. On successful completion of the programme most of the third year students are planning to apply for a post within the local area.

### **Service users and carers**

We found some evidence of direct service user and carer involvement in the recruitment of students, however, this is limited. Service users and carers contribute to teaching and aspects of practice assessment for the nursing programme.

Service users report that students provide excellent care and treat them with dignity and compassion. They are confident in students undertaking pertinent aspects of care which they consider is done well.

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

CQC reports were considered for practice placements used by the UoL to support students' learning.

The following reports require action(s):

CQC, Wirral University Teaching Hospital NHS Trust, Arrowe Park Hospital: November 2014

Respecting and involving people who use services: action needed.

The provider was not meeting this standard. Patient's privacy, dignity and independence were not always respected. This was judged to have a minor impact on people who use the service, and the provider was told to take action.

Care and welfare of people who use services: action needed.

The provider was not meeting this standard. Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. This was judged to have a moderate impact on people who use the service, and the provider was told to take action.

Staffing: action needed.

The provider was not meeting this standard. There was not always enough qualified, skilled and experienced staff to meet patients' needs. This was judged to have a minor impact on people who use the service, and the provider was told to take action.

Assessing and monitoring the quality of service provision: action needed

The provider was not meeting this standard. Good evidence was seen of analysis, learning and assessing risks to quality. However, there were some shortfalls in the

quality governance systems in place at ward level. As a result, systems in place did not always identify and manage risks accordingly. This was judged to have a minor impact on people who use the service, and the provider was told to take action.

Records: action needed

The provider was not meeting this standard. People were not adequately protected from the risks of unsafe or inappropriate care and treatment due to inadequate care records.

This was judged to have a moderate impact on people who use the service, and the provider was told to take action (1).

The school has a CQC risk management process in place. This includes CQC checks being part of the annual practice placement educational audit. This ensures all practice placement providers are meeting the standards for high quality care. In addition it supports the identification of any potential risks, that may militate against students been allocated to the placement.

There is a detailed action plan in place responding to the CQC adverse report, devised by the trust and shared with the UoL (5, 52).

CQC, Ward 35 Intermediate Care Unit: Liverpool Community Health NHS Trust,  
January 2014

Care and welfare of people who use services: action needed

The provider was not meeting this standard. Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

This was judged to have a moderate impact on people who use the service, and the provider was told to take action.

Management of medicines: action needed

The provider was not meeting this standard. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was judged to have a moderate impact on people who use the service, and the provider was told to take action.

Staffing: action needed

The provider was not meeting this standard. There were not enough qualified, skilled and experienced staff to meet people's needs. This was judged to have a moderate impact on people who use the service, and the provider was told to take action.

Supporting workers: enforcement action taken

The provider was not meeting this standard. People were not cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

This was judged to have a major impact on people who use the service and enforcement action was taken against this provider.

Assessing and monitoring the quality of service provision: action needed

The provider was not meeting this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

This was judged to have a moderate impact on people who use the service, and the



provider was told to take action (3).

The practice placement co-ordinator is in close contact with the senior managers within the trust. There is a robust PEF network that reports on actions taken and progress made against CQC adverse reports directly to the practice placement co-ordinator and head of directorate of nursing (54-56).

CQC, Liverpool Community Health NHS Trust, January 2014

Care and welfare of people who use services: action needed

The provider was not meeting this standard. Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. This was judged to have a moderate impact on people who use the service, and the provider was told to take action.

Safety, availability and suitability of equipment: action needed

The provider was not meeting this standard. People were not always protected from unsafe or unsuitable equipment. This was judged to have a minor impact on people who use the service, and the provider was told to take action.

Staffing: action needed

The provider was not meeting this standard. There was not always enough qualified, skilled and experienced staff to meet people's needs. This was judged to have a moderate impact on people who use the service and the provider was told to take action.

Supporting workers: action needed

The provider was not meeting this standard. People were not cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

This was judged to have a major impact on people who use the service and the provider was told to take action.

Assessing and monitoring the quality of service provision: enforcement action taken

The provider was not meeting this standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. This was judged to have a major impact on people who use the service and enforcement action was taken against this provider (4).

The practice placement co-ordinator is in regular contact with the head of education at the trust and an action plan is being implemented to address the issues raised in the adverse CQC report (54, 56). The link lecturer and practice placement co-ordinator have discussed the CQC report with the practice education facilitators at the trust and the school has monitored the situation carefully to ensure that student learning is not compromised. The findings from the CQC report and subsequent action plan was shared with students at a student forum, within the trust, demonstrating openness and transparency (7).

Other CQC compliance reports, relevant to placement areas used by the UoL for the approved nursing programme, were considered but did not require further discussion as

part of this review.

The school continues to work closely with the NHS trusts and an effective two way communication process is in place at the UoL senior management level with nurse directors, and with the practice placement co-ordinator and the PEFs. At the monitoring visit we found that all clinical governance issues are controlled and well managed.

The school practice placement co-ordinator is responsible for linking with practice placement providers, maintaining effective communication and monitoring the actions taken. The school were able to provide us with evidence that confirmed that appropriate action had been taken in relation to the trusts that were the subject of adverse CQC reports.

Our findings confirm the school's placement management process is robust and effectively addresses the many challenges that exist from the escalation process of concerns, clinical governance reporting and service re-configurations. We found effective procedures in place to protect student learning and to assess if placements need to be withdrawn (see section 3.1.1).

### Evidence / Reference Source

1. CQC, Wirral University Teaching Hospital NHS Foundation Trust- Arrowe Park Hospital, November 2014
3. CQC, Ward 35 Intermediate Care Unit, Liverpool Community Health NHS Trust, January 2014
4. CQC, Liverpool Community Health NHS Trust, January 2014
5. CQC risk management – monitoring process 2014
7. UoL self-assessment report 2014-2015
52. Action plan for Wirral University Teaching Hospital NHS Foundation Trust- Arrowe Park Hospital: CQC visit, November 2014
54. Meeting with practice placement co-ordinator and head of directorate of nursing, 12 March 2015
55. Meeting with PEFs, 12 March 2015
56. Meeting with the head of education Liverpool Community Health NHS Trust, 11 March 2015

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

#### Approval events

Mentorship - approval for six years, no recommendations (2014)

Practice teacher - approval for six years, no recommendations (2014)

#### Minor modifications

There were minor changes to all practice modules, which were implemented in September 2014. Overall the assessment strategy for these practice modules was deemed to be overly burdensome when it is considered that students are also assessed daily in placement via their practice assessment record.

All changes were approved via the UoL quality assurance processes (7, 66).

<b>Evidence / Reference Source</b>
<p>7. UoL self-assessment report , 2014-2015</p> <p>66. Initial visit managing reviewer, 5 February 2015</p>
<b>Specific issues to follow up from self-report</b>
<p>All actions highlighted in the 2014/15 self-report are complete (7).</p> <p>Specific issues followed up include:</p> <p><b>Admissions and Progression</b></p> <p>The school identified a potential risk as there was no explicit policy for the management of students recruited under the age of 18 years. A UoL policy is now in place (see section 2.1.1).</p> <p><b>Practice Learning</b></p> <p>There was a potential risk relating to the adverse CQC report for Liverpool Community Health Trust. This concerns an enforcement action for standard five (outcome 16), primarily relating to implementation of governance and risk management processes (see section 3.1.1 and the relevant issues from external quality assurance reports section).</p> <p><b>Key issues for 2014-2015</b></p> <p>Work with service users further to engage their involvement with the recruitment and selection process (see section 2.1.1) (7, 66).</p>
<b>Evidence / Reference Source</b>
<p>7. UoL self-assessment report, 2014-2015</p> <p>66. Initial visit managing reviewer, 5 February 2015</p>

<b>Findings against key risks</b>
<p><b>Key risk 1 – Resources</b></p> <p><b>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</b></p> <p><b>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</b></p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience / qualifications</p>

<p>commensurate with role.</p>
<p>What we found before the event</p>
<p>All programme leaders and the majority of nursing and midwifery staff hold an NMC recorded teacher qualification. All lecturers have experience and qualifications commensurate with their role. Registration status of academic staff is checked at each performance development review (PDR) (2, 6).</p> <p>All staff are linked to practice either as a link lecturer or through research activity/policy development activity (2).</p>
<p>What we found at the event</p>
<p>The UoL has processes in place to effectively monitor academic staff members to ensure active NMC registration is maintained. In line with the UoL's academic strategy, and as a requirement of the contract of employment, all newly appointed nursing teachers must achieve teacher status. A research and scholarship policy is in place whereby academic staff are entitled to protected time for scholarship and research (21, 28-29, 69).</p> <p>The programme leader acts with due regard and has current registration and a teacher qualification recorded with the NMC (17).</p> <p>We saw evidence that teachers supporting the pre-registration nursing (adult) programme hold current NMC registration and hold or are working towards a teaching qualification that can be recorded with the NMC. They hold qualifications and experience commensurate with their role (6, 17, 21).</p> <p>We were informed that there are currently 9.6 (WTE) nursing lecturers. There is one WTE vacancy which is planned to be in place by September 2015. The increase in academic staff will support the additional commissions, which will increase the number of students from 50 to 60 for the cohort commencing in September 2015 (29).</p> <p>We conclude from our findings that the UoL has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) programme to meet the NMC standards.</p>
<p>Evidence / Reference Source</p>
<p><i>2. AEI requirements document, 2015</i></p> <p><i>6. Academic staff CVs, 2015</i></p> <p><i>17. Verification of programme leaders qualifications on the NMC register, 11 March 2015</i></p> <p><i>21. Staff database of NMC registration, 11 March 2015</i></p> <p><i>28. Institution's academic strategy regarding all new probationary academic staff, 12 December 2014 sample</i></p>

*letter to a newly appointed staff member*

29. Meeting with the head of school and head of directorate of nursing, 11 March 2015

69. University of Liverpool strategic plan, 'Improving our research performance', 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

The allocation of students to practice placements is the responsibility of the UoL and NHS trust partners, and is managed by the placement unit (2).

Practice placement learning environments are audited annually and monitored by PEFs and link lecturers to ensure that mentor levels are adequate. The placement audit tool incorporates the policies and processes to help to inform student allocation (8).

Student nurses are supported by mentors/sign-off mentors and link lecturers during practice placement experience (2).

What we found at the event

We found that there are sufficient qualified mentors and sign-off mentors available to support pre-registration nursing (adult) students. Students confirm they work 40% of the time with their mentors; the student mentor ratio is one to one; and, the off duty rota reflects that students are supernumerary. The hours and shifts worked by students are recorded by the student in the practice assessment record (PAR), confirmed by the mentor and closely monitored by the student's academic advisor and the placement unit (22, 34-39, 45-49, 51).

Third year nursing students report that the strength of the programme is the breadth and range of placement experience. They shadow community mentors in their daily duties, but a team approach to mentoring enables mentors to swap students on occasions to ensure that students get a variety of experiences (35, 46).

Mentors told us that during hub and spoke placements the allocated mentor in the hub is responsible for agreeing the student's learning experience in the 'short' allocation to the spoke placement, and they are available to provide support, if required (35, 45).

Students confirm they have a clear understanding about hub and spoke placements and mentor support is effective (34, 40, 46, 50).

We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students. All mentors and sign-off mentors act with due regard.

Evidence / Reference Source

- 2. AEI requirements document, 2015
- 8. Audit manual not dated
- 22. Meeting with second year nursing students at the UoL, 11 March 2015
- 34. Meeting with nursing students, 11 March 2015
- 35. Meeting with mentors, 11 March 2015
- 36. Meeting with PEFs, 11 March 2015
- 37. PLSS viewed by reviewers, 11 March 2015
- 38. Education audits of placements viewed, 11 March 2015
- 39. Student PARs viewed 11 March 2015
- 40. Visit to Arrowe Park Hospital meeting with ward managers, 11 March 2015
- 45. Meeting with mentors, 12 March 2015
- 46. Meeting with third year students, 12 March 2015
- 47. Meeting with reviewers and PEFs, 12 March 2015
- 48. PLSS viewed by reviewers, 12 March 2015
- 49. Education audits of placements, 12 March 2015
- 50. Meeting with second year students at the UoL, 12 March 2015
- 51. Nursing student PARs viewed, 12 March 2015

**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 and progressing to qualification

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event



The admissions policy includes face-to-face interviews conducted jointly with practice placement partners. Interview panel members must have all undertaken equality and diversity training in the last two years. For the academic year 2014/2015 a new process for admissions has been introduced. This includes individual interviews as well as a group interview (7, 9, 24).

Service users have not been directly involved in the design of the interviews, the formulation of service user scenario and questions for the selection of students onto the nursing programme. However, for the first time this year a service user has attended for the whole selection day and is able to sit in during the main presentation to the applicants and their parents and carers, the group interview and the individual interviews. Service users are able to comment upon the applicants and the organisation of the day (7).

At interview all applicants must pass the literacy and numeracy test (9).

All successful applicants have DBS and health clearance checks at commencement of the programme and before commencement of practice placements (13).

There is a flow chart for monitoring good health and good character. All students self declare good health and good character on an annual basis (11).

There is a cross UoL policy and scheme for supporting students with additional needs in the academic setting and in practice placements (14).

#### What we found at the event

Academic staff and practitioners informed us they had equality and diversity training prior to participation in the recruitment of students. Practitioners undertake equality and diversity training as part of their mandatory training and are released to participate in the admissions process (23, 25, 29, 36, 47, 57).

Academic staff confirmed that the current round of interviews for adult nursing incorporates the introduction of individual interviews as well as group interviews. A service user confirmed that he had been involved in observing the interviews this year, another service user we met reported that they would like to be involved in the nursing interviews. At present they contribute to radiotherapy interviews. The service users and carers involved in selection and interviewing across the school receive equality and diversity training prior to participation in the recruitment of students (57-58).

We found evidence of a strong commitment to service user engagement in the pre-registration nursing (adult) programme and a well-structured group called the forum of carers and users of service (FOCUS) that provide the school with appropriate service users for different activities within the nursing (adult) programme. However, further service user involvement for recruitment and selection and an updated strategy with regards to how service user and carer involvement will be developed is required (27, 33, 53).

The programme team told us that the situational based judgement tool, introduced by Health Education North West, as a pilot, appears to be a useful tool in facilitating a meaningful conversation about the values underpinning the NHS constitution. Students

are given comparative scores based on the values based approach of the NHS (57).

Students have DBS checks and health screening completed prior to their first placement. An example was given of a student being temporarily withheld from their first placement until they had received DBS clearance and the necessary health clearance. Nursing students confirmed that they sign a declaration of good health and good character annually which ensures the UoL's responsibility for public protection and meets the NMC requirements (22, 34, 46, 50).

Work is ongoing with a practice placement provider in finalising a policy to manage the learning experiences of students less than 18 years of age going into practice placements. No current students are under 18 years of age and the UoL has an under 18 policy (7, 26-27).

We conclude that all admissions and progression procedures are effectively implemented to ensure students entering and progressing on the nursing (adult) programme meet the NMC standards and requirements which is fundamental to protection of the public. However, there is currently no service user strategy in place and service user and carer involvement in selection is minimal. This requires improvement.

#### Evidence / Reference Source

7. UoL self-assessment report, 2014-2015
9. Departmental supplement to the admissions policy, September 2014
11. BN nursing handbook, 2013-14
13. Recruitment (SCRIP) flow chart, not dated
14. Disability and dyslexia contact page
22. Meeting with 2nd year nursing students at the UoL 11 March 2015
23. Presentation Head of Directorate of Nursing, 11 March 2015
24. Departmental Supplement to the Admissions Policy, September 2014
25. Royal Liverpool and Broadgreen University Hospital Trust – Every One Matters Values led Induction and Core Skills Programme- Staff matrix, 2014
26. The Royal Liverpool and Broadgreen University Hospitals NHS Trusts- work experience policy (draft) undated
27. Meeting with Head of Directorate of Nursing, 12 March 2015
29. BN nursing student handbook, 2014
33. School of health sciences position statement on service users involvement in programmes 2011
34. Meeting with nursing students, 11 March 2015
36. Meeting with PEFs, 11 March 2015
46. Meeting with third year students, 12 March 2015
47. Meeting with reviewers and PEFs, 12 March 2015
50. Meeting with second year students at the UoL, 12 March 2015

- 53. Meeting with head of directorate of nursing, 11 March 2015
- 57. Meeting with programme team nursing (adult), 11 March 2015
- 58. Meeting with service users, 12 March 2015

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 FtP procedures and processes to manage incidences of concern, whether academic or behavioural. Should a problem with FtP be identified there are processes in place to support this (7, 10-11).

There are clear procedures and protocols to raise 'cause for concern' where a student is not progressing either academically or in practice (2).

The pre-registration nursing handbook provides information for students regarding FtP; self-declaration of good health and good character. Students are given instructions on these processes as part of their orientation sessions (11).

What we found at the event

We found that all academic and practice staff and students are aware of the procedures to address issues of poor performance (11, 34-36, 42, 45-47, 50).

Fitness to practise procedures and processes are in place which deal with any concerns that may impact on a students' FtP. These processes include concerns raised through a board of examiners, a faculty progress committee, the UoL board of discipline or board of appeal, the programme director/director of studies and external placement providers. Any of these routes can refer onto the FtP procedures which ultimately will result as required in an FtP panel. Outcomes from these procedures and processes can range from a period of supervision to withdrawal from the programme. No student on any of the approved programmes has been referred to the UoL FtP committee for the academic year 2013/2014 (7, 10, 29, 62, 70, 71).

One student in 2014 withdrew from the programme due to failing in the practice placement after support and counselling from the programme team. An example was provided of a student who is currently suspended due to attendance issues and this is going through the appropriate FtP processes at present. Academic advisors provide regular support and supervision as cohort numbers of students are relatively small and they are therefore able to detect any issues early and act accordingly. Any issues raised are reported to the director of study and to the head of directorate if required. Additional confirmation that student poor performance is managed appropriately was provided by mentors (see section 2.1.3) (7, 10, 29, 57, 72).

For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points and the 12 week rule.

There are processes in place to monitor students' attrition at each progression point in the programme. Attrition was 20% last year and 11% the year before. The main reason for attrition is students transferring to other programmes. Senior university staff informed us the UoL reports progression and achievement of students quarterly to Health Education North West and appropriate strategies are implemented to retain students. For example, the directorate is reviewing student expectations for training to help reduce attrition rates. This was confirmed by the education commissioners who are satisfied that the UoL are managing the situation (11, 29, 59, 62).

Our findings confirm the UoL 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.

#### Evidence / Reference Source

- 2. AEI requirements document, 2015
- 7. UoL self-assessment report, 2014-2015
- 10. Fitness to practise procedures guide 2010
- 11. BN nursing student handbook, 2014-2015
- 29. Meeting with head of directorate of nursing 11 March 2015
- 34. Meeting with nursing students, 11 March 2015
- 35. Meeting with mentors, 11 March 2015
- 36. Meeting with PEFs, 11 March 2015
- 42. Learner raising concerns whilst on placement flowchart 2013
- 45. Meeting with mentors, 12 March 2015
- 46. Meeting with third year students, 12 March 2015
- 47. Meeting with reviewers and PEFs, 12 March 2015
- 50. Meeting with second year nursing students at the UoL 12 March 2015
- 57. Meeting with programme team nursing (adult), 11 March 2015
- 59. Telephone meeting with health education north west, 12 March 2015
- 62. External examiner reports, 2014
- 70. Faculty of health and life sciences – institute of learning and teaching- referral to FtP procedures, not dated.
- 71. UoL school of health sciences- examination boards School protocol, 2013
- 72. Example of a student suspended and going through, FtP processes, 2015

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

There are processes for managing failing students in practice which involve both mentor and link lecturer who construct an action plan with input from the PEF. The procedure to follow is outlined in the pre-registration nursing PAR. If necessary, the formal FtP process can be initiated (10, 12, 18).

#### What we found at the event

We were told by mentors, PEFs, service managers, link lecturers and students that they have a clear understanding about the procedures that will be followed if poor performance in practice is claimed. We were given examples of how the procedures are implemented to address poor student performance or inappropriate behaviour. They confirmed that issues are identified early and acted upon with the involvement of the link lecturer and PEF, and have confidence that issues are thoroughly investigated as required. It was confirmed that this had occurred for a nursing (adult) student. After an action plan had been agreed with the student, PEF and academic advisor, the student did still not meet the standard and ultimately withdrew from the programme (34-36, 40, 45, 47).

We conclude from our findings that practice placement providers have a clear understanding of, and confidence to, initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both the UoL and NMC requirements to protect the public.

#### Evidence / Reference Source

- 10. *Fitness to practise procedure guide, 2010*
- 12. *Learner raising concerns protocol, 2013*
- 18. *Adult PAR, 1,2,3, 2014*
- 34. *Meeting with nursing students, 11 March 2015*
- 35. *Meeting with mentors, 11 March 2015*
- 36. *Meeting with PEFs, 11 March 2015*
- 40. *Visit to Arrowe Park Hospital meeting with ward managers, 11 March 2015*
- 45. *Meeting with mentors, 12 March 2015*
- 47. *Meeting with reviewers and PEFs, 12 March 2015*

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

Systems for the accreditation of prior learning (APL) are in place. The APL processes in

place allow for transfer from other institutions and accreditation of prior learning (15, 31).
What we found at the event
<p>We reviewed pre-registration nursing documentation which was produced to facilitate the transfer of a student nurse from another university and this adhered to NMC standards and requirements (27, 63).</p> <p>We found systems for APL and achievement are robust and well managed within the school.</p>
Evidence / Reference Source
<p>15. <i>Recognition of prior learning policy, not dated</i></p> <p>27. <i>Meeting with head of directorate of nursing, 12 March 2015.</i></p> <p>31. <i>APL policy, not dated</i></p> <p>63. <i>Student transfer in documentation, 2014</i></p>
<b>Outcome: Standard requires improvement</b>
<p>Comments:</p> <p>Whilst we found evidence of service user and carer engagement with the pre-registration nursing (adult) programme, the school has no strategy or action plan in place to capture the developments of service users and carers now and for the future. The school should develop a strategy for the involvement of service users and carers in the nursing (adult) programme, specifically identifying the involvement of service users and carers in the admissions and selection process.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Review the service user and carer strategy.</li> <li>• Monitor the involvement of service users and carers in the admissions and selection process.</li> </ul>

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



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

What we found before the event

The UoL works collaboratively with its three partner universities and the local trusts. The development of the PLSS is an example of the strength of this collaboration. All members of the collaboration have access to and contribute to the data held on the system including mentor and audit information. Placement allocation is the responsibility of the UoL and NHS trust partners and is managed via the PLSS. The PLSS records all details of placements and the status of each placement area and does not allocate a student to a non-audited area (2, 20).

There are clear procedures for approval of practice placements and the procedure for audit of practice placements. Audit teams include a link lecturer and a PEF. Educational audits are scheduled annually (8).

The UoL and practice placement partners have developed service level agreements (SLA), clearly setting out responsibilities of all stakeholders in the preparation of nurses (19).

Examples of partnership working include programme management meetings attended by PEFs and used as a means of sharing risks with the UoL (2).

What we found at the event

Our findings demonstrate that the UoL has well established and effective working relationships with Health Education North West and the practice placement providers (56-57, 59, 61).

All stakeholders informed us that they have effective partnership working at both a strategic as well as an operational level. A risk management process is in place that facilitates discussions between the UoL and the practice placement providers regarding CQC adverse reports and the sharing of action plans (5, 29, 47, 52, 61).

The practice placement co-ordinator communicates regularly with PEFs and other senior clinical managers in the NHS trusts, and is confident she would be quickly advised of any clinical governance issues. There are a range of forums at strategic and operational level which ensure that appropriate information is shared. The PLSS records all details of placements, including education audits and the status of each placement area. The PLSS maintains a practice learning risk register which is RAG (red, amber, and green) rated and all issues are tracked on the register until they are resolved. The processes for joint actions arising from adverse clinical governance issues place patients and students safety at the forefront of all action plans (54, 60).

Private Voluntary and Independent (PVI) placement communication processes are well developed and are part of the PLSS. We found that CQC checks form part of each annual practice placement educational audit and the link lecturer is pivotal in gaining

and sharing information (5, 54, 60).

We found evidence of robust partnership working with all practice placement providers at both strategic and operational levels. This is evident in the joint work undertaken to build placement capacity across and in response to reconfigurations and changes in service provision (54-56, 61).

A raising and escalating concerns policy is in place in the UoL and placement provider organisations. Issues of concern arising in practice placements can be raised by students, academic staff or practitioners. These are monitored by the practice placement co-ordinator and escalated as appropriate within the placement organisation and the UoL. PEFs, employers, mentors and students report the process is effective in ensuring that concerns are fully investigated and supported (22, 34-36, 40, 43, 45-47, 50, 54-56, 61).

An educational audit tool developed for use across the placement areas facilitates a streamlined approach to managing the quality assurance of practice placements and enhancing students' learning. This was confirmed by PEFs and service managers. Educational audits are shared between the UoL, Edge Hill University, Chester University and Liverpool John Moores University as part of the PLSS (8, 37-38, 48-49, 55-57, 60).

The PEFs complete the educational audits every year in the placement area, with the link lecturer from the UoL. We viewed the live database of placements held on the PLSS which demonstrates a robust process for initiating the completion of audits when due. We found that all audits reviewed were in date (37, 48-49, 55-56, 60).

There is a joint process for withdrawing students and reintroducing placements, utilising an educational risk assessment process. Wards are RAG rated using a flow chart and any decisions to close wards are undertaken using the internal governance process. Placement areas are audited to ensure student or service user safety is not put at risk. Decisions are made between the practice placement and the UoL about whether students may remain in placement with additional support to learn from the experience, or be removed from placement. We reviewed evidence of the use of the risk assessment process and an example was provided of how this had been used recently to rest a placement and move students (22, 36, 47, 54, 64).

We conclude that there are well established and effective partnerships between education and service providers at all levels and the NMC risks are effectively managed.

#### Evidence / Reference Source

2. AEI requirements document, 2015
5. CQC risk management – monitoring process, 2014
8. Audit manual, not dated
19. Service level agreements, not dated
20. Monitoring report, 2011
22. Meeting with second year nursing students at the UoL, 11 March 2015.

- 29. Meeting with the head of school and head of directorate of nursing, 11 March 2015
- 34. Meeting with nursing students, 11 March 2015
- 35. Meeting with mentors, 11 March 2015
- 36. Meeting with PEFs, 11 March 2015
- 37. PLSS viewed by reviewers, 11 March 2015
- 38. Education audits of placements viewed, 11 March 2015
- 40. Visit to Arrowe Park Hospital meeting with ward managers, 11 March 2015
- 43. Meeting with supervisor in the independent sector, 11 March 2015
- 45. Meeting with mentors, 12 March 2015
- 46. Meeting with third year students, 12 March 2015
- 47. Meeting with reviewers and PEFs, 12 March 2015
- 48. PLSS viewed by reviewers, 12 March 2015
- 49. Education audits of placements, 12 March 2015
- 50. Meeting with second students at the UoL 12 March 2015
- 52. Meeting with the head of school and head of directorate of nursing, 11 March 2015.
- 54. Meeting with practice placement co-ordinator and head of directorate of nursing, 12 March 2015
- 55. Meeting with PEFs, 12 March 2015
- 56. Meeting with the head of education Liverpool Community Health Trust, 11 March 2015
- 57. Meeting with programme team nursing (adult), 11 March 2015
- 59. Telephone meeting with Health Education North West, 12 March 2015
- 60. Viewing the PLSS placement data site, 12 March 2015
- 61. Telephone meeting with the director of nursing Liverpool Royal Hospitals, 12 March 2015
- 64. Internal governance of education provision for learners, Wirral University Teaching Hospitals, not dated

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

What we found before the event

There is an ongoing commitment to service user and carer involvement, demonstrated within pre-registration nursing programmes and included in the service user and carer position statement. Service users are members of the programme management team and involved in teaching on the programme (2, 7, 32-33).

The PAR contains opportunities throughout for supervisors and mentors on hub, spoke and short visit placements to record the views of service users and carers. The feedback form is included in all pre-registration nursing practice learning documents (18).

What we found at the event

We found evidence that practice placement partners are involved in the recruitment of

students and the design, delivery and evaluation of the pre-registration nursing (adult) programme (55-56).

The programme management team, consisting of a service user, PEFs, pre-registration nursing (adult) student representatives and academic staff contribute to programme development and the review of programme evaluations (65).

Pre-registration nursing (adult) students, service users, mentors and managers confirmed that service users provide written verbal comments on the care that they receive from students. Mentors then capture service user feedback in the students' PAR. However, this could be enhanced. For example, whilst service users do contribute to student assessment in the PAR, it is at the discretion of mentors as to whether it is recorded. Not all PAR documents observed had this section completed. There is scope for further engagement of FOCUS, the service user forum in programme delivery and development (22, 34-35, 39, 41, 43-46, 50-51).

PEFs, specialist speakers and service users and carers contribute to programme delivery and service user stories are available to students as podcasts. Students also verified that service users and carers and practitioners contribute to teaching on the programme (22, 34, 46, 50, 55, 58).

Our findings confirm that practitioners and service users and carers are involved in the development and delivery of the pre-registration nursing (adult) programme.

#### Evidence / Reference Source

2. *AEI requirements document, 2015*
7. *UoL self-assessment report, 2014-2015*
18. *Adult PAR, 1,2,3, 2014*
22. *Meeting with second year nursing students at the UoL, 11 March 2015.*
32. *Guidance document for involving service users in teaching, not dated*
33. *Service user involvement: position statement, 2011*
34. *Meeting with nursing students, 11 March 2015*
35. *Meeting with mentors, 11 March 2015*
39. *Student PARs viewed, 11 March 2015*
41. *Meeting with service user 11 March 2015*
43. *Meeting with supervisor in the independent sector, 11 March 2015*
44. *Telephone conversation with service user from the independent sector, 11 March 2015*
45. *Meeting with mentors, 12 March 2015*
46. *Meeting with third year students, 12 March 2015*
50. *Meeting with second students at the UoL, 12 March 2015*
51. *Nursing student PARs viewed, 12 March 2015*
55. *Meeting with PEFs, 12 March 2015*
56. *Meeting with the head of education Liverpool Community Health NHS Trust, 11 March 2015*
58. *Meeting with service users 12 March 2015*
65. *Minutes of the BN nursing programme management meeting, 8 July 2014, 16 December, 2014*

Risk indicator 3.2.2 - academic staff support students in practice placement settings
What we found before the event
All practice placements have a named link lecturer, who is a member of the academic staff. Contact details are displayed in clinical areas and maintained in a register in the PLSS (2).
What we found at the event
<p>We found that academic advisors/link lecturers give regular and timely support, participate in mentor update sessions either as part of the mandatory timetabled days or on a bespoke basis as required and assist PEFs and clinical managers in the management of placement capacity. Link lecturers participate in the education audits of practice placements with the PEFs and use findings from these audits and student feedback to inform mentor updates (55-56).</p> <p>Mentors, sign-off mentors and clinical managers are able to name link lecturers and other UoL staff who support students and mentors in practice placements. Student nurses confirmed that academic advisors provide them with good support and they receive a visit on each placement. Additionally, link lecturers visit students in practice placements, check their progress documentation, and offer encouragement (22, 30, 34-36, 40, 43, 45-7, 50).</p> <p>Our findings conclude that academic advisors/link lecturers effectively support students and mentors in practice placement settings in the nursing (adult) programme.</p>
Evidence / Reference Source
<p>2. AEI requirements document, 2015</p> <p>22. Meeting with second year nursing students at the UoL, 11 March 2015</p> <p>30. School of health sciences academic advisor handbook, 2014-2015</p> <p>34. Meeting with nursing students, 11 March 2015</p> <p>35. Meeting with mentors, 11 March 2015</p> <p>36. Meeting with PEFs, 11 March 2015</p> <p>40. Visit to Arrowe Park Hospital meeting with ward managers, 11 March 2015</p> <p>43. Meeting with supervisor in the independent sector, 11 March 2015</p> <p>45. Meeting with mentors, 12 March 2015</p> <p>46. Meeting with third year students, 12 March 2015</p> <p>47. Meeting with reviewers and PEFs, 12 March 2015</p> <p>50. Meeting with second students at the UoL, 12 March 2015</p> <p>55. Meeting with PEFs, 12 March 2015</p> <p>56. Meeting with the head of education Liverpool Community Health NHS Trust, 11 March 2015</p>

<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The UoL has an NMC mentor module approved to prepare mentors to meet the Standards for learning and assessing in practice (NMC, 2008) (2, 7).</p>
<p>What we found at the event</p>
<p>We found employers and PEFs support mentors to successfully complete the UoL NMC approved mentor module to enable them to support and assess student nurses (55-56, 61).</p> <p>Mentors and sign-off mentors supporting students studying on the nursing (adult) pre-registration programme confirmed they are well prepared for their role in assessing practice (35, 37, 38, 45, 47).</p> <p>We viewed the PLSS and verified that all listed mentors hold a mentor qualification and there are adequate numbers of sign-off mentors and numbers were confirmed through the education audit (37-38, 48-49, 60).</p>
<p>Evidence / Reference Source</p>
<p>2. AEI requirements document, 2015</p> <p>7. UoL self-assessment report, 2014-2015</p> <p>35. Meeting with mentors, 11 March 2015</p> <p>37. PLSS viewed by reviewers, 11 March 2015</p> <p>38. Education audits of placements viewed, 11 March 2015</p> <p>45. Meeting with mentors, 12 March 2015</p> <p>47. Meeting with reviewers and PEFs, 12 March 2015</p> <p>48. PLSS viewed by reviewers, 12 March 2015</p> <p>49. Education audits of placements, 12 March 2015</p> <p>55. Meeting with PEFs, 12 March 2015</p> <p>56. Meeting with the head of education Liverpool Community Health NHS Trust, 11 March 2015</p> <p>60. Viewing the PLSS placement data site, 12 March 2015</p> <p>61. Telephone meeting with the director of nursing Liverpool Royal Hospitals, 12 March 2015</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>



What we found before the event

Mentor updates are shared across four partner universities: the UoL, Liverpool John Moores University, Edge Hill University and the University of Chester. The dates and venues for updates are posted on the PLSS site. Mentors can attend updates at any of the sites. Annual updates are incorporated into the trusts mandatory training. Additionally, monthly drop in sessions are provided in various practice learning environments. Registers are taken and the information recorded on the PLSS (2, 16, 20).

To meet triennial review each mentor has a mentor passport that they complete to evidence their ability to meet the requirements of triennial review (16).

What we found at the event

We found that mentor updates are provided in a number of formats and attendance is recorded via the PLSS and managed by PEFs (37, 48, 55, 60).

The UoL placement unit maintains an up-to-date register of mentors working in practice placements in the PVI sector held on the PLSS site (54, 60).

We were informed by mentors and sign-off mentors that annual updates for all nurses working in NHS placement areas are incorporated into mandatory update study days and facilitated by the PEFs and link lecturers. Mechanisms for self-update are also available but mentors are expected to attend a face to face update every two years. Mentors can attend any of the mentor updates organised and held in any of the institutions covered by the PLSS. These are usually held in the practice environment. Practice education facilitators also offer individual updates, if required (35-36, 45, 47, 67).

We verified the record of updates and triennial reviews for mentors on the PLSS for mentors supporting student nurses (adult). We confirm that students in placement are supported by mentors who have worked with them a minimum of 40% of the time in practice (34, 37, 40, 46, 48, 50, 60).

We conclude that mentors and sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

Evidence / Reference Source

- 2. AEI requirements document, 2015
- 16. Mentor update tool kit, sign-off mentor toolkit, not dated
- 20. Monitoring report, 2011
- 34. Meeting with nursing students, 11 March 2015
- 35. Meeting with mentors, 11 March 2015
- 36. Meeting with PEFs, 11 March 2015

- 37. PLSS viewed by reviewers, 11 March 2015
- 40. Visit to Arrowe Park Hospital meeting with ward managers, 11 March 2015
- 45. Meeting with mentors, 12 March 2015
- 46. Meeting with third year students, 12 March 2015
- 47. Meeting with reviewers and PEFs, 12 March 2015
- 48. PLSS viewed by reviewers, 12 March 2015
- 50. Meeting with second students at the UoL, 12 March 2015
- 54. Meeting with practice placement co-ordinator and head of directorate of nursing, 12 March 2015
- 55. Meeting with PEFs, 12 March 2015
- 60. Viewing the PLSS placement data site, 12 March 2015
- 67. Outline of the link lecturer role not dated

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

What we found before the event

Systems are in place to ensure accurate updating of live mentor registers (2).  
The placement learning unit keeps an up to date mentor data base for the PVI sector (2, 20).

What we found at the event

We viewed the PLSS that holds the 'live' mentor databases at the trusts visited and at the UoL. We found the mentors and sign-off mentors in nursing (adult) placements were up to date (35, 37, 45, 48, 49, 60).

The live PLSS contains a colour coding system that indicates when a mentor is: current, needs an update in the next three months or has missed the time limit and is no longer 'live'. Mentors not having had recent training are marked as inactive and those requiring training in the near future are colour-coded amber on the system to flag up that this is a priority so that they can maintain competence in assessing student performance. Each placement is coded and should a ward be re-designated, the site is shut down on the PLSS and reopened using another code to reflect the changes. This is communicated to placement providers (48, 60).

PEFs communicate this information to the practice placements so that students are only allocated to a mentor/sign-off mentor who is on the PLSS 'live' mentor database (55).

The placement learning unit has access to the PLSS electronic mentor database for the PVI sector which includes mentor updates and triennial review dates. The samples we viewed for nursing (adult) placements were up to date (60).

Our findings conclude that records of mentors and sign-off mentors are accurate and up to date and meet NMC requirements.

Evidence / Reference Source
<p>2. AEI requirements document, 2015</p> <p>20. Monitoring report, 2011</p> <p>35. Meeting with mentors, 11 March 2015</p> <p>37. PLSS viewed by reviewers, 11 March 2015</p> <p>45. Meeting with mentors, 12 March 2015</p> <p>48. PLSS viewed by reviewers, 12 March 2015</p> <p>49. Education audits of placements, 12 March 2015</p> <p>55. Meeting with PEFs, 12 March 2015</p> <p>60. Viewing the PLSS placement data site, 12 March 2015</p>
<b>Outcome: Standard met</b>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

<b>Findings against key risks</b>
<p><b>Key risk 4 - Fitness to Practice</b></p> <p><b>4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for</b></p> <p><b>4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for</b></p>
<p>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</p>
<p>What we found before the event</p>
<p>Pre-registration nursing programme documentation identifies learning and teaching strategies and student support, to enable students to achieve NMC learning outcomes and competencies at progression points and for entry to the register (2, 11).</p>

The school has a simulation and clinical skills facilities where students can learn and practice clinical skills. Clinical skills are mapped to essential skills clusters (ESC) (2, 18).

Teaching about dementia has been significantly improved, with the help of two of the practice partners. In the first and second year students undertake online tests which form part of the dementia gateway, introduced by the Social Care Institute for Excellence. The third years are also to receive a special workshop in preparation for their registration, where they are able to look closely at caring for individuals with diminished capacity (7).

The year two practice module ran for the first time in 2013/14. As part of the module, students are required to complete a medicines administration objective structured clinical examination (OSCE) in practice. This involves significant planning and collaborative working with practice partners. The module has been positively evaluated by students and mentors who commented that the OSCE ensured that students devoted time to improving their knowledge and skills with regards to medicines management whilst on placement (7).

#### What we found at the event

All students interviewed told us that they benefit from effective teaching and learning strategies which include simulated learning. They are given opportunities to rehearse and develop caring and practical skills before they go into practice placements. Simulation exercises carried out in the simulation suite at Aintree University Hospital Trust are particularly beneficial (22, 34, 46, 50).

All third year students reported to us that they will feel confident and competent to practise and to enter the professional register on completion of their programme (46).

The requirements of the European Directive including the specified hours of theory and practice are met in the approved curriculum. External examiners' reports for the nursing (adult) programme confirm students are successful and able to move through programme progression points (39, 62).

Student nurses (adult) informed us that academic assessments are varied and help them to integrate theory and practice (22, 34, 46). They benefit from a broad range of input into the programme from specialist teachers and they are able to make clear links between theory and practice. They informed us that the teaching strategies include the use of on-line drug calculations to help them to reach the requirements for the 100% pass by the end of the programme. They cover medications, care, and leadership assignments to improve aspects of the care environment in year three (34, 46, 50).

Students have one OSCE or assessment in each year of the programme. In year one this is a clinical skills OSCE, in year two a medicines OSCE and in year three a management assessment which entails students managing a group of patients with the support of their mentor. They also have the opportunity to undertake a quality improvement project. Students told us that they had gained confidence throughout the programme and felt very supported by the teaching team (34, 46, 50).

Mentors assess students for the medicines OSCE and management assessment in

practice and students have confidence in their judgements. Mentors receive protected time for this. One student reported having an 'external person' present at the OSCE to monitor process and outcome (34, 35).

We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice. We saw a number of completed practice assessment documents and portfolios that clearly demonstrated progression (39, 51, 62).

Our findings conclude that learning, teaching and assessment strategies in the approved programme enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

#### Evidence / Reference Source

- 2. AEI requirements document, 2015
- 7. UoL self-assessment report, 2014-2015
- 11. BN nursing handbook, 2013-14
- 18. Adult PAR, 1,2,3, 2014
- 22. Meeting with second year nursing students at the UoL, 11 March 2015
- 34. Meeting with nursing students, 11 March 2015
- 35. Meeting with mentors, 11 March 2015
- 39. Student PARs viewed, 11 March 2015
- 46. Meeting with third year students, 12 March 2015
- 50. Meeting with second students at the UoL, 12 March 2015
- 51. Nursing student PARs viewed, 12 March 2015
- 62. External examiner reports, 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

Pre-registration nursing programmes assessment of practice documentation identifies the practice learning outcomes and competencies, including the ESCs students have to achieve (18).

Students appreciate the comments made by mentors, and these comments enable the academic advisors who review the PARs to gain further insight into how students demonstrate care, compassion and clinical competence in practice from the perspective of service users. This has been a successful initiative as measured by the increasing number of comments which are being included in the PAR document (7).

What we found at the event

We found the ESCs, competencies and European Directive requirements are identified in the practice assessment documents. Samples of completed documents confirmed that students achieve the required outcomes at progression points and at the end of the programme (39, 51).

Mentors and sign-off mentors report a clear understanding of practice assessment documentation. Mentors record nursing students' attainment against progression points in the PAR. Mentors told us that consistency with the PAR across all four universities who share the PLSS makes assessment of students across all universities easier for mentors to comprehend and manage (35, 36, 40, 43, 45, 47).

Third year students in pre-registration nursing (adult) informed us that they feel confident and competent to practice and to enter the professional register on completion of the programme (46).

Service users we met confirmed that they like to give students feedback to support their development and were impressed by the care and support they had received from student nurses. They are not yet engaged in any formal written assessments as part of the PAR (34, 46, 50).

Students report that a strength of the programme at the UoL is the use of a variety of trusts enabling them to experience varied placements during the course of their training and a range of different ways of working (50).

Mentors, employers and the education commissioners all confirm that students are fit for practice on completion of the pre-registration nursing (adult) programme (35-36, 40, 45, 47, 56, 59, 61).

We conclude that students on the nursing (adult) programme achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the relevant part of the NMC register.

Evidence / Reference Source

- 7. *UoL self-assessment report, 2014-2015*
- 18. *Adult PAR, 1,2,3 2014*
- 34. *Meeting with nursing students, 11 March 2015*
- 35. *Meeting with mentors, 11 March 2015*
- 36. *Meeting with PEFs, 11 March 2015*
- 39. *Student PARs viewed, 11 March 2015*
- 40. *Visit to Arrowse Park Hospital meeting with ward managers, 11 March 2015*
- 43. *Meeting with supervisor in the independent sector, 11 March 2015*
- 45. *Meeting with mentors, 12 March 2015*
- 46. *Meeting with third year students, 12 March 2015*



- 47. Meeting with reviewers and PEFs, 12 March 2015
- 50. Meeting with second year students at the UoL, 12 March 2015
- 51. Nursing student PARs viewed, 12 March 2015
- 56. Meeting with the head of education Liverpool Community Health Trust, 11 March 2015
- 59. Telephone meeting with Health Education North West commissioners, 12 March 2015
- 61. Telephone meeting with director of nursing Liverpool Royal Hospitals, 12 March 2015

**Outcome: Standard met**

Comments:  
No further comments

Areas for future monitoring:  
None identified

**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**

The module evaluation forms the basis of the module leaders' reports. Module evaluations are discussed at the module board and the programme boards (2).  
At the end of each practice placement students have the opportunity to complete an evaluation of their experience and the learning environment. The placement unit collates placement evaluations, programme teams respond to issues raised and the PEF feedback to the placement area (2).  
Students have the opportunity to formally raise any concerns via student representatives at the staff student committee meetings (2).

**What we found at the event**

We found the UoL has comprehensive systems for student feedback and evaluation to enhance programme delivery. Programme management meetings are attended by representatives from practice placement providers, service users and student cohorts to discuss any issues raised and report on actions taken. Module updates are provided at these meetings (65).

Student representatives from the nursing (adult) programme told us they are encouraged to attend and feed into the programme quality meetings where any specific issues can be voiced and are responded to in a timely manner (22).

Students confirmed they are regularly consulted about the programme, both informally and through written evaluations and academic staff respond to their suggestions and concerns. They gave examples of changes in response to students' evaluations. For example, a new method of organising physiology training has been adopted with students being taught in smaller groups to aid student learning. This is a response to evaluations made by year three students whilst in year one of the programme. Students cited the change in dissertation submission timing as another example. Students feel that the academic team value their opinions and actions are taken in response to their comments (22, 34, 46, 50, 65).

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

#### Evidence / Reference Source

- 2. AEI requirements document, 2015
- 22. Meeting with second year nursing students at the UoL, 11 March 2015.
- 34. Meeting with nursing students, 11 March 2015
- 46. Meeting with nursing students, 12 March 2015
- 50. Meeting with second nursing students at the UoL, 12 March 2015
- 65. Minutes of the BN nursing programme management meeting, 8 July 2014, 16 December, 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

The UoL, in collaboration with practice placement providers, has a raising and escalating concerns policy and students are made aware of how to escalate concerns through the learner raising concerns protocol. As part of each practice placement induction students are informed of the importance of, and process for, raising and escalating concerns when on practice placements (2, 11-12).

The UoL collects data on complaints received in the department. Three students have

made complaints during 2013/14. Two students complained that they were working primarily with health care assistants rather than their mentor. This complaint was dealt with in a collaborative manner, as there were students from another AEI also on the same placement. An exploratory meeting took place at the placement (with representatives from both universities), and support was offered to the practice placement provider. The students were temporarily removed from placement (7).

Students complete evaluations at the end of each placement. Through these mechanisms, risks to student learning are mitigated (7).

#### What we found at the event

All students, mentors and practice placement providers report being aware of how to raise concerns and complaints in practice settings. We found any concerns and complaints raised are appropriately dealt with and communicated to relevant partners (see section 3.1.1). Students in community placements can record any concerns on Liverpool Community Health website, as well as escalating concerns to PEFs and academic advisors or the practice placement co-ordinator (22, 34, 46, 50). We met with the students that had made the complaint regarding a non NHS placement and they confirmed that they are satisfied with the way the complaint had been managed and the support they had received from the programme team (22).

Practice placements are evaluated positively by students. The evaluation process is not compulsory and the response rate is 80 per cent. The school are presently involved in a pilot of an online evaluation as part of the PLSS which if successful they will introduce for all students across the school. The commissioners confirmed that they are satisfied with the response rate for placement evaluations as are service managers and PEFs (22, 34, 36, 40, 46-47, 50, 54, 59, 61, 66).

Academic advisors and link lecturers confirmed that they access student evaluations and feedback on placement learning experiences and act on emergent issues. They work with the PEFs to ensure evaluation data is available to individual placement areas and to the organisation following students' placement. If issues are identified an action plan would be implemented, monitored and recorded in the PLSS. Mentors confirmed that they often receive feedback from the UoL on student evaluations but sometimes undertake their own evaluations (35, 45, 55, 60).

External examiners confirm that the programmes are meeting learning outcomes and NMC standards. We found external examiner reports are clear and detailed and confirm they have the opportunity to visit students and mentors in practice. We found that programme leaders are responsive to external examiner comments. The pre-registration nursing (adult) external examiner reviews practice assessment documents and has met with students and mentors (62)

We conclude from our findings that the UoL has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

#### Evidence / Reference Source

- 2. AEI requirements document, 2015
- 7. UoL self-assessment report, 2014-2015
- 11. BN nursing handbook, 2013-14
- 12. Learners raising concerns protocol whilst on placement, 2013
- 22. Meeting with second year nursing students at the UoL, 11 March 2015
- 34. Meeting with nursing students, 11 March 2015
- 35. Meeting with mentors, 11 March 2015
- 36. Meeting with PEFs, 11 March 2015
- 40. Visit to Arrowe Park Hospital meeting with ward managers, 11 March 2015
- 45. Meeting with mentors, 12 March 2015
- 46. Meeting with third year students, 12 March 2015
- 47. Meeting with reviewers and PEFs, 12 March 2015
- 50. Meeting with second students at the UoL, 12 March 2015
- 54. Meeting with practice placement co-ordinator and head of directorate of nursing, 12 March 2015
- 55. Meeting with PEFs, 12 March 2015
- 59. Telephone meeting with health education north west education commissioners 12 March 2015
- 60. Viewing the PLSS placement data site, 12 March 2015
- 61. Telephone meeting with the director of nursing Liverpool Royal Hospitals, 12 March 2015
- 62. External examiner reports, 2014
- 66. Minutes of the school of health sciences – practice placement working group, 24th September 2014

**Outcome: Standard met**

Comments:  
No further comments

Areas for future monitoring:  
None identified

**Personnel supporting programme monitoring**

**Prior to monitoring event**

Date of initial visit: 05 Feb 2015

**Meetings with:**

Head of directorate of nursing  
Practice placement co-ordinator

Programme leader pre-registration nursing (adult)
<b>At monitoring event</b>
<b>Meetings with:</b>
Head of directorate of nursing Practice placement co-ordinator Programme leader and team for pre-registration nursing (adult) Head of school of health sciences Head of education Liverpool Community NHS Trust

Meetings with:	
Mentors / sign-off mentors	6
Practice teachers	
Service users / Carers	4
Practice Education Facilitator	7
Director / manager nursing	3
Director / manager midwifery	
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	1 Supervisor of independent sector centre

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Nurse - Adult	Year 1: 4 Year 2: 6 Year 3: 3 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0