Protecting the public through quality assurance of nursing and midwifery education

Nursing & Midwifery Council

2016-17
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	The Open University
Programmes monitored	Registered Nurse - Adult
Date of monitoring event	25-27 Apr 2017
Managing Reviewer	Shirley Cutts
Lay Reviewer	Kathleen Houston
Registrant Reviewer(s)	Monica Murphy
Placement partner visits undertaken during the review	St Gemma's Hospice Airedale NHS Foundation Trust Bradford District Care Trust, Canalside Health Centre Bradford Teaching Hospitals Kirkwood Hospice West Leeds Family Practice Hyde Park Surgery Sue Ryder Cancer Care Calderdale and Huddersfield NHS Foundation Trust Leeds Community Healthcare NHS Trust, Woodsley Road Health Centre Leeds Teaching Hospitals, Leeds General Infirmary Rosegarth and Siddall Surgery Clarendon Medical Centre Horton Park Surgery
Date of Report	09 May 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

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

Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the

standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

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

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

Summary of findings against key risks

	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 have experience / qualifications commensurate with role in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	Requires Improvement	Standard Not met

Introduction to The Open University's programmes

The Open University (TOU) offers pre-registration nursing (adult and mental health) and a preparation for mentorship programme. The programmes are delivered throughout the UK, being managed centrally from TOU campus in Milton Keynes. A network of local support is in place.

A structural re-organisation has recently taken place within TOU. The nursing department is now located in the newly-formed school of health, wellbeing and social care within the faculty of wellbeing, education and language studies.

The focus of this monitoring review is the pre-registration nursing (adult) programme.

The pre-registration nursing programme was approved on 30 March 2012 with a minor modification to the 'introduction to health and social care module' approved in August 2015. The programme is delivered on a part time basis, enabling students to maintain their employee status while studying for nurse registration. Completion of the programme usually takes four years and one month.

Each module has a module leader who is supported by a team of module tutors. They provide online support for students nationwide, and manage the assessment of that module.

Staff tutors (STs) and education managers (EMs) are based in the UK regions and oversee the delivery of the pre-registration nursing programme within that region. They are supported by a team of practice tutors (PTs).

The monitoring event took place over three days and involved visits to practice placements to meet a range of stakeholders in the Yorkshire and Humber region. We visited a range of placement areas in NHS acute trusts, NHS community trusts, private hospitals, hospices and primary care settings.

Summary of public protection context and findings

Our findings conclude that TOU has systems and processes in place to monitor and control the key risk themes to assure protection of the public.

The key risks are outlined below.

Resources: met

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing programme (adult) to meet NMC standards.

There are sufficient staff resources to support the students in both the university and the practice areas. Academic staff are appropriately qualified, act with due regard and are active in their professional development. Students are positive regarding the professional activity undertaken by tutors and this is reflected in the module materials and their teaching.

We conclude that there are sufficient appropriately qualified mentors and sign-off mentors to support students allocated to placements at all times. The mentor registers are held centrally in the practice placement quality assurance database (PPQA). STs and PTs have access to this database. The university works closely with other AEIs to ensure that TOU student numbers are included to inform placement allocations and that all students have a named mentor when they begin their placement.

Admissions and progression: met

We found that admissions and progression is managed effectively by TOU and the practice placement providers. The interview and selection process meets NMC requirements including disclosure and barring service (DBS) and health checks.

The management of poor performance including fitness to practise procedures are understood by students, mentors, managers and tutors, and implemented when necessary to ensure protection of the public. Support is provided for students.

Accreditation of prior learning procedures are established and managed in line with the university's requirements which details the support required and the governance process in place in order to protect the public.

Practice learning: met

We found that partnership working is well established. Clinical governance issues are well managed and escalated appropriately when they arise. The teaching staff and practice placement providers work effectively together to ensure that practice learning opportunities enable students to meet all NMC requirements. Support for the students in practice placements is provided by the PTs.

Mentors are appropriately prepared for their role, are updated annually and understand the programme and the practice competencies to be met in each placement. Students report that they are well supported. Mentor registers are maintained by clinical nurse leads or practice education facilitators (PEF) in both the NHS trusts and private, voluntary and independent (PVI) settings, and are accurate and up to date.

TOU has a well-established service user and carer group. Members of the group are involved in a range of activities in the pre-registration nursing (adult) programme.

Fitness for practice: met

The teaching and assessment methods on the programme are varied, and students and external examiners (EEs) comment positively about them. Students take advantage of the alternative placement experiences in each stage to get access to a variety of placements in the acute trusts and community settings. Commissioners and managers are keen to retain and employ successful students completing the pre-registration nursing adult programme.

Quality assurance: met

We conclude that monitoring and governance of the pre-registration nursing (adult) programme ensure that the public is protected.

There is a clear governance structure for the quality assurance and management of the programme which involves practice placement providers and students. Students engage with the evaluation of both theory and practice. Academic staff are responsive to module evaluations. Feedback from evaluations of practice is conducted in a timely manner.

EEs engage with assessment of theory and practice. They are clear that assessments enable students to meet NMC requirements and ensure that the public is protected.

The university and their practice placement providers work closely together to respond effectively to concerns and complaints raised in practice settings.

Summary of areas that require improvement

None identified

Summary of areas for future monitoring

- The impact of the closure of the regional offices on student support networks.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identfied

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic staff are enthusiastic about their programme. They are supportive of and responsive to students. They use a variety of online systems to deliver the programme and communicate with the students.

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A ST or EM manages the programme delivery within a region and liaises with PTs and employers. Academic staff have a good knowledge of their students. Staff are supported in their role through ongoing professional and career development opportunities.

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

Employers are very positive about the flexible nature of the programme. They are highly satisfied with the skills and knowledge of the students completing the programme, stating that they are employable.

Mentors state that support from TOU is timely and effective. Mentors understand their role and are aware of standards for pre-registration education and mentorship. The PT is viewed as pivotal to providing mentor and student support and in liaising with employers. PTs respond in a timely way should issues with students arise in practice. Partnership working is clearly demonstrated in practice placement provider organisations and the PTs provide an additional bridging role for information and intelligence regarding placements and the AEI.

Students

Students are very positive about the structure and organisation of the programme. They are highly motivated and choose TOU programme because of its flexibility. They state that the resources are of a high quality. They understand the support networks that are in place and have regular contact with module tutors and PTs.

Students report being prepared for practice and effectively supported by mentors, PTs, module tutors and their ST. Students confirm a clear distinction between their employment and student role that ensures their supernumerary status. Students are aware of processes for escalating concerns and complaints. Students confirm clear academic and pastoral support mechanisms at TOU and readiness to practise on completion of the programme.

Service users and carers

At the time of our visit none of TOU students were in a practice learning period therefore service users in the practice areas we visited had not been cared for by an OU student. Mentors support the students to obtain feedback from service users for their portfolio.

Service users and carers are involved in the development of materials for TOU and a service user we spoke to who is involved in the admissions/selection process is very positive about her role and feels highly valued by TOU.

Relevant issues from external quality assurance reports

TOU operates in many areas across the United Kingdom (UK). We scrutinised TOU's response to three care quality commission (CQC) reports where concerns had been identified and were not in the region which was the focus for the monitoring visit.

We found that TOU has systems in place to respond to concerns raised in external quality reports (53-54).

We considered CQC reports for practice placements used by TOU in the Yorkshire and Humber region to support students' learning. These external quality assurance reports provided the reviewing team with context and background to inform the monitoring review (1-37).

None of the reports required actions.

Follow up on recommendations from approval events within the last year

There have been no approval events within the last year.

Specific issues to follow up from self-report

- Ensure that there are adequate placement resources to ensure the provision of appropriate, high-quality learning opportunities for the increased student numbers.

TOU works closely with practice placement partners and other AEIs to ensure that their student numbers are included in educational audit information and are accounted for in practice placement planning. Practice partners and commissioners are supportive of the partnership working approach (76, 80, 93).

- Examine the impact of the recent re-organisation on programme governance and programme delivery, especially service user engagement.

We conclude that the changes to programme governance are robust and continue to ensure that risks to the public are controlled (86-87, 89, 93).

- Consider the impact of the re-organisation of the regional structure across England, especially the closure of regional offices, on student support services.

The full impact of this change is still to be felt as the closure of the regional offices in England became final during our monitoring visit. STs and EMs are to become home workers and some staff will be re-located to one of the three new regional offices across England. Systems have been developed to enable staff in the regional offices to direct concerns and enquiries to the appropriate local staff, the home workers. The staff we met are confident that the systems to be implemented will meet the needs of students (91).

- Examine the quality assurance processes relating to tutor marking and feedback (monitoring) which have been reported to the NMC.

We conclude that TOU marking and moderating processes are rigorous. This is supported by the comments of EEs and practice placement partners. The actions taken following the recent investigation are proportionate, including additional staff preparation for their role in the assessment process (75, 84, 89, 98, 111).

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Findings against key risks

Key risk 1 – Resources

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

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation

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

What we found before the event

There is a team of academic staff who support the pre-registration nursing (adult) programme. The majority are registrants who also have a recorded teaching qualification. More staff have recently been recruited in response to an increase in student numbers. NMC registration status is confirmed on employment and confirmed annually. Staff are supported to meet revalidation requirements (38-41, 53).

Staff development is discussed at annual career development and staff appraisal meetings. Academic staff also develop the teaching materials which form the basis of the theoretical component of the programme (39, 42).

What we found at the event

We found that there are sufficient appropriately qualified staff to meet the requirements of the pre-registration nursing (adult) programme (39, 74).

The head of nursing (HoN) is also the programme leader (PL) for the pre-registration nursing (adult) programme. She is supported by an academic team which consists of module leaders (MLs) who are based centrally in Milton Keynes and module tutors (MTs) located across the UK. Teams of STs and EMs are based in the regions. The MLs and MTs deliver and assess the theoretical modules through a variety of online mechanisms (74-75).

The PL and the majority of MLs, MTs, STs and EMs are registrants, have due regard, hold qualifications and experience commensurate with their role and have a recorded teaching qualification (39-40).

STs and EMs are responsible for monitoring the progress of the students and managing quality assurance processes within that region. They are supported by a team of PTs who have regular contact with the students. A number of PTs have been

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recently recruited. All are registrants with appropriate experience and act with due regard, but not all have a recorded teaching qualification. PTs without a teaching qualification will be supported to undertake an appropriate teaching qualification (40, 74, 76-77).

Students confirm that they are well supported in both theory and practice. They told us that staff are responsive and provide regular feedback on their academic progress and in practice (60-73).

The HoN has a workload model which ensures that all staff have the time and opportunity for professional development and scholarly activity; 44 days per year are allocated for these activities. Time for other professional activity, for example an external examiner role, is in addition to the 44 days (39, 68, 73, 78-79).

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

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times

What we found before the event

Support in practice is primarily by a named mentor and a PT. (47).

PTs provide support for the mentors and are appointed module by module (43).

What we found at the event

We found that there are sufficient mentors to support the numbers of students.

TOU students have a core placement which is in their employing organisation. They spend two periods in each stage of the pre-registration nursing (adult) programme in their core placement. A mentor is allocated who will support the student for the duration of the programme including the mentor sign-off role in the final practice experience. The requirement for this mentor to be allocated is recorded in the educational audit (92, 102).

During each stage of the programme the student will spend time in at least one alternative placement. This is negotiated with the PT, the core mentor and the employer lead in the organisation. The PT and the ST work with other AEIs who use the practice placement areas to ensure that TOU student numbers are included for the allocation of mentors (92, 102).

Students and employer leads confirm that there are sufficient mentors/sign-off mentors available to support and assess TOU students (60-61, 63).

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Students told us that they spend at least 40 percent of their time with their mentor. This was recorded on the off-duty rotas. Mentors confirm that they spend at least 40 percent of their time with their student. A review of the students' practice assessment documentation and the mentor register confirms that students are mentored by registrants with due regard (60-73).

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

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1- selection and admission processes follow NMC requirements

What we found before the event

Equality and diversity training is included in the 'fair selection training' module which all TOU staff are required to complete (45).

Service users and carers have developed a piece of written work which is an integral part of the application form. They agree a topic based on the values in nursing which applicants then write a short piece about. These are scrutinised by the service users and carers, a question is generated from the response which is then asked at interview. This approach was commended during the last monitoring event (39, 44).

The application form also includes a declaration of good health and good character, a declaration of a criminal record and disqualification from professional practice. The

first referee must be the applicant's immediate line manager. A declaration of support from the immediate line manager is also required. DBS clearance is also required before commencement of the programme (45-46).

A self-declaration of the status of health and character is required on completion of each practice module (47).

What we found at the event

We found that selection and admission procedures meet NMC requirements.

TOU has four student support teams (SST) who manage the initial enquiries from interested candidates. The enquiries are then escalated to a ST in the appropriate region. All shortlisted candidates attend a local venue for a face to face interview. Following the closure of the regional offices, interview venues may be provided by a practice placement provider (74, 76, 80).

TOU has a policy for the admission of students under the age of 18 years. As all TOU pre-registration nursing students are also employees it has never been implemented (88).

All TOU interviewers have completed equality and diversity training as all of TOU staff are required to complete equality and diversity training within three months of beginning employment. This is repeated on a three-yearly basis (81-82).

Practice placement providers are involved in shortlisting and interviewing. They receive equality and diversity training within their own organisation and sign the selection record for each candidate to confirm this. Mentors confirm that they receive equality and diversity training but may not be involved in interviewing. The practice placement agreement between the university and the placement provider specifies that practice staff will participate in the student selection process (63, 83-86)

We spoke to a service user who is involved in the development of the written exercise completed by students on their application form. She confirms that the service users and carers have responsibility for developing the question for the written exercise, for the marking and generating the question to be asked at interview. The service user group meet face to face and also have the option of phoning in to the meeting. Six service users/carers were involved in this year's meeting (87).

Students told us that the interview is conducted by a panel who question their motivation and readiness for university and professional study. They confirm that service users and carers are involved in the selection process through setting ethical, values and care related essay topics and reviewing student essays. This is followed by a written piece on expected professional ethics (62, 64, 68, 70).

Students, mentors and employer leads confirm that DBS and health screening are also required before commencement of the programme (60-66, 68, 70-71, 80).

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

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

What we found before the event

TOU has fitness to practise (FtP) procedures in place. Practice placement providers are provided with a copy of this procedure. Examples of behaviours that would be dealt with through this process are included. Review meetings are held in either the national or regional centre closest to the student. An employer representative is invited to be a member of the FtP panel. This must not be a member of the student's clinical place of work. FtP procedures are included in the student handbook (47-49).

TOU has an access service which provides advice and help for students who have special learning needs (47).

What we found at the event

We found that the university has procedures in place to address concerns relating to professional behaviour of students in academic and practice settings, and academic staff, practice staff and students are fully cognisant of these procedures. All FtP cases during 2015/16 were investigated in line with FtP procedures (53).

The pre-registration nursing (adult) programme is four years long and is divided into three stages, with progression points identified at the end of each stage. Progression issues are monitored by the board of studies. The ST meets with students at progression points. Interruptions to the programme have to be negotiated with the practice placement provider. If a student fails a module or an assessment, the ST is responsible for organising support which includes a development plan, monitored by the PT to help them to improve (73-74).

Academic assessments are submitted online and marked by the module tutors. Plagiarism checks are performed at this stage. Moderation is performed by a team of 'monitors' supervised by the module leader. Marker feedback is also monitored. The programme structure ensures that student progression points comply with NMC standards (75).

In 2015/16, the board of studies noted that a large number of pre-registration nursing (adult) students were unable to progress to the next stage of the programme due to their submission of incomplete practice portfolios. This was recorded as a 'failure at the first attempt'. An investigation by the department of nursing revealed that it was largely based on the absence or incompletion of the good health and character form. This led to a review of the process for student completion of the good health and good character declaration and STs are now supporting the PTs more closely during this process (89-90).

Students confirm that DBS and occupational health clearance are required prior to the

commencement of the programme and that a self-declaration of health and DBS status is undertaken at the progression point at each stage of the programme. We saw evidence of the self-declarations in the students' practice documentation. Students report that a copy of DBS status can be required to be seen in the practice area. Students we met confirm their awareness of the need to report any changes of health or DBS status (61-63, 65-66).

Mentors and employment link personnel (ELP) understand procedures for raising concerns about student poor practice and confirm timely responses from PTs where concerns are raised (60-66).

Students are aware of FtP procedures. TOU have a clear process for supporting struggling and failing students in both theory and practice, and respond quickly to address poor performance (47-48, 60-66).

There were five FtP cases involving pre-registration nursing students in 2016. One led to the student's removal from the programme (94-95).

PTs and STs monitor the progress and performance of students in theory and practice. The monthly report by PTs is the formal process for monitoring student progress. In addition, informal contact between practice and STs ensures that students are closely monitored (73).

Attrition rates are low for the pre-registration nursing programme. Nationally they are 7.38 percent and 2.63 percent for Yorkshire and the Humber region. It has been identified that nursing students studying the generic modules have lower attrition rates than other students. Workload is the key reason for students withdrawing from the programme (91-93, 96).

We conclude from our findings that procedures to address issues of poor performance in both theory and practice for the pre-registration nursing (adult) programme are robust and are applied by both TOU and practice placement providers.

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

Documentation is in place to support practice placement providers in the implementation of procedures to address poor performance in practice (50-51).

What we found at the event

We found that practice placement providers understand and implement the university's procedures related to poor performance. As the students are also

employees they are also subject to both TOU and their employers' FtP procedures.

It is made clear in the practice placement agreement that the practice placement provider is required to inform TOU in writing of any concerns regarding a student's conduct or professional suitability. They have the right to suspend a student from placement (86).

TOU works closely with their practice placement providers when FtP issues are raised. For example, if a practice partner initiates an investigation into an incident concerning an OU student when working in their health care assistant role, TOU responds by implementing its own procedures. The outcome is agreed by the employer and TOU. Outcomes can include the student being required to reflect on the incident and the implementation of an action plan. TOU is seen as responsive when concerns about a student are raised. The SST are sometimes involved in FtP cases in organising additional support for the student (91, 93-95).

Mentors and ELP comment positively on the timeliness of response from PTs in addressing students' poor performance. This is reflected in a clear triangulation approach for effective management of poor performance in practice as PTs escalate concerns to STs and ELP when circumstances require. Practice placement providers acknowledge the value of the PT in monitoring the students' progress. TOU students are described as focussed and independent learners who respond positively to the support provided (47, 60-67, 69-70, 91).

Review of student practice assessment documents confirms that procedures are clear for addressing student underperformance in practice. Mentors report appropriate support and resolution with subsequent feedback from PTs from student issues raised (60-66).

Systems are in place for making reasonable adjustments for students with disabilities. As TOU students are also employees the use of this service is small. Dyslexia is the main reason for use of this service by TOU students (91).

We conclude that practice placement providers understand and work with TOU when implementing their own and the university's FtP procedures. Systems of support are in place to address poor performance in practice for students on the pre-registration nursing (adult) programme.

Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

An accreditation of prior learning (APL) system is in place. All applicants are made aware of the process as it is included in the application form. TOU distinguishes between credit gained within TOU and credit gained elsewhere (43, 45, 97).

In 2015/16 there were 44 successful APL claims (53).

What we found at the event

We found that TOU has an APL process which has been designed to meet the needs of the pre-registration nursing programme.

Applicants for APL are required to produce a portfolio of evidence which includes mapping of academic study against the OU modules, and evidence of 600 hours of prior practice experience. Only learning completed within the last five years is accepted. A nominated member of staff is the APL assessor. APL claims are presented to the assessment board which is attended by the EE (95).

There were nine successful applications for APL in the Yorkshire and Humber region in 2016. We met two students who have accessed the pre-registration nursing (adult) programme through APL (70, 73, 92).

We conclude from our findings that systems for the accreditation of prior learning and achievement are in place and meet NMC requirements.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 3 - Practice Learning

3.1   Inadequate governance of and in practice learning
3.2   Programme providers fail to provide learning opportunities of suitable quality for students
3.3   Assurance and confirmation of student achievement is unreliable or invalid

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

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What we found before the event

TOU have a sound partnership with their practice placement providers. Employers sign a practice placement agreement with TOU. Commissioners and sponsors have been represented at the nursing programme committee but recent re-organisation with TOU has led to this group being disbanded. This will be replaced by the board of studies. The role of commissioners and sponsors on this board is currently under development. Contract review meetings with practice placement providers take place at least every six months. Quarterly operational meetings are held at region/national level and involve student representatives, senior practitioners from NHS trusts and other health service organisations, PTs and STs (52).

The ELPs within each organisation at which a student has a placement provide TOU with access to the educational audits and practice learning capacity. They also keep TOU informed of service re-configurations. The PT is involved in the audit process, working collaboratively with other AEIs who use the same placements (43, 47).

TOU has a pro-active approach to clinical governance. They are responsive to alerts following CQC inspections, but sometimes there are occasions when their response has been prompted by communication from the NMC. All serious adverse incidents are assessed and allocated a 'red/amber/green' (RAG) score to determine their risk to the student experience. TOU shares their student evaluations with practice placement providers and other AEIs. TOU is responsive and has a process for withdrawing students from a placement area (43, 47, 53-55).

The raising concerns guidance is included in the student handbook. Support is provided by the PT (47).

What we found at the event

We found that TOU works collaboratively with practice placement providers and other AEIs at both strategic and operational levels.

TOU acknowledges the importance of partnership working and there are structures in place to ensure that strategic and operational issues are appropriately considered and addressed (60-66, 68, 70-71, 80, 89).

Local commissioners also stress the importance of partnership working. They cite the local operational group as being essential for the relationship between employers and TOU. The role of the PT is identified as being particularly useful. Commissioners continue to support TOU pre-registration nursing programme with numbers expected to remain the same (83, 93).

The quarterly operational quality group meetings are well attended by TOU staff and their practice placement providers. Standing agenda items include the mentor register, student evaluations of practice, educational audits and feedback on internal and external governance issues (80, 93).

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PTs work closely with PEFs and ELPs. They are involved in the educational audit process and the delivery of mentor updates. STs work with representatives from other AEIs to ensure the quality of practice learning environments. This partnership working also includes a collaborative approach to local issues regarding raising concerns in practice. TOU are responsive to concerns raised. Actions taken include removing a student from practice areas while an internal investigation was undertaken and escalating a concern to the NMC. AEIs who share practice placements also escalate concerns to each other and feedback their actions following CQC inspection visits. The HoN receives alerts from CQC and initiates appropriate actions (67-68, 74, 80, 92, 101).

Programme documentation and student practice documents detail processes for raising concerns. Mentors confirm that their induction from TOU provides information on escalating concerns regarding students. Students and mentors confirm processes for raising concerns and understand processes for receiving feedback on issues raised (47, 61-73).

Educational audits are undertaken biennially and are disseminated between the AEIs via the practice placement quality assurance (PPQA) website. TOU has its own audit tool which it uses to audit new practice placement areas. This is then transferred to the PPQA website. The educational audit process formally considers student feedback, and PTs regularly review student evaluations of practice for feedback to mentors, ELP and STs. None of the audits reviewed for the placement areas we visited had active action plans though PTs and ELP confirm processes for addressing any actions required (61, 63, 102).

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

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

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What we found before the event

Programme developments and delivery are discussed at quarterly review meetings with practice partners (52).

What we found at the event

We found that service users and carers and practitioners are involved in programme delivery and development.

TOU has a strategy for the involvement of service users and carers at strategic and operational level. They are members of the nursing programme committee, involved

in curriculum design, student selection and recruitment and research and scholarship. Training is provided and support is given. There are critical readers of the module materials produced, with representatives from all fields of nursing being involved in this role. The group meet annually, with local events also held to develop opportunities for engagement. Local commissioners discuss the involvement of service users/carers in the programme (92, 103, 109).

A service user we spoke to is involved in the development of the materials used during the selection process. She told us that TOU model of engagement works well; she feels that her contribution is valued and is beneficial to the process. She told us that TOU recognises the skills of service users and staff are helpful and supportive. She confirms that meetings are organised regularly, with 'phone in' attendance facilitated (87).

Students confirm the value of service user input in the online learning modules through video clips and written resources. Mentors select and mediate service user testimony in student practice documentation (61-63, 69-70).

Students report practitioner and specialist practitioner involvement in practice based fora organised by PTs and ELPs. PTs and ELPs confirm their participation in the review of programme delivery and student evaluations at the quarterly review meeting, which is attended by STs (52, 60-73).

Programme developments and evaluations are also presented at the board of studies which is attended by senior practice partners (80, 89, 93).

We conclude that service users and carers and practitioners are involved in a range of activities on the pre-registration nursing (adult) programme.

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

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What we found before the event

A named PT supports students in practice placements. Guidance is provided for students identifying who will provide support, for example the PT for raising practice based concerns and the MT for assessment guidance. Much support is provided online via email. Students are advised to check their email account at least twice per week (47).

What we found at the event

We found that students are supported by academic staff in practice placement settings.

The primary source of support for students in clinical practice is from the PT.

PTs are employed by TOU specifically to support students during their practice placements. Students are allocated to a specific PT for the duration of the PT's contract with TOU. The PT ensures that the placement areas being accessed by their named students have a current educational audit and that the named mentor is updated and meets NMC requirements. They also ensure that the allocated mentor has completed TOU online update for mentors which provides detail regarding TOU requirements (74, 91, 104).

PTs provide a monthly report about each student in their caseload. The monthly reports are forwarded to the ST who provides comments and advice regarding future actions. For example, one PT had commented that a mentor could not be found on the register and she was advised to ensure that another mentor was appointed until the original mentor's status was clarified. Commissioners are confident in the effectiveness of this student support model. The monthly report also includes dates for the review meetings with their student and their mentor, and the number of contacts that have taken place. The outcomes are documented in the student portfolio (60-66, 74, 93, 104).

The PTs have quarterly peer support meetings where experiences and good practice can be shared (60, 63, 74).

Students confirm that PTs contact and support them in excess of the minimal contact required. They praised the PTs for their individualised support, accessibility and responsiveness. They consider it a fundamental role to complement the formal online learning process, stating 'they are the human face of TOU'. Mentors have contact details for PTs and report the timeliness of their response if contacted, and their support in mentoring students. Mentors report that PTs liaise with them prior to the placement of students from TOU. All students comment positively on appropriate and timely preparation for practice through the induction days at the start of each stage of the programme. All students we spoke to comment on the quality and effectiveness of their support in practice (60-68, 70-73).

Students receive notification of placements sufficiently in advance to read online placement profiles and arrange contact with their mentor (60-66).

Students understand who to contact for support regarding any placement and academic issues, and confirm the timeliness of module tutor and ST responses in relation to academic support (60-68, 70-72).

We conclude that students on the pre-registration nursing (adult) programme are supported by academic staff in their practice placements.

Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date

What we found before the event

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TOU maintains the mentor database for the PVI sector (56).

What we found at the event

We found that that the systems for maintaining mentor registers in the PVI sector are robust.

There are a number of mentor recording systems which relate to the PVI sector. The majority are recorded on the regional PQQA database and we also viewed an independent learning management system. Both systems record the mentors' qualifications, mentor update training requirements, active/inactive status and triennial reviews. The systems include alerts such as reminders for mentor updates and triennial reviews (67, 70, 74).

We conclude that mentor records for the PVI sector placements are accurate and up to date.

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

A guide for mentors clearly identifies the process of mentor preparation and the role of the supervising mentor for the pre-registration nursing programme. An online induction programme for mentors supporting students on this programme is also available (43, 57).

What we found at the event

We found that mentors are well prepared for their role in assessing practice.

All mentors confirm their completion of an NMC approved mentor preparation programme.

Mentors report that annual mentor updates provide information on curricula related issues, student scenario discussion and role reflection. Mentors can access individual, group and online updates. Some mentors comment that updates do not specifically contain information on TOU programme. Mentors supporting TOU students are required to complete a specific online preparation tutorial. Individual OU specific mentor updates are also provided by PTs as required. Discussion with students and mentors plus a review of student practice documentation confirms that assessment criteria for pass and fail in placement are complied with (60-68, 70-71, 74, 104).

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Three formal tripartite practice placement meetings for each programme stage help mentors to clarify and justify assessment decisions, ensuring inter-rater reliability and understanding of their sign-off role. TOU associate lecturer development days and a mentoring scheme for new PTs delivered by experienced PTs ensure that PTs are prepared for their role (68, 73).

We conclude that mentors and sign-off mentors are appropriately prepared for their role is assessing practice.

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with

What we found before the event

Mentor updates are provided in the NHS trusts. TOU participates in sessions which are led by staff from other education providers. Specific induction sessions to TOU programme are provided and are entered on the mentor register (43).

What we found at the event

We found that mentors are encouraged and supported to attend annual mentor updates.

All mentors and sign-off mentors we spoke to report being released from practice to attend an annual update via one-to-one, online or group format. Notifying mentors for the requirement to update varies according to practice placement provider and includes email and letter reminders. Mentors regard the content of updates as appropriate for their ongoing needs to satisfactorily assess students in practice and facilitate their learning. One PT has participated in presenting at a mentor conference on her role in relation to TOU student (60-69, 70-71, 73).

Mentors who have undergone triennial review are compliant with requirements and some are encouraged to use this evidence to support NMC revalidation purposes. Mentor registers confirm mentor currency, update attendance and triennial review dates (60-66).

ELPs confirm there are a variety of alert systems within mentor registers notifying mentor status through RAG rating, letter and email alerts which identify mentors requiring an update. ELP use similar processes for tracking and suspending mentors from the live register if updating has not occurred. PTs report checking the mentor is live on the register before a student starts placement. TOU and other AEIs are informed on compliance via the quarterly review meeting (52, 60, 63).

We conclude that mentors and sign-off mentors are able to attend annual updates.

They meet requirements for triennial review and understand their role in teaching and assessing students.

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

What we found before the event

Mentor registers are maintained in the NHS trusts. The ELP provides TOU with access to mentor registers (47).

What we found at the event

Mentor registers we viewed confirm mentor currency, update attendance and triennial review dates. Access to mentor registers is limited to specific personnel through password protection. PTs and STs have access to the register (60-64, 68).

The live register of mentors is the responsibility of the placement areas and is administered by clinical nurse leads or practice learning facilitators. There are robust systems to check and record initial preparation within the mentor registers. Sign-off mentor status is also recorded on the mentor register. There is a mechanism for transition to and recording of sign-off status for mentors on the mentor register. Entries we checked on the mentor register are accurate, current and match with documentary evidence in the educational audits (60-66).

STs conduct six monthly register checks. A 20 percent sample of individual mentors across all providers is selected. They also check the procedure for managing the register, for example. the use of inactive status. Any issues identified are formally reported to the ELP. The PTs work pro-actively in ensuring that students have an appropriate mentor in the first week of the placement (74, 105).

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

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 4 - Fitness for Practice

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

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

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

What we found before the event

The pre-registration nursing programme (adult) contains a total of 4750 hours of study, comprising 2310 practice and 2440 theory. The programme is divided into three stages which are sub-divided into modules. Progression points are clearly identified (47).

A variety of online teaching and assessment approaches are used, including service user and carer accounts, expert practitioner facilitated discussions and debate, self-assessment questions, video and audio materials, reference texts, computer-aided learning packages, directed reading, formative and summative interactive computer-marked assessments (iCMAs), forums, tutorials, printed and web-based resources (47).

The 'studenthome' web page provides direct online access to the modules and key services such as the library, learner support team and services for disabled students (47).

As the students combine their employee status with their student role guidance is provided on role transition and supernumerary status is reinforced. The dual role is understood by practice placement providers and there is no reported role conflict for the students (56).

Module tutors support tutor groups of around 20 students. They also monitor student participation with the module materials and related activities. Contact with tutors is provided through a mix of face to face tuition, synchronous sessions using TOU live and asynchronous online forums. All tutorials are compulsory and students must engage in all the online forum activities (47).

Assessments, particularly the tutor-marked assignments (TMAs) and the iCMAs, are often linked to small clusters of learning (blocks). Feedback from assessments reflects student participation as well as the level of learning from the module materials and activities. Progression is compromised if full participation with all the module

resources and the learning opportunities is not evidenced. Module materials are accessed from the module website. A study calendar provides guidance on what and when to study. Reflection on learning activities and participation in group learning is encouraged (47).

What we found at the event

We found that the online delivery of the theoretical part of the pre-registration nursing (adult) programme is well structured and has governance features built in to ensure that all students participate fully with all the required elements of the programme.

The programme handbook outlines the sequence of modules, progression points and practice placements that meet learning outcomes and competencies (47).

The online teaching materials for stage one include study skill development. Students comment that this helps them to gain confidence in their skills in distance learning. For students who have used APL to access the programme at stage two, the study skill component is not as well developed. Steps have been taken to address this through revision of the module descriptor (74, 91, 106-107)

Some materials are provided in hard copy which are preferred by some students. The programme team acknowledge this but comment that the online materials provide a more interactive experience which can be monitored by the programme team. Students confirm that those who do not participate in the online delivery sessions are tracked accessing recorded material. The addition of specific questions to these materials for answers to be posted online assures student compliance with university taught hours. Students report satisfactory information technology support at the commencement of their programme and its continuance through the availability of online technical support for the entire 24-hour period. Support for students with disabilities is responsive to need and readily available (63-66, 74, 106-107).

Students comment that the academic work is challenging but there is support from the PT and the MTs. Tutorial support is provided online through a number of different forums; tutor group forum, module group forum, and online tutorials. MTs are commended by EEs for their assignment feedback and development of academic writing through feed-forward support. The online tutorials are successful in creating a sense of belonging to the student group. The face to face induction to TOU are also key to familiarisation with TOU learning approaches. Face to face days are also scheduled at the beginning of each stage of the programme (63-68, 70, 72-74, 98).

Each theoretical module is assessed. For example, the first theoretical module on the programme has five TMAs, the first one being formative. Systems are in place which enable MTs to monitor student engagement with online materials and activities. A proactive approach is being taken to try to identify students who are not engaging with the online materials so that support can be offered promptly (98, 100, 114).

Students comment positively on the model of distance learning, identifying that it enabled them to gain confidence and that they were able to utilise their new

knowledge on a daily basis. They comment that their academic work is valued by their employers; we saw two examples of the student project completed during stage three being implemented by their managers (99).

Students also comment positively on theory and practice components in their programme. The pre-registration nursing (adult) programme uses a variety of formative and summative assessment strategies which students report satisfactorily test and develop their ability to apply theory to practice (47, 60-66).

Evaluation of both theory and practice takes place on completion of each module. TOU staff are responsive to student comments (see 5.1.1 for more detail).

Practice assessment documents indicate domains of practice. Guidance for achievement and progression is indicated in the programme delivery and through programme and practice documents. Students are required to experience 24-hour care in their student role and this is recorded in their practice assessment documentation. Students confirm that they have access to service users which assists in the achievement of the EU directive. Module materials also support this. Accurate documentation of theory and practice hours in relation to the EU directive is verified by the PT (47, 60-66, 104).

Interprofessional learning is a regular aspect of the student placement experience. Mentors seek out opportunities for students to shadow and work alongside other practitioners (67, 69, 72, 104).

ELP, PTs, mentors and students confirm placement and employment hours remain within the European working time directive. PTs record student practice hours in their monthly reports which are submitted to the ST (60-66, 104).

The students we met presented portfolios, which provide evidence to support achievement of NMC competencies and proficiencies and EU requirements. The portfolio process was reported to be valuable in making students realise their own ongoing development in the programme. Students confirmed their supernumerary status and time spent with their mentor as frequently way in excess of the 40 percent minimum. Attendance, health and character and practice placement documentation revealed engagement with the programme and clear application of practice learning from theory, which was confirmed by students and mentors (67, 68, 70-71, 73, 99, 110).

The EE confirms students move through progression points, meet NMC and academic programme requirements which are ratified at the board (118-119).

We conclude that the learning, teaching and assessment strategy in the pre-registration nursing (adult) programme enables students to meet NMC outcomes, meets NMC requirements and prepares students for professional practice.

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

What we found before the event

Practice modules run through the whole year. Practice hours are recorded in the portfolio, signed by the mentor each month and are monitored by the PT. Students are required to submit their practice hours record every month. The portfolio is a record of practice experiences and reflections on practice. A record of the tripartite meeting outcomes with mentor and PT along with assessment of practice is recorded in the portfolio (43, 47).

Students, in discussion with the ST and ELP, are allocated a core practice base, usually their normal place of work. They then follow a specific pathway dependent on the core practice base location. The options are: adult community services or adult in-patient services. The pathway determines the different types of practice experience required. Access to practice experiences will be facilitated by the mentor in consultation with the PT and other relevant practice placement provider personnel, for example the ELP (47).

Students are described as being 'fit for purpose' and 'they hit the ground running'. According to employers the strengths of the programme are flexibility, widening participation, support for a career pathway and employers 'grow their own' (43).

What we found at the event

When the pathway to be followed by the student has been decided, alternative practice experiences are planned in advance by the PT and the ELP. The alternative practice experiences ensure that students are provided with opportunities to achieve NMC competencies. PTs and mentors confirm that they plan placement allocations for students in order to achieve all NMC learning outcomes particularly where the base placement presents some limitations, for example, operating theatre. We were told that there are times when the student may be working in their core placement in their student role and due to circumstances in the workplace may be required to change role. We were also given examples of the reverse happening so that the student could follow some specific patient experience. This is monitored by the PT. Students are encouraged to follow patient pathways. They have an induction to the placement and an initial meeting with their mentor within five days of commencing the placement. A practice planner is provided to assist the student and their employer in planning hours as healthcare assistant and student. The student's final 12-week placement is always spent within their core placement (60, 63, 66, 74, 108).

Student practice documentation confirms successful completion of essential skill clusters and ongoing achievement. Completed student placement documents we viewed demonstrate a range of placement experiences and negotiated learning opportunities that are commensurate with those identified in educational audit documents (60-66).

Mentors and students understand the practice assessment documentation and report

PT guidance in completing them. Mentors and PTs confirm that student competencies are satisfactorily achieved through supervised practice and assessment. ELP, mentors and PTs confirm that any poor performance is promptly addressed in conjunction with STs (60-66).

Interviews with students in the final year of programme, who are about to be signed off, verify that the learning process is rigorous in terms of achieving the competencies. Portfolio documents, the online learning and practice experience provide a sound base for a student to become a 'diligent nurse' (68, 72).

Senior managers are supportive of the programme, they comment positively on the flexibility of study, stating that it opens doors for the healthcare assistants. Mentors, ELP, managers and commissioners comment on students being adequately prepared for employment and fit for purpose by completion of the programme (60-73, 85, 92-93).

We conclude that TOU ensures that opportunities are provided to support pre-registration nursing (adult) students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register.

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

A comprehensive system of student feedback and evaluation is in place. Online evaluation of practice takes place on completion of every practice learning period and module of study. The response rate is high. Findings are shared with the ELP and action plans are developed if necessary (43, 47).

It was noted in the 2016 self-assessment report that there was an incident where the process for monitoring associate lecturers' marking was not followed. An internal investigation took place and appropriate actions were taken (53).

What we found at the event

We found that TOU has systems in place to monitor the quality of the programme and enhance delivery.

Module evaluations are completed online. From a sample we viewed, scores show a student satisfaction rate of above 80 percent. Students are generally positive regarding the online teaching and learning materials and the usefulness of the student fora. Module leaders produce a module report which includes evidence from the student evaluations, attrition data during that module, MT feedback and EE feedback. TOU is responsive to all feedback. For example, changes to module assessments are recorded following feedback from students, tutors and EEs (60-66, 110-115).

An annual quality review report is presented to the board of studies. This report includes an analysis of module data, student evaluations of practice and the effectiveness of TOU systems for maintaining relationships with practice placement providers (96, 114).

Systems are in place for escalating concerns in response to module data. For example, the high fail rate for stage one practice module. The escalation process meant that this was investigated, the cause identified and measures put in place to address it. These include revision of the information in the portfolio and the development of TOU live sessions for the PTs (60, 63, 92).

Students are aware of changes made to their programme following feedback through information provided via the newsfeed on the virtual learning environment and via online notice boards. They are confident that their voice is heard (60-66).

Evaluations of practice placements are completed electronically via the practice module websites. A reminder is sent by the PT two weeks before the practice learning period is completed. The PT records the completion on the monthly report form. The PT reviews the findings and deals promptly with issues raised. An action plan is generated and forwarded to the ST and ELP. The ST produces an annual summary which is sent to ELPs and presented at the quarterly operational group meeting. Best practice issues are reported by the ST to the university BSc qualifications group via the regions and nations report. Questions on the evaluation form include support for escalating concerns (60-73, 76, 80, 116-117).

EEs are appointed by the HoN who checks that all NMC requirements are met. The

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assessment policy office then manages the contract and ensures that the EE continues to meet NMC requirements. EEs are positive about the conduct and administration of the programme and the quality of the online teaching materials. They comment that the programme team are responsive to suggestions and that the application of theory to practice is evident. Moderation is a rigorous process and a system of supervision is in place to ensure that new module tutors meet TOU requirements. EEs recognise the rigour of the process, commenting that tutor feedback is extensive and constructive and there is a team approach to supporting students. They attend the board meetings where they also have access to student portfolios for each progression point. They are encouraged to visit practice and report on this in their module reports. Meetings of EEs with students, PTs and mentors are documented. Students are aware that an external examiner reviews their coursework (49, 58, 61, 75, 84, 98, 100, 113-120, 122).

The university completes the annual self-assessment report to the NMC and addresses issues identified from previous reports and periodic monitoring reviews. An issue was identified in the most recent self-assessment report related to the quality assurance mechanisms within the assessment marking process. Once the issue was identified an internal investigation was conducted by the HoN. This led to the implementation of TOU disciplinary procedures. This incident was escalated to the NMC. TOU have reviewed the process of internal moderation, the outcome being that all staff will attend a mandatory session about moderation (43, 53, 78).

The AEI requirements in the online NMC portal were last updated in November 2016. The evidence provided is through lists of university and school policies and procedures. Access to the policies and procedures was available during the visit and demonstrates that the university meets NMC requirements (121).

We conclude that the university's internal QA systems provide assurance that risks are managed and address areas for development and enhancement of the pre-registration nursing (adult) programme to meet NMC standards.

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners
What we found before the event
The EE was involved in the minor modification of the programme in 2016 (53).   EEs are expected to visit practice and guidance to support this is available (43, 59).
What we found at the event

We found that concerns and complaints raised in practice learning settings are appropriately dealt with.

PTs, mentors and students understand the frameworks for escalating concerns and making complaints. There were no complaints recorded in 2015/16. TOU induction for students includes a discussion of concerns and complaints plus an escalating concerns flowchart, and students demonstrate a clear understanding of why, when and how to raise concerns. PTs review student evaluations of practice every month, at the quarterly review meetings and at the educational audit. In conjunction with the ELP, PTs are instrumental in following up should any concern be raised. The ELP, mentors and PTs express confidence in the university processes for escalating concerns and the feedback received (52, 60-68, 70, 80).

Practice placement partners are members of the board of studies which receives all the reports generated through TOU internal quality assurance mechanisms, including EE feedback (89).

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. CQC report, Bingley medical practice, April 2016

2. CQC report, Bradford Royal Hospital, June 2106

3. CQC report, Crown Heights Medical Centre, Basingstoke, February 2017

4. CQC report, Dorset Healthcare University NHS Foundation Trust, September 2016

5. CQC report, Dorset Healthcare University NHS Foundation Trust, September 2016

6. CQC report, DR A F Cooper and partners, Southampton, November 2016

7. CQC report, Dr S J Godfrey and partners, Hampshire, February 2017

8. CQC report, Great Western Hospital, Swindon, January 2016

9. CQC report, Harrogate District Hospital, July 2016

10. CQC report, Haxby Group Kingswood Surgery, Hull, October 2016

11. CQC report, Huddersfield Royal Hospital, August 2016

12. CQC report, Leeds and York Partnership, NHS Foundation Trust, November 2016

13. CQC report, Northern General Hospital, Sheffield, June 2016

14. CQC report, Northumberland Tyne and Wear NHS Foundation Trust, September 2016

15. CQC report, Nottingham City Hospital, March 2016

16. CQC report, Oxford Health NHS Foundation Trust, August 2016

17. CQC report, Parkside Medical Practice, Bradford, April 2016

18. CQC report, Pinderfields Hospital, Wakefield, December 2015

19. CQC report, Poole Hospital NHS Foundation Trust, May 2016

20. CQC report, South West Yorkshire Partnership NHS Foundation Trust, Wakefield, June 2016

21. CQC report, St Luke's Hospital, Bradford, June 2016

22. CQC report, Mary's Hospital, Leeds, November 2016

23. CQC report, St Richards Hospital, Chichester, April 2016

24. CQC report, Sue Ryder, Wheatfields Hospital, Leeds, July 2016

25. CQC report, Mid Yorkshire Hospitals NHS Trust, Wakefield, December 2015

26. CQC report, Western Sussex Hospitals NHS Foundation Trust, Chichester, April 2016

27. CQC report, Leeds Community Healthcare NHS Trust, September 2016

28. CQC report, Leeds Teaching Hospitals NHS Trust, September 2016

29. CQC report, Bradford District care NHS FT, June 2016

30. *CQC report, Bradford Teaching Hospitals NHS Foundation Trust, June 2016*

31. *CQC report, Airedale NHS Foundation Trust, August 2016*

32. *CQC report, Calderdale and Huddersfield NHS Foundation Trust, August 2016*

33. *CQC report, Rosegarth and Siddal Surgery, August 2015*

34. *CQC report, Ashwell Medical Centre, April 2015*

35. *CQC report, Clarendon Medical Centre, January 2016*

36. *CQC report, Horton Park Surgery, March 2015*

37. *CQC report, Doctor Lee and partners, undated*

38. *Initial visit meeting, 5 April 2017*

39. *Staff CVs, undated*

40. *NMC register check 4 April 2017 and 26 April 2017*

41. *TOU, NMC registrant teachers – staff active registration and due regard, December 2016*

42. *TOU, staff development policy, January 2015*

43. *NMC programme monitoring report, January 2013*

44. *TOU, letter to service user proforma, department of nursing recruitment and selection team, January 2015*

45. *TOU, application form, pre-registration nursing programme for 2017 intake, undated*

46. *TOU, faculty of health and social care, pre-registration nursing programme, disclosure and barring service check, process for checking DBS certificates, January 2015*

47. *TOU, BSc (Hons) nursing, programme handbook, 2017*

48. *TOU, fitness to practise procedure, undated*

49. *Extract from module KYN117 examination and board minutes regarding EE visit to practice, June 2016*

50. *TOU, BSc (Hons) adult and mental health nursing, first stage review: employer statement – confidential, November 2016*

51. *TOU, faculty of health and social care, department of nursing, fitness to practise: record of communications, November 2016*

52. *TOU, department of nursing: engagement with education commissioners and practice placement partners, November 2016*

53. *Self-assessment report 2016-17, November 2016*

54. *TOU, faculty of health and social care, department of nursing, responding to concerns: exceptional report to NMC, November 2016*

55. *TOU, potential compromise to learning environment: file note, November 2016*

56. *NMC/Mott MacDonald, programme approval report, pre-registration nursing (adult), 2012*

57. *TOU pre-registration nursing, online mentor induction, undated*

Protecting the public through
quality assurance of nursing
and midwifery education

58. TOU, assessment policy office, appointment of EEs, October 2015

59. TOU, BSc (Hons) nursing degree, EE visit to practice, November 2015

60. Visit to Sue Ryder cancer care, Wheatfields Leeds, meeting with ELP, mentor, student and PT; review of mentor register and duty rota check, 25 April 2017

61. Visit to Calderdale and Huddersfield NHS Foundation Trust, meeting with ELP, mentors and students; review of student practice documentation and duty rota check, 25 April 2017

62. Visit to Bradford District Care Trust, Canalside health centre, meeting with ELP and students; review of student practice documentation, 26 April 2017

63. Visit to Bradford Teaching Hospitals, Fieldhouse training centre, meeting with ELP, mentors, students and PT; review of mentor register and student practice documentation, 26 April 2017

64. Visit to Kirkwood Hospice Huddersfield, meeting with ELP, mentor and student, 26 April 2017

65. Visit to West Lodge Surgery Leeds, meeting with ELP, mentor and student, 27 April 2017

66. Visit to Hyde Park Surgery Leeds, meeting with ELP, mentor, student and review of student practice documentation, 27 April 2017

67. St Gemma's Hospice, meeting with mentor, student and employer lead, 25 April 2017

68. Airedale NHS Foundation Trust, meeting with mentor, students, practice tutor and employer lead, 25 April 2017

69. Leeds Community Healthcare NHS Trust, meeting with mentor, student and employer lead, 26 April 2017

70. Leeds Teaching Hospitals, meeting with mentors, students and educational lead, 26 April 2017

71. Rosegarth and Siddal Surgery, meeting with mentor, student and employer lead, 26 April 2017

72. Clarendon Medical Centre, meeting with student, 27 April 2017

73. Horton Park Surgery, meeting with student, 27 April 2017

74. Meeting with programme team representatives, 25-26 April 2017

75. Meeting with TOU assessment lead, 26 April 2017

76. TOU, nursing and nations group meeting minutes, February 2017

77. PT CVs, viewed 26 April 2016

78. Meeting with TOU HoN, 26 April 2017

79. TOU staff development policy, 2015

80. TOU, pre-registration nursing programme, operational quality group meeting, September 2015, January 2016, June 2016, December 2016

81. TOU, equality and diversity – making it happen, undated

82. TOU equality scheme, 2016-2020

83. TOU, faculty of health and social care, department of nursing, Health Education Yorkshire and the Humber, annual contract review, annual report, March 2016

84. Meeting with TOU HoN, ST/quality director, head of operations, ST/assessment lead, senior lecturer, 26 April 2017

85. Written testimony from lead nurse, nursing and midwifery education, Leeds Hospital NHS Trust, undated

86. TOU, practice placement agreement, TOU and West Leeds Family Practice, undated

87. Telephone conversation with service user, 27 April 2017

88. TOU, policy for the admission of students under the age of 18, 2015

89. TOU, annual quality review report, board of studies in health, wellbeing and social care, 2015/16 review

90. TOU annual quality review report, KYN 101, stage 1 practice module – exception review report, September 2015

91. Meeting with TOU student support team, 25 April 2017

92. NHS Health Education Yorkshire and the Humber, annual contract review meeting, March 2016

93. Meeting with commissioner representative, NHS Health Education Yorkshire and the Humber, 26 April 2017

94. Meeting with TOU ST/co-qualification director, 27 April 2017

95. FtP case studies x2, viewed 27 April 2016

96. TOU, annual quality review, action plan 2015/16

97. TOU, APL guidance, notes and forms for teaching staff, undated

98. EE report, module KYN117, October 2016

99. Written testimonies from previous students x6, various dates

100. Module K101/KYN101, chairs report and response to EE, June 2016, October 2016

101. TOU risk assessment report x2, September 2016

102. Educational audits for St Gemma's Hospice, Airedale NHs Foundation Trust, Bradford District Care Trust, Canalside Health Centre, Bradford Teaching Hospitals, Kirkwood Hospice, West Leeds Family Practice, Hyde Park Surgery, Sue Ryder Cancer Care, Calderdale and Huddersfield NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Woodsley Road Health Centre, Leeds Teaching Hospitals, Leeds General Infirmary, Rosegarth and Siddall Surgery, Clarendon Medical Centre, Horton Park Surgery, various dates

103. TOU, faculty of health and social care, department of nursing, a strategy to promote and sustain service user involvement, November 2012.

104. PT monthly reports x4, various dates

105. TOU, school of health, wellbeing and social care, local mentor register compliance, assurance tool, March 2017

106. TOU, regular module review report, understanding health and social care, October 2016

107. TOU regular module review report, enhancing your healthcare practice, July 2016

108. TOU, pre-registration nursing degree programme, stage one, stage two and stage three, 30 hours per week theory and practice planner, 2015 cohort

109. Outline of service user involvement in the BSc nursing qualification, undated

110. KYN101 module evaluation forms, key performance indicators and strategic measures, questions and open comments, October 2015, June 2016

111. TOU, regular module review report, understanding health and social care, October 2016

112. TOU regular module review report, enhancing your healthcare practice, July 2016

113. Module K101/KYN101, chairs report and response to EE, June 2016, October 2016

114. TOU annual quality report, board of studies in health, wellbeing and social care, 2015/16 review annual quality report, September 2016, action plan, updated March 2017

115. TOU chairs report, June 2016, October 2016

116. BSc (Hons) pre-registration nursing programme, communication flow for findings from evaluation of learning periods, undated

117. KYN117, stage 1 practice module, exception review report, September 2015

118. EE report, module K101, October 2015, June 2016

119. EE report module KYN117, October 2016

120. TOU faculty of health and social care, response to EE report, March 2017

121. TOU, AEI requirements, updated November 2016

122. TOU, assessment policy and procedure for appointing EEs, October 2015

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 05 Apr 2017
Meetings with:
TOU Head of nursing Head of operations
At monitoring event
Meetings with:
TOU Head of nursing Head of operations Assessment lead Staff tutors x2 Co-qualification director (practice) for the programme Senior lecturer

Meetings with:

Mentors / sign-off mentors	17
Practice teachers	2
Service users / Carers (in university)	1
Service users / Carers (in practice)	1
Practice Education Facilitator	5
Director / manager nursing	12

Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	2 PT x2

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 4 Year 2: 10 Year 3: 11 Year 4: 1