2017-18
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Protecting the public through
quality assurance of nursing
and midwifery education

Programme provider	University of Lincoln
Programmes monitored	Registered Nurse - Adult; Return to Practice Nursing
Date of monitoring event	16-18 Jan 2018
Managing Reviewer	Bernie Wallis
Lay Reviewer	Sarah Fishburn
Registrant Reviewer(s)	Kevin Gormley, Diana De
Placement partner visits undertaken during the review	Pre-registration nursing (adult) United Lincolnshire Hospitals NHS Trust (ULHT): Lincoln County Hospital (Ashby ward, accident and emergency department (A&E), outpatient department); Pilgrim Hospital, Boston (wards 5a and 6b, A&E department, intensive care unit (ICU), pre-assessment unit) Lincolnshire Community Health Services NHS Trust (LCHS): Fen House (hub), South Lincoln community nursing team St Barnabas Hospice Crossroads Medical Practice: Crossroads surgery Return to practice (nursing) ULHT: Lincoln County Hospital ICU, Burton ward; County Hospital Louth, west block community team Northern Lincolnshire and Goole NHS Foundation Trust (NLAG): Scunthorpe General Hospital; coronary care unit (CCU), clinical decision unit (CDU) Lincoln Partnership NHS Foundation Trust (LPFT): community mental health services; Discovery House Wolds ward, Windsor House (by teleconference) BMI Healthcare, The Lincoln Hospital, surgical ward
Date of Report	31 Jan 2018

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

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

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

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

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

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

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

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

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
Practice Learning	**3.1 Inadequate governance of, and in, practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 AEI staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to University of Lincoln's programmes

The University of Lincoln (UoL) (the university) comprises of three colleges. The college of social science (CSS) houses the school of health and social care (SHSC) (the school), one of six schools, as well as a professional development centre (PDC). The school provides nursing, healthcare, paramedic and social work programmes at undergradaute and postgraduate level.

The focus of this monitoring review is the pre-registration nursing (adult field) and return to practice (RtP) (nursing) programmes.

The BSc (Hons) nursing with registered nurse (adult) was originally approved in 2011 and re-approved on 3 June 2016 (4). There is one intake of approximately 200 students per year. Current year three students follow the 2011 curriculum and years two and three follow the 2016 curriculum (13).

The RtP (nursing) programme is based in the PDC and was approved on 2 August 2016. The programme recruits to the adult and mental health fields. The first intake of students commenced in September 2016 with two intakes of up to 25 students per intake per year (5).

Placement providers include the following NHS Trusts; ULHT; NLAG; LPFT; LCHS; and BMI Healthcare The Lincoln Hospital ; St Barnabas Hospice and Crossroads Medical Practice.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders.

The outcome of Care Quality Commission (CQC) reports has influenced the selection of practice placements for the monitoring visit. Particular consideration was given to the student experience in the placements in ULHT, NLAG and Crossroads Medical Practice (14-18).

Summary of public protection context and findings

We conclude that UoL has systems and processes in place to monitor and control the key risk themes resources, admissions and progress, and practice learning.

We found the risk themes fitness for practice and quality assurance require improvement.

The control of the key risks is outlined below.

Resources: met

We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) and RtP (nursing) programmes.

We found there are sufficient audited placements and appropriately qualified mentors and sign-off mentors to support the students studying the pre-registration nursing (adult) and RtP (nursing) programmes.

Our findings conclude that there are effective mechanisms in place to protect the supernumary status of all students in practice placements.

Admissions and progression: met

Our findings confirm that admission, selection and progression processes for the pre-registration nursing (adult) and RtP (nursing) programmes meet NMC requirements to ensure protection of the public.

Screening includes a disclosure and barring service (DBS) check, occupational health clearance and good character checks prior to students commencing the programme and proceeding onto their first placement. In addition, as a condition of entry to the RtP (nursing) programme the student's previous NMC registration is verified. Health and character declarations are completed by pre-registration nursing (adult) students at progression points through their programme. Students on both programmes are required to complete a health and character declaration prior to entry/re-entry to the professional register.

We found service users and carers, practitoners and students contribute to the selection of pre-registration nursing (adult) and RtP (nursing) students. A robust monitoring mechanism is in place to ensure all selection panel members are appropriately prepared for the role including equality and diversity training.

There is a clear policy and risk assessment for the management of students under the age of 18 years at the start of the programme.

A policy and process for accreditation of prior learning (APL) used in the pre-registration nursing (adult) programme is in place and more recently includes oversight by the external examiner of any APL claims.

We found comprehensive policies and processes in place to identify and manage the poor performance of students in theory and practice including conduct, performance, competence and fitness to practise to ensure public protection. These processes are clearly understood by students, mentors and managers.

We found practice placement providers monitor and address issues of poor performance by students following the university procedures.

Practice learning: met

We found robust and effective partnership working at both strategic and operational levels between the university and practice placement providers to support the programmes and effectively manage risks to student learning. There are established partnerships with other AEIs that share the same placements.

Our findings conclude that issues raised by external QA monitoring systems are addressed effectively through partnership working. We did not find any evidence to suggest there are any adverse effects on students' learning experiences in pre-

registration nursing (adult) and RtP (nursing) placements which are currently subject to CQC requirements or special measures. We saw evidence of escalation of concerns raised by students and exceptional reporting to the NMC. We found clear and comprehensive processes in place for recording and monitoring concerns raised by students in practice. Academic staff, students and practice placement provider staff we met are confident in the processes to follow.

Academic staff support for student and mentor/sign-off mentors in practice placement areas is clearly in evidence.

We conclude that mentors and sign-off mentors are appropriately prepared for their role in undertaking practice assessments. They are supported to attend mentor updates and to meet the requirements for triennial review.

There is a robust system in place which ensures students are only allocated to active mentors and sign-off mentors.

We found practitioners and service users' and carers' involvement in the development, delivery and management of the programmes is well embedded.

Fitness for practice: requires improvement

Our findings conclude that the learning, teaching and assessment strategies of the pre-registration nursing (adult) and RtP (nursing) programmes enable students to achieve the programme learning outcomes, practice competencies and NMC requirements at progression points and for entry/re-entry to the register in both university and audited practice placements. However, we found the university processes for checking RtP (nursing) students have completed all elements of mandatory training prior to proceeding onto placement and completing the programme requires improvement.

Employers, mentors and sign-off mentors confirm that students completing these programmes are fit for practice and fit for purpose.

Quality assurance: requires improvement

We conclude that there are effective internal QA processes in place to identify and manage risks, address areas for development and continued enhancement of the pre-registration nursing (adult) and the RtP (nursing) programmes. However, the external examiners for the pre-registration nursing (adult) and RtP (nursing) programmes have not met with mentors to inform their oversight and reporting of the quality of practice based learning and this requires improvement.

We found that there are clear processes in place to ensure students' concerns and complaints are appropriately dealt with. The university and practice placement providers work closely together to effectively manage concerns and complaints raised in practice learning settings.

Summary of areas that require improvement

The following areas require improvement:

- The university process for checking students have completed all theoretical and practical elements of mandatory training prior to entering practice placements and on completion of the RtP (nursing) programme should be reviewed to strengthen the risk control and to ensure student and patient safety.

- The school should ensure external examiners meet with mentor/sign-off mentors in the pre-registration nursing (adult) and the RtP (nursing) programmes to complement their meetings with students and inform their oversight and reporting of the quality of practice based learning. The school should retain reports of these meetings.

Summary of areas for future monitoring

- Completion of mandatory training requirements by students on the RtP (nursing) programme is checked and completed prior to proceeding to practice placements and on completion of the programme.

- External examiner reporting on the quality of practice based learning is informed by meetings with mentors/sign-off mentors.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The programme teams told us that the university has robust systems in place to ensure that students are well supported in academic and practice placement settings.

They describe links with practice placement providers as very good and the teams confirmed that there are agreed and transparent processes in place to deal with student issues as and when they arise.

All RtP (nursing) team members act as a personal tutor and appear to be committed to offering and delivering an individually tailored approach to learning, and that building confidence and competence forms the fundamental basis of this programme.

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

Practice placement provider staff told us they were well supported by academic staff, and that students progress well through the programme.They told us that there are mechanisms in place to take action and, if necessary, to prevent a student from proceeding through the programme or qualifying and entering the NMC register.

The programmes of preparation for mentors and updates are well received and believed to be of great benefit in dealing with student issues. When issues arise with students, they are satisfactorily dealt with, documentation is fully completed and the learning opportunities, where possible, are identified.

Managers and sign-off mentors welcome RtP (nursing) students and commented positively about the vast experience they often brought with them. The short duration of the programme serves to regularly provide qualified nurses for local and regional recruitment.

Students

All students we met confirmed that timetables, assessment and other programme details are always available in advance and rarely changed. Feedback from academic staff is constructive and made available in sufficient time to use for their next assignment. Students fully understand the roles and functions of the support available from mentors/sign-off mentors, link lecturers and personal tutors and appreciate their input.

Pre-registration nursing (adult) students told us that they enjoy the programme, particularly the practical elements. They are able to spend most of their placement working with mentors/sign-off mentors whom they find supportive. They have access to appropriate pathways to raise any concerns or complaints and these are dealt with in a timely way.

RtP (nursing) students confirmed that the programme met their field specific learning and development needs and they had been allocated a personal tutor with relevant due regard. If matters of concern around their programme or practice experiences arose, they were able to identify what their options were and to whom these matters should be addressed. All current and previous RtP (nursing) students we met acknowledged the commitment of the programme lead.

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Service users and carers

Service users and carers reported that the care they received from students was of a high standard and praised the quality of the students. They told us the organisation of the university 'Together' programme for supporting service users and carers to be involved in the delivery of the programme was also of a high standard.

Relevant issues from external quality assurance reports

The following CQC reports which required action were considered for practice placements used by the university for pre-registration nursing (adult) and RtP (nursing) students. These reports provided the review team with context and background to inform the monitoring review.

ULHT; Pilgrim Hospital and Lincoln County Hospital CQC inspections undertaken on various dates in October 2016, reports dated 11 April 2017 (14-15).

Pilgrim Hospital received an overall rating of inadequate and requirement notices were given. Lincoln County Hospital received an overall rating of requires improvement and actions were required.

Action taken by the university:

ULHT and the UoL have continued to work in partnership at a strategic and operational level within both organisations to mitigate risks to student learning;

- comprehensive educational audits have been undertaken of all clinical placement areas deemed inadequate for safety and leadership;

- an organisational level educational audit has been conducted between the deputy director nursing ULHT and the director of nurse education at UoL;

- there is increased vigilance in the monitoring of quality learning experiences for students in these areas;

- there is an increased presence and support mechanisms for students and mentors by UoL practice educator staff in placements;

- the director of education meets with the Lincolnshire nursing cabinet (comprising all chief nurses of the NHS trusts and clinical commissioning groups) to discuss issues around quality and how risks are mitigated (1, 13).

At the initial visit we were told of a recent concern raised by three third year students regarding non-compliance with their supernumerary status in the A&E placement at Pilgrim Hospital. Collaborative action taken by the university was effective leading to one student opting to remain in the placement with additional support; one stayed in the department but in a different area and one student took up the offer of a different placement (13).

NLAG; Diana Princess of Wales Hospital and Scunthorpe General Hospital CQC inspections on 15 June 2017 reports dated 12 October 2017 (16-17).

These two focused unannounced inspections were follow up visits following the concerns highlighted in a Section 29A warning notice given at an earlier inspection on 6 April 2017. The outcome of these visits was that the organisations had not taken sufficient action to address the concerns.

Action taken by the university:

The number of placements in Diana Princess of Wales Hospital and Scunthorpe General Hospital are limited compared to the overall provision within this partnership.

Some third-year pre-registration nursing (adult) students who have been offered employment on completion of the programme have final placements in these hospitals. RtP (nursing) students also have placements in Scunthorpe General Hospital (13).

NLAG and the UoL have continued to work in partnership at a strategic and operational level in both organisations to mitigate risk. Comprehensive educational audit of all clinical placement areas deemed inadequate for safety and leadership have been undertaken. There is increased vigilance in the monitoring of quality learning experiences for students in these areas and an increased presence and support mechanisms for students and mentors by university practice educator staff in the placements (1, 13).

Crossroads Medical Practice CQC inspection 17 May 2017, report dated 21 June 2017 (18).

This unannounced visit followed an inspection in March 2017 at which enforcement action was required; four conditions were imposed on the practice registration and a notice of proposal to cancel the registration. The outcome of the May 2017 visit required the practice to continue to embed systems to improve the safety of patients.

Action by the university in response to the March 2017 outcome:

Partnership working to mitigate risk has included a comprehensive educational audit of the clinical area following a period of resting from the placement circuit. Students have recently been re-introduced to this placement with increased vigilance in the monitoring of the quality of their learning experiences. There is also an increased presence and support mechanisms in place for students and mentors by university practice educator staff and the placement development worker for the private, voluntary and independent sector (PVI) (1, 13).

What we found at the monitoring visit:

We found that the university has appointed six practice educators to strengthen practice learning and support for students and mentors in practice placement areas. The time practice educators spend in Pilgrim Hospital, Lincoln County Hospital and NLAG hospitals has been reviewed and increased from two days to four days a week when the students are out in practice. This strengthened infrastructure aims to ensure the student learning experience is not adversely affected in practice placement areas that are subject to CQC requirements and special measures. The ULHT deputy chief nurse meets regularly with students and mentors and provides feedback to the

university, as appropriate. The university has introduced clinical supervision sessions for final year pre-registration nursing (adult) and RtP (nursing) students during placement periods to enhance contact opportunities between students and academic staff. In addition, 'placement listening' events are available for all students to attend (69, 78, 81).

The university continues to work in close partnership with practice placement providers to pre-empt and manage any risks to student learning. There is regular communication between the chief nurses/directors of nursing/clinical commissioning nurse executive with the university director of nurse education and senior staff of the school regarding progress on CQC action plans and any other risks to the practice learning environments. When we visited Crossroads Medical Practice we were informed the CQC had visited in December 2017 and reported the organisation was moving in the right direction in making improvements. The CQC will visit the practice again in 12 months (75-81, 89).

We did not find any evidence to suggest there are any adverse effects on pre-registration nursing (adult) and RtP (nursing) students' learning experiences in these organisations (69, 76-81).

Follow up on recommendations from approval events within the last year
The university confirmed there were no approval events in 2016-2017 (13).

Specific issues to follow up from self-report
• The school recruitment strategy to increase the number of academic staff with subject expertise (1). (see section 1.1)

Findings against key risks
Key risk 1 – Resources
1.1   Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC
1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation

Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes

What we found before the event

A periodic academic review (PAR) of the nursing provision in 2016 identified a student to staff ratio which exceeded the school's target of 18.4 students to one academic member of staff. A recruitment strategy was implemented and has proved effective in appointing 19 new academic staff to date with relevant subject expertise. These new appointments include five practice educators, two bio-science lecturers, one lead midwife for education (LME), one principal lecturer for pre-qualifying programmes and two principal lecturers for quality and student experience. The strategy continues to be rolled out and three practice focused posts, including a wellbeing officer, are currently being advertised (1, 22, 104).

The university's continuing professional and personal development framework (CPPD) and achievement/development appraisal (ADA) scheme support ongoing staff development (10, 12-13, 21-24, 26, 110).

What we found at the event

Staff curricula vitae (CVs) evidence that the academic staff and practice educators delivering the programmes have a diverse range of experience and knowledge commensurate with their role requirements (20, 105).

The programme leader for the pre-registration nursing (adult) programme holds current NMC registration with due regard and a recognised NMC teacher qualification. The module leaders are current NMC registrants with due regard and most have recorded teacher qualifications. An LME is in post and contributes to this programme (20, 66, 105).

The RtP (nursing) programme leader is a current NMC registrant with due regard and has an NMC recognised teacher qualification. The team contributing to the delivery of the programme are all NMC registrants in either adult or mental health nursing fields with recorded teacher qualifications (20, 67, 105).

The teaching staff who deliver the programmes confirmed they are supported to complete revalidation requirements and we found an effective monitoring scheme in place for checking professional registration and revalidation (10, 12-13, 21-24, 26, 112).

The university and the college strategic plan demonstrates a clear commitment to support individuals to develop in their field of expertise and increase the number of academic staff with a professional teaching qualification. 16 members of academic staff in the school are due to commence a newly approved university postgraduate teaching certificate in clinical teaching and practice education (65, 86, 93-94, 108, 110).

We found completion of mandatory equality and diversity/unconscious bias training by

academic staff is recorded and monitored (100, 137).

Academic staff we met confirmed they have protected time for continuing professional development which includes fulfilling their link lecturer role (25, 65-67, 69, 93, 109).

The overall staff resource supporting the nursing programmes has been increased to meet the school staff to student ratio. This includes six practice educator appointments, who support clinical skills development and practice learning for students in the placement areas (65, 67, 69, 105).

From our discussions with senior staff, the programme teams and students, we found that the teaching resource supports the application of specialist knowledge and is sufficient to support the number of students on the programmes (13, 21, 65, 68-69, 85).

Our findings conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) and RtP (nursing) programmes to meet NMC standards.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times

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What we found before the event

The college PDC provides a mentor preparation programme at undergraduate and postgraduate level and a non-accredited route (30).

A practice handbook for the pre-registration nursing programme makes clear the mentor role, requirements and responsibilities for teaching and assessing students including supernumerary status and the 40 percent time requirement spent with the student (29).

What we found at the event

The school has a lead for practice, and a supporting infrastructure of inter-professional practice support teams (IPSTs) who work with recently appointed practice educators that engage with practice placement providers and contribute to the monitoring of mentor capacity. In addition, the NHS Lincolnshire inter-professional learning unit (IPLU) placement capacity plan supports the monitoring and projected demand for mentors/sign-off mentors across the range of NHS and PVI practice placement providers (9, 27, 101).

The IPLU, in conjunction with the practice education management system (PEMS) and school practice administration team, leads the management of student allocation to placements based on mentor capacity and student numbers. Educational audit

documentation provides details of the suitability of each placement to meet the learning needs of different types of students including RtP (nursing). We found that the number and type of student placement areas is sufficient for both programmes. We saw an example where an A&E placement had been overstretched and students had been moved to other suitable placements to ensure that they received an appropriate placement (54-55, 67, 91-93, 95-96, 130).

We viewed the mentor database held on the PEMS which is updated daily, enabling mentor capacity to be checked at any time. Educational audit details are also held on the PEMs and are monitored at partnership practice forums providing cross referencing data on the number of mentors available on each placement. We viewed the audits of placement areas we visited and found the mentor capacity stated in the audit matched actual mentor numbers. Changes to services impacting on the availability of mentors/sign-off mentors is communicated to the school via education leads in the practice placement provider organisations and at the practice forum (9, 13, 21, 99, 130).

Mentor/sign-off mentors reported the preparatory programme was valuable and addressed key areas in assessing students' practice learning including documentation and reporting/communicating mechanisms (86-90, 92-94, 96).

All students, mentors/sign-off mentors and managers we met confirmed that there are sufficient mentors/sign-off mentors to support and assess students and that planning of placements is well organised, structured and appropriate. They told us that sign-off mentors are assigned students on final placement and act with due regard. Students reported that mentor/sign-off mentors support them to achieve their learning outcomes and that they work with their mentor for at least 40 percent of the working week. We corroborated this through reviewing a sample of duty rosters. During mentor absences associate mentors deputise for them (68, 86, 91-94, 96).

Students confirmed that they are supernumerary. We saw evidence that concerns had been raised by pre-registration nursing (adult) students in one practice area where they found that this was not the case, and that this had been addressed and resolved satisfactorily. We met with the students concerned, who were satisfied with the outcomes. We visited the placement area and are assured that effective and timely collaborative intervention managed the risk and ensures the supernumerary status of the students (13, 85-86, 92-94, 96, 128).

We found chief nurses/directors of nursing are assured through established reporting mechanisms from their education lead/s and the IPST that mentor/sign-off mentor capacity is effectively monitored and managed in their organisation (75-80).

We conclude there are sufficient audited placements and appropriately qualified mentors and sign-off mentors to support the students studying the pre-registration nursing (adult) and RtP (nursing) programmes.

Outcome: Standard met

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| 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

All individuals involved in student selection processes are required to undertake equality and diversity and interview training (32, 36).

There is a clear admissions policy and risk assessment for students starting the programme who are under 18 years of age used alongside the university safeguarding policy (32, 38).

What we found at the event

The entry criteria for the pre-registration nursing (adult) and RtP (nursing) programmes are consistent with NMC and university requirements and include numeracy and literacy testing as well as health screening, good character and DBS checks. Applicants are also required to complete a declaration of suitability which includes declaring any previous disciplinary record. Evidence of previous NMC registration is a requirement for applicants to the RtP (nursing) programme. Individual interview and situational judgement tests which are values based are included in the selection process which involves academic staff, practitioners and service users (31-32, 35, 119).

Any concerns about an applicant's DBS check is reviewed by a 'fitness to proceed' panel which has senior practitioner representation. The health and good character checks carried out as part of the selection process are recorded on the PEMS under

the 'readiness for practice' information. The student is not allowed to proceed onto their first placement unless all checks are completed and recorded on PEMS. This was confirmed by practice staff who told us that additional screening information related to RtP students and any student requiring reasonable adjustments is also conveyed by the university. A 'fit to proceed' certificate is issued and the allocated practice placement provider is able to check that this certificate has been issued prior to receiving the student (31-32, 35, 67, 92, 119, 130).

Academic staff, practitioners, service users and students who have been involved in the selection process all confirmed they had received equality and diversity training prior to being involved in interviews and were also being offered updated training in unconscious bias. We viewed a database which logged practitioners and service users involved in selection interviews and showed that they were up-to-date with the training, and that they were not involved in interviews until the training was complete. Service users reported that they were treated as equals during the selection interview process and their views were respected (12, 111, 131, 137).

Students we spoke to from both programmes confirmed that a member of academic staff, practitioner and service user were involved in the selection process. Chief nurses/directors of nursing confirmed they supported staff to engage in student selection (9, 68, 76-80, 83-96).

Pre-registration nursing (adult)

Academic staff confirmed there were no students who started the programme under the age of 18 years and this was corroborated in the student data we viewed (52, 72, 119).

RtP (nursing)

The students confirmed their NMC statement of entry is checked by the school. Academic staff access the NMC electronic employer checking service to confirm students' lapsed status or details of any previous or ongoing NMC conditions of practice. We were informed that only one application received to date included conditions of practice set by the NMC which was referred to the school fitness to proceed panel and was rejected (67, 85, 92-94, 96).

The opportunity for current registrants to join the programme to enable them to complete sufficient practice hours required to meet revalidation requirements is not available at present. Applicant facing information would be enhanced by overt reference to the updated RtP and revalidation standards (NMC, 2016) (31, 41, 67).

The length of the programme is individualised for each student and determined by the practice learning element. At interview, applicants provide two preferences for their practice experience, which is provided as far as possible. We found two instances where students had been placed in areas where they were already working as a healthcare assistant or had previously been employed. Discussion with the programme lead, students, sign-off mentors and ward managers in those areas assured us that the decision had been very carefully considered (85, 92-93, 96).

Our findings confirm that admission, selection and progression processes for the pre-

registration nursing (adult) and RtP (nursing) programmes meet NMC requirements to ensure protection of the public.

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

What we found before the event

The performance, conduct, health, attendance and failure to meet competencies or progression requirements on the programmes are managed and monitored through the cause for concern process. This process addresses concerns in theory and practice which can be escalated to a fitness to practise (FtP), academic misconduct or disciplinary hearing, as appropriate. Information and guidance on the FtP policy and process is detailed in the programme handbooks and includes a concerns threshold framework to inform the process and decision making (7-9, 11, 29, 39-41).

What we found at the event

The processes for monitoring and addressing students' performance in theory and in practice are robust. The personal tutor monitors the student's progress through their programme and is the first point of contact if a concern about a student's poor performance is raised. Students we met told us they are given timely feedback from the programme teams and that this feedback enables them to improve their performance academically and professionally (46, 68, 70, 85, 106).

The school process provides a clear pathway to follow if there is a concern about a student's poor performance and differentiates between issues of health, conduct, progress or criminal concerns and the level of seriousness of the concerns which facilitates an appropriate response. The escalation process is clear, and we saw examples of cases which had been investigated and proceeded to a FtP panel. This was done rapidly. Panels are held monthly and include a senior practitioner representative with due regard and this was confirmed by the chief nurses/directors of nursing. Some service users have also been involved in these panels. Chief nurses/directors of nursing reported that any lessons learnt are considered at relevant partnership meetings (71, 75-80, 127, 131).

We saw reports from four FtP cases and were able to see the decisions and reasons given for the outcome in each case. We are assured that this process is robust and proportionate (127, 131).

The school progress panel captures and monitors students for whom there is an ongoing concern. We sampled records of various concerns about student performance and also correspondence and tutor student contact records evidencing the management of concerns about students' attendance in theory and practice (81,

113, 118, 128-129).

We found academic staff and mentors/sign-off mentors are aware of the cause for concern and FtP processes and confirm they follow agreed procedures to address issues of poor student performance. They reported that any feedback on their effectiveness in following due process is acknowledged and addressed (9, 66-67, 86, 88-91, 94).

Students we met are aware of the FtP policy and the ongoing need for professional behaviour to be upheld alongside engagement with their programme of study (7, 40, 86, 88-91, 93-94, 96).

Students confirm they complete health and good character declarations at progression points as appropriate and at programme completion. Students returning to the programmes following an interruption of studies require a further DBS check and health screening. Monitoring of interruptions and returners to the programmes are reviewed at quarterly student movement meetings (7, 9, 29, 68, 70, 85-90, 120).

We found variations to undergraduate regulations confirm that no compensation is allowed in the programmes and adherence to the 12-week rule is explicit (9, 33, 66, 70).

The processes in place for the sign-off of students on completion of the pre-registration nursing (adult) and RtP (nursing) programmes for admission/re-admission to the NMC meets NMC requirements (66-67, 106, 115, 131).

The sign-off mentors we met told us they confirm the completion of the students' practice hours via the PEMS and we saw evidence of this. The personal tutor has a dashboard of student performance and checks student documentation and programme completion requirements including evidence in the student's final ongoing achievement record (OAR). We also sampled student documentation and found the end of programme sign-off checking processes were clear and complete (85-86, 88-93, 96, 124, 135, 138).

Our findings conclude that there are comprehensive policies and processes in place to identify and manage the poor performance of students in theory and practice including conduct, performance, competence and FtP to ensure public protection. These processes are clearly understood by students, mentors and managers.

Risk indicator 2.1.3 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

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What we found before the event

There is a clear APL policy. The maximum APL allowed in the pre-registration nursing programme (adult) is 16 months which includes evidence of 712.5 hours of practice (32, 34).

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The APL system is managed by the school admissions team (2).

What we found at the event

In 2016-17, there were 14 expressions of interest for APL for the pre-registration nursing programme (adult), the majority of which were applicants who had failed programme assessments from other AEI pre-registration nursing programmes. A similar number of expressions of interest were received in 2017-18 of which only one claim proceeded through the full APL procedure which was a transfer application from another institution. We viewed the details of this claim and found the process of checking and verifying evidence against NMC outcomes and competencies to be sound. A successful claim enables a student to join the programme at the 12 month progression point rather than up to the maximum 16 months stated in the policy. APL claims are considered at the programme board pre-meeting and programme assessment board. The APL process more recently includes oversight by the external examiner ensuring all aspects of the programme that contribute to student progression are transparent. We met with a pre-registration nursing (adult) student who had transferred from another university at the end of the first year. They told us that they had had an interview, submitted evidence and discussed their previous experience. The student found that they had not duplicated or missed any content that had come to light so far, and were nearing the end of the programme (32, 72, 94).

The APL policy and procedure is not applicable to the RtP (nursing) programme (41, 67).

We conclude that there is a clear APL policy and process in place which verifies evidence against NMC outcomes and competencies.

Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

Pre-registration nursing (adult) and RtP (nursing) practice assessment documentation (PAD)/OAR is clear in structuring and capturing ongoing monitoring of student performance, including conduct and failure by a student to achieve practice competencies and associated action plans. A cause for concern early warning checklist and supporting action plan is provided in the PAD/OAR and the process is supported by a problem resolution protocol in the practice handbook guiding mentors when they need to act on a concern. Mentor updates maintain awareness of the process. The protocol enables the university to keep a record of issues/concerns and measures taken to resolve them. Collaboration with the university is explicit (29-30,

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42, 45, 50, 59).

What we found at the event

We found that practice placement providers understand and implement the university procedures to address issues of poor student performance in practice settings. Students, mentors/sign-off mentors, managers and education leads were able to describe the process and the need to use the PAD/OAR as a mechanism to highlight poor performance; and that this would initiate the problem resolution protocol. Both students and mentors/sign-off mentors told us that they are confident that a student could not pass a placement if they did not meet the required standards and failing students were well supported. Mentors/sign-off mentors reported feeling confident to raise concerns about a student's poor performance with the university and that they would receive support from the university to do this. They found that the process was helpful and constructive and they received appropriate, timely and effective support from university staff to address their concerns. We met mentors/sign-off mentors who had worked with the university and followed the protocol developing and implementing action plans for students who were a cause for concern with successful outcomes. We saw reference to these action plans in the cause for concern documentation (73, 86, 88-96).

We viewed a sample of PADs and OARs from both programmes that were completed or in progress including a RtP (nursing) student who initially failed to achieve the practice competencies and succeeded on second attempt. We met the sign-off mentor involved in failing the student and found that they had followed the university processes. The sign-off mentor reported being well supported during the process, as was the student (88-93, 95, 137, 143).

We conclude that practice placement providers monitor and address issues of poor performance by students following the university procedures.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

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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

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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

The infrastructure to support practice learning differs between the practice placement providers supporting the programmes. All organisations have education leads who link with university staff at a strategic or operational level with the university as appropriate (13).

The university has access to practice placement providers, placement governance and risk policies through the health service provider website or through the Lincolnshire IPLU (21).

What we found at the event

Practice placement providers work proactively and collaboratively with the university to communicate and control risks to protect students, service users and carers. The school maintains a risk register which incorporates the outcomes of internal and external quality monitoring reviews and serious concerns are exceptionally reported to the NMC. The chief nurses/directors of nursing confirmed clinical governance and risk issues that may impact on patient/service user or student safety are brought to the attention of the university (37, 69, 74-81).

The university director of nurse education meets with the Lincolnshire 'nursing cabinet' comprising all chief nurses of the NHS trusts and clinical commissioning groups to discuss issues around quality and how risks are mitigated. In addition, the school director of nurse education attends relevant risk summits at UHLT. Health and social care senior staff told us of their involvement with the university at strategic level to pursue common goals in providing and developing health and social care education, research and developing their workforce. They described the partnership with the university as strong, robust, responsive and effective (69, 74-81).

The IPSTs and university practice educators work collaboratively with the education lead in each placement area to enhance practice learning and the student experience.

Each team undertakes to meet with mentors quarterly to disseminate information, to plan forward and to discuss any issues and risks associated with practice learning (1, 13, 48, 73).

The NHS Lincolnshire IPLU is hosted by ULHT and is financed and embedded within local NHS infrastructure. The unit acts as an effective conduit between the practice placement providers and the university at a strategic and operational level of placement management including the mentor database, mentor updates, placement and mentor capacity and information for educational audit. The Lincolnshire community health services practice learning group (LCHS PLG) serves as a strategic partnership forum of the IPLU (27, 47, 53-54).

Placement agreements and learning development agreements are in place with all practice placement providers which set out the respective roles and requirements for practice learning including mentor and placement capacity. Placement numbers and availability is captured annually for each placement setting, and allocations are agreed with the IPSTs. All parties agreed that this system works well and that appropriate numbers of students are allocated and do not exceed the numbers available (21, 51, 81, 93, 130).

The online PEMS monitors all placements requiring educational audit which are undertaken biennially by the school IPSTs involving the link lecturer and practice educator in collaboration with practice placement staff. Monitoring of audit outcomes and completion of any action plans is the responsibility of the relevant IPST lead, and these are exceptionally reported to the programme management team at the partnership practice forum. We saw evidence of up to date, completed educational audits for each practice placement we visited and a sample of audits via the PEMS, and are assured the audit questions and process conform to NMC requirements (48, 51, 60, 73, 86-90, 92-96, 130).

The policy for temporary removal of students from placement as part of the escalation of concerns policy is detailed in the practice handbooks. When there has been a change to the provision within a placement for reasons of deactivation or removal a preliminary audit is undertaken and we saw evidence of this on PEMS. There are some shared placements and placement agreements in place and access by other AEIs to PEMS ensures information is shared as required (29, 51, 60, 73, 92, 96, 130).

Processes and protocols relating to raising and escalating concerns about care in practice settings and the advice and support available were all clearly, confidently and satisfactorily articulated by students and mentors. We found that RtP (nursing) students would appreciate an increased emphasis on raising concerns about care at the start of their programme. Guidance for mentors and students is provided in the practice handbook (21, 29, 41, 45, 85, 88-90, 93-94, 96, 139).

We found robust and effective partnership working at both strategic and operational levels between the university and practice placement providers to support the programmes and effectively manage risks to student learning. There are established partnerships with other AEIs that share the same placements.

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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 a comprehensive strategy, policy and guidance to support the inclusion and collaboration with service users and carers within the programmes. There is a school wide service user 'Together group', and a 'Together' newsletter. The participation worker role was established in 2016 to take forward the coordination of all work undertaken with and by service users at programme and school events (21, 36, 134).

The programme handbooks make clear to students the requirement to seek service user consent for care interventions. The PAD records feedback from service users about the student involvement in their care using a rating scale (7, 40, 42).

What we found at the event

Service users and carers are invited to participate fully in all aspects of programme design, delivery and evaluation. The service user and carer group told us that the Together programme had been developed over the past year and that this had significantly improved their experience of interacting with the university. They felt valued for their input which includes interviewing prospective students, speaking at seminars and lectures, participating in fitness to practise hearings, and research projects. They told us that the Together programme was very well organised, and included a database of experiences from which they were offered opportunities to participate in events or sessions. Several described how the involvement with the students and the university had enhanced their wellbeing and offered them opportunities for personal development. The group comprised a range of ages and experiences of health and social care (82-83, 131, 134).

We met with service users and carers at the university, and in practice settings who had received care from students, and we had telephone interviews with other patients and carers who had received care from or had engagement with students. All reported positive interaction with students and found them caring, thorough in their approach, and good at discussing care and communicating about the care they were providing. We met with service users in a trust which is rated as inadequate by the CQC. They told us that the staff are kind and caring, and that the standard of their care is excellent. They reported that the students are competent and communicated well, and are very thorough when carrying out treatment or care (82, 93-94, 131).

Students we met from both programmes reported a good level of service user involvement in teaching on the programmes. We viewed examples of completed service user feedback in the students' PADs (83, 90, 92-93, 135, 138).

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Students, practitioners, chief nurses/directors of nursing, timetables and notes of programme meetings we viewed confirmed involvement of practitioners in the development, delivery and management of the programmes (40, 67-68, 74-80, 85, 92-93, 95-96, 98, 139).

We conclude that practitioners and service users' and carers' involvement in the development and delivery of the programmes is well embedded.

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

What we found before the event

There is a substantial school infrastructure to support practice learning. Recent university appointments of practice educators support the development of clinical skills and provide support to students and mentors within the practice placements two days per week (1, 13, 21).

The school lead for student experience and quality (practice) co-ordinates and monitors the quality of practice placement experience. All academic staff provide support for students in practice through the provision of placement visits co-ordinated by the IPSTs. The five IPSTs comprise of link lecturers who are allocated a group of placements to support in a geographical area of the placement circuit. The role and responsibility of the IPST member in supporting students and mentors in practice learning is clearly defined and constitutes 20 percent of their working time on the programme undertaking partnership working in practice. The link lecturer and practice educator plan and manage learning in the placement, undertake an educational audit, discuss student evaluations, monitor and update the mentor database and plan forthcoming allocations of students to placement. Guidelines for visits to students enable consistency in monitoring and supporting the student experience. The IPST leaders report to a programme management team to ensure consistency and continuity of approach for all placements and students (9, 21, 25, 48, 61).

What we found at the event

Students, mentors/sign-off mentors and managers we met all confirmed the visibility of link lecturers in practice placement settings. Mentors and managers reported having close working relationships with them and mentor/sign-off mentors and students value the support they provide and were able to give examples (86-96).

Attendance at group clinical supervision sessions for RtP (nursing) students when they are on placement is provided by the programme team and supplements support for practice learning. Students report these are useful, enabling them to reflect on their practice learning experiences (67, 85, 94, 96, 131).

Practice educators from the university told us that following an evaluation of their engagement in practice placement settings, the allocated two days per week has been increased to three days per week, to enable them to spend additional time supporting students in practice. The practice educators linked with placements in organisations subject to CQC requirements or special measures, now spend four days per week in the practice settings (65, 80-81, 86, 93-94).

Academic staff confirmed they are allocated protected time to fulfil their IPST member and link lecturer role. We saw additional arrangements in place in the school to ensure timely support to academic staff supporting students and mentors, in the absence or unavailability of a link lecturer, through a duty tutor/duty principal lecturer for nursing rota system (65-67, 107).

We conclude that academic staff support students in practice placement settings.

Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice

What we found before the event

There is an established mentor preparation programme, successful completion of which enables entry to the active mentor register (29-30).

A sub-group of the Lincolnshire IPLU, the Lincolnshire nursing and midwifery practice learning group (LPLG) annually reviews and develops the content of the mentor update provided at venues across the placement circuit and delivered by IPSTs (48-49, 59).

The practice handbook, IPLU mentor resource booklet and guidance in the PAD supports mentor/sign-off mentors in their role in facilitating practice learning and assessing and grading students. IPST teams aim to meet quarterly with mentors to disseminate information and discuss any issues associated with practice learning (21, 42, 50).

What we found at the event

Mentors/sign-off mentors we met reported they are effectively prepared to support student learning and assessment in practice. They confirm they are supported to complete the NMC approved mentor preparation programme and given protected time to attend annual mentor updates and to complete their triennial reviews. We met one mentor who was unable to be released to attend a scheduled mentor update due to workload on the ward. They confirmed that they had not mentored a student since their mentorship lapsed, and are hoping to attend the update in the near future (86-88, 91-93, 95-96).

Mentor updates are delivered collaboratively and are provided in a variety of formats; an online workbook including discussion requirement; a facilitated face to face group update and a facilitated individual update. The updates incorporate pre-registration nursing (adult) curriculum developments and RtP programme requirements as well as management of students who are failing to progress or where there is a cause for concern (48, 59, 66-67).

Mentors/sign-off mentors we met on practice visits told us they act with due regard. They demonstrated a clear understanding of the assessment process, completing the PAD and the alignment of student meetings at the beginning, middle and at the end of the placement. Sign-off mentors understand their responsibilities at progression points in the programmes, where relevant, and at programme completion. We saw copies of students' PADs and OARs which we found to be appropriately and thoroughly completed. Some mentors told us that they had not been familiar with the new PAD for the 2016 curriculum as it had been introduced after a previous annual update. Some third-year pre-registration nursing (adult) students also told us this. Both the mentors and the students raised this with the university who had responded by providing an update session in the placement setting and additional support for the mentors. The mentors had found this response helpful and timely (86-88, 93-94, 135).

We conclude that mentors and sign-off mentors are appropriately prepared for their role in undertaking practice assessments.

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

What we found before the event

The Lincolnshire IPLU manages the active mentor register for the whole of the Lincolnshire health services in partnership with practice placements and the university. This includes admission, removal, deactivation and reactivation from and to the active mentor database. The unit records mentor preparation and co-ordinates the design and facilitation of mentor updates, records triennial reviews, provides monthly reports to placement providers for their out of date mentors and quarterly figures on mentor/sign-off mentor capacity. The unit also provides information for educational audit and student allocation to an appropriate mentor/sign-off-mentor. The school hosts the PVI mentor register (13, 21, 47).

The PEMS holds the online mentor register. There are differing levels of secure access by practice placement providers and university staff to mentor registers, educational audits and placement profiles to support the allocation of students to mentor/sign-off mentors (13, 47).

What we found at the event

The IPLU and PEMs mentor register is reviewed and updated daily. Attendance at mentor updates is recorded on the register of mentors/sign-off mentors. We reviewed the mentor update schedule against dates recorded on the register and found a clear correlation (73, 86-88, 91-93, 95-96).

We also reviewed the mentor register in each organisation we visited including the PVI sector and checked it against student and mentor allocation listings. We found all but one of the mentor/sign-off mentors who currently or recently had been allocated a student on either programme had live status on the mentor register. It was clearly annotated that the triennial review date for this particular sign-off mentor had only recently passed. They had previously been allocated a RtP (nursing) student. We were able to ascertain that the sign-off mentor had live status for the duration of the student's allocation. The IPLU and PEMS clearly indicate this particular sign-off mentor as being deactivated. We viewed how the PEMS system will not allow student allocations to a deactivated mentor until a mentor update and or triennial review is completed. The university checks that confirmation of the sign-off mentor's active status has been received against the planned student allocation. Due dates for annual update and triennial review are also checked to ensure the sign-off mentor will have active mentor status for the entire time the student is allocated to the placement (73, 92-96, 115, 130).

We were told that any significant changes to staffing or clinical governance issues are conveyed to the university by the practice placement before decisions to alter capacity are made (54-55, 67, 91-93, 95-96, 130).

Our findings conclude that there are robust systems in place which ensures students are allocated to appropriately and adequately prepared mentors/sign-off mentors.

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Findings against key risks

Key risk 4 - Fitness for Practice

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

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

Risk indicator 4.1.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

Years one and two pre-registration nursing (adult) nursing students follow the BSc (Hons) nursing with registered nurse (adult) full time programme. Year three adult nursing students follow the BSc (Hons) nursing curriculum approved in 2011 (4, 13).

The RtP (nursing) programme is a 30 credits academic level six module and recruits to the adult and mental health fields. A minimum of 75 hours of practice and up to a maximum of 450 hours must be completed (40-41, 59).

The university inter-professional learning (IPL) strategy and operational plan supports the development of IPL in the programmes including online through 'values exchange' (7, 21, 28, 40-41, 43-44).

What we found at the event

The pre-registration nursing (adult) and RtP (nursing) programmes are mapped against NMC standards to ensure achievement of NMC outcomes and competencies (7, 21, 29, 40, 42).

All students we met described the university library and skills facilities as excellent. They confirmed that the information about the programme and support they may require, including online materials and personal tutor support, is helpful in enabling their learning, development and assessment. Reasonable adjustments are made as appropriate (68, 85, 106, 131).

Managers and mentors/sign-off mentors reported that students are adequately prepared for practice placements (86, 88, 91-93).

Completion of practice hours are confirmed on PEMS by the sign-off mentor. We saw evidence in tutor/student contact records of the follow up by academic staff of students who had a shortfall of either theory or practice hours. Arrangements for the retrieval of theory learning hours has recently been made more explicit in a policy which is pending final ratification by the school. We found all current RtP (nursing) students have attended the NMC requirement of a minimum of five study days (87-91, 114, 117-118, 140).

We viewed the profiles of pre-registration nursing (adult) and RtP nursing students who had completed their programmes and found that all programme and NMC requirements are confirmed at progression points as appropriate and at entry/re-entry to the register (86, 88-90, 131, 135, 138).

We viewed data sets for the programmes which are used to inform programme delivery, development and enhancements (69, 73, 79, 121-122, 126).

Pre-registration nursing (adult)

Generic fall-back awards without eligibility for NMC registration for students who leave or fail any component of the pre-registration nursing programmes are clearly stated in programme documentation (7, 11, 43-44).

A wide variety of learning, teaching and assessments facilitate achievement of NMC outcomes and competencies. Skills workshops and the use of simulated activities which reinforce values based care support the clinical modules to ensure effective preparation for practice. Students we met understand the assessment strategy and appreciated opportunities for formative and summative feedback to support their development. Students and mentors/sign-off mentors all reported that taught theoretical concepts are closely connected to practice learning and assessed course work. Students' completion of mandatory training is logged in their mandatory training handbook and on PEMS and students are not allowed to proceed to practice placement without evidence of completion (7, 40, 42-44, 62, 68, 86, 88-90).

Students commented positively about the valuable breadth of theoretical and practical experiences they had gained through meeting the European Union (EU) directive requirements. They were able to evidence in their PADs how they met these requirements and regularly reviewed their competence to deliver essential skills clusters (ESCs). IPL experiences are also captured in the PADs (84, 87-91, 133, 135).

RtP (nursing)

Current students reported that the programme prepares them effectively for return to the NMC register (40, 85, 93-96).

Teaching and learning approaches include simulation and online. We found that revalidation is not overtly referenced in programme documentation. However, we are assured by the taught content materials we viewed, that revalidation is a feature of the programme. The programme team are advised that more explicit reference to the RtP and revalidation standards (NMC 2016) in programme documentation and timetables will better reflect the currency of the programme (31, 39-40, 67, 139).

Attendance of students at mandatory training sessions, which vary in length from one and a half days to nine days, is provided and recorded by health services providers. However, this attendance is not captured in the PEMS practice hours log or counted as programme theory attendance. Students who had attended the training at one NHS trust reported they had been unable to participate in the practical element of the training due to equipment failure and on another occasion due to excess numbers of

participants. The NHS trust had responded to feedback by engaging directly with the students to address the issue. We are assured that the mandatory training concerns raised by students are now being addressed though ongoing partnership working. However, the university processes for checking students have completed all elements of mandatory training prior to proceeding on practice placements and at the end of the programme requires improvement to ensure the safety of students and service users (85, 93-94, 103).

Formative and summative assessment for theory and practice are clearly stated in the student handbook, PAD and in mentor updates. Students reported receiving timely assessment feedback (40-41, 59, 93-94, 96).

Our findings conclude that the pre-registration nursing (adult) students and RtP (nursing) students are supported to achieve NMC learning outcomes and practice competencies at progression points and for entry/re-entry to the register in both. However, we found the university processes for checking RtP (nursing) students have completed all elements of mandatory training prior to proceeding onto placement and completing the programme requires improvement.

Risk indicator 4.2.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

A range of practice experiences are available to students to enable achievement of competencies and programme requirements. Practice assessments are graded and a structured situational assessment based on an episode of care (EOC) is incorporated as part of the clinical modules. Service users provide feedback about the student as part of the EOC (7, 40, 42, 59, 62).

Pre-registration (adult) nursing first and second year students record practice achievement in a PAD and progression in an OAR. Third year student competencies, progression and achievement are detailed in a practice portfolio and OAR (42-44).

The practice assessment component of the RtP nursing programme is 50 percent of the programme assessment strategy (40-41).

What we found at the event

Students confirmed they understand the requirement to fully engage in the practice learning opportunities made available to them and most told us they felt well prepared by the university for their practice placements (67-68, 85).

A wide range of practice learning experiences and insight days are available to the students who reported the insight days offer opportunities to visit related practice areas or spend time with other members of the inter-professional teams. Students told us that these days were relevant and interesting and gave fresh insights into the main placement. The mentor verifies insight visits and students reported good communication between the supervisor of the insight visit and their sign-off mentor (59, 67-68, 84, 86, 88-90, 92-93).

Students, mentors/sign-off mentors we met and practice documentation we viewed demonstrated a clear understanding of the PAD and OAR and the need to demonstrate and record competency achievement at appropriate progression points. Students commented positively that mentors fully understand their responsibilities towards student learning and assessment, especially the completion of the PADs and OARs (68, 85-86, 88-90, 92-94, 96, 135, 138).

Chief nurses/directors of nurses and the university director of nurse education confirmed they are informed of any significant concerns about students and are assured these are effectively managed to ensure students completing their final placements are fit for practice (76-78, 80-81).

Employers, managers and mentors/sign-off mentors told us that students exiting the programmes are able to practice safely and effectively. The clinical commissioning group executive nurse told us feedback from general practitioner (GP) practices providing placements for RtP (nursing) students was positive (75-78, 80, 86, 91, 93-94).

Pre-registration nursing (adult)

Mentors/sign-off mentors were able to provide examples of working closely with university staff to ensure students made up any shortfall in practice learning hours (86, 88-91, 114, 135).

Students told us that they particularly enjoyed the placement experiences. Third year students reported that the programme has prepared them well. They told us that they feel ready to undertake their final placements and feel confident that they will be ready to start in employment as a nurse on completion of the programme and registration with the NMC (68, 86, 89-90).

RtP (nursing)

Students and the programme team told us that prior learning and experience is assessed individually for students and that the placements and practice hours are developed around individuals' needs which determines the length of each student's programme (40, 85, 93).

Our findings conclude that pre-registration nursing (adult) students and RtP (nursing) students are supported in audited practice placements to achieve all practice learning outcomes and competencies at progression points and for entry to the NMC register.

Outcome: Standard requires improvement
Comments: The university process for checking students have completed all theoretical and practical elements of mandatory training prior to entering practice placements and on completion of the RtP (nursing) programme should be reviewed to strengthen the risk control and to ensure student and patient safety.
Areas for future monitoring: • Completion of mandatory training requirements by students on the RtP (nursing) programme are checked and completed prior to proceeding to practice placements and on completion of the programme.

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

Each programme is subject to annual programme monitoring and reporting (APR) and PAR. The most recent PAR for nursing was in 2016 (56-57).

The current cohorts of students on the pre-registration nursing (adult) and RtP (nursing) programmes are subject to education commissioning for quality (ECQ) reviews by the commissioning body Health Education East Midlands (HEEM) (13, 21, 58).

The pre-registration nursing programme student satisfaction rating from the recent national student survey (NSS) positions the UoL programme 63rd out of 71 higher education providers nationally (19).

There is a clear policy for the appointment of external examiners (21, 39, 55).

A student representative system for programmes is in place and is detailed in programme handbooks (7).

What we found at the event

We found the university has a comprehensive range of internal quality systems for the development and ongoing enhancement of the programmes. We viewed programme annual monitoring reports and associated enhancement plans which demonstrate an appropriate use of programme related performance data to inform ongoing development. These reports are shared with stakeholders at programme boards and partnership forums (6, 37, 57, 70, 73, 98-99, 104, 121-122).

A new school governance structure has been put in place and a risk register for nursing is established to enhance the QA, enhancement and regulatory compliance infrastructure (101-102).

The university follows up and concludes any issues from previous programme approvals, monitoring reviews and effectively manages risks to meet ongoing AEI status requirements. NMC annual self-assessment reports are completed (1-3).

Students' feedback about their academic and practice learning experiences is available through a range of channels. Actions plans from the end of programme and end of year evaluations are considered by the programme subject committee which has student representation. Programme management meetings review the evaluations and identify lessons learnt. Student completion rates of practice evaluations is high as it is a pre-requisite for proceeding to the next placement. In contrast we found a low return of completed online evaluations for academic modules. Academic staff report that module teams seek student feedback in other ways to supplement the low rate of online returns but this is done informally. The school is advised to consider formalising these supplementary strategies to evidence the student voice (69-70, 73, 98, 124-126, 141).

We found evidence of student representation in the ongoing development and review of the programmes through the subject team committees, primarily pre-registration nursing students. When student cohorts are in practice placements virtual subject committees are held to ensure ongoing dialogue between the academic teams and students (68, 70, 98, 117).

External examiners for the programmes hold current NMC registration, a recorded teacher qualification and act with due regard. The school records and monitors the currency of their NMC registration (20, 26, 112).

Students from both programmes being reviewed are made aware of the external examiner role (7, 40).

Pre-registration nursing (adult)

Student feedback on the programme contributes effectively to programme development and enhancement. Students confirm they have opportunity to complete module and end of year evaluations. They are confident if they raise any issues the programme team are accessible, responsive and supportive (88-90).

Drop in 'afternoon teas' and student surgeries provide additional opportunities for students to feedback on their programme and we were told these are working effectively. Feedback from these events are followed up at programme team briefings

(65, 68, 70, 81, 86, 88, 124-125).

A comprehensive programme action plan is in progress to continue to enhance the student experience in response to the recent NSS results and periodic subject review. Overall, we found students' experiences on the programme are positive, in particular their practice experience. However, as the student response rates for completion of the online theory module evaluations are low, generalisations to the total population of pre-registration nursing (adult) students or comparisons with NSS results cannot be made (1, 19, 69-70, 73, 104, 124-125, 132).

The programme team respond promptly to any issues that are raised by external examiners. Reports and feedback from the external examiner to the programme team address the quality of the university based learning and review students' practice learning documents. We found evidence in some external examiner reports of their engagement with students through attendance at student assessments or review events. However, we found no evidence of external examiners' engagement with mentors/sign-off mentors to inform their oversight and reporting of the quality of practice based learning. This requires improvement. The school should retain records of external examiner meetings with mentor/sign-off mentors and students (63-64, 70, 72, 81, 97).

RtP (nursing)

Students we met are mostly positive about the programme, describing the theoretical content as appropriate and current. We found this to be consistent with the module evaluations we viewed. The programme team are responsive to feedback, for example arranging for students to attend a study on sepsis after students requested additional teaching about the topic (85, 93-94, 96, 141).

We found issues raised in external examiner reports are actioned promptly by the programme team. The external examiner reviews a sample of the student PADs and has been offered the opportunity to meet with students. However, we found no evidence of external examiner engagement with sign-off mentors and this requires improvement (67, 70, 116, 142).

We conclude that there are effective internal QA processes in place to identify and manage risks, address areas for development and continued enhancement of the pre-registration nursing (adult) and the RtP (nursing) programmes. However, the external examiners for the pre-registration nursing (adult) and RtP (nursing) programmes have not met with mentors to inform their oversight and reporting of the quality of practice based learning and this requires improvement.

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

Students have access to a university complaints procedure which is signposted in programme handbooks. Any concerns and complaints raised in practice settings are managed through the concerns in practice settings process (7, 21, 39).

Every student is required to complete an evaluation of practice experience (SEPE) via the PEMS which are shared with practice placements (21).

What we found at the event

We found practice placement providers have timely access to completed student practice evaluations on PEMS and this was confirmed by education leads, senior nurses, practice educators and mentors. We viewed reports from the system which provides thematic analysis of data by organisation, placement and mentor/sign-off mentor. The practice evaluations and any action plans are discussed at the practice learning forum (78, 88, 90-95, 126, 130, 132).

There are clear processes in place to ensure students' concerns and complaints are appropriately dealt with. We found no recorded complaints from RtP (nursing) students and two complaints since 2014-15 from pre-registration nursing (adult) students. Both complaints were resolved at the head of school investigation stage (69, 123).

The university and practice placement providers work closely together to manage concerns and complaints raised in practice learning settings effectively. We saw examples of concerns recorded on the PEMS and evidence that these concerns had been followed up promptly. Outcomes are communicated in a timely manner to stakeholders through internal QA and governance mechanisms (39, 68-69, 86, 93-94, 123, 130).

We found that practice placement providers receive feedback from external examiner reports on the quality of practice learning and assessment through the practice learning forum (70, 99).

Pre-registration nursing (adult)

Mentors/sign-off mentors confirmed they receive student evaluations of their practice experience and we saw evidence of these on notice boards in all placement areas we visited (68, 86, 88).

Students told us they are aware of the process for raising concerns and complaints in practice settings and the support and guidance available. There was a clear appreciation of the process by mentors/sign-off mentors and academic staff and the support and guidance available. Mentors and managers told us that timely and appropriate action plans are put in place around any complaints or concerns raised by students in practice learning settings. Students and managers told us that they receive feedback from the academic team following any concerns being raised. Chief nurse/directors of nursing confirmed the open and transparent communication with the university when student concerns are escalated (66, 68, 77-78, 80, 88-90, 136).

A student raised a concern to us during a practice visit, and on further investigation by the school we found this concern had already been logged in a tutor student contact record by the link lecturer and is being followed up. We are assured that the response by the school was appropriate (127-130).

RtP (nursing)

Managers and sign-off mentors confirm they receive student evaluations of practice learning via PEMS. Student feedback is normally disseminated during team meetings or on staff noticeboards and any actions required are followed up. Feedback relating to individual mentors is made available to them for the NMC revalidation process (92-93).

All students we met told us they are comfortable in raising a concern or complaint whilst undertaking their practice placement and are aware of the guidance and support available. Sign-off mentors and managers told us of the communication and reporting process to follow (67, 85, 92-94, 96).

We conclude from our findings that concerns and complaints raised in practice settings are responded to effectively through partnership working by the university and practice placement providers.

Outcome: Standard requires improvement

Comments:

The school should ensure external examiners meet with mentor/sign-off mentors in the pre-registration nursing (adult) and the RtP (nursing) programmes to complement their meetings with students and inform their oversight and reporting of the quality of practice based learning. The school should retain reports of these meetings.

Areas for future monitoring:

- External examiner reporting on the quality of practice based learning is informed by meetings with mentors/sign-off mentors.

Evidence / Reference Source

1. UoL/NMC annual self-assessment programme monitoring report 2017-18, 17 November 2017

2. UoL/NMC annual self-assessment programme monitoring report 2016-17, 17 November 2016

3. UoL/NMC monitoring review report 2014-15, 15 February 2015

4. NMC approval letter BSc (Hons) nursing with registered nurse (adult and mental health), 3 June 2016

5. NMC approval letter RtP (nursing), 2 August 2016

6. UoL SCHC quality strategic map, April 2015

7. UoL BSc (Hons) nursing programme handbook 2017/18, V1.10, September 2017

8. UoL FtP regulations, 2015-16

9. UoL FtP policy: A values based approach, pre-registration nursing programmes, April 2015

10. UoL professional registration policy for NMC staff registration, updated, 17 June 2017

11. UoL cause for concern process, 29 July 2015

12. UoL equality and diversity; unconscious bias training plan, undated

13. Initial visit, 5 January 2017

14. ULHT; Pilgrim Hospital CQC inspection on various dates in October 2016, report dated 11 April 2017

15. ULHT; Lincoln County Hospital CQC inspection on various dates in October 2016, report dated 11 April 2017

16. NLAG; Diana Princess of Wales hospital and CQC inspections on 15 June 2017 report dated 12 October 2017 (2016-17)

17. NLAG; Scunthorpe General Hospital CQC inspection on 15 June 2017 report dated 12 October 2017 (2016-17)

18. Crossroads Medical Practice CQC inspection 17 May 2017, report dated 21 June 2017

19. UoL NSS review nursing, December 2017 and NSS key themes and issues 2017-2018, SHSC, nursing, NSS August 2017 (cohort 0914)

20. NMC register accessed 6 January 2018

21. AEI requirements accessed 4, 8-9 January 2018

22. College of social sciences strategic plan 2016-2021; SHSC strategic action plans 2016-17; 2017-18, September 2016

23. UoL CPPD framework; useful guidance for staff, undated

24. UoL ADA scheme for academic staff, November 2014

25. UoL IPST roles and responsibilities v2, undated

26. UoL SHSC pre-registration nursing, maintenance of active registration policy, March 2016

27. IPLU Lincolnshire placement capacity plan, undated

28. UoL IPL strategy and operational plan 2015-2019, v6, April 2016

29. UoL SHSC pre-registration nursing, practice handbook 2017-18, v3, August 2017

30. UoL PDC supporting learning and assessment in practice (SLAiP), programme handbook 2017-18

31. http://www.lincoln.ac.uk/home/shsc/

32. UoL SHSC admissions guidance v2, (including sections 10 and 11; healthcare programmes under 18 student admissions policy and proforma), March 2017

33. UoL approved variations to the university's undergraduate regulations for 2017-18, undated

34. UoL APL policy (including exemptions to the regulations), 1 May 2015

35. UoL RtP (nursing) level 6 undergraduate programme DBS workflow 2017-2018

36. UoL SHSC patient, service user and carer participation handbook, v2, 18 August 2017

37. UoL SHSC risk register, nursing, undated

38. UoL safeguarding of children and vulnerable adults' policy, v1.2, February 2016

39. UoL general regulations 2017-2018 (includes academic misconduct, fitness to practise policy, student complaints and external examiners), 1 August 2017

40. UoL RtP module handbook 2017-2018

41. UoL RtP module specification 2017-2018

42. UoL SHSC BSc (Hons) nursing with registered nurse (adult) PAD, v3, April 2017

43. UoL BSc (Hons) nursing with registered nurse (adult) programme specification, undated

44. UoL BSc (Hons) nursing programme specification, undated

45. UoL problem resolution protocol v3, undated

46. UoL student support and tutoring; personal tutors, 24 June 2014: UoL educational development and enhancement centre unit personal tutoring flowchart, undated

47. The Lincolnshire IPLU: Lincolnshire mentor database; processes, guidance, flowcharts and templates, v6, May 2014

48. UoL terms of reference for the north west practice support team, undated

49. Lincolnshire IPLU; practice learning group (LPLG) terms of reference, undated

50. Lincolnshire IPLU mentor resource booklet; achieving NMC standards, undated

51. Learning development agreements and placement agreements, with NHS and PVI practice placement providers and other AEIs that share the same placements, various dates

52. UoL current pre-registration nursing (adult) students redacted data; date of birth on application and date commenced the programme, undated

53. Lincolnshire IPLU; guidance, action plan and checklist for new pre-registration nursing placements, July 2013

54. Lincolnshire IPLU; placement management flow chart, 16 September 2013

55. UoL external examiners' handbook 2016-2017, November 2014

56. UoL QA policy, periodic academic review, 7 June 2016

57. UoL QA policy, general principles, November 2011

58. HEEM ECQ, approach to quality, January 2015

59. UoL mentor updates v2, 2017-2018; BSc (Hons) nursing (adult and mental health), including RtP; presentation slides, undated

60. UoL BSc (Hons) nursing programme; process for educational audit, November 2017

61. Placement support process guidelines for visits, undated

62. UoL SHSC BSc (Hons) nursing with registered nurse; mandatory training handbook 2017/18 v4 August

63. UoL BSc (Hons) nursing external examiners reports x 2, 2016-2017

64. UoL SHSC undergraduate subject board of examiners minutes, BSc (Hons) nursing (adult), BSc (Hons) nursing (mental health), 28 July 2017, 29 July 2016

65. Introductory meeting with school staff x30 and presentation, 16 January 2018

66. Meeting with pre-registration nursing (adult) programme team, 16 January 2018

67. Meeting with RtP (nursing) programme team including a team presentation, 16 January 2018

68. Meeting with years one, two and three pre-registration nursing students (adult), 16 January 2018

69. Meeting with CSS pro-vice chancellor, SCHC head of school and director of nursing and education, 16 January 2018

70. Meeting with SHSC principal lecturer for student experience and quality (academic), and programme lead for nursing, 16 and 18 January 2018

71. Meeting with SHSC principal lecturer for pre-qualifying programmes (lead for FtP), 16 January 2018

72. Meeting with SHSC principal lecturer for pre-qualifying programmes, admission tutor/APL assessor and programme lead for nursing, and review of APL claim, 16 and 18 January 2018

73. Meetings with SHSC principal lecturer for student experience and quality (practice), SHSC placement development lead and demonstration of PEMS, 16 and 18 January 2018

74. Teleconference meeting with workforce development manager, Lincoln carers association (LinCA), 17 January 2018

75. Teleconference meeting with executive nurse and director of quality and quality team, South Lincolnshire clinical commissioning group, 16 January 2018

76. Teleconference meeting with, director of nursing and operations, education lead, LCHS, 17 January 2018

77. Teleconference meeting with, chief nurse ULHT, 17 January 2018

78. Teleconference meeting with, deputy chief nurse (workforce and education) ULHT, 17 January 2018

79. Teleconference meeting with education commissioner quality lead, HEEM, 18 January 2018

80. Teleconference meeting with, director of nursing/allied health professions and quality LPFT, 18 January 2018

81. Meeting with UoL director of nurse education, 17-18 January 2018

82. Meeting with service user carer representatives the Together group, 18 January 2018

83. Meeting with service user involved in RtP (nursing) programme, 18 January 2018

84. Meeting with SHSC lead for IPL, 18 January 2018

85. Meeting with current and previous RtP (nursing) students, 18 January 2018

86. Practice placement visit (adult nursing): Review of educational audit, off duty, mentor register and meetings with mentors/sign-off mentors, students, practice educator and placement co-ordinator; ULHT Lincoln County Hospital, Ashby ward; A&E department; outpatient department, 16 January 2018

87. Practice visit (adult nursing): Review of educational audit, mentor register and meetings with mentor, practice development lead, chief executive Barnabas Hospice, 16 January 2018

88. Practice visit (adult nursing): Review of educational audit, off duty, mentor register and meetings with mentors/sign-off mentors, students, clinical services managers, practice educator; ULHT Pilgrim Hospital, ward 5A surgical; intensive care unit (ICU); pre-assessment unit; A&E department; ward 6B elderly medicine, 17 January 2018

89. Practice visit (adult nursing): Review of educational audit, off duty, mentor register and meetings with mentors, nurse practitioners, service users/carers, placement liaison lead; Crossroad surgery, 18 January 2018

90. Practice visit (adult nursing): Review of educational audit, off duty, mentor register and meetings with mentors/sign-off mentors, students, placement liaison lead, service user/carers; LCHS Fen house (hub) South Lincolnshire community nursing team, 18 January 2018

91. Practice visit meeting (adult nursing) with senior nurse surgery, senior nurse medical and matron medical area, ULHT Pilgrim Hospital Boston, 17 January 2018

92. Practice visit (RtP nursing): Review of educational audit, off duty, mentor register and meetings with mentors, students, clinical managers, practice educator; ULHT Lincoln County Hospital, ICU; Burton ward (complex medical care); County Hospital Louth, West block community team 16 January 2018

93. Practice visit (RtP nursing): Review of educational audit, off duty, mentor register and meetings with mentors, students, clinical managers, practice educator and service users; NLAG Scunthorpe General Hospital, CCU; CDU, 17 January 2018

94. Practice visit (RtP nursing): Review of educational audit, off duty, mentor register and meetings with mentors, students, clinical managers, practice educator and service users; LPFT community mental health services, Discovery House Wolds ward, 17 January 2018

95. Telecon meeting with RtP (nursing) sign-off mentor and discussion of failed student recorded in the PAD, LPFT community mental health services Windsor House, (child and adolescent mental health), 17 January 2018

96. Practice visit (RtP nursing): Review of educational audit, off duty, mentor register and meetings with mentors, students, clinical managers, practice educator and service users BMI, Lincoln, 18 January 2017

97. Email feedback on PADs and year two practice module for pre-registration nursing (adult) external examiners, 8 January 2018, 1 December 2017

98. UoL BSc (Hons) nursing subject committee minutes,1 February 2017, 7 June 2017, 8 November 2017

99. UoL practice learning meeting minutes, 14 December 2017

100. SHSC diversity in the workforce staff completion report, 15 December 2017

101. UoL SHSC healthcare programmes operational roles and meetings v1.30, September 2017

102. UoL SHSC programmes governance structure v2, 2 October 2017

103. NHS trust attendance register for corporate mandatory training event attended by RtP (nursing) students, various dates

104. UoL periodic academic review nursing, 27 October 2016

105. UoL SHSC, staff CVs, undated

106. SHSC pre-registration nursing; personal tutor guidebook v1, September 2017

107. SCHC duty tutor rota for nursing and duty principal lecturer for nursing rota; schedule for 2018

108. UoL academic promotions 2017-2018

109. Academic workload model 2017-2018, May 2017; and list of staff against roles and duties, undated

110. UoL staff development policy, undated

111. SHSC selection panel members for nursing/RtP programmes, equality and diversity training/unconscious bias training record of attendance, undated

112. SHSC record of NMC registered staff; registration renewal and revalidation record including external examiners; undated

113. UoL cohort progression board, subject board, pre-board and award board – adapted from CSS subject board and award board, pilot, updated v2, 4 December 2017

114. UoL pre-registration nursing; practice hours criteria, sign-off and deficit policy, renewed May 2017

115. SHSC mentor sign-off information check, undated

116. Email correspondence to external examiner for RtP programme to meet with students, 16 October 2017

117. UoL healthcare programme retrieval of theory learning hours policy, v1.1, 21 December 2017

118. Sample of various correspondence and tutor student contact records from UoL and SHSC to students regarding failure to attend sessions, various dates, 2017

119. SHSC admissions guidance v3, January 2018

120. SHSC protocol for student interruption of studies v2 2017-2018

121. UoL annual programme monitoring report; BSc (Hons) nursing, 2016-17

122. UoL module leader annual report; RtP (nursing), September 2016 and March cohorts, undated

123. UoL secretariat email summary of SHSC nursing programmes, student complaints, 2014-2018, 12 January 2018

124. SHSC module evaluation survey dashboard, pre-registration nursing, January 2018

125. SHSC pre-registration nursing programme evaluation 0916 cohort, undated

126. SHSC sample of completed module evaluations for RtP (nursing), various dates

127. UoL SHSC fitness to practise outcome records folder year 1-3 cohorts, various dates

128. UoL problem resolution protocol (PRP) progress reports, various dates

129. UoL student-tutor contact notes, example

130. UoL electronic practice education management system (PEMS) including mentor database, viewed 16, 18 January 2018

131. UoL SHSC RtP (nursing) personal tutor guidebook, September 2017

132. SHSC preregistration nursing practice evaluations – analysis of themes November 2016-January 2018

133. Inter-professional education; nursing programme presentation, 18 January 2018

134. Newsletters, 20 September 2017, January 2018 and flyer (undated) for Together service users and carers participation news opportunities and developments information

135. SHSC pre-registration nursing (adult) OAR and PAD from various students in years one two and three, various dates

136. SHSC RtP (nursing) clinical supervision concern report summary, 11 January 2018

137. SHSC practitioner equality and diversity training confirmation for involvement in RtP (nursing) programme selection interviews, 24 August 2017

138. SHSC RtP (nursing) completed PAD following second attempt, 2016-17

139. UoLRtP (nursing) programme, day one introductory slides, September 2017

140. UoL RtP (nursing) September 2016 cohort register of attendance, various dates

141. UoL RtP (nursing) student evaluations of programme, various dates

142. UoL SHSC RtP (nursing) external examiner reports 2016/17, March 2017 cohort, September 2017 cohort

143. UoL RtP (nursing) cause for concern incident log, 2016-17

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 05 Jan 2018
Meetings with:
Director of nurse education, deputy head of school

Head of school

Principal lecturer, quality and student experience (practice)

Programme leader, pre-registration nursing

Programme leader, RtP (nursing)

Practice educator x2

Deputy chief nurse, workforce and education, UHLT

Education leads, LCHS x2

Education lead, LPFT |
| **At monitoring event** |
| **Meetings with:** |
| SHSC director of nurse education, deputy head of school

SHSC head of school

CSS pro-vice chancellor

Principal lecturer, quality and student experience (practice)

Principal lecturer, quality and student experience (academic)

Principal lecturer for pre-qualifying programmes

Programme leader and pre-registration nursing (adult) team

Programme leader and RtP (nursing) team

PEMS

SHSC lead for service users and carers and the 'Together' group

Service user carer involved in RtP programme

SHSC lead for IPL

SHSC admissions tutor and APL assessor

Telephone meetings with chief nurses/directors of nursing for ULHT, LPFT, NLAG, LCHS |

Telephone meeting with executive nurse, South Lincolnshire clinical commissioning group

Telephone meeting with quality lead, education commissioner HEEM

Telephone meeting with workforce development manager, Lincoln carers association, adult social care

Meetings with:

Mentors / sign-off mentors	30
Practice teachers	
Service users / Carers (in university)	9
Service users / Carers (in practice)	9
Practice Education Facilitator	6
Director / manager nursing	14
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	3 1 matron 1 chief executive 1 workforce development lead for adult social care

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 10 Year 2: 2 Year 3: 13 Year 4: 0
Return to Practice Nursing	Year 1: 13 Year 2: 0 Year 3: 0 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0