

**2015-16**

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

Programme provider	Sheffield Hallam University
Programmes monitored	Registered Nurse - Learning Disabilities; Registered Nurse - Mental Health
Date of monitoring event	01-03 Dec 2015
Managing Reviewer	Peter Thompson
Lay Reviewer	Jane Suppiah
Registrant Reviewer(s)	Kudzai Mafuba, Gordon Mitchell
Placement partner visits undertaken during the review	<p>Mental health nursing placements :</p> <p>Sheffield health and social care trust: Edmund Road community teams, Sheffield outreach team, Forest Lodge (low secure forensic unit). Cheswold Park private hospital Becton Centre Emerald Lodge (child and adolescent mental health service) Rotherham drug and alcohol services. Rampton NHS trust (secure environment)</p> <p>Learning disabilities and social work placements: Jubilee Close (low secure forensic unit) Travis Gardens (registered community home) Rotherham joint community outreach team Cheswold Park private hospital Buckwood View nursing home Longley Meadows (respite care)</p>
Date of Report	14 Dec 2015

## Introduction to NMC QA framework

### The Nursing and Midwifery Council (NMC)

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

### Standards for pre-registration education

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

### Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

public protection.

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

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

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

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience / qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

## Introduction to Sheffield Hallam University's programmes

Sheffield Hallam University (SHU) is one of the largest providers of pre-registration nursing and midwifery programmes in the UK. The Faculty of Health and Wellbeing, Department of Nursing and Midwifery, provides the pre-registration nursing programmes which include a BSc (Hons) nursing programme in adult, child and mental health nursing, and a post graduate diploma in adult and mental health nursing which were approved in 2012.

The learning disabilities nursing is delivered within a BSc (Hons) applied nursing and generic social work programme, approved conjointly by the NMC and Health Care Professions Council (HCPC). It was originally approved as a BA programme in 2009 and then approved through a major modification in 2013 as a BSc (Hons) programme to meet the standards for pre-registration nursing education (NMC, 2010).

The BSc (Hons) nursing (mental health) programme has two intakes per year in September and March with 60 students in each cohort. The post graduate diploma nursing (mental health) has one intake of 15 students in September each year. The final intake of the advanced diploma in nursing (NMC standards, 2004) has 19 mental health nursing students who are due to complete the programme in January 2016.

The learning disabilities nursing / social work programme has an intake in September for 24 students.

The department of nursing and midwifery works in partnership with a number of NHS trusts across Yorkshire and the Humber that provide practice placements for student nurses. The programmes are delivered at the Collegiate Crescent site in Sheffield.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. Practice placement visits covered a large geographical area with placement providers in Sheffield, Rotherham, Doncaster and Rampton in Nottinghamshire and included NHS hospital and community areas and voluntary sector providers. These included placement areas which had been subject to adverse Care Quality Commission (CQC) reports in 2014-15.

## Summary of public protection context and findings

Our findings conclude that Sheffield Hallam University has systems and processes in place to monitor and control risks to assure protection of the public. We found that two of the key risks, practice learning and fitness for practice, require improvement. These are described below in relation to the key risks

Resources: met

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

There are sufficient appropriately qualified sign-off mentors available to support the number of students studying the pre-registration (learning disabilities and mental health) programme.

Admissions and progression: met

Disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public. The department has procedures in place to address issues of poor performance in both theory and practice.

We confirm that the professional misconduct/professional unsuitability procedures are sufficiently robust to manage issues of concern about a student's behaviour whether academic, or practice related. We found evidence of effective implementation of these procedures and examples of where students have been discontinued from the programme which demonstrates the rigour of the process in ensuring public protection.

Practice learning: requires improvement

We found that the university has well established and effective working relationships with Health Education Yorkshire and Humber and its partner NHS trusts and placement providers at both a strategic and an operational level.

The university has worked in partnership with commissioners and practice placement providers and has responded in a timely and appropriate manner following adverse CQC reviews within some placement areas and we are confident that there are no adverse effects on students' learning.

Students and practitioners understand and have access to an escalating concerns policy should they need to raise issues of concern arising in practice placements. We are confident that concerns are investigated and dealt with effectively and the public is protected.

There is a well-established and dedicated service user and carer group. Service users and carers are involved in all aspects of the pre-registration nursing (learning disabilities and mental health) programme.

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

There is a good network of direct support for students in practice placements from mentors and sign-off mentors. However our findings conclude that the level of support given by academic staff to students in practice placements is variable. In particular, learning disabilities students were not always able to secure support when needed, which requires improvement.

Fitness for practice: requires improvement

Our findings conclude that learning, teaching and assessment strategies in the pre-registration nursing (learning disabilities and mental health) programme enables students to meet the required programme learning outcomes, NMC standards and competencies.

We confirm that students on the pre-registration nursing (learning disabilities and mental health) programme achieve NMC learning outcomes and competencies at progression

points and meet NMC standards for entry to the NMC register.

Learning disabilities nursing students within year two of the learning disabilities / social work programme have opportunities to develop and demonstrate NMC competencies for achievement at progression point two. This is fully documented in the nursing practice assessment documents. However the documentation relating to the social work placement fails to make explicit the nursing components and opportunities to develop nursing competence to meet the required practice hours to meet NMC standards. We conclude that this is a weakness in risk control measures and requires improvement in order to enhance assurance for public protection.

Quality assurance: met

Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (learning disabilities and mental health nursing) programmes.

### Summary of areas that require improvement

- The level of support given by academic staff to students in practice placements is variable. In particular, learning disabilities students were not always able to secure support from the link lecturer when needed, which requires improvement.
- There is a weakness in the practice documentation in year two of the learning disabilities nursing / social work programme which fails to recognise the learning disabilities nursing component of the 70 day social work placement and this requires improvement.

### Summary of areas for future monitoring

- The implementation of the revised hub and spoke model of placement learning, specifically its effectiveness in providing meaningful learning opportunities for students and support from mentors and academic staff.
- The effectiveness of the role of link lecturer in providing academic support for all pre-registration nursing students in practice.
- The documentation relating to integrated nursing (learning disabilities) and social care placements to ensure that nursing competencies are explicitly assessed and that student engaged activity time is recorded.
- The implementation of opportunities for integrated social work /learning disabilities nursing placements.
- Records of meetings between sign-off mentor and students.
- Specific linkage between clients' physical health care needs and mental health, within theory sessions.

### Summary of notable practice

### Resources

None identified

**Admissions and Progression**

None identified

**Practice Learning**

None identified

**Fitness for Practice**

None identified

**Quality Assurance**

None identified

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

**Academic team**

We found that academic teams are able to give a clear overview of the programmes and are confident that there are robust policies in place to ensure that appropriate screening on entry and monitoring of student performance is maintained. Academic staff members confirmed good working relationships and communication with practice placement providers. We were told by all academic staff that the students successfully completing the programmes are fit for practice and sought after by employers within health and social care organisations.

The programme team for the mental health nursing programme demonstrate a strong academic portfolio and a wide range of experience that is commensurate with contemporary mental health nursing practice. The professional lead strongly supports research and professional development.

The programme team for learning disabilities nursing informed us that they are managing a complex, conjointly approved programme within a changing health and social care environment. They are meeting the challenges in locating appropriate and good quality placements for students' learning.

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

All of the mentors that we met confirm that they are well-prepared and supported for their role and that they are able to spend 40% of the students' time in placement carrying out this role. They confirmed that students have supernumerary status.

The mentors, managers and commissioner describe students as enthusiastic and capable individuals whom practice staff enjoy mentoring and supporting.

They confirmed that academic support is in place to support failing students and also that the academic team respond quickly when concerns are escalated or when unexpected situations arise in practice. Some mentors told us that they had been able to attend the annual mentors' conference which they found to be useful and informative. Mentors and employers are confident that the programmes equip students with the skills to become compassionate and competent nurses who they would value as future



colleagues and employees.

Mentors from learning disabilities practice placements expressed some concerns about the various models used for hub and spoke placements and also the expectation that students had separate practice documentation for learning disabilities nursing and social work. They had also experienced some difficulties in communication between nursing and social work placements and feel that this requires addressing.

The health education commissioner confirms that Sheffield Hallam University is very responsive to challenges and new requirements. Successful students completing the pre-registration nursing programmes are of a high calibre and are sought after by employers.

### **Students**

All students confirmed that they had numeracy and literacy assessments as part of the admission requirements to commence the programme. They confirmed that they had an initial DBS check at the start of the programme and complete a self-declaration of good health and good conduct at the end of each year of the programme.

Students told us that service users were involved in their selection and are involved in classroom teaching and practice learning. We heard from students that lecturers provide them with positive experiences of teaching and preparation for practice. Support within the university is adequate and students confirm that they receive feedback for both theory and practice assessments within the scheduled time frames.

Students are clear about how to escalate a concern and most students confirmed that academic staff members listen to concerns when these have been raised.

#### **Students (mental health nursing)**

Students are enthusiastic and objective about the programme and their learning experiences. In particular they report that there is good quality teaching from the mental health lecturers. However, the students believe that the quality of their learning experience whilst in university could be improved by having clearer links between the physical aspects of care and the role of the mental health nurse. They are very positive about their practice placement experiences and the level of mentorship that is provided.

#### **Students (learning disabilities nursing)**

One student cohort expressed concern in the delays in placement allocation and attributed this to changes in the management of placements. However, year two and year three students confirmed satisfaction with the placement allocation and quality. They told us that their experiences in year one of the programme had been chaotic and that the hub and spoke arrangements for practice had not been well organised and had created difficulty for them in achieving the outcomes.

Students described different approaches to hub and spoke placements which demonstrated inconsistency in approach and varied from the student having an eight week placement or short spoke placements, for example three days each week on the hub and two days in spoke placements. Students report that there was a lack of communication between hub and spoke staff and that mentors were not always available. This problem had been compounded by the poor visibility of link lecturers in practice with some students describing particular difficulties in getting help from the university.

Year three students told us that they had missed the opportunity to participate in evaluation of placements due to administrative errors. However, other students confirmed that there were good opportunities to evaluate theory and practice and they felt that any concerns were given attention.

### **Service users and carers**

Service users confirmed that they were consulted during programme design and that they are involved in recruitment and selection, teaching and providing testimonials about students in the practice settings.

Service users have appreciated the support and care delivered by the students. They describe students as helpful, compassionate and caring individuals who are always happy to get involved in activities. They stated that 'they never show negative emotions even when there is a difficult situation on the ward'. They described students as very professional.

Several service users told us that they had given feedback to students in 'community meetings' on the wards. Others had not thought about giving feedback but would happily do this if asked.

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

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

The following reports required action(s):

Sheffield Health and Social Care NHS Foundation Trust:

The CQC made an unannounced inspection visit on 13 November, 2014 to Sheffield Health and Social Care NHS Foundation Trust, Warminster Road – respite service for adults with learning disabilities. The outcome was an overall rating of requires improvement in relation to safety of the service (medicines management), providing a responsive service (good planning); and ensuring that the service was well led (audits relating to key areas of practice e.g. medicines and records) (1).

The CQC made an unannounced inspection visit to Sheffield Health and Social Care NHS Foundation Trust, Longley Meadows, Sheffield on 17 November, 2014. This provides placement experience for pre-registration nursing students (learning disabilities). The CQC found that improvements were required in relation to safety of the service (medicines management issues); responsiveness of the service requires improvement (due to care plans which did not always reflect people's needs or contain accurate and up-to-date information, with a lack of review and recording activity); leadership of the service required improvement (audits related to care have not taken place for example, inspection in relation to medicines management, equipment and records had not been highlighted by internal auditing systems) (5).

The CQC made an unannounced inspection visit to Sheffield Health and Social Care NHS Foundation Trust, Woodland View on 27 October, 2014.

The CQC reported an overall rating of requires improvement in relation to concerns of

safety of the service in relation to inconsistent monitoring of safety and welfare, recording of medications and low staffing levels. The inspection also found that recording of accidents and incidents was out of date. The effectiveness of the service was found to be inadequate due to lack of choice at mealtimes, lack of sufficient staff to assist people to eat, recording of the decisions about care and inconsistency in the knowledge and application of the mental capacity act. Caring services required improvement due to little interaction with people who are less active; privacy and dignity were not respected. The responsiveness of the service required improvement due to inconsistency in care planning. The leadership of the service required improvement due to a lack of governance documents and poor risk management and monitoring of safety and quality of care (8).

#### Doncaster and Bassetlaw Hospitals NHS Foundation Trust

The CQC made an announced inspection visit to Doncaster and Bassetlaw Hospitals NHS Foundation Trust on the 14 April, 2015. The outcome was an overall rating of requires improvement in relation to urgent and emergency services, maternity and gynaecology and outpatients and diagnostic imaging. The main areas of concern related to staffing levels, signage in diagnostic image streaming and triaging of patients. There were concerns about staffing levels and skill mix in the emergency department, failure to adhere to waiting times, the assessment of pain and the administration of pain relief, mandatory training and staff appraisal (3).

During the monitoring visit we discussed the concerns raised by CQC in the above placements.

The university gave a detailed account of its effective partnership working with placement providers in addressing the concerns and any actions required to ensure students' practice learning experience was not compromised. In all cases the practice placement areas were audited and student evaluations, where available, were scrutinised for any indication that the concerns raised by CQC had impacted adversely upon students' learning experience. Where evaluations had raised concerns, in the case of Longley Meadows, a series of meetings was held between link lecturers, senior nurses from the placement and local managers in order to discuss the concerns and to agree action plans, as appropriate. Where it was deemed necessary, for example at the Birch Avenue placement, the area was removed from the placement circuit and a review date agreed prior to deciding if students could return to the practice learning environment (1-10, 12, 64, 95).

#### Exceptional self-reporting to the NMC

On 29 October 2015 the university escalated to the NMC that Cheswold Park Hospital (Hepple Ward) had been removed from the placement circuit following the dismissal of a member of staff due to gross misconduct. The university confirmed that the ward was not currently used as a placement for students because there were no available, up to date, mentors on the ward. A student was currently on placement on another ward and although there were no known concerns reported by the ward manager, the university confirmed that it was to be re-audited as a precautionary measure (11).

The university had provided an exceptional report to the NMC about an identified area of risk in relation to resources provided for the midwifery programmes; sufficient staff and skill mix to deliver the programmes. The risk identified related to a sudden and unexpected increase in midwifery lecturers choosing to take retirement or alternative

employment. This included five staff members from a team of ten. The university confirmed that it is taking action to manage the risk which includes providing reassurance to students, consideration of joint appointments of midwifery staff, midwife secondments, advertising of vacancies and the appointment of retired midwife teachers as associate lecturers (11).

What we found at the monitoring visit:

The department continues to work closely with all practice placement partners to monitor the outcomes of external monitoring reports. There is an effective two-way communication process in place between university senior management and nurse directors in placement provider organisations. During the monitoring visit we found that all clinical governance issues are controlled and are well managed (11-12, 64, 95).

See section 3.1.1.

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

There were no approval events held in 2014-2015 (13, 14).

#### **Specific issues to follow up from self-report**

All actions highlighted in the 2014-2015 self-report are confirmed as complete (13).

Specific issues followed up include:

1. A review of the impact of the department's change in structure to ensure that risk is managed. The department has changed the approach to the delivery of modules by using a thematic approach. Academic staff members have been formed into module teams based on their expertise of the themes. The department recognises that this new approach has engendered a stronger sense of team working to the development and delivery of modules. The senior managers are confident that staff have sufficient time to teach within the thematic- focused delivery but also to retain their specialist input and to contribute to other programmes. The department staff acknowledges that this approach is new for some staff members and they are providing a variety of supportive mechanisms and approaches to manage the change (16, 90, 93).

The department staff report that NMC pre-registration and post registration programmes have been effectively delivered and student satisfaction surveys rates have an 80% overall satisfaction rate (61-62).

2. The department staff identified the need to review the impact of a new teaching team for the specialist community public health nursing (SCPHN) programme and confirmed that this has presented a challenge. The department confirms that the current programme has been effectively delivered and that the average student satisfaction rate across all modules has increased to 95% (13-14).

3. The department reviewed placement pathways and availability of placements for the child field student nurses in light of increased student numbers. They have effectively managed the risk through local partnership working which has led to an increase in placement capacity. We found that all students have been effectively allocated to

appropriate placement areas to meet practice learning outcomes. Student satisfaction rates within the NSS survey have attained a score of 95% (13-14).

### Findings against key risks

#### Key risk 1 – Resources

- 1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.

#### What we found before the event

The majority of lecturers and all programme leaders have an NMC recorded teaching qualification (15, 65- 66).

If newly appointed academic staff do not have an NMC recorded teacher qualification they are required to study a teacher programme either at the university or another approved education institution (AEI) that provides an approved NMC teacher preparation programme (15-16).

Lecturers are employed according to their clinical experience to ensure due regard. All academic staff members are appropriately qualified and updated as evidenced in their CVs. An NMC registration tracking procedure is maintained and monitored monthly by the personal assistant to the head of department, to ensure all lecturers' NMC registration is current (16, 54).

#### What we found at the event

We confirmed that all academic staff members' NMC registration details are up to date. CVs demonstrate that lecturers have utilised the department's staff development opportunities for further study and research. The department has a clear workload allocation model which affords lecturers 20% of their time to fulfill the standards to support learning and assessing in practice (NMC, 2008) (15-16, 45-47, 86, 119).

The designated field leaders for pre-registration nursing (learning disabilities and mental health) both have due regard and hold a teaching qualification that is recorded with the NMC.

The department's senior managers monitor any cancellations of teaching sessions due

to the absence of lecturers or other events, such as bad weather resulting in travel difficulties. Communication procedures are in place to notify the senior team about absences of staff members. We confirmed that approximately 2% of all lectures need to be re-scheduled in each year. Senior managers are confident that this has not caused unnecessary disruption for students. We did not hear about any dissatisfaction from students with the arrangements made in these situations (81-82, 90, 100-101).

Nursing (learning disabilities)

The six programme team members all demonstrate due regard, three have a NMC recorded teacher qualification and the remaining three should achieve NMC teacher status within the current academic year (15, 65, 85, 89).

Nursing (mental health)

The majority of the programme team have a recorded teacher qualification and demonstrate a good range of mental health specific skills and qualifications that include dementia care and psychological therapies and many have clinical links for research purposes and to maintain clinical skills. All academic staff members have at least a first degree and many of the lecturers have completed masters and doctoral study and have achieved the accreditation of the Fellow of the Higher Education Academy. Staff told us that they are given 170 hours for scholarly activity (15, 85, 119).

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

What we found before the event

Documentary evidence confirmed that there is on-going partnership working to ensure there are sufficient numbers of the property qualified mentors and sign-off mentors to support students which comply with the education commissioners quality requirements (ECQ) and the learning development agreement (18, 25, 27, 32-33).

The allocation of students to placement areas takes into consideration the current educational audit status of placements, mentor/ sign-off mentor availability and the agreed capacity of the placement. Each student is allocated a designated mentor for the period of the practice placement. The mentor register is kept up to date by each placement provider on a regional Health Education England, Yorkshire and Humber (HEEYH) practice placement quality assurance platform (PPQA) or on the Sheffield Hallam University mentor online SharePoint site. Link lecturers/lead lecturers carry out cross checks and prompt appropriate action where there are placement capacity issues (17-18, 25, 33, 54).

What we found at the event

We are able to confirm through discussions with students, mentors and key stakeholders that there are sufficient, appropriately qualified mentors and sign-off mentors available to support the number of students. This was also verified through a

review of duty rotas, audit documents, practice assessment documents and inspection of the live mentor register (27, 87, 92, 94, 98, 100-101, 108, 110, 112, 114).

#### Nursing (learning disabilities)

We met second year learning disabilities nursing students who consistently described their hub and spoke arrangements in their first year as disorganised and chaotic. In particular, they reported inconsistency in the duration of the hub and spoke placements, variability in mentor availability, and a delay in receiving placement allocation details. They told us about some spoke placements they had experienced which were disparate and had poor professional links with hub placements. In addition, we heard that students feel that the assessment within spoke placements could have been more challenging than obtaining a structured testimonial from the placement manager. This information was also stated by mentors (101, 107, 109, 111, 113, 115, 117).

Second and third year students confirmed that current placements are well supported by mentors and sign-off mentors and they have good opportunities to achieve practice competencies (101).

We were informed by the placement management team that the allocation of placements for the learning disabilities nursing students is undergoing a transitional phase. This is due to the difficulties encountered by students, fluctuating capacity due to service reconfigurations, and challenges in securing placements in a timely manner. The transition commenced in August 2015 and is expected to be completed by the end of the current academic year. A new post has been funded to focus on locating joint placements for learning disabilities nursing and social work students. Initial activity has culminated in a protocol for developing split placements which is addressing identified concerns and challenges. This protocol will ensure that requirements such as mentor availability, capacity, geographical locations, and providing the necessary experience in practice is available, so that social work and nursing programme requirements are met (89, 94, 106).

We found evidence that progress is being made with a good range of hub and spoke arrangements already identified and prepared. We were told that the learning disabilities nursing academic team had, until August 2015, taken responsibility for arranging placements and used local intelligence to arrange hub and spoke placements. As part of the transition phase, learning disabilities nursing placements will be managed centrally in the university (10, 72-78).

#### Nursing (mental health)

Mental health nursing students confirmed that they are supernumerary and they work with their mentors for 40% of the time. This was also confirmed by mentors (100, 104, 120-123, 126-128).

We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration nursing programme (learning disabilities and mental health). All mentors and sign-off mentors act with due regard.

**Outcome: Standard met**

Comments:

There were no spoke arrangements included in this review because there were no first year students in spoke practice placements. The next first year cohort who will experience the revised hub and spoke arrangements will commence in February 2016.

Areas for future monitoring:

- The implementation of the revised hub and spoke model of placement learning, specifically its effectiveness in providing meaningful learning opportunities for students and support from mentors and academic staff.

### Findings against key risks

#### Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

#### What we found before the event

Entry requirements are made clear to applicants using a range of communication methods: written, online and verbal during open days (19-21).

Pre-registration nursing (learning disabilities and mental health) admission processes follow NMC requirements. There are clear entry requirements, which include numeracy, literacy, and the international English language testing system (IELTS) which is set at seven. Selection is based upon an NHS values-based approach and is conducted by academics, practice placement partners and service users and carers. In the mental health nursing programme service user involvement is in the form of a ‘talking heads’ video. Applicants are required to have some practical experience within the subject area (20-21).

Students declaring a disability are referred to the disabilities coordinator who is also a member of the admissions team. Arrangements for assistance during the selection process can be made, as appropriate (19).

Academic staff are required to complete an online equality and diversity training course annually and this is monitored through the HEEYH contract review (19, 54, 80).

#### What we found at the event



<p>We found that practice placement providers and services users and carers are prepared for their participation in selection of students; this preparation includes equality and diversity (E&amp;D) training. Academic staff members told us that they must sign to confirm completion of E &amp; D training when they participate in each selection event for pre-registration nursing students (80, 91).</p> <p>Service users told us that they had been involved in the selection of students and felt well prepared and supported. We did not meet any practice placement providers who had participated in the selection days but selection schedules and evaluations confirmed practice placements providers and service users and carers involvement (102-103, 130).</p> <p>We found that the department has a clear policy relating to students less than 18 years of age on entry to the programme which includes communication with placement providers (23).</p> <p>We can confirm that DBS enhanced disclosure and satisfactory occupational health checks and immunisation passports are required for all applicants prior to commencing placement. Confirmation of incomplete screening is reported by exception and managers are confident that students are not allowed in to practice until all checks have been completed (25, 32, 35, 47-49, 91).</p> <p>Students who disclose within the DBS declaration process are referred to a suitability panel. The panel makes a decision based on a risk assessment and safeguarding approach (17, 19, 26, 54, 63, 97).</p> <p>Students confirmed that they make a DBS declaration on entry and at each progression point. Student records, which are maintained online, record all student achievement, attendance and declarations of health and conduct (101-102, 134, 137).</p> <p>Attendance tracking is robust and poor attendance is dealt with by academic advisors as part of regular monitoring meetings and progression point discussions (27, 33, 37-38, 51, 63, 72-73, 83, 89, 97, 119, 137).</p> <p>We checked the student records systems and confirm that all aspects of individual student's performance, including declarations of health and conduct, are stored on an online student's record (137).</p> <p>We were told that students returning from interruptions are required to make new declarations of health and good character before resuming their studies (37-38, 91).</p> <p>We conclude that the admissions procedures meet NMC requirements and provide assurance that the public is protected.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>We found that there are clear processes and policies to recognise and address issues of performance in both theory and practice. Department and university policies and</p>

procedures are in place to manage Fitness to practise (FtP) issues. The FtP activity for 2014 to 2015 was reported in the last university self-assessment report (13, 22, 26).

There are guidelines for managing incidents or misconduct and a fraud response plan which details how academic staff can raise concerns about actual or suspected fraudulent activity within the university and how these may be handled. The pre-registration nursing student handbooks contain clear details of FtP procedures (22, 26, 33, 37-38).

#### What we found at the event

We confirmed that there are clear guidelines for confirming professional suitability of applicants which includes DBS checks carried out before commencement of any placement or shadowing experience. There are clear DBS procedures which investigate disclosures made on declarations upon entry and at each progression point (22, 25-26, 33, 37-38, 57, 89, 91, 97, 119).

The department of nursing and midwifery placement learning charter sets out clearly the expectations of students, clinical staff and service users and carers and is explicit in determining standards of professional conduct within clinical settings (17, 25).

We found that the department staff continually monitors suitability of students through robust suitability processes that classify concerns as either fitness to practise, academic misconduct or DBS status. We were given robust records of the activities and outcomes of each of these areas of suitability checks. We reviewed processes and can confirm that they are clear and consistent with rational decision making and use of a risk assessment approach to estimate seriousness of the issues and the risk to the public. The process involves senior practice placement managers, as appropriate, and the FtP panel is chaired by a senior academic from the faculty, representatives from the programme fields and a senior nurse from one of the practice placement partners (24, 26, 57, 97).

We found that there were seven mental health nursing students, and one learning disabilities nursing student referred to the FtP panel in 2014-2015. Of the eight FtP cases, one related to health concerns, three related to changes in DBS status, one related to attendance issues in the university and placement and three cases related to professional misconduct in practice (97).

There were also 15 cases of academic misconduct which related to plagiarism and use of 'unfair means'. An anonymised summary of FtP activity and outcomes is communicated to senior managers and key learning points from suitability cases are highlighted at mentors' conferences in order to provide reassurances that concerns raised about students' performance are followed up (22, 97, 138).

The department staff confirmed that there is low tolerance to disruptive behaviour by students within the university, and particularly within classrooms. Six students were found to be disruptive and were issued with formal written warnings. Students have been provided with guidance on expectations about professional behaviour. This approach was communicated to students through one of the six monthly 'things you shu'd know' summaries provided online for students. We were informed that the guidance has impacted positively on student's behaviour (22, 97).

<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Mentor preparation includes assessment of competence and the use of ongoing records of achievement to monitor the student's performance in practice. There are clear mentor guidelines for identifying concerns and support is available from the department through designated link lecturers and lead link lecturers (25, 27, 32-33, 41-42, 52-53, 74, 79, 84, 87).</p>
<p>What we found at the event</p>
<p>Mentors confirmed that they receive support in monitoring the progress of students from link lecturers and lead link lecturers who give clear information and guidance. The practice assessment documentation gives clear guidance and mentor-student meetings ensure on-going monitoring of the student's conduct and performance in practice (95, 98, 104, 107, 109, 111, 113, 115, 117, 121, 123, 126, 128, 133, 135).</p> <p>Students described to us the process for monitoring their performance in practice and confirmed that a three stage interview meeting is held and they receive feedback. They confirmed that they know how to seek support and guidance from mentors and academic staff. They are aware of the role of the link tutors but told us that they are not routinely seen in practice placements (100-101,134).</p> <p>We conclude from our findings that practice placement providers have a clear understanding of their role and are able to recognise and initiate procedures to address poor performance in practice. These procedures ensure that students are competent and fit to practise in accordance with the university and NMC requirements to protect the public.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>There is an established process for accreditation of prior learning (APL) in place. APL is used predominantly for entry to the post graduate diploma in nursing (adult and mental health) (28-30, 47).</p>
<p>What we found at the event</p>

<p>We found that the university has a clear process in place for APL with a designated APL co-ordinator (28, 47, 96).</p> <p>We saw evidence that APL claims are supported with clear guidance and support and are assessed rigorously. We viewed APL claims for entry to the post graduate pre-registration nursing programme (adult and mental health) and verified that the portfolio content and evidence requirements were clearly matched to NMC competencies and to the programme learning outcomes (30-31,96).</p> <p>In the current academic year there have been 26 claims for the post graduate diploma pre-registration nursing (mental health) programme, out of which 17 claims were accepted (30).</p> <p>Students studying the post graduate diploma pre-registration nursing (mental health) programme confirmed that they had been well supported when making an APL claim and that the processes were clear. Applicants receive guidance notes for the completion of the portfolio and are allocated a named academic with due regard to support them through scheduled seminars. A number of students observed that there is less time to prepare the APL claim if they enter into the selection process via clearing (100).</p>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <p>No further comments.</p>
<p>Areas for future monitoring:</p> <p>None identified.</p>

Findings against key risks
<p><b>Key risk 3 - Practice Learning</b></p> <p><b>3.1 Inadequate governance of and in practice learning</b></p> <p><b>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</b></p> <p><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></p>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>We found documentary evidence of partnerships between the university and service</p>

providers. The partnership working is evident at strategic and operational levels and ensures provision and governance of practice placements to support nurse education (12, 18, 33, 35, 54, 58-60).

Raising and escalating concerns policies are in place to ensure that students' concerns are fully investigated and supported (27, 33, 57, 64, 73).

#### What we found at the event

Our findings confirm that there are clear and well established working relationships with the commissioners (HEEYH) and its partner NHS and social service organisations and practice placement providers. These relationships are at a strategic and operational level that ensure policy formation and implementation in relation to professional healthcare education (12, 18, 33, 35, 54, 58-60, 85, 89, 92, 95, 119).

This was verified by key stakeholders who are able to articulate strategic and operational mechanisms to support the programme delivery (90, 92).

At a strategic level there is formal engagement between the university, practice placement partners and education commissioners through the nurse director steering group which meets quarterly. Representatives from the voluntary and independent sector are co-opted to attend, where appropriate. This group considers key policy decisions; engages in service transformation discussions; acts as an information exchange for CQC, the local supervising authority (LSA) and regulatory visits; receives issues identified through the placement planning group; and, acts as a reference point for consideration of the integrated care agendas (90, 92, 94, 95).

HEEYH regional practice placement quality working group meets every four months and is attended by representatives from each AEI, representatives from each practice learning facilitator team and practice representatives from around the region (90, 92).

Monthly meetings are held between the University of Sheffield and Sheffield Hallam University to share information and to agree processes relating to placements that are used by both universities. A regional educational audit tool is used which assures consistency of audits across the region. At a strategic level the AEI meets formally with the education commissioners and the regional practice placement quality working group (34-36, 54, 58, 90, 92).

At an operational level there are arrangements in place to ensure safe and supported practice learning environments which include: policies and processes for educational audit; student placement allocation; and, processes for determining new placement areas (32-35, 39, 54, 78, 87, 94, 104, 106).

We found that partnership working ensures that the database of placements and mentors is maintained and that educational audits are carried out in accordance with NMC requirements using a regional audit tool for consistency. This is monitored through the university's curriculum and the practice learning partnership group (CPLPG) which meets every two months. This group comprises academic staff members, which include the programme management team and the director of practice learning, and professional and educational leads from the respected NHS trusts. The group also includes service user and carer representatives and representatives from the

independent and voluntary sector are co-opted, as required (32, 36, 87, 104-105, 130).

We were told that at a less formal level, the director of placement learning has regular face to face meetings with service leads and is confident that link lecturers and lead link lecturers are able to gather intelligence to aid proactive decisions in relation to service reconfigurations and emerging placement challenges (104-105).

Raising and escalating concerns policies are effective in ensuring that student concerns are fully investigated and supported. The university has policies developed in partnership with placement providers to manage adverse incidents and events and to manage short or long-term impact on the appropriateness and suitability of practice learning environment. This was seen in the summaries of actions taken following adverse CQC inspections and there was clear partnership working in risk assessment, supporting staff and removing students from placement, if required (11, 14, 64, 88, 90, 95, 104).

We found that the department is working effectively with education leads, service managers, practice learning facilitators, mentors and sign-off mentors. We found that there is some sharing of placements with other AElS and that this is managed well. The educational audit uses a risk assessment approach to evaluate the suitability of placements. Communication between AElS ensures that there is no duplication of educational audits and decisions arising from concerns about particular placements are shared and agreed. We were informed by mentors and managers that link lecturers and lead link lecturers are key to effective collaboration at an operational level (32-36, 87, 94-95, 98, 107, 109, 111, 113, 115, 117, 118, 121-122, 125, 128, 132).

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 clear audit trail of service user and carer involvement in programme development and delivery. The department has a vibrant service user and carer group which functions through the service user and carer engagement development group which is a partner in the Lived Experience Network (LEN) established by the Higher Education Academy (13, 19-20, 40, 45-47, 80, 130).

There is some evidence of practitioner involvement in programme development and in the selection of students. Practice placement providers second three practitioners to ensure their involvement in teaching. Two practitioners are appointed for two days per week and one practitioner for one day per week (45-47, 55, 68, 70, 80, 85).

An example of partnership working between the department's mental health team and practitioners is the progressive development of a blended approach to breakaway training over the three years of the pre-registration nursing programme. This was in response to service providers' request to enhance mandatory training for breakaway techniques (69).

What we found at the event

We found clear evidence of practitioner and service user involvement in programme development and delivery and programme modifications (13, 19, 20-21, 40, 45-47, 70, 80, 85)

We confirmed that the department is committed to providing resources to support service user and carer involvement. They have a regular forum (partners in learning) in which they evaluate their contributions, plan further involvement, and review teaching and interviewing. They are supported by an academic lead for service user and carer engagement who coordinates the group. In August 2014 the department hosted a lived experience network (LEN) workshop which was funded by the Higher Education Academy to showcase its service user and carer engagement activities across the department (40, 90, 102, 103, 130).

#### Nursing (learning disabilities)

We found that the applied nursing (learning disabilities) and generic social work programme has a vibrant service user group who are involved in programme development, student selection, and teaching of a wide range of topics related to safety. Service users and carers and other professionals are involved in the assessment of practice through provision of testimonies about students' performance (73,102).

Students confirmed that service users are involved in delivering the programme in the university and their contribution in practice is through the provision of written testimonies about the students' performance (73,101).

Service users confirmed their involvement, are keen to participate in programme delivery and are well supported by academic staff (102, 130).

#### Nursing (mental health)

We found service users are involved in the development and delivery of the pre-registration nursing (mental health) programme. In particular, they told us that they appreciate the opportunity to feedback on students' achievement in practice and feel that they are contributing constructively in helping mentors to make judgments (25, 27, 103, 124, 129, 130).

We found evidence that practitioners are involved in all aspects of programme delivery from selection through to evaluation. The placement providers value their involvement and actively support secondment arrangements to enhance teaching within the programme (69, 80, 85, 119).

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

#### What we found before the event

Time to fulfil the link lecturer role is explicitly stated for academic staff and represents 20% of their workload. The availability of link lecturers is one of the requirements stated within the ECQ standards. They are expected to support the practice placement mentors to provide quality learning for students (16, 27, 39, 54, 57).

The lecturers are required to attend NHS trust meetings to feedback information which may impact on the learning environment. The department has a designated lead link

lecturer for nursing who works strategically to liaise with link lecturers and placement providers within specific trust localities to identify areas for development. This person also collates information on student evaluations of placements and develops plans of actions, as required (29).

Documentary evidence states that link lecturers support students' assessment in practice and that they are available to support failing students and to support the mentor in assessment of practice (16, 29).

#### What we found at the event

We found that guidance for students, mentors and key stakeholders regarding the link lecturer role is available on the university online information and in the placement charter which is summarised within placement handbooks. We were told that all areas, whether NHS or independent and private placement providers, have a designated link lecturer. The programme team lead confirmed that the department allocates up to 11 link areas to full time lecturers and on a pro-rata basis to part-time lecturers. This is managed through the workload allocation model (16, 18, 32, 37-38, 89, 94, 104, 106, 119).

We found that all link/lead lecturer activity is recorded and maintained by the director for practice learning which confirms their regular contact with placements. Senior academic managers described the role of link lecturers and asserted that they were not expected to visit students individually but were to be available to support failing students or to investigate escalation of concern. Their role was to support mentors in practice and to carry out quality assurance activity, such as educational audits, as required (90, 104, 106, 131).

The role of academic advisers includes meeting with students within two weeks of completion of each placement. They discuss student achievement and review the assessment of practice documentation (27, 37-38, 73, 89, 131, 119).

#### Nursing (learning disabilities)

Practice placement managers and mentors confirmed that they have regular contact with link lecturers in placements and feel confident in contacting them, if required (11, 113, 115, 117).

All of the students we met told us that they would contact their link lecturer if they had an issue of concern whilst on placement and they would most likely do this by email. Most students had minimal or no contact with the link lecturer during their placement. Some students reported being unable to contact academic staff during their first year of the programme and are lacking in confidence that support is available. Examples given to us related to; uncertainty about hub and spoke arrangements; difficulty in achieving learning outcomes in the spoke arrangements; and, uncertainty in understanding the significance of written comments made in their practice documentation (101, 113-115, 117).

#### Nursing (mental health)

Students and mentors confirmed that they are aware of how to contact the link lecturer in the event of a student failing to progress or to raise an area of concern. Mentors



confirmed that they have good relationships with link lecturers and are confident that they can be contacted readily. Students reported that link lecturer visibility in placement was variable but are confident that they would be available, if required (102, 120-124, 126-128, 134).

In one particular NHS trust, the link lecturer also occupies a part time clinical role which we heard results in an effective working relationship between both organisations. The link lecturer is able to respond quickly to incidents impacting on the students' learning environment as a result of his security clearance. He supports students to participate in debriefing with practice staff and to access university support services, if required (136).

Our findings conclude that the level of support given by academic staff to students in practice placements is variable. In particular, learning disabilities students were not always able to secure support when needed, which requires improvement.

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

What we found before the event

There are clear processes for mentor preparation and updating. The university offers an approved mentor preparation programme and face to face mentor updates are provided regularly. On-going support is provided by a comprehensive online information site. The department holds annual mentor conferences. The 2014 conference was attended by 80 clinical staff with an attendance of 200 in 2015 (17-18, 25, 79).

What we found at the event

The university provides an NMC approved mentor preparation programme at academic levels five and six (13).

Mentors, sign-off mentors and managers confirmed that there is investment in mentor preparation and annual updating and that they feel well prepared for their role in assessing practice (111, 113, 115, 117, 121, 123, 126).

Confirmation of mentor preparation is recorded on the live mentor register and is used to inform the allocation of student nurses to placements. We reviewed the live mentor registers and confirm that all listed mentors hold appropriate mentor qualifications (108, 110, 112, 114, 116, 118, 125, 132, 136).

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

What we found before the event

Employers provide time and resources for mentor preparation and updating (18, 25).

<p>What we found at the event</p>
<p>We found that mentors have opportunities for updates which are provided within scheduled events or by bespoke on site updates delivered by the link lecturers. Online updating is available but uptake is limited which we were told is due to mentors' preference to have face to face updating. Mentors updates are enhanced by an annual mentor conference and the provision of comprehensive online information which provides guidance for mentors and sign-off mentors and key learning points from FtP activity (18, 25, 29, 32, 34, 53, 74, 89, 90, 119).</p> <p>Mentors confirmed that 'failing to fail' a student is a central theme within mentor updates and also raising and escalation of issues in practice (111, 113, 115, 117, 121, 123, 126).</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>The mentor register is kept up to date by each placement provider on a regional HEEYH practice placement quality assurance platform or on the university mentor online SharePoint site. This is being replaced by the practice placement quality assurance platform (PPQA). Mentor records for the independent and voluntary sector are also maintained within this centralised database (18, 25).</p>
<p>What we found at the event</p>
<p>We reviewed all live registers during the visits to placements. Students' allocation to mentors on the duty rotas and information in educational audits were cross checked for currency and accuracy with the mentor register. The data base uses a colour-coded approach which ensures accurate monitoring of completion of annual updates, triennial review and for occasions when individual mentors and sign-off mentors are not active because of long term absence (87, 108, 110, 112, 114, 116, 118, 125, 132, 136).</p> <p>We found that mentors are aware of the requirements to maintain their mentor status. Where placements have limited numbers of allocated students mentors work collaboratively with other mentors with the aim of ensuring maximum opportunities to support students is maintained to meet NMC requirements for mentors (104).</p>
<p><b>Outcome: Standard requires improvement</b></p>
<p>Comments:</p> <p>All students are able to articulate the available support mechanisms for practice learning. However some learning disabilities students had been unable to access support through the link lecturer systems provided by the university. We conclude that the academic support provided to students in practice requires improvement.</p>

Areas for future monitoring:

- The effectiveness of the role of link lecturer in providing academic support for all pre-registration nursing students in practice.

### Findings against key risks

#### Key risk 4 - Fitness for Practice

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

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

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

What we found before the event

Pre-registration nursing (learning disabilities and mental health) programme documentation identifies learning and teaching strategies and student support to enable students to achieve NMC learning outcomes, competencies and essential skills at progression points and for entry to the register (49-50).

External examiners consistently scrutinise the assessment of practice documentation, meet students and mentors and are able to report back through the subject assessment boards and through their annual reports. External examiner reports confirm that assessment of competence is robust (41-42).

What we found at the event

We found that the pre-registration nursing (learning disabilities and mental health) programme was developed in collaboration with practitioners, service users and commissioners. The programme enables students to develop and achieve the programme learning outcomes and NMC competencies for entry to the NMC register. Completion figures demonstrate a high level of achievement in both fields of nursing (45-47, 62, 81).

Placement managers and the commissioners confirmed that successful students are regarded as fit for practice and ready for employment and will be sought after by employers (90, 92).

We found that university resources are excellent and support students in skills development and the rehearsal of skills before going into placements. In addition, there

is good preparation for submission of theoretical work. All students confirmed that assessments are appropriate and that the workload is manageable (99-101).

Shared learning and inter-professional learning opportunities are provided and students have exposure to other fields of nursing and to other healthcare professions such as physiotherapy and radiography (55, 70-71, 89-90,119).

We found that all students are confident that the programme prepares them for practice and they are optimistic about employment opportunities (100-101).

#### Nursing (learning disabilities)

We were informed that students completing the conjoint learning disabilities / social work programme have opportunities to work in either field. We heard that there are ongoing changes in service developments which are recognising the dual qualifications and employers are incorporating these roles in workforce development plans and creating employment opportunities (92, 101, 106).

#### Nursing (mental health)

Students confirmed satisfaction with their theoretical experiences and value the high standards of teaching provided by the mental health team. They commented that mental health related issues could have had a more prominent profile, particularly within the inter-professional learning week. Students also stated that they would benefit from more explicit links between clients' physical health care needs and mental health (100).

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

#### What we found before the event

Achievement of practice competencies and essential skills are clearly articulated within the practice assessment documents and ongoing records of achievement. Progression points are clearly signposted and there are opportunities for formative and summative feedback. The incorporation of practice based objective structured examinations supports these processes (27, 37-38, 73).

The sign-off mentor is involved in the final placement of year three students and sign-off mentors also fulfil the role both as hub mentor and sign-off mentor. Allocation of students for final placements is conditional on the availability of a sign-off mentor (27, 37, 104, 106, 131).

External examiners confirm students' achievement in practice (41-42).

#### What we found at the event

We found that key progression points have clear criteria for achievement and that these are specified within the practice assessment documents. Mentors told us that the practice assessment documentation enables them to support students and to structure

their approach in order to facilitate formative and summative assessment of practice competencies. The assessment of practice documentation is understood by mentors and students (27, 37-38, 41-42, 73, 84, 89, 100-101, 119).

The programme team, students and mentors confirmed that attendance in theory and practice is closely monitored and is taken into account at each progression point and upon completion of the programme (63, 89, 100-101, 111, 113-123, 134).

We found that most sign-off mentors looked at the students full profile of achievements while others restricted scrutiny to the final year achievements. The approved process and documentation for the programme encourages sign-off mentors to consider the ongoing record of achievement, as well as testimonial evidence presented by students. There is clear evidence of a three stage approach to the sign-off mentor activity which is conducted by the mentor on the final placement. The programme team, mentors and students all confirmed confidence with the existing process and we were confident that rigorous assessment processes are in place. NMC requirements for the standards to support learning and assessment in practice are met (89, 100, 101, 113-123, 131).

The current pre-registration nursing programme documentation, which meets the standards for pre-registration nursing education (NMC, 2010) is clear about the sign-off process. It is a stated requirement that all three years of the student's achievement must be scrutinised as part of the decision making process conducted by the sign-off mentor. This is a change in requirements from the previous process where sign-off mentors were asked to confirm whether they had used opportunities to look at the full student's profile when completing the sign-off process. Department staff recognise the changes in the requirements for sign-off mentor scrutiny. There are plans to enhance sign-off mentor preparation and updating to ensure that this requirement is fully understood and implemented in time for the commencement of third year placements commencing February 2016 (27, 73, 89, 119).

In view of the change in the requirements and documentation of the sign-off mentor activity the review team has identified this as an area for future monitoring.

Nursing (learning disabilities)

We found that students are required to undertake two separate placements in the second year of the programme. The first is an eight week nursing placement and the second is a 70 day social work placement. We can confirm that NMC competencies are clearly mapped against the standards for social work and the conjoint programme is approved on the basis that the student can be engaged in nursing related activities within the social work placement. The 70 days placement in social work (590 hours) is used as part of the total calculation of hours to satisfy the NMC requirement of 2300 hours in practice (37, 48, 72, 75, 83, 101, 106).

Students we met do not recognise that the social work placement is intended to provide opportunities to develop NMC competencies. On review of the year two practice documentation we could not find any reference to, or assessment of, nursing competence. The documentation allows for a written testimony related to nursing, but guidance relating to nursing competencies is not evident (73, 83, 101).

We conclude that there is a weakness in the practice documentation in year two of the learning disabilities nursing / social work programme which fails to recognise the learning disabilities component of the social work placement within year two of the

programme and this requires improvement.
<b>Outcome: Standard requires improvement</b>
<p>Comments:</p> <p>Learning disabilities students within year 2 of the programme have opportunities to develop and demonstrate NMC competencies for achievement at progression point two, this is fully documented in the nursing practice assessment documents provided. However the documentation relating to the social work placement fails to make explicit the nursing components and opportunities to develop nursing competence and equates to 590 hours of the 2300 hours of practice required to meet NMC standards.</p> <p>Mental health nursing students stated that they would benefit from more explicit links between clients' physical health care needs and mental health.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Recording of practice learning relating to NMC competence within year two social work placements</li> <li>• The implementation of opportunities for integrated social work /learning disabilities nursing placements.</li> <li>• Records of meetings between sign-off mentors and students</li> <li>• Specific linkage between clients' physical health care needs and mental health, within the classroom setting</li> </ul>

<b>Findings against key risks</b>
<p><b>Key risk 5 - Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>
<p>Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>Documentary evidence provides a clear approach to the evaluation of practice. Students are requested to evaluate theory at the end of each module and the evaluations are summarised and fed into annual programme monitoring (37-38).</p> <p>Online evaluation of practice by students takes place within two weeks of the end of the placement. Practice placement providers have access to online evaluations. Mentors are invited to evaluate theory and practice elements of the programme on a regular basis (17-18, 25, 32, 37-38).</p> <p>Positive comments from evaluations are fed back and adverse comments are addressed through discussions, action plans and educational audits are reviewed and</p>

amended, as appropriate. All placement evaluations are seen by the link lecturers and any adverse comments are followed up directly via the link lecturer. Lead link lecturers collate practice evaluations and respond to any required actions. Evaluations are fed back to placement staff and the director of placement learning receives evaluation summaries and action plans and reports to the nurse director steering group (39, 52).

The national student survey (NSS) results (2014) demonstrate a good response rate and high levels of satisfaction from learning disabilities and mental health nursing students (54).

The department has clear governance structures in place which have designated functions (59).

#### What we found at the event

We found that the university offers an array of feedback opportunities to students for the purpose of programme enhancement which include online evaluations, face to face meetings and one-to-one discussions. Students are represented on staff student committees and course committees, which report to the department board where concerns are discussed and actioned (51-53, 57-58, 67, 71, 84).

Students have opportunities to complete evaluations online for the theory and practice components of their learning within pre-registration nursing (learning disabilities and mental health) which include evaluations of modules, practice placements and the programme. We found some indication from students that issues they raised were not always brought to the attention of the department and action taken (100-101).

We followed through two issues identified by students: more use of the software 'Turnitin' to support formative working; and, mental health students' requests for more field-focussed theory. The department provided evidence of evaluations received in 2014-2015 which identified that students had not identified these issues in their feedback to the programme team (56).

We found evidence of actions being taken to address programme weaknesses and these are fed back to students via the staff - student liaison committee and through six monthly 'things you shu'd know' summaries of responses to students' concerns. An example of this was seen in relation to students' concerns about lateness and poor conduct during lectures. The department instigated spot checking, using additional registers, and exercising low tolerance to poor conduct by meeting with students and issuing formal written warnings, if appropriate (88, 90, 97).

Overall compliance by students completing evaluations is good but students expressed concerns that evaluations of practice, although anonymous, could be tracked back to individual students, which created a tendency to avoid making negative statements. Senior managers defended this and informed us that information received from students was tagged with a student identifier which enabled them, if necessary, to follow up a student's concerns. They stress that this identifier is not shared with placements when disseminating evaluation summaries. This was clearly demonstrated in the department's follow up of an adverse CQC report where, as part of the risk assessment, student evaluations were revisited and used to influence any actions needed (11, 95, 97, 100-101, 105).

<p>We found that external examiners have due regard and are registrants with the NMC. The external examiners' reports for learning disabilities and mental health nursing confirm that the programme meets NMC requirements for pre-registration nursing (41-44).</p> <p>Nursing (learning disabilities)</p> <p>Students informed us that they are prompted by email to complete evaluations online but that this had not always been successful. Academic staff gave assurances that this was an administrative error and that students' feedback had been elicited in other ways which included face to face discussions with the programme lead and through programme committee meetings that have student representation (101, 106).</p> <p>We found evidence that student difficulties with year one hub and spoke arrangements and delayed release of allocation information (see section 1.2.1) had been fed back to the director for placement learning. This had triggered a review of placement learning leading to the current planned improvements. There was evidence that the six monthly programme committee meetings consider student concerns and feedback information to students. An example of feedback to student representatives included the transition arrangements for the allocation and review of the hub and spoke model (67, 105-106).</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>There is a clearly communicated range of methods which enable concerns and complaints about practice learning settings to be raised and addressed. The university, in collaboration with practice placement providers, has a raising and escalating concerns policy and a clear complaints procedure. Students are made aware of how to escalate concerns and mentors and academic staff have clear guidance on how to support students raising concerns or making complaints (25, 27, 37- 38, 53, 57, 88).</p> <p>External examiners, have due regard and engage with both theory and practice elements of approved programmes (43-44).</p>
<p>What we found at the event</p>
<p>We found a range of methods which enable concerns and complaints about practice learning and care standards to be raised and dealt with effectively. The university and placement partners operate clear raising and escalating concerns policy and procedures which are explicit within student handbooks, practice assessment documents, placement resource files and are reinforced at each placement induction (51, 64, 84, 89, 90, 119, 105).</p> <p>We were informed that the department had only two formal complaints within the last academic year, one of which related to a practice issue. These complaints were managed by the pro vice chancellor / dean of faculty and followed due process (105).</p>



We can confirm that academic staff, mentors, and students are aware of the circumstances under which concerns may be raised and of the mechanisms for doing so (100-101, 119).

We found evidence that evaluations of placements are used to enhance programme delivery and used to inform the audit process. They are collated and fed back to placements directly by the link lecturer and any adverse comments are discussed and acted upon (84, 90, 92, 95, 98, 104)

External examiners' reports demonstrate consistency in their engagement in all programme assessment of achievement and they are regularly scheduled to visit practice areas, meet with students and mentors and to scrutinise practice assessment documents. The university fully recognises the importance of this activity through clear contracts of engagement and remuneration for the time and work involved (41-42).

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

**Outcome: Standard met**

Comments:

No further comments.

Areas for future monitoring:

None identified.

## Evidence / Reference Source

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3. CQC inspection report: Doncaster and Bassetlaw Hospital NHS Foundation Trust, 23 October 2015
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16. SHU, Department of nursing and midwifery work planning spreadsheets, 2014
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*36. HE Yorkshire and Humber regional audit tool, 2013*

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85. SHU Faculty of Health and Wellbeing: summary of mental health service partner contributions to programme deliver, 2015
86. Online checking NMC register (accessed 01 December 2015)
87. Monitoring visit SHU completed audits for placements visited (learning disabilities and mental health) 2015
88. SHU Faculty of Health and Wellbeing: action on feedback to student concerns, November 2015
89. Meeting programme team for applied nursing (learning disabilities) and generic social work, 01 December 2015
90. Meeting with SHU senior staff, 01 December 2015
91. Meeting to discuss the admissions processes, 01 December 2015
92. Telephone meeting with the educational commissioners from Health Education Yorkshire and Humber, 01 December 2015
93. Meeting with Deputy Vice Chancellor of SHU, 01 December 2015
94. Meeting with placement allocation staff, 01 December 2015
95. Meeting to discuss clinical governance issues/care quality commission adverse reporting, 01 December 2015
96. Meeting to discuss APL mechanisms, 01 December 2015
97. Meeting to discuss fitness to practice processes and outcomes, 02 December 2015
98. Placement visit mental health, Rampton NHS meeting with mentors, 02 December 2015
99. Tour of the campus resources, 02 December 2015
100. Meeting mental health students, university, 02 December 2015
101. Meeting learning disabilities students, university, 02 December 2015
102. Meeting learning disabilities service user, university, 02 December 2015
103. Meeting mental health service users, university, 02 December 2015
104. Meeting director placement learning, mental health issues, 03 December 2015
105. Meeting to discuss quality assurance processes, 03 December 2015
106. Unscheduled meeting, programme team for applied nursing (learning disabilities) and generic social work, 03 December, 2015
107. Practice visit learning disabilities, meetings with managers, mentors, clinical practice facilitator and students; Tickhill Road Site, 01 December 2015
108. Practice visit learning disabilities, duty roster, placement profile, placement audit action plan, mentor register, Tickhill Road Site, 01 December 2015
109. Practice visit learning disabilities, meetings with managers, mentors, clinical practice facilitator and students, Travis Gardens, 01 December 2015
110. Practice visit learning disabilities, duty roster, placement profile, placement audit action plan, mentor register, mentor portfolio, Travis Gardens, 01 December 2015
111. Practice visit learning disabilities meetings with managers and mentors, Rotherham Joint Community Outreach

Team, 01 December 2015

112. Practice visit learning disabilities, placement profile, placement audit action plan, student placement evaluations and mentor register, Rotherham Joint Community Outreach Team, 01 December 2015

113. Practice visit learning disabilities, meetings with managers, mentors, service users and students, Chelswold Park Hospital, Gill Ward, 02 December 2015

114. Practice visit learning disabilities, duty roster, placement profile, placement audit action plan, mentor register, and mentor portfolio, Chelswold Park Hospital, Gill Ward, 02 December 2015

115. Practice visit learning disabilities, meetings with managers, mentors, service users and students, Buckwood View nursing home, 02 December 2015

116. Practice visit learning disabilities, duty roster, placement profile, placement audit action plan, mentor register, student evaluations of practice and mentor portfolio, Buckwood View nursing home, 02 December 2015

117. Practice visit learning disabilities, meetings with managers, mentors, lead link lecturer and students, Northern General, Longley Meadows, 03 December 2015

118. Practice visit learning disabilities, duty roster, placement profile, placement audit action plan, student evaluations of practice and mentor register, Northern General, Longley Meadows, 03 December 2015

119. Meeting with mental health programme team, 01 December 2015

120. Practice visit mental health student, community team, Edmond Road, Sheffield, 01 December 2015

121. Practice visit mental health, mentors, community team, Edmond Road, Sheffield, 01 December 2015

122. Practice visit mental health, mentors, Forest Lodge, low secure forensic unit, 01 December 2015

123. Practice visit mental health mentor, Sheffield Outreach Team (SORT), 01 December 2015

124. Practice visit mental health, service user, Sheffield Outreach Team (SORT), 01 December 2015

125. Practice visit mental health, live mentor data base and audits, Sheffield Outreach Team (SORT), 01 December 2015

126. Practice visit mental health, mentors, Forest Lodge, low secure forensic unit, 01 December 2015

127. Practice visit mental health, students, Cheswold Park Hospital, forensic hospital (private sector), 02 December 2015

128. Practice visit mental health, mentors, Cheswold Park Hospital, forensic hospital (private sector), 02 December 2015

129. Practice visit mental health, service user, Cheswold Park Hospital, forensic hospital (private sector), 02 December 2015

130. Meeting with service users SHU, 02 December 2015

131. Completed mental health and learning disabilities portfolios, 2015

132. Practice placement quality assurance data base and link lecturer data base, 02 December 2015

133. Practice visit mental health, mentors, Becton Centre, child and adolescent mental health unit, 03 December 2015

134. Practice visit mental health student, Clearways Rotherham drug and alcohol service, 03 December 2015

135. Practice visit mental health mentor, Clearways Rotherham drug and alcohol service, 03 December 2015

136. *Practice visit, Rampton NHS trust, link lecturer, 02 December 2015*

137. *Online scrutiny of student records, 03 December 2015*

138. *Department of Nursing and Midwifery: fitness to practice litigation outcomes, 2015*

Personnel supporting programme monitoring
<b>Prior to monitoring event</b>
Date of initial visit: 18 Nov 2015
<b>Meetings with:</b>
<p>Academic delivery manager, undergraduate programmes</p> <p>Director placement learning</p> <p>Professional lead (learning disabilities nursing course leader)</p> <p>Course leader, BSc (Hons) nursing programme</p> <p>Course leader postgraduate nursing diploma programme</p> <p>Professional lead (mental health nursing)</p> <p>Senior lecturer, level six manager, mental health nursing</p> <p>Deputy head of nursing and midwifery (postgraduate provision, research and innovation)</p> <p>Deputy head of nursing and midwifery (undergraduate provision : quality and learning teaching and assessment)</p> <p>Head of nursing and midwifery</p>
<b>At monitoring event</b>
<b>Meetings with:</b>
<p>Deputy Dean of Faculty of Health and Wellbeing</p> <p>Assistant Dean of Faculty of Health and Wellbeing</p> <p>Head of nursing and midwifery</p> <p>Course leader, BSc (Hons) nursing programme</p> <p>Course leader postgraduate nursing diploma programme</p> <p>Academic delivery manager, undergraduate programmes</p> <p>Director placement learning</p> <p>Senior lecturer, level six manager, mental health nursing</p> <p>Deputy head of nursing and midwifery (postgraduate provision, research and innovation)</p> <p>Deputy head of nursing and midwifery (undergraduate provision : quality and learning teaching and assessment)</p> <p>Head of nursing and midwifery</p> <p>Lead for service user and carer engagement</p> <p>Professional lead (learning disabilities) course leader</p>



Professional lead (mental health nursing)  
 Lead link lecturers  
 Deputy Chancellor Sheffield Hallam University  
 Education Commissioner for health education Yorkshire and Humber  
 Professional services manager  
 Placement managers  
 Practice managers  
 Undergraduate recruitment lead  
 RPL postgraduate diploma lead  
 Deputy head of nursing  
 Professional issue lead

Meetings with:

Mentors / sign-off mentors	26
Practice teachers	
Service users / Carers	14
Practice Education Facilitator	3
Director / manager nursing	5
Director / manager midwifery	2
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Nurse - Learning Disabilities	Year 1: 10 Year 2: 8 Year 3: 2 Year 4: 0
Registered Nurse - Mental Health	Year 1: 2 Year 2: 10 Year 3: 9 Year 4: 0

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