

2016-17

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

Programme provider	Leeds Beckett University
Programmes monitored	Registered Nurse - Adult
Date of monitoring event	18-19 Jan 2017
Managing Reviewer	Peter McAndrew
Lay Reviewer	Carol Rowe
Registrant Reviewer(s)	Ronnie Meechan
Placement partner visits undertaken during the review	<p>Pre-registration nursing programme, adult nursing field: Pennington Court Nursing Home, Beeston, private and independent sector placement</p> <p>Leeds Community Healthcare NHS Trust, Beeston Integrated Neighbourhood Team</p> <p>Leeds Community Healthcare NHS Trust, Armley Moor Integrated Neighbourhood Team</p> <p>Leeds Teaching Hospitals NHS Trust, St James's University Hospital, Ward J21 (Elderly medicine), ward J91, Gledhow Wing</p> <p>Leeds Teaching Hospitals NHS Trust, Chapel Allerton Hospital, ward C2/5 (Day case), ward C1 (Surgery)</p> <p>Leeds Teaching Hospitals NHS Trust, Leeds General Infirmary, Accident and Emergency Department</p> <p>Leeds Student Medical Practice, private and independent sector placement</p>
Date of Report	29 Jan 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

As set out in the NMC QA framework, which was updated in 2016, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

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

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

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

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

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

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

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

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

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

Summary of findings against key risks

Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

Introduction to Leeds Beckett University's programmes

The healthcare and nursing subject area at Leeds Beckett University is located within the school of health and community studies (the school). The subject area group provides a pre-registration nursing programme with fields in adult and mental health nursing. The university has made a major financial investment to create a state of the art bespoke clinical skills suite which is devoted to excellence and provides a high quality practical learning experience for a variety of healthcare professionals to learn essential skills in a suitable and safe environment.

The monitoring event reviewed the risks associated with the provision of the pre-registration nursing programme, with the adult nursing field as the practice focus.

The current BSc (Hons) pre-registration nursing programme with an adult and mental health nursing field was approved conjointly by the university and the NMC in June 2011. A major modification in June 2012 and a minor modification in October 2013 were approved to align the provision more closely to the wider university's existing undergraduate course structures. In June 2016, a major modification was approved for an additional part-time route leading to the award of BSc (Hons) adult nursing. The NMC has extended approval for this programme until August 2019.

Students are positive about the quality of the nursing pre-registration programmes and the learning support that they receive from the university and its practice placement partners. Employers confirm that the programmes prepare registered nurses who are fit for practice.

The monitoring event took place over two days and involved visits to practice placements to meet a range of stakeholders. The practice placement visits covered a wide selection of hospital and community based placement experiences provided by the NHS and private, voluntary and independent sector (PVI) providers. Particular consideration was given to the adult nursing pre-registration student experience in placements at Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust, where the majority of the students are placed, and which have been subject to recent Care Quality Commission (CQC) inspection reports which have not received satisfactory outcomes. Consideration was also given to specific placements in the private, independent and voluntary healthcare sector which are approved as student placements and have not received satisfactory outcomes in CQC inspection reports.

Summary of public protection context and findings

Our findings demonstrate that all the key risk themes are met and that the provision assures public protection.

Resources: met

The programme leaders and field leaders supporting the pre-registration nursing programme have an active registration and have a recorded teaching qualification with the NMC. The programme leader acts with due regard. The school governance

procedures are robust and well administrated and ensure that all nursing lecturers with a professional qualification are registered with the statutory body and have the relevant recordable teacher qualification or are working towards its achievement. There are sufficient academic staff dedicated to programme delivery, however the specialist teaching team for the mental health field is currently challenged by the number of lecturers in post and would benefit from additional resources being made available to enable them to meet all the demands for their input. We were informed of plans that are in place to achieve this in the near future.

There are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students. Mentors and sign-off mentors are committed and enthusiastic about their roles with students.

Admissions and progression: met

We found that the admission process meets the NMC requirements. There is a value based approach to student selection and service users and practitioners are fully involved. We found that the use of the QuickScan dyslexia screening test for all students by the disability support services, which identifies students who may have a need for extra learning support, is notable practice and worthy of wider dissemination.

Procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in the programme area being monitored.

Accreditation of prior learning (APL) policies, procedures and practices are robust and fully ensure that both NMC learning outcomes and hours of theory and practice are fully mapped within the accreditation process and that the applications are rigorously scrutinised.

Practice learning: met

We found that strong evidence exists of effective partnerships with practice placement providers and associated approved education institutions (AEIs) at both strategic and operational levels. Placement management is highly effective and meets the many challenges that exist from the escalation of concerns process, clinical governance reporting and health service re-configurations. Effective procedures are in place to protect student learning and to assess if placements need to be additionally supported, withdrawn or rested to protect student learning.

Particular scrutiny was undertaken during the monitoring visit to reassure the NMC that effective risk management approaches have been adopted to protect student learning in placement areas that had been subject to CQC inspection reports with outcomes that are satisfactory. Through a process of practice visits and specific meetings with senior academic and NHS trust managers we conclude that there is an effective strategy in place which manages any risks that exist in these situations to assure the quality of student learning.

The practice learning facilitator (PLF) ensures the provision of positive practice learning experiences for students.

Educational audit is effectively undertaken to meet the NMC requirements and involves academic staff as active partners.

A robust strategy exists for service users and carers' engagement and there is considerable evidence that they are fully involved in programme development and delivery. A number of innovative approaches in relation to their involvement was identified during the monitoring event and these include jointly delivered learning experiences which are highly evaluated by students. Service users told us that they feel highly valued by the university.

Academic staff undertaking the role of link lecturer are reported to have a relatively low visibility in practice settings although they respond in a timely way to requests for support when required by practice staff.

Mentors and sign-off mentors are well prepared for their role and are supportive to students who are experiencing issues with progression and they are well prepared to fail students when this is indicated.

Mentors attend annual updates, triennial review is fully implemented and records of mentors are complete, accurate and up to date.

Fitness for practice: met

Students achieve the NMC learning outcomes and competencies for entry to the nursing part of the register. Students emerging from the programme are considered fit for practice by employers.

External examiners confirm the high quality of the programme, the high level of academic support, the rigor of the assessment of practice, the high level of achievement attained by the majority of the students and that the programme enables students to achieve the statutory requirements.

Quality assurance: met

All modules are subject to programme evaluation and issues that are raised are followed through to resolution. The healthcare placements website offers practice placement providers the opportunity to review student feedback on practice experience in a timely manner.

External examiners' reports are comprehensive and issues raised in the reports are appropriately responded to by programme leaders.

Effective procedures exist to enable students to raise complaints and concerns and there is clear evidence that they are appropriately supported.

Summary of areas that require improvement

There are no areas that require improvement.

Summary of areas for future monitoring

- The adequacy of the teaching resources for the mental health nursing field.
- The enhancement of the values based approach to student selection.

- The second stage fitness to practise appeals procedure meets NMC requirements.
- The visibility of academic staff undertaking the link lecturer role in practice settings.

Summary of notable practice

Resources

None identified

Admissions and Progression

Disability support services at Leeds Beckett University undertake the QuickScan dyslexia screening test with all students undertaking the pre-registration nursing programme, to identify students who may have a need for extra learning support. QuickScan is a computerised screening programme intended to indicate whether a student may show signs of a specific learning difficulty (SpLD) such as dyslexia and to indicate preferred learning styles for students to help them study more effectively. QuickScan does not provide a formal diagnosis of dyslexia or any other SpLD and the screening is not complicated or daunting. The student receives a computer-generated report which indicates whether they show any signs of an SpLD. Students report that they find this helpful (103).

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The programme team told us that as a team they are enthusiastic, knowledgeable and have confidence that the integrated pre-registration programme is producing practitioners who are fit for award and practice. They told us that they facilitate a programme in which there is diversity in the teaching and learning strategies and in which simulated learning is highly commended by the students as being a safe environment in which to rehearse skills and increase confidence.

The programme team told us that they maintain close working partnerships with practice placement providers and work collaboratively with the University of Leeds with whom practice placements are shared. They told us that the university is supportive in enabling staff development and revalidation and that they maintain

currency with practice through research, conferences, practice support roles, honorary contracts and voluntary work.

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

Mentors, sign-off mentors and PLFs told us that they have a very high level of enthusiasm and commitment towards the programme. They told us that they provide excellence through facilitating high quality learning opportunities and providing a supportive environment for students. They also told us that they are well prepared and updated for their role and have completed the triennial review process. They told us that students are fit for practice and purpose on successful completion of the programme, and that a high number of students achieve employment in associated NHS trusts on completion of the programme confirming the quality of the graduate nurses.

Health service managers told us that students are motivated and high calibre individuals that make a strong contribution to the delivery of care to patients when on placement. They told us that students integrate well into care teams and are noted for their engagement within the clinical environment. Mentors and employers told us that they are very confident that the programme equips students with the skills to become compassionate and highly competent adult nurses.

Mentors, PLFs and education leads told us that they have good working relationships with the university. They are clear about their responsibilities in instances when a student's practice gives cause for concern and about processes for escalating unresolved issues. They told us that there is a high level of support for students during each of their practice placements.

Students

Students told us that they are very positive about the high quality of the programme in both theory and practice learning experiences. They told us that personal lecturers are an important learning and support resource. They have close relationships with their personal lecturer who also acts as their practice support tutor with whom they meet every week in the university setting while on practice placements. Students praise the mentors for the high level of support that they experience in practice settings.

Students in the final year of the programme told us that their confidence had increased and that by the completion of the programme they are confident that they will have achieved the necessary knowledge, skills and competence required for registration. They told us that they are enjoying the programme and feel motivated and enthusiastic about their future nursing career.

Students described a transparent and open culture within the school where concerns are listened to and acted on. They told us that they valued the significant support that the PLFs have upon their education and skills development.

Service users and carers

Service users told us that they make a significant contribution towards the programme in a number of areas. They told us that they feel supported and valued by the

university. They told us that they have access to training provided by the university, which many had accessed, and that they received equality and diversity training prior to contributing to the selection processes. They told us that they are involved in delivering teaching sessions, facilitating interprofessional workshops and that they participate in the assessment process. They told us that they receive feedback on the quality of their input to the programme and that students' feedback states that they particularly value hearing about their personal experiences and find the teaching sessions to be significant to their learning.

Service users told us that they provide feedback to students which is captured within the practice documentation and that students rate this feedback highly. Service users and carers confirmed that mentors and students ensure that the service user consents to students being involved in their care and prior to mentors documenting feedback into the students' practice assessment documentation.

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 (7-24).

The following reports required action(s):

Leeds Community Healthcare NHS Trust. Date of publication: 22 April 2015. The CQC rated the community services as requires improvement (7).

The university response: The issues raised in the CQC report were discussed with senior nurse managers in the NHS trust and action agreed to provide additional support for student placements from PLFs and link lecturers. Students' placement evaluations were checked and there were no adverse issues raised. It was decided that student placements could continue with the additional support that was agreed. Student evaluations continue to be monitored (7, 53, 74).

NMC monitoring practice visits were specifically undertaken to two placement areas within this NHS trust. Students told us that they were being well supported and had access to a range of appropriate learning experiences. Mentors told us that they were able to undertake the role and could provide appropriate support and assessment for students. Mentors were checked on the mentor register and were up to date in meeting NMC requirements for the role. Educational audits had been completed appropriately and included issues raised by the CQC. We concluded that the placements visited presented a positive learning experiences for students (63-64).

Leeds Teaching Hospitals NHS Trust, Leeds General Infirmary. Date of publication: 27 September 2016. The CQC gave an overall rating of good but surgery was rated as requires improvement (8).

The university response: The issues raised by the CQC related to only the surgical service as all other services were assessed as good. Student evaluations were reviewed and no adverse issues had been raised by students. A meeting took place between the university and senior nurse managers and a support plan was agreed for

the period until the CQC action plan was achieved. The plan included increased student support from link lecturers and the PLF. It was decided that student placements could continue with the additional support that was agreed. Student evaluations continue to be monitored (8, 53, 74).

NMC monitoring practice visits were specifically undertaken to five placement areas within this NHS trust. Two of the placement areas visited had previously been escalated to the NMC due to adverse incidents occurring during student placements. We were told by students that they were being well supported, had access to a range of appropriate learning experiences and that good standards of patient care were being provided. Mentors told us that they were able to undertake the role and could provide appropriate support and assessment for students. Mentors were checked on the mentor register and were up to date in meeting NMC requirements for the role. Educational audits had been completed appropriately and included issues raised by the CQC. We concluded that the placements visited presented a positive learning experience for students (25, 65–67, 74, 78).

Leeds and York Partnership NHS Foundation Trust. Date of publication: 16 January 2015. The CQC rated mental health services as requires improvement (9).

The university response: The issues raised in the CQC report were discussed with senior nurse managers in the NHS trust and action agreed to provide additional support for student placements from PLFs and link lecturers. Students' placement evaluations were checked and there were no adverse issues raised. It was decided that student placements could continue with the additional support that was agreed. Student evaluations continue to be monitored (9, 53, 74).

The following placement providers are only used infrequently on a need basis by the university and no placements have been required during the last 12-month period due to the success of the initiatives that have been undertaken to increase the placement capacity of the associated placement providers. A general response to the use of these placements is provided after the reports.

Airedale NHS Foundation NHS Trust - Airedale General Hospital. Date of publication: 10 August 2016. The CQC rated medical care (including older people's care), Surgery, and critical care as requires improvement. Following the CQC inspection in March 2016, the NHS trust informed the CQC of a serious incident that had occurred on the critical care unit. A further unannounced inspection showed insufficient action had been taken to prevent recurrence (10).

Bradford Teaching Hospitals NHS Foundation Trust, Bradford Royal Infirmary, Date of publication: 24 June 2016. The CQC rated urgent and emergency services, medical care, services for children and young people, outpatients and diagnostic imaging as requires improvement (11).

Calderdale and Huddersfield NHS Foundation Trust, Calderdale Royal Hospital, Date of publication: 15 August 2016. The CQC rated critical care, maternity and services for children and young people as requires improvement (12).

Hull and East Yorkshire Hospitals NHS Trust, Castle Hill Hospital, Date of publication: 13 October 2015. The CQC rated surgery as inadequate (13).

The Mid Yorkshire Hospitals NHS Trust, Dewsbury and District Hospital, 3 December

2015. The CQC rated urgent and emergency services; medical care; surgery; critical care; and, end of life care as requires improvement. The CQC found that medical care, end of life services and community inpatients had not improved or had deteriorated since the last inspection (14).

The Mid Yorkshire Hospitals NHS Trust, Pontefract Hospital. Date of publication: 3 December 2015. The CQC rated urgent and emergency services and medical care as requires improvement (15).

University response: There were no student placements at the time of the CQC report. If future student placements were to be planned they would be subject to discussions with the associated AEI responsible for the educational auditing of the placement areas (15, 53, 74).

PVI sector: The university's collective response to these reports is provided at the end of the reports.

Aspire. Date of publication: 9 August 2016. The CQC rated the provider as requires improvement (16).

Bridgewood Trust Limited, Bridgewood House. Date of publication: 20 July 2016. The CQC rated the provider as requires improvement (17).

Bupa Care Homes Limited, Burley Hall Care Home. Date of publication: 5 May 2016. The CQC rated the provider as requires improvement (18).

Bupa Care Homes Limited, Elmwood Care Home. Date of publication: 22 June 2016. The CQC rated the provider as requires improvement (19).

Bupa Care Homes Limited, Park Avenue Care Home (Park Avenue provides nursing care for up to 43 older people, some of whom are living with dementia). Date of publication: 10 June 2016. The CQC rated the provider as requires improvement (20).

Bupa Care Homes Limited, Sabourn Court Nursing Home (Sabourn Court provides accommodation and nursing care for up to 49 older people). Date of publication: 16 December 2015. The CQC rated the provider as requires improvement (21).

Donisthorpe Hall (Donisthorpe Hall provides residential, nursing and dementia care for a maximum of 189 residents and has a long standing association with the Jewish community). Date of publication: 24 October 2016 (22).

Lifestyle Care Management Ltd, Green Acres Nursing Home (The service provides care and accommodation for up to 62 people who require personal care and/or nursing and the service can support older people and people who are living with dementia). Date of publication: 17 June 2016. The CQC rated the provider as requires improvement (23).

Community Links (Northern) Ltd Oakwood, Oakwood Hall (Oakwood Hall is a 12 bedded residential home which provides support and rehabilitation for people aged 18 and over who have enduring mental health problems and who have needs that are difficult for other services to provide for). Date of publication: 20 August 2015. The CQC rated the provider as requires improvement (24).

University response to CQC reports in the PVI sector placements: There were no

students in placements at the time of the CQC inspection visits. Placements have been suspended until the CQC action plans have been achieved. The PLF is available to assist the placement providers with their action plans. When this is achieved, the placements will have a new education audit undertaken by the designated PLF and the link lecturer to determine that they are safe and suitable for student placements (53, 74).

Actions for the monitoring visit:

Particular scrutiny was undertaken during the monitoring visit to reassure the NMC that effective risk management approaches are being adopted to protect student learning in placement areas that had been subject to CQC inspection reports with outcomes that are not satisfactory.

In response to CQC inspection outcomes a meeting was held with senior education managers, senior trust clinical representatives and managers of PVI healthcare providers to assess the joint action taken to protect students' learning in placement areas within services.

For practice visits, particular consideration was given to the adult nursing pre-registration student experience in placements at Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust, where the majority of the students are placed, and which have been subject to recent CQC inspections. Consideration was also given to specific placements in the PVI healthcare sector which are approved as student placements and have CQC inspection reports with outcomes that are not satisfactory.

Outcomes of the meeting with senior education managers, senior trust clinical representatives and managers of PVI healthcare providers to review clinical governance issues and adverse CQC quality reports, 18 January 2017:

The director of practice told us that excellent communication pathways exist between the associated NHS trust placement providers and the associated AEIs, and that the university would be advised of any adverse clinical governance issues or reports at the earliest possible opportunity. They told us that it was discovered that the standard learning development agreement (LDA) did not identify the requirement for information on adverse clinical governance and quality reports and incidents to be reported to the AEI when it was likely that student placements would be affected. An addendum was sent to all placement providers to remind them of these responsibilities in January 2016. All concerned were confident that this now ensures good communication at all times (25, 38-40, 74).

PLFs told us that they undertake monthly monitoring of the CQC website to identify any relevant quality reports. Any that feature outcomes that relate to placement areas are reported to the relevant AEI. PLFs also have an alert system for CQC reports which informs them when relevant reports are published. PLFs are confident that they are aware of all adverse events (74).

There is a shared placement circuit with other universities and there is a standard agreement with other universities' directors of practice to share any information relating to issues with practice placement areas. Regular meetings take place with associated AEIs to address any concerns relating to the placement circuit and to

attempt to be proactive in identifying new placement opportunities. The director of practice explained that they will move students if they need to do so but prefer to explore a number of options before having to do this. These options include reducing the number of student placements and providing additional placement support through link lecturers and the PLFs (74).

The director of practice told us that when adverse issues arise, they are investigated by the PLF and link lecturer and if indicated a new educational audit is undertaken to check that the placement is suitable for student placements. PLFs explained they would work with a placement area to help them to meet any development and action plans and undertake a new educational audit when action plans have been successfully completed. If students need to be removed due to risk issues this is agreed by the director of practice with a senior nurse manager at the relevant placement provider and the head of school would be informed of the decision. When this occurs, it would be exceptionally reported to the NMC and there is evidence that this has occurred (25, 74).

PVI placements that have CQC reports with outcomes that are not satisfactory have student placements suspended until the CQC action plans are achieved and a new educational audit has indicated that each placement meets the relevant standards (74).

The educational audit process includes the outcomes of CQC reports that are not satisfactory and the associated action plans. The meeting of the action plan is considered as part of the audit process (43, 74).

We concluded from our findings that an effective strategy is in place which manages the risks that exist to student learning when adverse clinical governance reports or incidents are reported which relate to approved practice placements.

Follow up on recommendations from approval events within the last year

NMC major modification report, Leeds Beckett University, BSc (Hons) adult nursing, May 2016. Recommended for approval with conditions and recommendations (3).

Major modification for a six year part-time route leading to the award of BSc (Hons) adult nursing for band four care staff currently employed within local NHS Trusts.

Recommendation one. Given the proposed increase in student cohorts and part-time options, the university should be satisfied that there is sufficient clinical capacity to support learning in clinical practice (Standard 9.3).

The university, through the PLFs, conducted a review of placement capacity to reassure that sufficient capacity was available. The PLFs have worked hard to create extra capacity. The outcome is that there was sufficient capacity identified and the programme will commence with its first cohort in September 2017 (53, 78).

Specific issues to follow up from self-report

Issues in the self-assessment report 2016-2017 include (6):

- Requirements for additional practice placements to be available for increased numbers of students on pre-registration nursing programmes. Additional placement capacity required due to the introduction in September 2017 of a six-year part-time route leading to the award of BSc (Hons) adult nursing. An additional full-time intake of adult nursing students in January each year.

We found that the university practice learning team, the placement providers and the PLFs have identified new placement areas and new approaches to providing placements to meet the identified future need (69-71, 78).

- Four exceptional reports related to three practice areas which were subject to CQC inspection reports with outcomes that were not satisfactory:
- Radcliffe Gardens Nursing Home

No students were attending this placement. A review will be undertaken prior to any subsequent student being placed here to ensure safety of students.

- Leeds Teaching Hospitals NHS Trust

No students were undertaking practice experience within this area as it is child focused.

- Burley Hall Nursing Home

One student in placement at the time of the adverse report and one student who completed their placement in March 2016. Both students reported that they were not aware of any concerns or issues and felt well supported. Practice liaison officer visited placement to ensure continued quality monitoring of the educational experience and information was shared with the University of Leeds who also use the placement.

- Shellbrooke Ward, Tickhill Road Hospital

No students access this placement and it has been removed from the placement database.

- Donisthorpe Nursing Home

No students allocated at the time of the CQC report. No further students will be allocated until the CQC action plan has been achieved and a positive educational audit undertaken. The monitoring review team undertook practice visits and focused meetings to explore the strategies that are used for the risk management of student placements (6-25, 53, 62-68, 74, 78).

- Shortage of mentors in community and primary care and secondary care.

This risk is being managed by an ongoing programme of mentor updates. A non-accredited route in the mentor programme has been successfully approved as a major modification. The PLF with responsibility for these areas has implemented a range of strategies to increase the opportunities for mentor preparation and update (5, 78).

- Issues with the quality of PVI organisation placements. This risk is being managed by appointment of a specific PLF to support and monitor these areas.

The monitoring event programme included practice visits to PVI placements to monitor the placement quality. The strategy for dealing with these issues was discussed at the practice learning meeting during the monitoring visit (62, 68, 78).

- Additional capacity for student placements has been created in primary care (GP practices) offering opportunities for learners to develop the competencies needed to work effectively in primary and community care settings. Students report that they are well supported by the whole practice team, are able to meet their learning outcomes and have the opportunity to experience well facilitated, interprofessional learning.

The monitoring process reviewed arrangements for these placements and included a practice visit to a primary care placement setting (68-71, 78).

- Fitness to practise issues specifically related to illegal recreational drug use. This risk is being managed by ongoing information and monitoring of students by personal tutors and mentors. There have been no further occurrences but will continue with agreed actions.

This issue was explored in a designated meeting at the monitoring event on fitness to practise issues where it was reported that there have been focused initiatives aimed at increasing students' awareness of the seriousness of these issues. Some success was reported (77).

- Supporting NMC registered lecturers with their revalidation. All registrants include this in their performance and development review (PDR). All those who have been through revalidation to date have been successful and feedback regarding support through the process has been positive.

This was reviewed as part of the monitoring process and there was found to be a supportive framework for lecturers to meet the requirements of revalidation (37, 69-71, 105).

- Mental health services are undergoing re-configuration and the impact of this will be evaluated and reported next year.

Issues were explored during the monitoring process and academic and practice learning staff are currently successfully managing the challenges which these situations create (71).

- Evaluation of 'hub and spoke' placement model which was introduced into pre-registration nursing programmes this year. Evaluation of student and mentor feedback is ongoing.

The 'hub and spoke' model for placements was reviewed as part of the monitoring process and was found to be well understood and is an effective strategy for widening students' learning experiences (62-71, 78).

Findings against key risks

Key risk 1 – Resources

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

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

What we found before the event

The university has a comprehensive staff recruitment and selection policy and procedure (46).

The university has an academic framework which provides clarity and consistency to the typical range of activities that make up academic roles (45).

The university has sufficient resources to deliver the programme to the intended quality (53).

During the PDR staff process, evidence of active registration is required. All lecturers who are registered with the NMC are also required to gain lecturer/practice educator status and are given time to undertake the process to achieve it. All nursing lecturers are engaged with link lecturing roles and/or practice support in order to meet NMC requirements. Some lecturers also have honorary contracts with local stakeholders to ensure the nursing programmes remain contemporary to local and national requirements and drivers. The university supports academic staff to reflect upon and enhance the learning and teaching experience of their students (37, 45, 98).

What we found at the event

We found that the programme leader, field leaders and lecturers supporting the pre-registration programme have an active registration and the majority have a recorded teaching qualification with the NMC or are working towards its achievement. The programme leader acts with due regard. The school maintains a record of all nursing lecturers with a professional qualification who are registered with the statutory body. We checked lecturers' registration with the NMC register and found that the record is accurate and well administered (72, 105).

We found there are sufficient academic staff dedicated to programme delivery, however the specialist teaching team for the mental health field is currently challenged by the number of lecturers in post. There is no evidence to suggest that either programme delivery or student support is adversely effected at present but the

<p>team would benefit from additional resources being made available to enable them to fully meet all the demands for their input. We were informed of plans that are in place to achieve this in the near future (70-72).</p> <p>Academic staff told us that the staff PDR process is highly effective at ensuring that lecturers with a professional qualification remain up to date with contemporary nursing practice, maintain links with designated practice settings and are supported with meeting the requirements of revalidation. Information on the revalidation process, useful links and a list of available confirmers is provided on the staff intranet (37, 46, 70-72, 98, 104).</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>There are challenges in relation to the numbers of mentors and sign-off mentors that are available for students. The university, in conjunction with PLFs and placement providers, are working to improve capacity. Increased student numbers have been recruited this year for the adult field and the part-time route and this provides additional challenges (6, 53).</p>
<p>What we found at the event</p>
<p>We found that there are sufficient appropriately qualified mentors and sign-off mentors available in practice settings to support the number of students. We were told that maintaining this level of mentor resource is challenging and requires continuous ongoing action by the associated practice placement providers and PLFs. A number of strategies are used to demonstrate and recognise the value placed in the mentor role and these include an annual mentor conference and mentor awards (53, 62-69, 78, 100).</p> <p>Mentors, sign-off mentors and clinical managers told us that the planning process for placements is well organised, structured and appropriate. Practice placements are shared with students from the University of Leeds, and equitable sharing of placements across the universities is managed through the practice learning and employability unit (PLEU). Through the practice placement quality assurance website (PPQA), student capacity data and mentor registers enable appropriate student numbers to be allocated to practice placements and assures adequate mentor support. We were able to confirm that students are placed in practice placement areas that are appropriate to their required learning experiences (51, 62-67, 70-71, 80, 102).</p> <p>Mentors and sign-off mentors act with due regard and work with students for a minimum of 40 percent of the time but mostly exceed these minimum levels. Many</p>

placements assign associate mentors to provide additional support for students. The 'hub and spoke' model for placements has only recently been introduced but appears to be well understood and is proving an effective strategy for widening students' learning experiences (62-71, 78).

Students on final placements are allocated sign-off mentors and senior nurses and practice educational leads confirm the effectiveness of the process and are assured of the students' fitness for practice (62 – 68, 73).

We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students on placement and that they spend sufficient time with allocated students to enable them to determine that they are safe and competent practitioners.

Outcome: Standard met

Comments:

The teacher resource for the mental health field is currently challenged by the number of lecturers in post.

Areas for future monitoring:

- The adequacy of the teaching resources for the mental health nursing field.

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

Service users, practice colleagues and current students are involved in pre-registration nursing selection events. All academic staff involved with selection undertake a regular online equality and diversity update which is detailed in their PDR. Service users and carers are introduced to equality and diversity information when they join the service user and carer group, and then attend the university's introduction to equality and diversity face-to-face training, given by the university's equality and diversity team (33-36).

The admission interview day includes a literacy and numeracy test and a face-to-face

interview (36).

The university has a policy regarding students under 18 years of age (53).

Disclosure and barring service (DBS) checks are required prior to entry to the programme. Applicants who have cautions or convictions showing on their DBS check are interviewed and local stakeholders informed who then make a decision as to whether they would support a placement for the student. All applicants who make a positive declaration are required to complete a DBS assessment form (26-27).

Students on NMC approved programmes who require reasonable adjustments as agreed with disability support services will meet with their course leader to plan how these will be carried out (53).

What we found at the event

We found that the admission process meets the NMC requirements and service users and practitioners are fully involved in the student selection process. Academic staff, practice staff and service users and carers all told us that they had undertaken equality and diversity training in order to participate in the selection procedures (1,3, 31, 63-66, 70, 75).

Academic staff and students confirmed that they undertake good health and DBS checks as a condition of the selection process and that they would not be accepted onto the programme until clearance is confirmed. Convictions and cautions that are declared through the process are considered with nurse managers in relation to risks and future employment issues (26-27, 67-68, 70-71, 75).

Academic staff told us that a number of students have been accepted with disabilities or serious physical and mental health issues. They told us that the students were thoroughly assessed by either disability support services or the university student health service in relation to any risks that they may present. Support plans are then developed which include reasonable adjustments in the practice settings. The academic staff provide considerable additional support to these students to help them to succeed (36, 51, 62, 70-71, 80).

We found that there is currently a value based approach to selection through the use of specific questions developed with service users that explore the personal qualities of the candidate in a face-to-face interview situation. Service users told us about a range of observations that they were able to make within the selection interview process, to identify if the student possessed personal qualities such as care and compassion which they considered essential qualities. We concluded that there are a range of selection approaches that are widely used elsewhere for determining that students have the essential values and qualities and that the school would benefit from enhancing this part of the selection procedures (1, 3, 36, 51, 71-72, 75).

The programme team told us that the annual attrition rate in the programme is below the national average. The programme does not currently accept international students however the international English language testing system statement information on the university website and admissions documentation conforms to the

<p>NMC requirements (70-71, 73).</p> <p>We found that the use of the online QuickScan dyslexia screening test for all students by the university disability support services is notable practice and worthy of wider dissemination. The test identifies students who may have a need for extra learning support to enable students to study more effectively (62-68, 71-72, 103).</p> <p>Our findings conclude that the university has clear systems and processes in place to ensure suitable individuals gain entry to the pre-registration nursing programmes and progress to qualification.</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>The process for the declaration of good character, conduct and health is completed and submitted at key points: at the interview days; at the start of the programme, at the start of every year; and, at the end of the programme prior to registration (26-28).</p> <p>The university has comprehensive policies and procedures for fitness to practise. The policy applies to all university students who are registered on a programme of study recognised by a professional, statutory or regulatory body for the purpose of attaining a professional qualification, future registration with the relevant body and for the entitlement to practise the particular profession. The policy encompasses both student conduct and good health. The composition of the fitness to practise panel meets the NMC requirements (30, 53).</p>
<p>What we found at the event</p>
<p>We found that procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively. Academic staff and students told us that they are aware of the procedures to address issues of poor performance. Academic staff told us that there is an online recording system for monitoring the academic performance of students which informs personal lecturers about students who are having difficulties progressing and enables them to take appropriate remedial action. For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points as well as the NMC 12-week rule (1, 3, 51, 70-71, 80).</p> <p>Programme documentation, academic staff and students all confirm that students complete a self-declaration of good health and character on an annual basis and on completion of the programme. We were able to scrutinise a sample of the declarations made by students and confirm that they had been appropriately completed (28, 51, 62-68, 70-71, 101).</p> <p>We found that the university has comprehensive policies and procedures for fitness to</p>

<p>practise. The fitness to practise policy outlines a two-stage process which includes a local resolution stage and a fitness to practise hearing stage. In the academic year 2015-16 seven cases were dealt with under these procedures with pre-registration adult field nursing students, and these related to offences which included social media transgressions, non-disclosure and serious plagiarism. The fitness to practise panel heard two cases which related to illegal possession and supplying of banned drugs and serious social media misuse. We were told how the school had implemented action to increase the awareness of students to these issues and how this had been successful. The fitness to practise panel that heard these cases met the NMC requirements and included a senior nurse manager from an associated NHS trust (30, 77, 87).</p> <p>The fitness to practise policy outlines a two-stage appeal procedure which includes at the first stage the possible outcome of a new fitness to practise panel being reconvened. The second stage enables the appeal to be further heard by an independent member of the university's board of governors with an outcome that the appeal can be upheld. The second stage appeal procedures are currently being reviewed and the school has raised concerns in relation to this stage as it does not include professional representation and may lead to students who are unsafe continuing with the programme to registration. (30, 77).</p>
<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>Procedures to identify and address poor performance in practice are fully implemented and follow a set procedure that is well understood by mentors, sign-off mentors and students (4).</p>
<p>What we found at the event</p>
<p>Mentors/sign-off mentors, PLFs, academic staff and students told us that they are familiar with procedures to manage poor performance across a range of issues from professional conduct through to managing the failing student in the practice setting. PLFs and mentors told us that they knew how to manage poorly performing or failing students using action planning facilitated within the practice assessment document. They confirmed that a tripartite approach is taken with a poorly performing student involving the personal lecturer (1, 3, 29, 41-42, 45, 51, 62-68, 70-71, 78, 80, 98, 106).</p> <p>We conclude from our findings that practice placement providers have a clear understanding of the procedures to address issues of students' poor performance in practice. This process ensures that students are competent and fit for practice in accordance with both 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>In pre-registration nursing programmes, two applicants applied to use APL for entry into stage two of the programme. The current process has ensured that applicants entering stage two of the programme have fully met the progression point for the end of stage one and as such, applicants feel prepared for entry to stage two. There is a robust university-wide process for APL applications. Staff and student handbooks are available and APL panels meet monthly to make decisions on APL applications. Students are supported by programme leaders and admissions tutors to complete APL application forms. The university-wide approach to APL ensures decision-making is consistent and in line with Quality Assurance Agency requirements (6).</p> <p>Academic regulations exemptions are identified in the programme documentation for the limit of APL which is set at 50 percent to meet NMC requirements. In accordance with the NMC requirements for pre-registration nursing education applicants will be able to claim APL in theory and practice when starting the programme, transferring from another university, moving from one nursing field to another or returning to a programme after a substantial break (51-52, 79).</p>
<p>What we found at the event</p>
<p>We found that APL policies, procedures and practices are robust and fully ensure that both NMC learning outcomes and hours of theory and practice are fully mapped within the accreditation process. All applications are scrutinised by an APL panel and ratified at the examination board. Data collected showed that only two students had received accreditation through the APL process, and in both cases the claim related to students moving into the pre-registration nursing programme transferring from programmes at other AElS (76, 79).</p> <p>There was evidence that the school has gained university exemption to permit 50 percent of the programme to be accredited through APL to meet the NMC requirements (1, 51, 76, 79).</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>There are a range of selection approaches that are widely used for determining that students have the essential values and qualities and the school would benefit from enhancing this part of the selection procedures.</p>

Areas for future monitoring:

- The enhancement of the values based approach to student selection.
- The second stage fitness to practise appeals procedure is consistent with NMC requirements.

Findings against key risks

Key risk 3 - Practice Learning

3.1 Inadequate governance of and in practice learning

3.2 Programme providers fail to provide learning opportunities of suitable quality for students

3.3 Assurance and confirmation of student achievement is unreliable or invalid

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

What we found before the event

A series of LDAs are in place that are secured and maintained by Health Education England for NHS Yorkshire and the Humber (HEYH) and support the provision of suitable, quality assured placements. In those areas where an LDA is not in place a series of additional audit checks are completed and a student will require an honorary contract to access that provision. There are quarterly meetings between the dean and HEYH education commissioners with the remit to review contracts and associated work. There are quarterly meetings between the PLF stakeholder groups and membership includes both local AEIs and NHS trust partners, with the remit concerning all placement learning matters including quality assurance (37-38).

The faculty PLEU manages a range of placement models. The nursing provision is shared with the University of Leeds who take a lead role in managing the placement circuit and ensuring equitable and robust sharing of placements across the two universities. As a progression of this partnership working the University of Leeds have also become partners in the INPLACE, a placement information system. All placements for nursing within the Leeds area are therefore being managed through this single tool and new placements as they are secured are entered into both INPLACE and the PPQA systems in line with regular processes (41-43).

The placement circuit is reviewed annually and represents a fluid entity with placements coming into use and placements being withdrawn. Each placement is audited prior to use and an evaluation process is in place following each use. The INPLACE system will support the monitoring of placement use, provide real time allocation data and enable robust monitoring and tracking of the associated audit

processes. The PLEU undertake a range of evaluations and feedback activities aimed at ensuring satisfactory completion of practice learning experiences and within these processes have a framework for capturing issues and ensuring they reach the appropriate person for action. HEYH have reviewed the questions and content of the regional educational audit tool to incorporate some specific questions relating to safeguarding and whistleblowing, particularly within practice (41-43).

The PPQA website has been developed by HEYH in partnership with stakeholders, including practice placement provider organisations and AElS, to support all healthcare students in the region. The website includes the following: practice placement profiles including education audit, mentor register and student capacity; student evaluation statistics; mentor/practice educator evaluation statistics; mentor register; regional educational audit tool (REAT); and, capacity by profession data (42-43).

A signed placement agreement is put in place relating to the provision of practice placements for students undertaking non-commissioned undergraduate pre-registration nursing programmes in NHS organisations. The purpose of this agreement is to regulate the relationship between the university and the NHS trust relating to the provision of placements to students which fall outside the scope of any local education and training board and HEYH contractual arrangements. A signed placement agreement is made with all PVI and non-NHS organisations (38-39).

Education audit is undertaken by use of REAT. Educational audits are reviewed by the Leeds universities audit review group which includes representation from Leeds Beckett University which is a sub-group of the practice placement quality committee (43-49).

A number of placement areas used by the university have been subject to CQC inspection reports which have outcomes that are not satisfactory. In some of these areas the university has suspended student placements until CQC action plans have been achieved and positive educational audits have been undertaken. The university has appropriately exceptionally reported these issues to the NMC (6-25).

The university has a comprehensive policy for escalating concerns which has been developed jointly with the University of Leeds with whom they share practice placement areas. They have developed a flow chart for students to guide them in raising issues of perceived unsafe practice or risks to student learning in practice. The information is contained in a practice support handbook for skills for practice modules. A pack has also been designed to act as a guide for academic and practice staff to better understand the requirements and procedures that need to be undertaken when a concern has been raised regarding a placement in order to support students (29, 40).

What we found at the event

We found there is robust evidence of effective partnerships with practice placement providers and associated AElS at both strategic and operational levels. The shared placement circuit with the University of Leeds is formalised through a memorandum of

understanding and the universities have joint placement planning meetings to refine existing responsibilities for monitoring the quality of placements and to undertake forecasting of placement and mentor capacity. We saw evidence that placement providers were reminded of their responsibilities for reporting adverse events and reports to associated AEs in January 2016 after a weakness had been identified in the LDA partnership placement agreements (38-39, 42, 78, 81, 102).

Effective policies and procedures are in place to enable students to escalate issues of poor practice in placement areas and are supported by the university throughout the process. The process for raising and escalating concerns is included in the student's handbook and is located on the students virtual learning environment (VLE) and available to mentors through mentor support materials. The policy and process is addressed during the university induction session for students and is incorporated in the student's placement induction at the commencement of the programme. Students were aware of the process of how they would raise a concern about poor standards of care. We were told about examples of when this had occurred and we were able to determine that appropriate action had been taken (29, 40-41, 52, 96).

Educational audit is effectively undertaken to meet the NMC requirements and involves education staff as active partners. A joint education and practice audit review group monitors that the audit has been effectively undertaken and that action plans are appropriately followed up to achievement (42-43, 49, 78, 102)

Placement management is highly effective and meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. Effective procedures are in place to protect student learning and to assess if placements need to be additionally supported, withdrawn or rested to protect student learning. There are examples of how these measures have been used successfully and these measures fully meet the requirement to protect student learning and ensure that students are not subjected to either poor educational or patient care practices (29, 40, 42, 62, 67--68, 70-71, 78, 102).

Particular scrutiny was undertaken during the monitoring visit to assure that effective risk management approaches are being adopted to protect student learning in placement areas that had been subject to CQC inspection reports with outcomes that are not satisfactory. Through a process of practice visits and specific meetings with senior academic and health service managers we have been able to determine that an effective strategy is in place which manages any risks that exist in these situations to assure student learning (6-25, 53, 63-65, 74, 78, 81).

The role of the PLF is recognised for the significant contribution that it makes in ensuring the provision of positive practice learning experiences for students (62-68, 70-71, 78).

We concluded from our findings that there is strong evidence of effective partnerships between the university and service providers and associated AEs at all levels, and that there is effective governance of the practice learning environment.

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

What we found before the event

There is an inclusive and representative faculty-wide strategy for service user and carer involvement which shares and builds on existing best involvement practice both within and outside the faculty and the university (31).

The service user and carers strategy is complimented by service user and carer involvement benchmarks and self-assessment mapping to the BSc (Hons) adult nursing and BSc (Hons) mental health nursing programme. The benchmark statements are accompanied by an action plan to enable them to be achieved. The benchmark statements embrace all those areas that are required by the NMC and support contemporary educational professional practice (32).

What we found at the event

A robust strategy exists for service users and carers' engagement and there is considerable evidence that they are fully involved in all aspects of programme development and delivery. We met with members of the service user and carer group who informed us about their involvement in programme development, the student selection process, delivering teaching sessions, participating in jointly planned conference days and modules, providing learning resources relating to service user and carer experiences, contributing to assessment and providing feedback to students on assessed work. They told us they always received preparation, training and support from university staff. Students told us that they particularly valued hearing the service users and carers' experiences and found the teaching sessions to be highly significant to their learning. Service users and carers told us they feel that they make a difference to the programme introducing lived experiences of being service users or carers and that students highly evaluated their contribution. They told us that that they feel highly valued by the university and feel a part of the programme team (31-32, 36, 62-68, 70-71, 75, 80, 82-85, 95-96).

We were able to confirm that service users and carers are asked for their consent for students to be involved in the delivery of their care and that they are offered the opportunity to provide the student with feedback on how they had undertaken the role. Mentors told us that they make the initial approach to gain consent and to explain that their care will not be affected by anything that they wish to record about care received from the student. Informal verbal testimony is provided to the student's mentor and is recorded in the student's clinical skills log. We had sight of several students' logs and found that service users and carers had commented regarding the students' knowledge and approach to care. Students reported they do not experience any difficulties in obtaining written service user and carer feedback and meeting the programme requirements (62-68).

We concluded from our findings that service users and carers make a significant and important contribution to student learning.

Risk indicator 3.2.2 - academic staff support students in practice placement settings
What we found before the event
All academic staff undertake the role of the link lecturer and are designated responsibility for specific placement areas (37).
What we found at the event
<p>The school has a policy and procedure for the link lecturer role and allocate 20 percent of the lecturer's time towards maintaining a clinical focus which would include undertaking this role. Mentors and PLFs told us that link lecturers have a low visibility in practice placement settings. Mentors told us that they are aware of where to locate details of the link lecturer should they need to contact them. Mentors confirmed that when they had contacted link lecturers for support they have responded to the request in a timely manner (62-71, 98).</p> <p>Students told us that they are well supported in practice placement settings. They told us that they generally meet weekly with their practice learning support lecturers, in the university, during periods of practice learning to discuss their practice learning experiences (62-68).</p> <p>We conclude from our findings that academic staff are assigned a link lecturer role and although they have a low visibility in practice settings, students, mentors and PLFs feel that they have access to appropriate academic support.</p>
Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date
What we found before the event
The mentor register is held online on the PPQA website which is maintained by HEYH in conjunction with PLFs (42).
What we found at the event
The mentor register for the PVI sectors is held online on the PPQA website which is maintained by HEYH in conjunction with a designated university practice learning team (PLT). We sampled the mentor databases for two independent and private settings, included as practice visits, using the PPQA website and the records were found to be complete, accurate and up to date. Live and dormant mentors are easily distinguishable through the shading of entries and dates of the last annual and triennial reviews with renewal dates listed (62, 68, 78, 102).

<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The university is approved to provide a mentor preparation programme. A major modification has recently been approved to provide a non-accredited route (4-6).</p>
<p>What we found at the event</p>
<p>We found that the university delivers an NMC approved mentor preparation programme for nurses who wish to become mentors, and mentors confirmed that they had accessed this provision to gain mentor status. Mentors confirmed that they are well prepared and supported in their role and that they have high levels of satisfaction with the mentor preparation programme (62-71, 78).</p> <p>Mentors told us that they are familiar with the practice assessment documentation and the timelines for completion. Students told us that their mentors and sign-off mentors are familiar with the assessment documentation (62-68, 80, 106).</p> <p>Our findings confirm that mentors are properly prepared for their role in assessing students' practice competence and the protection of the public.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>Challenges are identified in relation to meeting the needs of mentors and sign-off mentors for annual updates (6).</p>
<p>What we found at the event</p>
<p>We found that mentors and sign-off mentors have a sound understanding of the requirement for undertaking an annual mentor update and they told us that they had attended either a face-to-face update session or the online update session within the last 12 months. Mentors told us that link lecturers would also give individual updates if situations required. Mentors who had not attended an update session in the last year were clearly identified on the mentor register as dormant. Mentors told us that they preferred to attend the face-to-face sessions as it enables discussion, the sharing of experiences and networking. Mentors are aware of the requirements for triennial reviews and we observed from the mentor database that all were in date for</p>

<p>triennial review (62-68, 102).</p> <p>Our findings confirm that mentors are able to attend annual updates sufficient to meet the NMC requirements for triennial review and are able to understand the importance of maintaining the currency of their mentorship qualification.</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 held online on the PPQA website which is maintained by HEYH in conjunction with a designated university PLT (42).</p>
<p>What we found at the event</p>
<p>We sampled the mentor databases for NHS practice placements visited as part of the monitoring process using the PPQA website and the records were found to be complete, up to date and accurate. University staff told us that they are able to access the PPQA website in order to confirm that mentors supervising students are live, updated and have undertaken triennial review. We were told that any anomalies can be followed up with the PLF in the designated NHS trust. Audit systems accurately report numbers of mentors and are up to date at all times in line with the allocation of students to mentors (62-68, 70-71, 78, 102).</p> <p>Our findings confirm that mentor registers are accurate and up to date and ensure students are only allocated to mentors who meet NMC requirements.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>Academic staff undertaking the role of link lecturer have a relatively low visibility in the practice setting.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> The visibility of academic staff undertaking the link lecturer role in practice settings.

<p>Findings against key risks</p>
<p>Key risk 4 - Fitness for Practice</p> <p>4.1 Approved programmes fail to address all required learning outcomes in</p>

<p>accordance with NMC standards</p> <p>4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards</p>
<p>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</p>
<p>What we found before the event</p>
<p>The BSc (Hons) pre-registration nursing programme with an adult and mental health nursing field was approved conjointly by the university and the NMC in June 2011. A major modification in 2012 and a minor modification in 2013 were approved to align the provision more closely to the wider university’s existing undergraduate course structures. In June 2016, a major modification was approved for a part-time route leading to the award of BSc (Hons) adult nursing. The NMC has extended approval for these programmes until August 2019 (1-3).</p> <p>Academic regulations exemptions are identified in the programme documentation. The exemptions meet NMC requirements to ensure that all components of assessments must be passed (28).</p> <p>HEYH have agreed with AEIs a list of mandatory training that must be completed before a student can attend their first practice placement (50).</p> <p>External examiners have provided very positive comments on the quality of the programme and the quality of feedback, communication, person centred education and team culture provided by the teaching team (55).</p> <p>The introduction of a cross faculty interprofessional learning strategy has ensured students have a robust understanding of the unique contribution each discipline has to a service user’s journey within health and social care (44).</p>
<p>What we found at the event</p>
<p>We found that students achieve the NMC learning outcomes and competencies for entry to the nursing part of the register. Students confirmed that they are aware of the requirements of the programme and the links to NMC outcomes and competencies. Students reported that they are very satisfied with the variety of teaching, learning and assessment strategies on their programme, including simulated learning. They told us that they were provided with feedback to aid progress and development. They told us that they engage in simulated learning and are enthusiastic about the opportunities to rehearse skills in a safe environment, increasing their confidence before entering practice placements. Students told us that their learning was supported by VLE and that the school ensures it can be accessed fully by all students to ensure equal learning opportunities (62-68, 80).</p>

Students told us that they were aware that the programme must adhere to European community (EC) requirements in the form of self-served learning opportunities in each year of the programme and commented about the valuable breadth of theoretical and practical experiences that had been gained through meeting these requirements. Students also told us that they feel adequately prepared for entry into the practice placements environment, having fulfilled mandatory training requirements (50-52, 62-68, 80).

Academic staff told us that there is a requirement for 100 percent attendance throughout the programme and this is made clear to students at induction, including the requirement to undertake night duty and making up time due to sickness. Students are aware of how to catch up on work they had missed and told us that they are required to submit written evidence of how they have achieved the learning outcomes to their personal lecturer for signing-off. Students told us that they are required to sign attendance at mandatory training sessions and are not allowed to proceed into placement until they have completed these sessions (51, 62-68, 70-71, 80, 86, 99).

Academic staff and students told us that students must complete each module and that compensation between and within modules is not permitted. Academic staff told us that they are passionate about safe and effective practice being at the heart of the programme, with an integrated programme design reflecting this objective. Students told us that they value the inclusion of one day in university in each practice week to facilitate the application of theory to practice (51, 62-68, 70-71, 80).

Employers and NHS trust education leads told us that students emerging from the programme are considered fit for practice. External examiners confirm the high quality of the programmes, the high level of academic support, the rigor of the assessment of practice, the high level of achievement attained by the majority of the students and that the programmes enable students to achieve the statutory requirements (56-69, 73, 97).

Our findings confirm that there is sound evidence to support students' achievement of all NMC learning outcomes and competencies at progression points and for entry to the NMC register.

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

The university clinical skills suite became a European reference site for the use of learning space in 2015. This is an innovative web-based management system for clinical skills and simulation facilities which incorporates the use of audio-visual feedback and access for students. Feedback from both faculty and students has proved to be extremely positive as this offers an opportunity for transparent

assessment and feedback for a number of modules and courses (6).

The pre-registration nursing programme includes the following hours of simulation: adult field, 149 hours; and, mental health field, 149 hours, and these are included in the practice hours. All simulation is mapped against NMC requirements. Practitioners and service users are involved in developing the content and practitioners support the delivery. The sessions are evaluated each year and redesigned as required. The feedback from students has been extremely positive. Simulation is also used as part of the sign-off mentor preparation programme to achieve up to two of the sign-off mentor events (6).

What we found at the event

Students told us that practice placements provide sufficient opportunity to gain the practice competencies to progress in their learning and to meet the programme and statutory requirements. Students and mentors told us that the practice assessment document (PAD) is a clear and useful document and an effective vehicle for recording student progress and learning outcomes. Students told us that the PAD, together with mentor interviews and reflective sessions with personal tutors, means that they are confident in the progress they are making towards the NMC requirements and clear about areas to focus on for further development. Students told us that they must demonstrate the safe practice of essential skills and that mentors sign this off in the PAD document (62-68, 106).

Mentors and students told us that the evidence of practice learning hours is recorded in the student's PAD and monitored by the personal lecturer. Students told us that they work weekends and shifts across the 24-hour period. We saw evidence of this in completed PAD documents (51, 62-68, 70-71, 80, 99, 106).

Mentors, PLFs and health service managers told us that students completing the programme are safe, competent and fit for practice. Employers told us that students on registration are quick to learn, compassionate and caring practitioners (62-70, 73, 78).

We scrutinised PADs and clinical skills books and found them to be robust and provide sufficient information to evidence that EU and other essential statutory requirements are met (62-68, 106).

Mentors, PLFs and service managers told us that poor performance of students is identified, reported and addressed appropriately by programme providers in partnership with practice placement providers (41, 62-68, 78).

Our findings confirm that there is sound 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 this assures public protection.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 5 - Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

The PPQA process is a regional online questionnaire used by all students to evaluate the quality of the practice placement experience. Data is stored online and is available for future reference (42).

There is a poor response rate to online module evaluations. Module leaders have moved back to paper based module evaluations which are completed in class to increase response rate and gain more meaningful qualitative data (54).

Adult nursing students praised the programme team's positive and timely responses to any issues which had been raised throughout the year (54).

The academic principles and regulations state the requirements for the appointment and role of the external examiners. The programme team have in place a process for monitoring the external examiners' current registration and revalidation requirements (47).

The external examiner annual report includes a section to determine if the professional body requirements for the programme have been met. The proforma does not ask for feedback on assessment of practice or contact with students and practice mentors. The reports scrutinised have no comments which indicate that the assessment of practice has been monitored. A comprehensive response is made by the programme leader to the external examiner in relation to any issues that are raised. (56-61).

What we found at the event

All modules are subject to programme evaluation and there is good evidence that issues that are raised are followed through to resolution. The response rate to online module evaluations was relatively low and recently a strategy has been introduced to enable students to complete module evaluations within university sessions. We scrutinised a sample of module evaluations and found that the response rate had improved. On an annual basis, the programme leader reports on all quality issues that have been raised in relation to the programme and how they have been resolved. Students report that the module and programme team makes a timely and appropriate response to all quality issues that are raised. Students' placement evaluations are completed online on the healthcare placements website and offers practice placement providers the opportunity to review student feedback on practice experience in a timely manner (44, 54-55, 62-68, 70-71, 80, 88-94, 102).

Programme management committees and assessment boards are effective at enhancing programme quality and examples were demonstrated where this has been achieved. Previous monitoring reviews, annual self-reports and recommendations from approvals are followed up effectively and appropriate changes are reported and implemented (1-6, 54-55, 88-94).

There is a robust system of student representation within the programme. Students told us that they knew who their student representatives were and that there is proactive engagement with student concerns at all levels within the school. They told us that they felt listened to and that regular staff and student committees met where issues are resolved and action taken (62-68).

External examiners' annual reports provide comprehensive feedback on the quality of the programme. The report asks for confirmation that any relevant statutory requirements are fully met within the programme requirements. Quality issues that are raised in the reports are appropriately responded to by programme leaders. External examiners are expected to visit practice settings on an annual basis to support the monitoring of the assessment of practice by interviewing mentors and students. We were able to scrutinise reports prepared by external examiners from practice visits where they confirmed the rigor of the assessment process and were able to make suggestions on how the processes could be enhanced. The school maintains a governance record to ensure that all external examiners are registered with the NMC and have appropriate due regard qualifications. When the programme leaders make a written response letter to the external examiner's annual report they request information to check that the record of their registration and revalidation status are still correct (47, 56-61, 95, 97).

The AEI requirements on the NMC portal are up to date and provides assurance of continuing AEI status (53).

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

<p>The university has a comprehensive policy and procedure for handling complaints from students (48).</p>
<p>What we found at the event</p>
<p>We found that effective procedures exist to enable students to raise complaints and concerns. Students told us that they are appropriately supported to make complaints and that when they do they are attended to in an appropriate and timely manner. Students told us that they are always informed of the outcomes of any complaints that they raise. Concerns and complaints guidance and procedures are accessible to students and placement providers and the school effectively communicates concerns and complaints to practice providers. Guidance is provided for students who raise a complaint and for staff who handle complaints, and this ensures that timely action is taken to facilitate early resolution. Placement providers told us that they communicate concerns and complaints to the school when they occur and that they receive appropriate feedback on action taken (29, 40, 48, 62-68, 70-71, 78, 80).</p> <p>Our findings conclude that the university has comprehensive processes in place to ensure student concerns and complaints are appropriately dealt with and communicated to relevant partners.</p>
<p>Outcome: Standard met</p>
<p>Comments: No further comments</p>
<p>Areas for future monitoring: None identified</p>

Evidence / Reference Source

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69. Initial meeting to set the scene for the NMC monitoring visit, 18 January 2017

70. Meeting with adult nursing field programme team, 18 January 2017
71. Meeting with mental health nursing fields programme team, 18 January 2017
72. Meeting to review lecturer CVs, registration database and revalidation arrangements, 18 January 2017
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74. Meeting to review clinical governance issues and adverse CQC quality reports, 18 January 2017
75. Meeting to review service user and carer involvement, 18 January 2017
76. Meeting to review arrangements for the accreditation of prior learning, 19 January 2017
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Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 04 Jan 2017
Meetings with:
<p>Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, course leader BSc adult nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, admissions, BSc adult nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, practice coordinator, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, BSc adult nursing (part time route) course Leader/module skills leader, school of health and community studies, Leeds Beckett University</p> <p>Quality assurance and governance officer, school of health and community studies, Leeds Beckett University</p>
At monitoring event
Meetings with:
<p>Initial meeting to set the scene for the NMC monitoring visit, 18 January 2017:</p> <p>Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, course leader BSc adult nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, admissions, BSc adult nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, practice coordinator, school of health and community studies, Leeds Beckett University</p> <p>Quality assurance and governance officer, school of health and community studies, Leeds Beckett University</p> <p>Quality assurance administrator/service user and carer group administrator, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, course leader BSc mental health nursing, school of health and community studies, Leeds Beckett University</p> <p>Senior lecturer, BSc adult nursing (part time route) course leader/module skills leader, school of health and community studies, Leeds Beckett University</p>

Co-director – practice learning/senior lecturer, school of health and community studies, Leeds Beckett University

Senior lecturer, admissions, service users and carers group member, BSc adult nursing, school of health and community studies, Leeds Beckett University

Lead nurse, nursing and midwifery education, Leeds Teaching Hospitals NHS Trust

Deputy director of nursing and quality, Leeds Community Healthcare NHS Trust

Practice learning facilitator x 2, Leeds Teaching Hospitals NHS Trust

Meeting with adult nursing field programme team, 18 January 2017:

Senior lecturer, course leader BSc adult nursing, school of health and community studies, Leeds Beckett University

Co-director practice learning/senior lecturer, school of health and community studies, Leeds Beckett University

Senior lecturer, practice coordinator, school of health and community studies, faculty of health and social sciences, Leeds Beckett University

Senior lecturer, admissions, BSc adult nursing, school of health and community studies, Leeds Beckett University

Senior lecturer, BSc adult nursing (part time route) course leader/module skills leader, school of health and community studies, Leeds Beckett University

Senior lecturer, admissions, service users and carers group member, BSc adult nursing, school of health and community studies, Leeds Beckett University

Student admissions coordinator, school of health and community studies, Leeds Beckett University

Lead nurse, nursing and midwifery education, Leeds Teaching Hospitals NHS Trust

Deputy Director of nursing and quality, Leeds Community Healthcare NHS Trust

Lead administrator, Leeds Student Medical Practice

Practice learning facilitator x 2, Leeds Teaching Hospitals NHS Trust

Practice learning facilitator, Leeds Community Healthcare NHS Trust

Meeting with mental health nursing fields programme team, 18 January 2017:

Senior lecturer, course leader BSc mental health nursing, school of health and community studies, Leeds Beckett University

Senior lecturer, mental health nursing, school of health and community studies, Leeds Beckett University

Meeting to review lecturer CVs, registration database and revalidation arrangements, 18 January 2017:

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

Quality assurance and governance officer, school of health and community studies, Leeds Beckett University

Meeting with education commissioner representative, 18 January 2017:

Head of nursing and midwifery education and workforce, Leeds Teaching Hospitals NHS Trust

Meeting to review clinical governance issues and adverse CQC quality reports, 18 January 2017:

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

Co-director – Practice learning/senior lecturer, school of health and community studies, Leeds Beckett University

Senior lecturer, course leader BSc adult nursing, school of health and community studies, Leeds Beckett University

Senior lecturer, practice coordinator, school of health and community studies, faculty of health and social sciences, Leeds Beckett University

Senior lecturer, BSc adult nursing (part time route) course leader/module skills leader, school of health and community studies, Leeds Beckett University

Practice learning coordinator, private independent and voluntary healthcare provider organisations (PIVO)

Director of practice, University of Leeds

Practice learning facilitator x 2, Leeds Teaching Hospitals NHS Trust

Practice learning facilitator, Leeds Community Healthcare NHS Trust

Quality assurance and governance officer, school of health and community studies, Leeds Beckett University

Meeting to review service user and carer involvement, 18 January 2017:

School strategic lead for IPL and service user and carer group/principal lecturer, school of health and community studies, Leeds Beckett University

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

Service users/members of the service user and carer group x 2, school of health and community studies, Leeds Beckett University

Senior lecturer, BSc adult nursing (part time route) course leader/module skills leader, school of health and community studies, Leeds Beckett University

Senior lecturer, admissions, service users and carers group member, BSc adult nursing, school of health and community studies, Leeds Beckett University

Quality assurance administrator/service user and carer group administrator, school of health and community studies, Leeds Beckett University

Meeting to review arrangements for the accreditation of prior learning, 19 January 2017:

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

School RPL board chair/principal lecturer, school of health and community studies, Leeds Beckett University

Senior lecturer, admissions, BSc adult nursing, school of health and community studies, Leeds Beckett University

Senior lecturer, BSc adult nursing (part time route) course leader/module skills leader, school of health and community studies, Leeds Beckett University

Senior lecturer, admissions, service users and carers group member, BSc adult nursing, school of health and community studies, Leeds Beckett University

Student admissions manager, Leeds Beckett University

Meeting to review fitness to practise procedures and practices, 19 January 2017:

Fitness to practise panel chair/head of children, youth and community studies, Leeds Beckett University

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

Senior lecturer, BSc adult nursing (part time route) course leader/module skills leader, school of health and community studies, Leeds Beckett University

Quality assurance and governance officer/fitness to practise panel secretary, school of health and community studies, Leeds Beckett University

Meeting to review the management arrangements for practice learning, 19 January 2017:

Co-director practice learning/senior lecturer, school of health and community studies, Leeds Beckett University

Senior lecturer, practice coordinator, school of health and community studies, faculty of health and social sciences, Leeds Beckett University

Head of nursing and healthcare/programme lead for pre-registration nursing, school of health and community studies, Leeds Beckett University

SLiP programme leader/senior lecturer, school of health and community studies, Leeds Beckett University

Practice learning team leader, school of health and community studies, Leeds Beckett University

Practice learning coordinator, private independent and voluntary healthcare provider organisations (PIVO)

Director of practice, University of Leeds

Senior student service education officer/faculty education service functional manager (Placements), University of Leeds

Practice learning facilitator x 2, Leeds Teaching Hospitals NHS Trust

Practice learning facilitator, Leeds Community Healthcare NHS Trust

Quality assurance and governance officer, school of health and community studies, Leeds Beckett University

Meetings with:

Mentors / sign-off mentors	9
Practice teachers	
Service users / Carers (in university)	3
Service users / Carers (in practice)	3
Practice Education Facilitator	4
Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

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

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