

## **Faculty of Health and Human Science Educational Audit Policy**

### **1. Introduction**

The University of Plymouth carry out audits of placement areas in line with the NMC Quality Assurance Framework and the HCPC Standards of Education and Training (2017) for approved education institutions (AEIs). The AEI works in partnership with practice placement providers in the delivery of educational programmes and remains the accountable body for managing quality and controlling risk, related to the practice learning environment. The educational audit is used as a risk assessment tool to monitor and evaluate the practice learning environment and as a means to disseminate good practice and jointly develop an action plan for areas in need of development and improvement.

### **2. Audit process**

The audit process is in accordance with both of the named QA Frameworks named above, that requires evidence of partnership between education and service to ensure continuing quality of provision. For new placement hosts the process in Appendix 2 is followed, the form in Appendix 3 is then completed and visit undertaken by an Academic of the AEI. The new placement host will then join the existing audit cycle for the Trust.

Audits will generally be carried out every two years and use the criteria in Appendix 1. The audit cycle encompass one organisation as a whole to enable Placement Leads and Faculty of Health and Human Sciences (FHHS) PDT Leads to review the entire organisation and draw action plans for both individual areas and the organisation as a whole.

The AEI will visit the placement provider to carry out 20% of the audit, and work with the lead for the Placement Development Team. The AEI will carry out the remaining 80% of audits via email, supported telephone call or by reviewing the self-assessed audit completed by the placement host and signed off by the Clinical Practice Development Lead. Audits are generally undertaken by professional services staff of the the AEI.

The audit content is part of a secure web-based placement management information system to enable access by all stakeholders and is managed by the AEI.

All placement areas have access to their audit documents through a named accountable user who have coded access. This enables practice partners to edit the document and to up-date the document on a regular basis as actions are taken as specified in the plan.

Prior to an audit it is expected that the auditor will:

- check previous feedback and evaluations from students and mentors/supervisors
- check national sites for quality information on the practice area

When conducting the face to face audit it is expected that auditors should walk around the area, talk to service users, visit spoke placements observing for quality and health and safety.

For areas that do not meet any of the criteria, an Action Plan will be devised.

The action plan will be reviewed three months following the audit by the Academic and Clinical Placement Development Leads to monitor that actions have been taken in line with the Action Plan and recorded.

The Action Plan will continue to be monitored until all actions have been carried out. If some actions are still outstanding after six months, the AEI will meet with the Trust to resolve any outstanding issues.

### **3. Process following placement closure**

Concerns raised for existing placement areas may generate a formal educational audit conducted in partnership with AEI and placement provider. Triggers for reporting concerns in practice may come from student or mentor evaluation, or untoward incidents and concerns or external intelligence (ie CQC, HEE).

Where a placement area has been shut down due to concerns, a reactivation audit will take place before the placement area is again available for students.

The same audit process as for new placements is followed see Appendix 2. However the reactivation form at Appendix 3 is also used.

## Faculty of Health and Human Science Placement Audit

The aim of the Placement Audit is to ascertain continuing assurance that the placement learning environment provides safe and supportive learning meeting the standards required by the Quality Assurance Agency, Health and Care Professions Council and Nursing and Midwifery Council.

- If your **Mentor / Educator Register** is not up to date, please access **PEP** now and update the mentors (see section 7 of the [PEP User Guide](#)).
- If your Mentor Register is **not maintained** on PEP, please email your Mentor Register to [HHSPlacementCompliance@plymouth.ac.uk](mailto:HHSPlacementCompliance@plymouth.ac.uk) now.

All sections of the audit are **mandatory**. You must select an appropriate **rating** and provide **evidence**.

**The Audit review is undertaken bi-annually, placement areas are required to demonstrate evidence in support of the following standards:**

### **1. Partnership between the practice placement area and the University**

- 1.1 Evidence of a satisfactory level of University/placement communication
- 1.2 Evidence of a satisfactory level of support for the placement area from the University
- 1.3 Placement contact information is up to date
- 1.4 Evidence that student feedback is regularly reviewed and actions taken as required
- 1.5 Evidence of systems that are in place for notification of adverse incidents that may affect safe and effective learning

### **2. Student support**

- 2.1 Placement areas provide induction and orientation for all students
- 2.2 Availability of adequate number of appropriately prepared mentor/educators

2.3 Mentor/educators are prepared and regularly updated on the students' programme and assessment

### 3. Learning and Teaching

3.1 Students have opportunities to participate in all aspects of patient assessment, treatment and care under direct indirect and supervision in a supernumerary capacity

3.2 Students have opportunities to observe and participate in inter-professional and multidisciplinary working

3.3 Students have opportunities to enable them to demonstrate application of knowledge to practice

### 4. Student progression and achievement

4.1 Processes are in place to identify and raise concerns relating to student performance

4.2 There is a collaborative approach to ensure objectivity and parity of student practice assessments

Date of last CQC Inspection	
CQC Action Plan (if relevant to student placements, if not, state N/A)	
Date of last Ofsted Inspection (if applicable, if not, state N/A)	
Ofsted Action Plan (if relevant to student placements, if not, state N/A)	

All sections of the audit are **mandatory**. You must select an appropriate **rating** and provide **evidence**.

## Standard 1 – Partnership between the practice placement area and the University

### 1.1 Knowledge of who to contact at the University

	Please Tick	Evidence:	
Not Met		1. Whom do you have contact with from the University?  2. Provide examples of your communication(s) eg email/phone calls/meetings:  3. Any other comments/evidence:	
At Risk			
Making Progress			
Fully Met			
Excelling			
<b>Action Plan</b>		Action Review Date	Responsibility

### 1.2 Evidence of sufficient support from the University when required

	Please Tick	Evidence:
Not Met		1. Can you provide (an) example(s) of when you have received support from the University as placement host?

At Risk		<p>2. Provide evidence of accessing information on POPPI, PEP and the Mentor Centre:</p> <p>3. Any other comments/evidence:</p>	
Making Progress			
Fully Met			
Excelling			
<b>Action Plan</b>		Action Review Date	Responsibility

1.3 Evidence of up to date placement contacts listed on PEP

	Please Tick	Evidence:
Not Met		<p>1. When did you last update the contacts on PEP?</p>
At Risk		
Making Progress		
Fully Met		
Excelling		

List amendments if required:

Name	Job Title (Are they a student contact?)	Phone No	Email	Action Required


1.4 Evidence electronic student evaluations are reviewed and discussed with the Team/Manager and action plans implemented as required.

	<b>Please Tick</b>	<b>Evidence:</b>		
Not Met		1. Provide evidence the evaluation report has been run from PEP:		
At Risk				
Making Progress		2. Provide evidence of an action plan being implemented as a result of feedback (if applicable):		
Fully Met				
Excelling		3. What is your star rating?		
		4. Is there an organisation level action plan? Provide a brief overview		
<b>Action Plan</b>			Action Review Date	Responsibility

1.5 Indicate or describe the system(s) in place for prompt notification of adverse incidents that may affect safe and effective learning

	<b>Please Tick</b>	<b>Evidence:</b>		
Not Met		1. Is there a policy relating to notification? Provide a description of the process:  2. Are Datix reports forwarded to the University?  3. When was the last CQC report and what were the actions?  4. Any other comments/evidence:		
At Risk				
Making Progress				
Fully Met				
Excelling				
<b>Action Plan</b>			<b>Action Review Date</b>	<b>Responsibility</b>



## Standard 2 – Student support

2.1 Evidence of the provision of adequate induction, orientation and training essential to the practice area

	Please Tick	Evidence:	
Not Met		1. What do you have in place to ensure the students are inducted to the clinical area (eg Student Induction Checklist)?  2. Is the orientation / induction information up to date?  3. Do the student placement evaluation responses/comments confirm there was adequate induction, orientation and training?	
At Risk			
Making Progress			
Fully Met			
Excelling			
<b>Action Plan</b>		Action Review Date	Responsibility

2.2 Evidence the Mentor / Educator Register is up to date as part of the audit process

### Table pulled through from PEP

I confirm that the Mentor Register and mentor details above are correct

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

If your Mentor / Educator Register is not up to date, please access PEP and update the mentors (see section 7 of the [PEP User Guide](#)).

If your Mentor Register is not maintained on PEP, please email your Mentor Register to [HHSPlacementCompliance@plymouth.ac.uk](mailto:HHSPlacementCompliance@plymouth.ac.uk) now.

	<b>Please Tick</b>	<b>Evidence:</b>
Not Met		1. List/provide evidence of allocation of student to mentor (duty roster, PEP or other)
At Risk		
Making Progress		
Fully Met		
Excelling		
		2. Do the student placement evaluation responses/comments confirm the student(s) were informed of who their mentor/educator was before or on arrival in the clinical area?

**Table pulled through from PEP**

I confirm that there are sufficient mentors to support the number of learners below:

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Maximum number of students to be allocated at any time: \_\_\_\_\_

Student Type	Category	Max number by Year 1	Max number by Year 2	Max number by Year 3
Adult				
Child				
Clinical Psychology				
Dietetics				
Mental Health				
Midwifery				
Occupational Therapy				
Optometry				
Paramedicine				
Physiotherapy				
Podiatry				
Social Work				
Urgent and Emergency Care				

<b>Action Plan</b>	Action Review Date	Responsibility

2.3 Evidence that Mentors/Educators/Supervisors/Trainers are aware of student placement outcomes and agree, monitor and refine with students an individual plan of the placement experience

	<b>Please Tick</b>	<b>Evidence:</b>
Not Met		1. Provide evidence of staff attendance at Mentor Update sessions
At Risk		
Making Progress		2. Do the student placement evaluation responses/comments confirm the Mentor / Educator was familiar with the assessment documentation and overall programme?
Fully Met		
Excelling		3. Do the student placement evaluation responses/comments confirm the student(s) were provided with opportunities to meet and discuss their progress towards placement outcomes?  4. Any other comments/evidence:
<b>Action Plan</b>		Action Review Date
		Responsibility

### Standard 3 – Learning and Teaching

3.1 Identify how students participate in all aspects of patient assessment, treatment and care under direct / indirect supervision in a supernumerary capacity

	Please Tick	Evidence:	
Not Met		1. Provide a brief overview of the University's supernumerary policy and where it can be found:  2. Do the student placement evaluation responses/comments confirm the student(s) supernumerary status was upheld?  3. Any other comments/evidence:	
At Risk			
Making Progress			
Fully Met			
Excelling			
<b>Action Plan</b>		Action Review Date	Responsibility

3.2 Describe how students are enabled to demonstrate application of knowledge to practice, including observing inter-professional and multi-disciplinary learning

	Please Tick	Evidence:
Not Met		1. Provide examples of evidence based teaching accessible to students:
At Risk		

Making Progress		2. Provide examples of inter-professional learning opportunities:  3. Provide examples of peer learning:  4. Are these examples captured on your PEP?	
Fully Met			
Excelling			
<b>Action Plan</b>		Action Review Date	Responsibility

#### Standard 4 – Student progression and achievement

4.1 Describe the process you use to recognise and promptly address any cause for concern related the student’s performance / progression

	Please Tick	Evidence:
Not Met		Provide a brief summary of the process to address cause for concern:
At Risk		Are staff able to:
Making Progress		1. Access student assessment documents?

Fully Met		2. Understand the assessment process?  3. Access assessment and programme information on POPPI?  4. Know who to contact within the University for further support (1.1)?  5. Any other comments/evidence:	
Excelling			
<b>Action Plan</b>		Action Review Date	Responsibility

4.2 Describe how your team works collaboratively to ensure how to support students through the assessment process:

	<b>Please Tick</b>	<b>Evidence:</b>
Not Met		Provide a brief summary of how you support students with their assessment documentation and process:
At Risk		
Making Progress		

Fully Met		1. Do you operate Team mentoring or Buddy mentoring?
Excelling		2. Are staff able to attend Mentor Updates?  3. Do staff undertake CPD?  4. Any other comments/evidence:
<b>Action Plan</b>		Action Review Date
		Responsibility

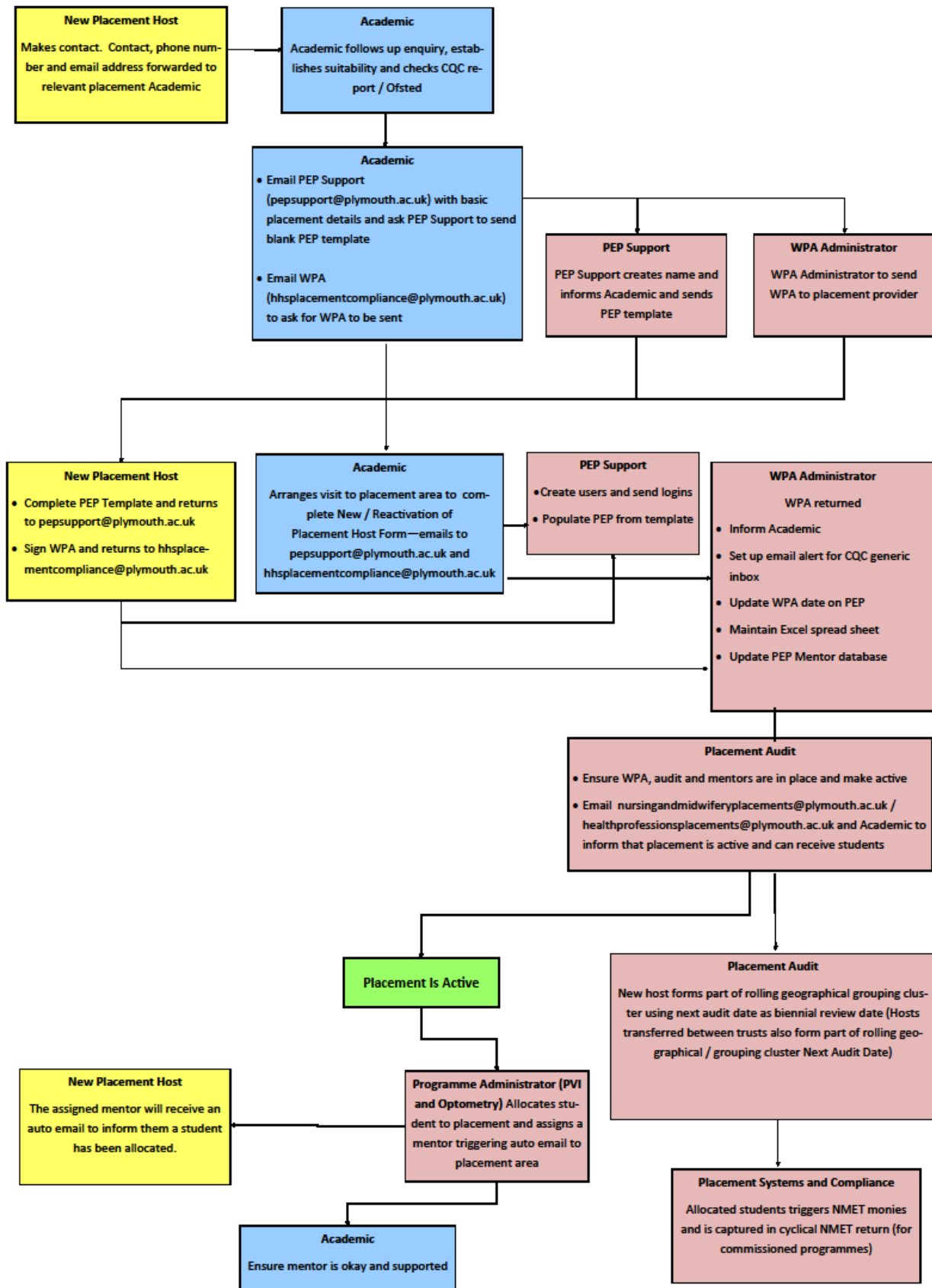
### Declarations

This audit has been undertaken with:

Audit completed by:		Date:
	Yes	No
The practice placement area meets the required standards:		
The practice placement area agreed with the action plan(s):		



### Setting up New Placement Hosts





## Record of review of New or Reactivation of Placement Host

### Prospective Placement Host

- All prospective placement hosts will be visited and evaluated for suitability for Plymouth University pre-registration nursing and allied health students by an Academic.
- Please email [pepsupport@plymouth.ac.uk](mailto:pepsupport@plymouth.ac.uk) **before a prospective visit so a skeleton PEP profile can be set up.**

### Reactivation of Placement Host

- If deactivated because of staffing issues PDT Clinical Practice Leads can reactivate.
- Reactivation **will** require a visit if deactivated because of a SUI/CQC report and an Academic **must** visit.

**NB:** A Placement Host will not be made active until there is a **signed WPA** in place and evidence of **in date mentors** to support students. **Completion** of this process will initiate activation of placement and commencement of the biennial audit cycle. **Do not allocate students before activation.**

Reason for reactivation (if applicable):	
Date of Visit:	
Name of Academic undertaking evaluation:	
Phone Number:	
Name of designated Academic Lead:	
Phone Number:	
Name of overarching organisation (eg Plymouth Hospitals NHS Trust / Ramsay UK Healthcare Group) and contact details if not an NHS Trust:	
Address:	
Postcode:	
Phone Number:	
Prospective Placement Host Name:	
Address of Placement Host:	
Postcode:	
Phone Number:	
Placement Host Contact Name(s):	Contact Email Address:

Maximum number of students to be allocated at any time: \_\_\_\_\_

Student Type	Category	Max number by Year 1	Max number by Year 2	Max number by Year 3	
Adult					
Child					
Clinical Psychology					
Dietetics					
Mental Health					
Midwifery					
Occupational Therapy					
Optometry					
Paramedicine					
Physiotherapy					
Podiatry					
Social Work					
Urgent and Emergency Care					
1	Is there a satisfactory CQC / Ofsted report ( <a href="http://www.cqc.org.uk/">http://www.cqc.org.uk/</a> / <a href="https://reports.ofsted.gov.uk/">https://reports.ofsted.gov.uk/</a> )? (A report with areas for improvement might not prevent a placement being used but should facilitate discussion.)			Yes	No
2	If the report is not satisfactory, please give details of your discussion regarding how care has improved since the review.				
4	Are there policies and procedures in place for dealing with issues such as			Comment(s):	

	infection control, medication management, manual handling, safeguarding, conflict resolution?	Yes	No	
5	Is there evidence of staff training – CPD Development?	Yes	No	Comment(s):
6	Can care and compassion be evidenced either through interactions or paperwork?	Yes	No	Comment(s):
7	<p>How many staff are available to mentor students: _____</p> <p>Please capture the mentor details below if not already on PEP or if PEP out of date</p>			
Name of Mentor 1				
Work Email Address (NHS/ Trust email)				
Job Title				
Full Time/ Part Time				
Professional Registration/ Type of Practitioner (eg Nurse Adult / Nurse Child)				
Mentor/ Educator Type (eg Mentor / Sign Off)				
Mentor/ Educator/ Preparation/ Qualification				
Level (eg Degree / Post Grad)				
Date Qualification Obtained				
Date joined local Mentor Register or Triennial Review Completed				
Name of Mentor 2				
Work Email Address (NHS/ Trust email)				
Job Title				
Full Time/ Part Time				
Professional Registration/ Type of				

Practitioner (eg Nurse Adult / Nurse Child)	
Mentor/ Educator Type (eg Mentor / Sign Off)	
Mentor/ Educator/ Preparation/ Qualification	
Level (eg Degree / Post Grad)	
Date Qualification Obtained	
Date joined local Mentor Register or Triennial Review Completed	
Name of Mentor 3	
Work Email Address (NHS/ Trust email)	
Job Title	
Full Time/ Part Time	
Professional Registration/ Type of Practitioner (eg Nurse Adult / Nurse Child)	
Mentor/ Educator Type (eg Mentor / Sign Off)	
Mentor/ Educator/ Preparation/ Qualification	
Level (eg Degree / Post Grad)	
Date Qualification Obtained	
Date joined local Mentor Register or Triennial Review Completed	
Name of Mentor 4	
Work Email Address (NHS/ Trust email)	
Job Title	
Full Time/ Part Time	
Professional Registration/ Type of Practitioner (eg Nurse Adult / Nurse Child)	

Mentor/ Educator Type (eg Mentor / Sign Off)	
Mentor/ Educator/ Preparation/ Qualification	
Level (eg Degree / Post Grad)	
Date Qualification Obtained	
Date joined local Mentor Register or Triennial Review Completed	
8	Please identify any training needs for mentors and develop an action plan to support progression:

9	Students will participate under direct / indirect supervision overseen by a named mentor in the delivery of treatment and care in a supernumerary capacity.	Yes	No	Comment(s):
10	The practice placement area will provide students with an orientation/induction to each practice placement area and ensure that the student completes the organisational induction as appropriate within 48 hours.	Yes	No	Comment(s):
11	Practice placement areas will provide different learning opportunities for students through observing skilled professionals deliver service and care. List below:			
12	<b>Academic Activity / Action Plan</b>			Comment(s):
	1. Have you explained the nature of the programme and assessments that the students will be studying?	Yes	No	
	2. Have you shown the placement host POPPI and how to log into PEP?	Yes	No	
	3. Have you arranged a Mentor update?	Yes	No	

	4. Have you provided an overview of the associated assessment documentation for mentors?	Yes	No	
	5. Have you sent out Mentorship application forms?	Yes	No	
	6. Have you supported the preparation of an induction / orientation package for students?	Yes	No	

Email this form to [pepsupport@plymouth.ac.uk](mailto:pepsupport@plymouth.ac.uk) and [hhsplacementcompliance@plymouth.ac.uk](mailto:hhsplacementcompliance@plymouth.ac.uk)

13	<b>PEP Support and Placement Compliance Action Plan:</b>			Comment(s):
	1. Have you set up skeleton of PEP on ARC?	Yes	No	
	2. Have you sent login(s)?	Yes	No	
	3. Have you sent a blank PEP template to the placement host?	Yes	No	
	4. Have you checked WPA status and actioned as applicable	Yes	No	
	5. Have you set up Mentors on PEP Mentor Register?	Yes	No	
	6. Have you created a CQC alert (for new placement hosts)?	Yes	No	
	7. Have you created an audit cycle?	Yes	No	

NB: A placement will be made Active **only** when:

1. Reason for Reactivation is stated (if applicable).
2. Placement compliance is in receipt of a signed WPA from the host organisation.
3. Confirmation of active mentor(s) to support student(s).