

## 2014-15 Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of East Anglia
Programmes monitored	Registered Nurse - Adult; Registered Midwife - 18 & 36M
Date of monitoring event	17-19 Feb 2015
Managing Reviewer	Brenda Poulton
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	Kevin Gormley, Janette Bowyer
Placement partner visits undertaken during the review	Norfolk and Norwich University Hospital Foundation Trust; Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust; James Paget University Hospital NHS Foundation Trust; Norwich Community Health & Care Trust (Community), HSSD, Guernsey, (video link)
Date of Report	26 Feb 2015

### Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. We aspire to deliver excellent patient and public-focused regulation.

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC

approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Published in June 2013, the NMC's Quality assurance (QA) framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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 Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement". When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience /qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register 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 University of East Anglia's programmes

A reconfiguration of schools at the University of East Anglia (UEA), in August 2014, resulted in the creation of a new School of Health Sciences (HSC) of which nursing and midwifery form a part. Other disciplines within the school include operating department practitioners (OPD), paramedics, occupational therapy, physiotherapy, and speech and language therapy. The UEA provides pre-registration nursing programmes across all four fields of practice, plus pre-registration midwifery, three year and 18 month programmes. There is endorsed provision of the pre-registration nursing (adult and mental health) programme at the Institute of Health and Social Care Studies (IHSCS), Guernsey. All UEA policies and processes apply equally to the endorsed provision on Guernsey unless stated otherwise.

The school was reapproved to deliver pre-registration nursing (including the endorsed programme) in May 2011; pre-registration midwifery three year programme in May 2012; and, the 18 month midwifery programme in July 2013. This monitoring review focuses on pre-registration nursing (adult), including the endorsed programme, and both the three year and 18 month pre-registration midwifery programmes.

Students at the HSC are very positive about the programmes and the support they receive from the university and its practice placement partners. However, clinical governance issues at the IHSCS have resulted in the delivery of the programme being suspended for some students and their phased return has yet to be implemented.

The commissioner and employers confirm that the programmes prepare nurses and midwives who are fit for practice at the point of registration. Whilst all NMC key risks are controlled, improvements are in progress to address clinical governance issues at the IHSCS.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. Additionally, video links to IHSCS, Guernsey ensured full participation of partners involved in the endorsed adult nursing programme. Particular consideration is given to the student experiences in the placements at Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust, which was subject to an adverse Care Quality Commission (CQC) report in July 2014.

## Summary of public protection context and findings

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) and midwifery programmes meet the NMC standards and requirements. This prevents unsuitable students from entering and progressing to qualification, thus ensuring public protection.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age entering practice placements. This ensures both protection of the student as well as protection of the public.

A disclosure and barring service (DBS) check, occupational health clearance and

mandatory training are completed before students can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

The HSC and the IHSCS, Guernsey, have sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP) procedure and raising concerns in practice process manage incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures. There are examples of students being subject to remedial action or their programme terminated, demonstrating the rigour of the process in ensuring public protection.

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

Student midwives are allocated a named supervisor of midwives (SoM) in the maternity service for the duration of the programme. The SoM provides support and shares their experience of the important contribution of midwifery supervision for public protection.

We conclude that practice placement providers have a clear understanding and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

We are confident that programme learning strategies, experience and support in practice placements enables students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

We did not find any evidence to suggest that there are any adverse effects on students' learning as a result of the CQC review in placements at Queen Elizabeth Hospital (QEH), Kings Lynn NHS Foundation Trust, which was subject to an adverse Care Quality Commission (CQC) report in July 2014.

We conclude that whilst the School of Health Sciences (HSC) at the University of East Anglia maintains well established and effective partnerships with its neighbouring AEs, local service providers and the IHSCS, partnerships with Health and Social Services Department (HSSD), Guernsey require improvement. There is a comprehensive action plan in place to manage clinical governance issues and improve practice learning environments. This ensures that students, for whom the programme delivery is currently suspended, will not be reintroduced until the quality of learning environments can be assured. Such measures will promote effective student learning experiences and protect the public.

### Summary of areas that require improvement

Recent governance issues in clinical areas at the Princess Elizabeth Hospital (PEH),

HSSD, Guernsey have resulted in student nurses being removed from practice and their programme suspended. There is a joint comprehensive action plan in place to address these issues. However, further work is required to ensure: there are sufficient successfully audited placements to support the reintroduction of years one and two adult nursing students; the live register must reflect the availability of sufficient mentors to support these students; and, in the interim, year one and two students, currently suspended from the programme, require the maximum support.

### Summary of areas for future monitoring

- Resources to accommodate increased commissions for pre-registration nursing (adult).
- Service user involvement in the midwifery selection process
- Inter-rater reliability for grading of practice in both nursing and midwifery
- Ongoing improvements in the quality of the learning environment at the Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust
- Successful implementation of the joint action plan between the HSC, the UEA; IHSCS; and HSSD, Guernsey.
- Impact of relocation of the central maternity delivery suite, at James Paget hospital, on the midwifery student placement experience.

### Summary of notable practice

#### Resources

None identified

#### Admissions and Progression

None identified

#### Practice Learning

None identified

#### Fitness for Practice

None identified

#### Quality Assurance

None identified

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

#### Academic team

We found that the academic teams in both nursing and midwifery work closely together and have effective relationships with practice placement providers. The academic team



at the HSC were open and honest in acknowledging the challenges they have faced with the quality assurance of their endorsed pre-registration nursing (adult) programme at the IHSCS in Guernsey. The team have worked extremely hard to ensure that appropriate action plans are in place to facilitate the rapid improvements that are required in this area. Work is now underway to implement the action plan and strengthen the relationships that they have with HSSD. Both nursing and midwifery teams operate a system of link lecturers and personal advisors to support both students and practice learning. There is significant evidence that these systems are highly effective in assuring that NMC standards are met in both theory and practice.

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

For nursing and midwifery we found that mentors/sign-off mentors, practice education facilitators and education leads are committed to giving a high level of support to students during each of their clinical placements. Programmes of preparation and regular updates are well received and believed to be of great benefit in dealing with student issues. When issues arise with students, they are always effectively handled, documentation is fully completed and the learning opportunities are identified. Of particular note are the positive views that were expressed around the introduction of the collaborative learning in practice project. Employers recognise the value of students in clinical areas and promote the role of mentor effectively. In practice placement areas there are sufficient numbers of staff who have successfully completed an NMC approved mentorship programme. All midwifery mentors have sign-off status. Managers work hard to ensure that students are able to work alongside their mentor, but where this is not possible service areas adopt an associate mentor approach. Mentors/sign-off mentors are encouraged by managers to attend their annual updates face-to-face and to compile evidence files for their triennial review. Employers and commissioners confirm that students are fit for practice and purpose on successful completion of the programmes.

### **Students**

#### **Nursing (adult)**

Students are positive about the delivery and content of their programme. They confirm that timetables, assessment and other course details are always available in advance and rarely changed. Feedback from assignments is constructive and timely. When in clinical practice, they fully understand the roles and functions of the support available from mentors and link lecturers. If matters of concern arise they are fully conversant with methods for raising and escalating concerns. Third year students at the IHSCS told us that they do not feel that recent clinical governance issues have affected their course progression and staff at the IHSCS have been supportive. However, first and second years students, whose programmes have been suspended, are less satisfied with the support they have received. Nevertheless, several value the study days that have been organised for them and acknowledge that staff at the IHSCS have worked hard in difficult circumstances.

#### **Midwifery**

Students are very positive about the quality of their midwifery programme and the support provided in the practice areas. They report that lecturers are responsive,

supportive and accessible. Students did report variability in the grading of practice and sign-off mentors familiarity with the practice assessment documentation. However, a practice assessment video, explaining the process, is available to students on Blackboard.

### **Service users and carers**

The service user group are committed and enthusiastic and feel they are integrated into the planning, delivery, assessment and evaluation of programmes within the HSC and IHSCS. The service users we spoke to in practice areas told us that all students introduced themselves clearly; explained their position as a student nurse; and, asked permission before undertaking any practice. The service users are impressed with the sensitivity of students and believe they are capable and confident in delivering quality health care and support.

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

Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning.

The following reports require action(s):

CQC Inspection of the Queen Elizabeth Hospital (QEH), Kings Lynn NHS Foundation Trust, July 2014. (1)

The inspection was carried out between 01 and 03 July 2014, as the trust had been identified as potentially high risk, having been placed in special measures in October 2013. This 2014 review inspected eight clinical areas. The following areas required attention:

- Accident and emergency required improvement in relation to patient safety, effectiveness, responsiveness and leadership of care.
- Medical care (including care of older people) was rated as inadequate in terms of patient safety, requiring improvement in relation to effectiveness; responsiveness and leadership of care.
- Surgery was rated inadequate in terms of responsiveness and requiring improvement in leadership.
- Maternity and family planning required improvement in responsiveness and leadership.
- Services for children and young people required improvement in safety.
- End of life care required improvement in responsiveness and leadership.
- Outpatients required improvement in patient safety and responsiveness.

The school has been working closely with QEH over the last two years to support the students' learning. In partnership with QEH the school has developed a joint action plan ensuring that students are supported in learning and assessment in practice. Students report good experiences in practice and continued supportive mentorship. The latest



CQC report, published on 19 September 2014, highlighted that improvements had been made, but the trust remains in special measures. The school submitted an exception report to the NMC in October 2014 regarding its ongoing support for the trust and progress with the implementation of the action plan. (2)

At the event we were told that since the CQC report a whole new leadership team has been appointed and significant improvements have been made. One ward was rested and extensive mentor workshops were put in place at two other wards used for practice placements. Progress is being monitored through education governance meetings between the UEA and the trust and end of placement student evaluations are consistently positive. Additionally there are weekly meetings for students on placement with the assistant director of nursing and the practice education facilitators (PEF). Whilst the CQC report published in September 2014 noted improvements there were still issues around medicines management, nurse staffing levels in specific areas and infection prevention and control. In three wards there was a need to review availability of hydration. As a result the UEA introduced an update for all students going into practice in November 2014. This update focused on findings of the CQC, trust action plans and the importance of raising and escalating concerns. Link lecturers will review progress on hydration and nutrition on three specific wards and no first year student nurses will be placed in these wards until such time as the quality of the learning environment can be assured. (116, 119)

In light of reduced medical staff on obstetrics and gynaecology the impact on student midwives was assessed and assurance was given that there are sufficient midwife sign-off mentors. However, the lead midwife for education (LME) is closely monitoring the situation. (116, 119).

CQC inspection Beccles Hospital, August 2014. (3)

An unannounced inspection of inpatient provision at Beccles Hospital carried out on 15 August 2014 found that the following standard was not met:

Assessing and monitoring the quality of service provision.

At the event we were told that issues had been resolved and no further action is required. There was no impact on student learning. (116)

CQC inspection report Norfolk and Suffolk NHS Foundation Trust (N&SNHSFT), 03 February 2015 (4)

As part of their ongoing comprehensive mental health inspection programme the CQC inspected services at the six sites within the N&SNHSFT on 21 to 24 October 2014. Overall the acute and psychiatric intensive care units were rated as inadequate. The trust has been put into special measures for failing to meet standards pertaining to leadership and safety. Leadership related to low staff morale and the top team having a strategic direction which was not shared with practitioners. Care was seen as good but safety issues related to restraint methods, safety seclusion and medicines management.

Prior to publication of the report the N&SNHSFT called a quality summit meeting of all

stakeholders, including the UEA and University Campus Suffolk (UCS), on 02 February 2015. The trust has been working on its action plan since the CQC visit and the senior management team have all been replaced. The UEA is assessing the risks for students using the placement. There are no UEA nursing students on placement at the hospital at the moment and we were told it is only used by them for spoke adult nursing placements. (5)

At the monitoring event we were told that all adult student spoke placements are postponed and that the UEA would be working with the trust to plan a review of all placement areas and consider the allocations of students in May 2015 (see 3.1). (116)

CQC inspection of Halvergate House care home, July 2014 (6)

An unannounced inspection of Halvergate House on 15 and 16 July 2014 found that standards were not being met in relation to staffing levels.

At the monitoring event we were told that Halvergate House is not part of the training circuit. (116)

NMC extraordinary LSA review, Princess Elizabeth Hospital (PEH), Health and Social Services Department, (HSSD), Guernsey, October 2014 (7)

In August 2014 the NMC were informed of escalating concerns relating to supervision of midwifery and provision of midwifery care within maternity services at the PEH, Guernsey. An NMC unscheduled extraordinary review took place between 01 to 03 October 2014. The key findings indicate that PEH did not meet six of the seven Midwives' rules and standards (NMC, 2012) reviewed. Whilst this review pertained to midwifery supervision student nurses did provide care for women within the maternity ward and were mentored by midwives. Interviews with second year students undertaking short spoke placements in maternity demonstrated negative experiences:

The maternity ward had no completed educational audit although notes from the link lecturer indicated this should be carried out.

As the maternity ward and community midwife experience was a hub placement the students' hub mentor was not required to communicate with the placement areas or staff supporting the students.

The escalating concerns identified by students were not noted in any documentary evidence provided by the Institute of Health and Social Care Studies (IHSCS), Guernsey.

NMC additional evidence obtained during the extraordinary review, Princess Elizabeth Hospital (PEH), Health and Social Services Department, (HSSD), Guernsey, October 2014 (8)

The review team identified additional concerns which fall into the following themes: the care environment; policies and procedures governance; leadership and management; and, organisational culture. Issues identified in these themes pose a potential risk to the

quality of the student nurse experience.

Following the extraordinary review of the PEH, HSSD, Guernsey the school has been communicating with the NMC on a regular basis and an exception report was submitted to the NMC in October 2014. A full investigation of the concerns was undertaken, with support from the UEA partnerships office. (2)

At the monitoring event we were told that the academic team from the UEA audited 40 placements where nursing students were located. The team observed energy and care but the physical environment was poor. A report provided to the NMC and HSSD defined a reduced placement circuit and priority was given to third year students. All nursing students were given a period of study leave. A planned return of third year students was completed in January 2015. A number of improvements are being made including rebuilding the HSSD live mentor register to conform to the UEA approved database; exploring the adoption of the electronic audit tool for the IHSCS; and, ensuring that the UEA database for tracking IHSCS audits flags up when audits are due. At a strategic level a new chief officer and a clinical governance lead have been appointed. Update meetings are taking place between the head of school at the UEA and HSSD every fortnight and a joint action plan has been developed. Any IHSCS student who wishes has been offered the opportunity to transfer to the UEA to continue their nursing programme. One student has accepted this offer and is being supported to commence in March 2015. The rested placement areas will be re-audited prior to the students' placements in June. Subject to satisfactory audits a phased return of second year students will subsequently commence. The first year students will recommence their programme in September 2015 and currently no new intake is planned for the next academic year. (129)

We reviewed the most recent action plan between the UEA, IHSCS and HSSD. Several actions have been completed and others have completion dates in the near future (see key risk 3). (142)

Other CQC and clinical governance reports relevant to placement areas used by the UEA for approved nursing and midwifery programmes were reviewed but did not require discussion as part of this review.

### **Evidence / Reference Source**

1. CQC inspection report, the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, July 2014
2. NMC annual self assessment programme monitoring, 2014-15
3. CQC inspection report Beccles Hospital, August 2014
4. CQC inspection Norfolk and Suffolk NHS Foundation Trust, February 2015
5. Meeting with nursing lecturers, 04 February 2015
6. CQC inspection of Halvergate House care home, July 2014
7. NMC extraordinary LSA review, Princess Elizabeth Hospital (PEH), Health and Social Services Department, (HSSD), Guernsey, October 2014
8. NMC additional evidence obtained during the extraordinary review, Princess Elizabeth Hospital (PEH), Health

and Social Services Department, (HSSD), Guernsey, October 2014

116. Meeting with senior university staff at the UEA and Guernsey (via video link), 17-18 February 2015

119. UEA Exception report in relation to ongoing support for Queen Elizabeth Kings's Lynn NHS Foundation Trust, 13 October 2014

129. Meeting with head of School of Health Sciences, 17 February 2015

142. Joint Action Plan for University of East Anglia, Institute of Health and Social Care and Health and Social Services Department, Guernsey, 30 January 2015

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

There have been no approval events in the last year.

### Evidence / Reference Source

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

All actions highlighted in the 2014/15 self- report are complete. (2)

Specific issues followed up include:

Disclosure and barring service (DBS) process

In 2013-14 delays in the DBS completion process were preventing a small number of students attending practice areas on allocated dates. Following a university review and close monitoring of the process, targeted action has been taken at a much earlier point in time. The DBS clearance process was significantly smoother at the start of the 2014-15 academic year but there is still some work to be done to ensure DBS clearance is achieved for 100% of students in a timely manner.

At the review we found that the DBS clearance process has been more efficient in the current academic year. First year students all told us that they received DBS clearance in advance of their first placement experience (see 2.1.1).

Relocation of central maternity delivery suite - James Paget University Hospital

In January 2015 there is a planned relocation of the central maternity delivery suite, for refurbishment, James Paget University Hospital. This may potentially impact on midwifery student placement experience.

At the review we were told that the relocation had not yet commenced so the impact on midwifery students could not be assessed. This is an issue for future monitoring.

<p>Improvement in communication - about changes to the timetable and rooms</p> <p>Increased commissions have put a strain on provision of accommodation. The university has made available extra teaching and study space. The school is exploring methods of informing students about changes in timetables and/or rooms. There has been a successful pilot using texting as an alternative method of communication with students, when unavoidable changes are necessary.</p> <p>Students told us that they had experienced no timetable changes and overall communication between themselves and the school is good (see 5.1.1).</p>
<p><b>Evidence / Reference Source</b></p>
<p><i>2. NMC annual self assessment programme monitoring, 2014-15</i></p>

Findings against key risks
<p><b>Key risk 1 – Resources</b></p> <p><b>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</b></p> <p><b>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</b></p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience /qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>All nursing and midwifery programme leads and the majority of nursing and midwifery lecturers hold an NMC recorded teaching qualification. The school has a robust process for checking that lecturers maintain their NMC registration. Newly appointed nursing and midwifery lecturers, without a teaching qualification, are required to undertake a part time teaching programme in the second and third year following appointment. On completion they must record their teaching qualification with the NMC. (9 -11)</p> <p>Currently the staff/student ratio is 1:15. There is a robust system of peer review of teaching and appraisal which ensures teaching quality is closely monitored and developed. (12)</p>

What we found at the event

We found that lecturing staff have experience and qualifications commensurate with their role. A large proportion have master's degrees; several hold PhDs; and, there is evidence of scholarship through publications and grant acquisitions. (122)

Nursing (adult)

Senior managers at HSC told us that currently the staff/student ration is 1:15 but the school is working towards the university requirement of 1:14. There are currently two vacancies which are being advertised, plus there will be a further 4.65 posts to meet the demands of increased adult commissions. By the end of the year seven posts will have been filled and the school will be up to its full complement. Of the 107 lecturer posts, 25 are academic, teaching and research (ATR) posts, contracted to teach 50% of their time. At the IHSCS the staff student ratio is 1:6 and there is one vacancy. (116)

We were told that on commencement of the programme all students are allocated a personal advisor who will follow them through the three year programme. Each lecturer is allocated between 20 and 25 advisees and meets with them face-to-face as a group in the first week of the programme. Thereafter there are one-to-one meetings between the personal advisor and student three times per year, as a minimum requirement of the university. Students are encouraged to contact their personal advisor more frequently if they have a change of circumstances or require extra support. Personal advisors follow their students' progress by monitoring achievements in theory and practice. (116, 121)

IHSCS, Guernsey told us that students are supported by personal teachers who fulfil the same role as their UEA partners. Students told us that they have good support from their personal teachers who each support between one and two students. (59, 116)

Midwifery

The LME is supported by the university to fulfil her role in line with NMC requirements. All midwifery teachers have experience and qualifications commensurate with their role and hold, or are working towards, NMC recorded teacher status. (122)

We were told that the same personal advisor model applies to midwifery but each lecturer has, on average, three advisees per cohort. The staff student ratio is 1:12.8 (116, 121).

We conclude from our findings that there are adequate appropriately qualified academic staff to deliver pre-registration nursing (adult) and midwifery programmes to meet NMC standards.

Evidence / Reference Source

- 9. UEA Staff information, February 2015
- 10. NMC register checked 02 February 2015
- 11. Staff Induction checklist, undated.



- 12. *Staff Appraisal and Development Scheme Guidelines, undated*
- 59. *Video conference with third year students, IHSCS, Guernsey, 17 February 2015*
- 116. *Meeting with senior staff, HSC and IHSCS (by video link), 17 February 2015*
- 121. *School of Health Sciences, personal advising model for pre- and post-registration BSc and MSC programmes, undated*
- 122. *Staff CVs, viewed 17 February 2015*

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

What we found before the event

The process for student allocation to practice placements is clearly outlined in the student practice learning handbook. Practice placement meetings are established with all the main trusts to plan and manage student placements. These are normally scheduled on a quarterly basis. There are sufficient mentors for a 1:1 student allocation. (13, 14, 15)

What we found at the event

Nursing (adult)

We were told that the allocation of students to practice placements follows a two year cycle. The placement team notifies the trusts of the proposed number of students to be allocated 16 weeks in advance. Trusts respond within four weeks, having checked the number of mentors on the live register. Students are informed provisionally of their allocated placement area 10 weeks in advance with final confirmation six weeks in advance. The same process is followed at the IHSCS. (116, 120)

During monitoring visits to practice areas all students, mentors, sign-off mentors and trust education leads confirmed that the planning of placements is well organised, structured and appropriate. Final placement students are allocated to a sign-off mentor and during spoke placements good communication is maintained with the student's primary mentor. Without exception all mentors act with due regard. Students are supernumerary in clinical areas and are able to achieve a minimum of 40% of their time with their named mentor. During absences mentors organise other mentors to deputise for them. There is no evidence of any other learner support demand on practice placement that would impact upon the value of the each of the placements. (61, 67-68, 70-71, 80-81, 83-84, 93-94, 96-97, 104-105, 107-108)

Midwifery

We learned that the cycle of placements is stable and planned three years in advance. We were told that there are sufficient sign-off mentors in practice to support students on

a 1:1 basis. Mentors act with due regard and are allocated by ward managers on the duty rota. Student midwives told us that they work alongside their sign-off mentor for more than 40% of the time in practice. On some occasions, for example with part-time mentors, a co-mentor may be allocated. However co-mentors are either sign-off mentors or midwives undertaking the mentor preparation programme. Students are also allocated a named supervisor of midwives (SoM). (63-65, 73-76, 87, 89, 99, 111, 113, 120, 151)

Practice placement learning environments are audited by link lecturers, in collaboration with ward managers, to ensure that mentor levels are adequate. In some areas, there is also capacity to accommodate other learners. (115)

Where students undertake one to two day spoke placement visits, they report back to their hub mentor. However for longer spoke placements, students are allocated a mentor. (111, 113)

We conclude from our findings that there are sufficient appropriately qualified mentors/sign-off mentors available to support the number of students in both nursing (adult) and midwifery programmes. All mentors/sign-off mentors act with due regard.

#### Evidence / Reference Source

13. *University of East Anglia, School of Health Sciences, Faculty of Medicine and Health Sciences, Practice Learning Student Handbook, Academic Year 2014/5*

14. *Placement provider role, flow chart, May 2012*

15. *Minutes, nurse placements and placement co-ordinators meeting (Suffolk), 5 November 2014*

61. *Video conference with mentors, Guernsey, 17 February 2015*

63. *Meeting with midwifery students (Year three), 17 February 2015*

64. *Meeting with midwifery students (Years one and two), 17 February 2015*

65. *Meeting with midwifery mentors x2 (UEA), 17 February 2015*

67. *Meeting with students, cardiology unit, NNUHFT, 17 February 2015*

68. *Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015*

70. *Meeting with students, Edgefield, NNUHFT, 17 February 2015*

71. *Meeting with mentors, Edgefield, NNUHFT, 17 February 2015*

73. *Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015*

74. *List of mentors x15 (Blakeney postnatal ward), 17 February 2015*

75. *Meeting with midwifery mentors x1 (MLBU), 17 February 2015*

76. *Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015*

80. *Meeting with students, Denver ward, QEHNHSFT, 18 February 2015*

81. *Meeting with mentors, Denver ward, QENHSFT, 18 February 2015*

83. *Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015*

84. *Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015*

- 87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015
- 89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015
- 93. Meeting with community nurse mentors, Derham hospital, 18 February 2015
- 94. Meeting with students, Derham hospital, 18 February 2015
- 96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015
- 97. Meeting with student, Foxley ward, Community hospital, 18 February 2015
- 99. Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015
- 104. Meeting with student, ward 12, JPUH, 19 February 2015
- 105. Meeting with mentor, ward 12, JPUH, 19 February 2015
- 107. Meeting with student, ward 4, JPUH, 19 February 2015
- 108. Meeting with mentor, ward 4, JPUH, 19 February 2015
- 111. Meeting with mentors x4 (James Paget), 19 February 2015
- 113. Meeting with student x4 (James Paget), 19 February 2015
- 115. Educational Audits (Blakeney postnatal ward, MLBU, Cley antenatal ward, Castleacre ward, CDS, Dereham community/Dynamic audit database), 17-18 February 2015
- 116. Meeting with senior staff, HSSD and IHSCS (by video link), 17-18 February 2015
- 120. Meeting with senior university staff (Mentorship) at the UEA and Guernsey (via video link), 18 February 2015
- 151. Off duty rota (Blakeney postnatal ward, MLBU, Cley antenatal ward, Castleacre ward, Dereham community), 17-18 February 2015

**Outcome: Standard met**

Comments:

Forthcoming increased commissions for pre-registration nursing (adult) may stretch resources at the School of Health Sciences, UEA.

Areas for future monitoring:

Resources to accommodate increased commissions for pre-registration nursing (adult).

**Findings against key risks**

**Key risk 2 – Admissions & Progression**

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

The university holds a series of well attended open days to which prospective students and their families are invited. In addition to the open days the school runs a number of 'taster days' where prospective students can get an insight into the role of the nurse or midwife. For the endorsed programme, advertisements are placed in Guernsey newspapers and lecturers attend careers fairs across the island to generate interest and provide information about the programme. (2)

Service users and practitioners are involved in the interview process, either directly in conversations with the applicants or via service user generated materials employed during the interview process. A new process of multiple mini interviews (MMI) has recently been introduced. These involve academic staff, practice partners, and service users. This approach is being used as it is considered the most effective mechanism for identifying those candidates who have the skills and values required for the profession. During the selection process, equal emphasis is placed on the decisions of academics, clinicians and service users. Applicants at the IHSCS, Guernsey, have individual face-to-face interviews by a panel which includes: a lecturer, practitioner and service user. All applicants meet the university requirements for literacy and numeracy, in line with recommendations of the NMC, and have literacy and numeracy tested at interview. This is used as a diagnostic for students who subsequently accept a place on the programmes and enables staff to provide support and direct students to university support as required. (2, 16, 17)

Once an applicant has accepted a place on the programme a DBS check is undertaken and this is checked by a member of the admissions team. Successful candidates also have occupational health screening. Students are not allowed to undertake practice placements until all clearances have been obtained. The same recruitment processes are used for the endorsed programmes, although applicants become salaried employees. (18, 124)

All practitioners have recruitment and equality training within their trusts. From 2014-15 service users involved in the selection process also have equality and diversity training. All academic staff are required to undertake regular equality and diversity training. In the past this has taken place as part of the general yearly interview training, and this will continue for Guernsey based staff. As of 2013-14 UEA staff training takes place via the university centre for staff development, e-learning equality and diversity. (19)

There is a clear process for the admission of applicants with a disability. (20)

The school has reviewed attrition from nursing and midwifery programmes and has developed an action plan to address issues that may reduce attrition. (21)

## What we found at the event

We found that Universities and Colleges Admissions Service (UCAS) applications are screened by admissions staff using person specification and pre-determined entry criteria. Applicants predicted to meet the entry criteria are invited for interview. The MMI consists of four short, structured interview stations used to assess the candidate's non-cognitive qualities, including maturity, teamwork, empathy, reliability and communication skills. At the end of each mini interview the interviewer evaluates the candidate's performance. Interviewers score independently with the overall score collated at the end (16-17 and 125).

The school has a clear policy and procedure for the protection of students who are under 18 years of age at the time of entry to the undergraduate programmes. There have been no students under 18 years accepted. However, if there were the school has trained designated mentors to provide appropriate support and guidance. Furthermore, first year students do not go to areas of complex need (123).

### Nursing (adult)

Service users told us that they are fully involved in the selection process; have their own station in the MMIs; and, have equal influence in the decision making process. We also learned that a service user is part of the interview process at the IHSCS, Guernsey (118).

Students confirmed that occupational health and DBS checks are completed before commencing clinical practice. Students told us they provide the university with the original DBS certificate. The university photocopies the original DBS check certificate and each student is expected to record DBS details at the beginning of their clinical passport documentation. All students reported that clinical placement did not commence until they were in receipt of their DBS and had submitted it to the UEA. Recently no students have been delayed in commencing placement due to late return of DBS clearance. Students told us they annually confirm their continued good health and good character. Mentors and trust education leads reported being routinely invited to participate in selection and admission processes. (67-68, 70-71, 78, 80-81, 83-84, 104-105, 107-108, 124)

### Midwifery

Admission processes meet NMC requirements and interviewers have equality and diversity training. Practitioners are involved in the selection process which includes consideration of professional values and behaviours. Evidence of direct service user involvement in the selection process is limited but the multiple mini interview process has been established and involves service users.

The selection process includes enhanced disclosure and barring service checks and occupational health clearance. Practice placement partners receive confirmation of this from the UEA prior to commencement of student placements. Midwifery students told us that they annually confirm their continued good health and good character (57, 62, 64, 76, 86, 102, 113).

We conclude that all admissions and progression procedures are robust and effectively

implemented to ensure students entering and progressing on the nursing (adult) and midwifery programmes meet NMC standards and requirements, fundamental to protection of the public.

#### Evidence / Reference Source

- 2. NMC annual self assessment programme monitoring, 2014-15
- 16. Undergraduate admission process, school of nursing (NSC) admissions, 2013
- 17. NSC multiple mini interviews, 2014 Entries
- 18. Undergraduate nursing admissions policy, 2015 Entry
- 19. Equality and diversity, undated
- 20. Admissions process: disabled applicants, undated
- 21. Student attrition reduction action plan, academic year 2013/14, 03 June 2014
- 57. Meeting with directors of nursing, heads of midwifery, education leads 17 February 2015
- 62. Meeting with LME and midwifery programme team 17 February 2015
- 64. Meeting with midwifery students (Years one and two) 17 February 2015
- 67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015
- 68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015
- 70. Meeting with students, Edgefield, NNUHFT, 17 February 2015
- 71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015
- 76. Meeting with midwifery mentors x1 (Cley antenatal ward) 17 February 2015
- 78. Meeting with senior managers (QEH) 18 February 2015
- 80. Meeting with students, Denver ward, QEHNSFT, 18 February 2015
- 81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015
- 83. Meeting with students Oxborough ward, QEHNSFT, 18 February 2015
- 84. Meeting with mentors, Oxborough ward, QEHNSFT, 18 February 2015
- 86. Meeting with ward manager (Castleacre ward) 18 February 2015
- 102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, practice development midwife (James Paget) 19 February 2015
- 104. Meeting with student, ward 12, JPUH, 19 February 2015
- 105. Meeting with mentor, ward 12, JPUH, 19 February 2015
- 107. Meeting with student, ward 4, JPUH, 19 February 2015
- 108. Meeting with mentor, ward 4, JPUH, 19 February 2015
- 113. Meeting with student x4 (James Paget) 19 February 2015
- 118. Meeting with service users at the UEA and Guernsey ( via video link), 18 February 2015
- 123. University of East Anglia, policy and procedures for protection of students on the UEA undergraduate and postgraduate degree programmes who are under 18 years old at entry, November 2013



124. UEA admissions to pre-registration programmes in the School of Health Sciences, Procedure for satisfactory Disclosure and Barring Service (DBS) clearance, undated

125. Admissions, recruitment and marketing, summary of process, undated.

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

What we found before the event

The school has a robust fitness to practise (FtP) policy and process which is closely aligned to the UEA professional misconduct and/or unsuitability processes. The FtP review group (FPRG) is convened when there is deemed to be a continuing risk to the public. There is joint membership of FPRG by UEA and IHSCS, Guernsey, staff. (22-24)

During the 2013/14 session there were 110 concerns raised, broken down as follows: 21 related to failure to complete required documentary evidence; 17 related to student behaviour in practice; 16 related to attendance, engagement and progression; 11 related to contact with others, e.g. social media. The remaining cases were varied in their cause for concern. Of these 110 cases, 72 required no further action beyond alerting the personal adviser/course director who met with the student and where necessary put in place a plan for additional support and guidance. In the majority of cases this ended the matter and no further action was required. Eleven cases remain open pending further investigation and five cases are on hold awaiting consideration of the outcome of legal/criminal action. Twelve of the students intercalated and their records will be reopened on their return, and 10 students withdrew. The withdrawals were either at the personal request of the student or at the request of the board of examiners for failure to meet academic requirements. (2)

What we found at the event

We viewed the FtP tracker spreadsheet which clearly showed the cases awaiting further assessment, those referred to FtP and those on hold. The spreadsheet for the IHSCS shows five students for whom concerns were raised in the last year. Concerns included: completion of academic documents; student wellbeing; or, nature of contact with others. All are reported as retained on file with none referred to FtP. (141)

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice. These are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Evidence / Reference Source
<p>2. NMC annual self assessment programme monitoring, 2014-15</p> <p>22. General regulations for students: <a href="http://www.uea.ac.uk/calendar/section3/regs(gen)/gen-regs-for-students">http://www.uea.ac.uk/calendar/section3/regs(gen)/gen-regs-for-students</a> accessed, 01 February 2015</p> <p>23. Fitness to practise decision making tool, February 2013</p> <p>24. Role and function of the fitness to practise review group, undated</p> <p>141. UEA and IHSCS, Guernsey, FtP trackers, 2013/14</p>
Risk indicator 2.1.3 - Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
<p>There is a comprehensive process for practice placement providers to raise concerns about students' performance in practice. Should a member of the academic/placement staff or a fellow student have concerns regarding a student's behaviour or health and well-being, a designated form is completed and submitted to the academic lead for FtP. (26-27)</p>
What we found at the event
<p><b>Nursing (adult)</b></p> <p>Students, mentors, sign-off mentors and trust education leads could all tell us about processes to deal with matters around failing students or poor performance. There is a full awareness of the need for early remedial interventions for students. In all cases university representatives would be contacted and fully involved in action plans. (67-68, 70-71, 79-81, 83-84, 104-108)</p> <p><b>Midwifery</b></p> <p>Mentors work closely with link lecturers if they identify a cause for concern and need to address issues of poor performance in practice. Mentors use the mid-point interview, within the practice assessment process, to provide feedback to students on their performance and facilitate their formative development. A tripartite meeting is also held between the student, mentor and link lecturer at this mid-point. (62, 65, 73, 75-76, 87, 89-90, 99, 111, 158)</p> <p>We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that</p>

students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Evidence / Reference Source

- 26. University of East Anglia, form for reporting a cause for concern regarding a student, September 2014
- 27. Cause for concern form regarding a student- guidance notes, undated
- 62. Meeting with LME and midwifery programme team, 17 February 2015
- 65. Meeting with midwifery mentors x2 (UEA), 17 February 2015
- 67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015
- 68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015
- 70. Meeting with students, Edgefield, NNUHFT, 17 February 2015
- 71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015
- 73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015
- 75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015
- 76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015
- 79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015
- 80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015
- 81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015
- 83. Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015
- 84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015
- 87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015
- 89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015
- 90. Practice assessment document, September 2014
- 99. Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015
- 104. Meeting with student, ward 12, JPUH, 19 February 2015
- 105. Meeting with mentor, ward 12, JPUH, 19 February 2015
- 107. Meeting with student, ward 4, JPUH, 19 February 2015
- 108. Meeting with mentor, ward 4, JPUH, 19 February 2015
- 111. Meeting with mentors x4 (James Paget), 19 February 2015
- 158. Student portfolios x2 (James Paget CDS), 19 February 2015

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>What we found before the event</p> <p>There is a clear process for managing accreditation of prior experiential learning (APEL) and certificated learning (APCL) with a dedicated pre-registration APL co-ordinator. A guide for candidates accepted on the programme depicts a flow chart and mapping tool to be used as part of the APL claim. (28-29)</p>
<p>What we found at the event</p> <p>We learned that six students had gained APL in the 2013/14 academic year. All these students were granted one year of APL. Four students had completed a foundation degree in health sciences as part of the assistant practitioner programme with local NHS partners; one student had successfully completed one year on a pre-registration programme at another AEI; and another had gained a nursing registration in the Philippines. We viewed records for these successful APL claims and are satisfied they meet NMC standards. (130-131)</p> <p>In accordance with the NMC standards for pre-registration midwifery education there is no APEL permitted within the midwifery programmes.</p> <p>We found systems for the accreditation of prior learning and achievement are robust and well managed within the school.</p>
<p>Evidence / Reference Source</p> <p><i>28. Accreditation of prior learning (APL) and transfers into the programme, extract from document, undated</i></p> <p><i>29. University of East Anglia, guide to APL for pre-registration nursing and midwifery, undated</i></p> <p><i>130. APL admissions, 2013/14</i></p> <p><i>131. APL files x 6, 2013/14</i></p>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <p>Service user involvement in midwifery interviews is less well developed than that for the nursing programmes.</p>
<p>Areas for future monitoring:</p> <p>Service user involvement in the midwifery selection process.</p>

## 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

The UEA holds a service level agreement with Health Education East of England (HEEE), which commissions the nursing and midwifery programmes. There are different contractual agreements with independent organisations. At a strategic level compliance to NMC standards is monitored through operational contract meetings and quarterly strategic reviews. There is a clear strategic and operational interface between the UEA and Health Education East of England. (30-34)

The HSC has established regular educational governance meetings with the trusts, usually run on a bi-monthly basis. These are multi-disciplinary and chaired by the trust educational lead, with other members including: training department; assistant directors nursing/heads of department; practice representation; and practice education facilitators (PEF). (35)

Educational audits are undertaken every two years using a web based system. This ensures audits are available in practice placement areas and are 'live'. All placements are recorded on an audit database which automatically RAG rates practice areas as green (audit up to date), amber (audit to expire in three months), red (audit out of date), or blue (audit areas on hold/out of action/in development). (36 and 37)

The collaborative learning in practice project (CLiP) was developed in partnership between the UEA and HEEE. It was piloted at the Norfolk and Norwich University Hospital, James Paget Hospital and Norfolk Community Health and Care NHS Trusts and is being rolled out across the East of England. Early patient satisfaction data suggests improved patient experience. (2)

The school has a detailed process for raising and escalating concerns in practice. There is a clear flow chart advising actions at each stage and a report form to document the incident. A log of all concerns raised is maintained across all health schools at the UEA, to ensure information sharing. (38)

## What we found at the event

A representative of the commissioning body told us that there is effective partnership working between the UEA and HEEE. There are several shared forums and operational contract meetings which confirm that key performance indicators are being achieved (117).

Minutes of the strategic mentorship meeting and the UEA/UCS joint education meeting demonstrate collaboration between the school; service partners; and the neighbouring AEI. Furthermore, UEA service partners told us that they have effective working relationships with the university at all levels within their organisations. However, whilst there are effective working relationships between the HSC and IHSCS, Guernsey, partnership working with the Health and Social Services Department (HSSD), Guernsey, is less clear. The joint action plan promises closer liaison between the HSSD governance lead, IHSCS and HSC head of school (57, 133-134, 142)

We learned that currently the UEA, IHSCS and USC are developing a shared audit tool. Following the exception report relating to the IHSCS, further enhancements have been made to the audit tool. For example, ensuring auditors give detailed evidence as to what informs their judgements about the quality of the learning environment (135).

We found that all practice placements used for both pre-registration nursing (adult) and midwifery have an up-to-date educational audit using a standardised form. Audits are conducted online with electronic signatures and hard copies retained in all clinical facilities. We saw evidence of updating of the audit to reflect service reconfiguration in one area. We viewed electronic and hard copies of the audit documents to ensure consistency of quality and standards. Audit documents for both HSC and IHSCS reflected the practice placement areas effectively, detailing their placement capacity and consideration for all types of practice learning. (36,102,115,135)

We learned that the CLiP project requires link lecturers, mentors and students to reconfigure teaching in the clinical area. It adopts a coaching strategy to deliver effective clinical student learning. This requires a stronger focus towards self learning and personal responsibility for learning. It is suggested that one of the main strengths of this approach is the increased motivation, confidence and competence that emerges among students and that individual learning is not dependent upon one person. Students driving their own learning in this context also have the opportunity to offer learning opportunities to their coaches. The project is fully compliant with NMC standards for learning and practice. (164)

We were told that the academic lead (practice education) has overall responsibility for the raising and escalating concerns process. This responsibility involves escalating concerns to the education lead and director level in all NHS trusts and to the appropriate senior manager in other organisations that provide practice education for students. The academic lead (practice education) is responsible for maintaining the log of all concerns reported and produces a yearly report to the university, NHS trusts and organisations that are part of the governance arrangements. Lecturers at the IHSCS told us that the raising and escalating concerns policy has been strengthened and students conform to the same process as HSC students. (132, 137-138, 142)



In addition to the school's raising and escalating concerns policy the LME, heads of midwifery and supervisors of midwives have agreed a process of reporting to the university when a student is involved with care where a serious incident occurs. (136)

The UEA practice partners told us that they would immediately inform the HSC head of school of any adverse CQC findings or other clinical governance issues. There is a robust process for the withdrawal of students from learning environments that are considered to be unsafe. This is evidenced by recent action following the N&SNHSFT CQC report. (57, 132)

The removal from practice of pre-registration nursing students at the IHSCS has caused disruption for some students. The third year students we spoke to had only been suspended from practice for a short period and did not consider their progression had been delayed. However, for the first and second year students their programme is suspended. They told us that they felt let down by the IHSCS; they had no debrief as to why their programme was suspended; and, their redeployment as health care assistants was rushed and ill conceived. (59-60)

Lecturers from the IHSCS told us that the decision to remove students from placement had been made in December 2014. It was important to safeguard the students' economic stability, hence redeployment of first and second year students as health care assistants. Since January 2015 the institute has been providing monthly study days for redeployed students. The aim of the study days is to enhance the student experience of working in health and social care; and, to maintain students' ability to engage in learning activities in order to make a seamless transition back to the pre-registration programme later this year. To date the IHSCS evaluations of the study days show mixed responses. Whilst some students feel they have gained further insight into caring, empathy and disability, others feel that the approach is patronising, teaching them what they know already; and not a good use of time. There is, however, recognition by some students that the lecturers are trying to make the best of an unprecedented situation. (57, 132, 149, 150)

We conclude that whilst the HCS, at the UEA, maintains well established and effective partnerships with its neighbouring AEI, local practice placement providers and the IHSCS, partnerships with HSSD, Guernsey require improvement.

#### Evidence / Reference Source

2. *NMC Annual Self Assessment Programme Monitoring, 2014-15*
30. *Template for learning development agreement between AEI and Health Education East of England, September 2013*
31. *Excerpt from Health Education East of England learning development agreement, 06 September 2013*
32. *Quarterly strategic review (QSR) and operational contract management (OCM), undated*
33. *University of East Anglia practice placement agreement for non-medical healthcare pre-registration students (template), undated*
34. *Current strategic and operational interface between the UEA and Health Education East Anglia, undated*
35. *Norfolk and Suffolk, NHS Foundation Trust, clinical education governance meeting agenda, 07 November 2014*

- 36. *Monitoring and evaluation of clinical placements (educational audit), undated*
- 37. *James Paget University Hospital NHS Foundation Trust, Educational Audit data, December 2013*
- 38. *University of East Anglia raising and escalating concerns relating to practice (HSC), reviewed 2015*
- 57. *Meeting with directors of nursing, heads of midwifery, education leads and clinical governance lead, HSSD, Guernsey (via video link), 17 February 2015*
- 59. *Video conference with third year students, Guernsey, 17 February 2015*
- 60. *Video conference with first and second year students, Guernsey, 17 February 2015*
- 102. *Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, James Paget university hospital (JPUH), 19 February 2015*
- 115. *Educational audits, Blakeney post natal ward, MBLU, Cley antenatal ward, Castleacre ward, CDS, Dereham community (dynamic audit database), viewed 17-19 February 2015*
- 117. *Teleconference with commissioner, 17 February 2015* 132. *Meeting with senior university staff (Clinical Governance) at the UEA and Guernsey (via video link), 18 February 2015*
- 133. *Minutes of strategic mentorship group meeting, 01 December 2014*
- 134. *UEA/UCS joint education meeting, 08 October 2014*
- 135. *Monitoring and evaluation of practice learning environments (educational audit), 2015*
- 136. *UEA Reporting a serious incident in placement involving a student midwife, undated*
- 137. *Faculty of Medicine and Health Sciences - Raising concerns log October to December 2014*
- 138. *Reporting changes/incidents in the practice learning environment to placement lead, 13 December 2013*
- 142. *Joint Action Plan for University of East Anglia, Institute of Health and Social Care and Health and Social Services Department, Guernsey, 30 January 2015*
- 149. *Timetables for study days organised by IHSC for first and second year students suspended from practice, January to May 2015*
- 150. *Student evaluations of IHSC study days, January 2015*
- 164. *Collaborative Learning in Practice (CLiP) principle, undated*

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

What we found before the event

#### Nursing (adult)

Each programme module has a nominated service user/carer (SUC) working alongside the module team. These SUCs contribute to: the module development; skills sessions; active engagement in objective structured clinical examination (OSCE); classroom teaching; and, summative assessment in enquiry based learning. The school is exploring: the involvement of service users as members of education and management committees; a wider diversity of service user groups, e.g. the elderly and people from different ethnic backgrounds; and, a strategic approach for service user involvement across all disciplines within the School of Health Sciences. (39)

#### Midwifery

There is a separate service user group for the midwifery programmes but there is

overlap with nursing in that one member sits on both groups. (39)

The school is reviewing its leadership structures relating to service user involvement, and has recently appointed a service user to the role of service user lead to work alongside the faculty lead for service user involvement. Since taking up post in September 2014 the service user lead has begun a thorough mapping exercise across all programmes in the school to establish the scope of current practice. This will be used to inform the new school strategic plan in relation to SUC involvement. The first step in this direction is the recent foundation of a service user led steering group which will help to further guide the strategic developments in this area. (2)

#### What we found at the event

We met with an enthusiastic group of service users and the recently appointed service user lead. The service users told us of their experiences in stakeholder events to plan nursing and midwifery curricula; involvement in programme approvals; planning, development and delivery of modules; scrutinising formative assessment of practice; involvement in OSCEs; design of examination questions; and involvement in course and teaching committees. A service user from Guernsey confirmed she had similar involvement in the pre-registration nursing programmes at the IHSCS. The service users told us they feel valued by the UEA and the experience of involvement in the programmes has enhanced their lives. (118)

There is a clear remuneration policy for the payment of an hourly fee and travelling expenses for service users involved in any aspects of programme development and delivery. (139)

Whilst undertaking practice placement visits we had the opportunity to meet service users and patients who have been provided with care by students during this academic year. Feedback from SUCs was extremely positive, clearly stating that: they are given the opportunity to refuse student involvement in their care; students consistently introduced themselves; and, are always well supervised. Additional feedback from SUCs indicated that students are always appropriately dressed in uniform; appeared confident and competent; are respectful; asked applicable questions; and work seamlessly as a part of the care-giving team. (82, 85,106,112)

Senior managers, education leads and practice development managers, for both nursing and midwifery, told us they are regularly involved in programme development and delivery. (77, 92, 102)

Our findings confirm that practitioners and service users and carers are involved in programme development and delivery for pre-registration nursing (adult) and midwifery.

#### Evidence / Reference Source

2. NMC annual self assessment programme monitoring, 2014-15

39. Service user implementation plan, 2013-14, November 2013

- 77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015
- 82. Meeting with service users, Denver ward, QEHNHSFT, 18 February 2015
- 85. Meeting with service users, Oxborough ward, QEHNHSFT, 18 February 2015
- 92. Meeting with midwifery matron and practice development midwife (QEHNHSFT), 18 February 2015
- 102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice, 17 February 2015
- 106. Meeting with service user, ward 12, JPUH, 19 February 2015
- 112. Meeting with service user, ward 11, JPUH, 19 February 2015
- 118. Meeting with service users with a video link to Guernsey, 18 February 2015
- 139. Procedures for payments for involvement work by patients, carers and members of the public in the School of Health Sciences at the UEA, undated

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

What we found before the event

The role of a link lecturer is to maintain and develop education/practice links in order to facilitate an effective clinical learning environment in conjunction with practice. The primary role of the link lecturer is to support the mentor and liaise between the practice environment and the school. However, students may also access the link lecturer for additional support and guidance. Students are supported by the link lecturer in relation to escalating concerns. (13, 40)

Pre-registration nursing (adult)

Formal link lecturer visits are documented in the audit document. (5)

Midwifery

There are tripartite meetings between the student, link lecturer and mentor at the mid progression point. Further tripartite meetings can be organised if necessary. (5)

What we found at the event

Nursing (adult)

Students, mentors, sign-off mentors and trust educational leads all told us that they have close working relationships with link lecturers and their visits, although not standardised, are nevertheless clearly visible and an integral component of the clinically based team. (61, 66, 79, 102)

Midwifery

We were told that the tripartite arrangement is a supportive process in which the mentor and link lecturer support the student midwife in practice. The link lecturer is present at the midway formative review which builds upon the earlier formative interview held at

<p>the start of the practice placement (140).</p> <p>We conclude that academic link lecturers effectively support students and mentors in practice placements for nursing (adult) and midwifery pre-registration programmes.</p>
<p>Evidence / Reference Source</p>
<p><i>5. Meeting with nursing lecturers and LME, 04 February 2015</i></p> <p><i>13. University of East Anglia, School of Health Sciences, Faculty of Medicine and Health Sciences, practice learning student handbook, academic year 2014/5</i></p> <p><i>40. Link lecturer role, 12 June 2013</i></p> <p><i>61. Video conference with mentors, Guernsey, 17 February 2015</i></p> <p><i>66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015</i></p> <p><i>79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015</i></p> <p><i>102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice, 17 February 2015</i></p> <p><i>140. UEA Tripartite relationship in the pre-registration midwifery assessment of practice, undated</i></p>
<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 has an NMC approved mentorship programme which was re-approved in 2012. An endorsed mentorship programme was also approved for provision in Guernsey. (9)</p>
<p>What we found at the event</p>
<p>We were told that the mentorship programme is presented as an unaccredited module and is also at academic levels five, six and seven. There are two intakes per year with one intake run at King's Lynn. The IHSCS also has two intakes of mentor students per annum. (120)</p> <p>Nursing (adult)</p> <p>Mentors and sign-off mentors told us they are well prepared for their role in supporting learning and achievement in practice learning environments. All mentors have achieved a recognised mentorship qualification that meets the NMC standards to support learning and assessment in practice. The mentors we interviewed from IHSCS had all mapped onto the mentor register having undertaken a teaching programme recognised by the NMC. (61, 66, 68, 71, 77, 81, 84, 93, 96, 105, 108, 120)</p>

<p>Midwifery</p> <p>All midwifery mentors told us they have undertaken a mentor preparation programme and meet the requirements for sign-off in accordance with the NMC standards. Students told us that they receive appropriate support and supervision from mentors. (63-65, 73, 75, 76, 87, 89, 99, 111, 113)</p> <p>We conclude that nursing and midwifery mentors are effectively prepared for their role in assessing practice.</p>
<p>Evidence / Reference Source</p> <ul style="list-style-type: none"> <li>2. NMC annual self assessment programme monitoring, 2014/15</li> <li>9. UEA Staff information, February 2015</li> <li>61. Video conference with mentors, Guernsey, 17 February 2015</li> <li>63. Meeting with midwifery students (Year three), 17 February 2015</li> <li>64. Meeting with midwifery students (Years one and two), 17 February 2015</li> <li>65. Meeting with midwifery mentors x2 (UEA), 17 February 2015</li> <li>66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015</li> <li>68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015</li> <li>71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015</li> <li>73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015</li> <li>75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015</li> <li>76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015</li> <li>77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015</li> <li>81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015</li> <li>84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015</li> <li>87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015</li> <li>89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015</li> <li>93. Meeting with community nurse mentors, Derham hospital, 18 February 2015</li> <li>96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015</li> <li>99 Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015</li> <li>105. Meeting with mentor, ward 12, JPUH, 19 February 2015</li> <li>108. Meeting with mentor, ward 4, JPUH, 19 February 2015</li> <li>111. Meeting with mentors x4 (James Paget), 19 February 2015</li> <li>113. Meeting with student x4 (James Paget), 19 February 2015</li> <li>120. Meeting with senior university staff (Mentorship) at the UEA and Guernsey (via video link), 18 February 2015</li> </ul>
<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</p>



understand the process they have engaged with
What we found before the event
The school contributes to mentor updates in collaboration with its service partners and neighbouring AEs, sharing the same placement areas. In addition to link lecturer support, practice-based mentors have access to a placement website. This website includes all university processes, handbooks and assessment documentation that a mentor may need to access when supporting and assessing a pre-registration student. (41-43)
What we found at the event
<p><b>Nursing (adult)</b></p> <p>We were told that there are eight mentor updates per month across all trusts, but anyone from any trust can access the updates. Attendance is recorded and registers are updated. Additionally the school provides online updates for the independent sector. These are interactive and lecturers can monitor participation (120)</p> <p>We learned that mentors must attend at least one face-to-face update, annually. This provides an opportunity to network and share ideas of concern. Updates, according to the mentors and trust education lead, provide the ideal forum for the UEA to inform clinical colleagues about any changes in curricular documentation or processes. (102, 105)</p> <p>Managers and link lecturers told us they are confident that mentors and sign-off mentors are consistent in their judgements of students' performance and rigorous in upholding the standards required for safe practice. The school grades student performance in practice and support for this mechanism is varied. Students told us that mentors provide clear feedback and do not sign-off any element until the student is able to demonstrate consistent performance in the skill or behaviour being assessed. However, there is a feeling amongst students and some mentors that the grading of practice in nursing is inconsistent and subjective. The UEA is working hard to address issues of inter-rater reliability and we collected evidence of effective practice in standardising the judgements made by mentors and sign-off mentors. (61, 66, 68, 71, 77, 81, 84, 93, 96,105,108, 120)</p> <p><b>Midwifery</b></p> <p>Mentor updates take place once a month and are integrated into mandatory practice sessions. Mentors also have access to the mentor pages on the UEA website, which includes generic information for midwives and is an excellent resource. Mentors demonstrate a good understanding of, and compliance with, the practice assessment process and documentation. (65, 73, 75- 76, 87, 89-90, 99, 111, 120, 158-159)</p> <p>Triennial review is normally completed by line managers and monitored by practice development midwives. Some mentors maintain the UEA mentor update booklet as</p>

preparation for triennial review. (77, 86, 92, 102)

Some students told us they believe there is inconsistency in mentors' assessment in practice, particularly in relation to the award of a numerical mark for the grading of practice. Mentors reported confidence in the banding but acknowledged that the validity and reliability of the numerical mark within each band may vary. (63-65, 73, 75-76, 87, 89-94, 96-97, 99, 111, 113)

We conclude that mentors and sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

#### Evidence / Reference Source

41. Dates for ECCH mentor/practice educator days, 2014/2015
42. Mentor Updates, James Paget Hospital, 2014/15
43. Joint mentor update UCS and the UEA, Powerpoint, undated
61. Video conference with mentors, Guernsey, 17 February 2015
63. Meeting with midwifery students (Year three), 17 February 2015
64. Meeting with midwifery students (Years one and two), 17 February 2015
65. Meeting with midwifery mentors x2 (UEA), 17 February 2015
66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015
68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015
71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015
73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015
75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015
76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015
77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015
81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015
84. Meeting with mentors, Oxborough ward, QEHNSFT, 18 February 2015
87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015
86. Meeting with midwifery ward manager Castleacre, 18 February 2015
89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015
90. Practice assessment document, 18 February 2015
91. Viewing midwifery mentor register (QEHNSFT), 18 February 2015
92. Meeting with midwifery matron and practice development midwife (QEHNSFT), 18 February 2015
93. Meeting with community nurse mentors, Derham hospital, 18 February 2015
94. Meeting with students, Derham hospital, 18 February 2015
96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015
97. Meeting with student, Foxley ward, Community hospital, 18 February 2015
99. Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

111. Meeting with mentors x4 (James Paget), 19 February 2015

113. Meeting with student x4 (James Paget), 19 February 2015

120. Meeting with senior university staff (Mentorship) at the UEA and Guernsey (via video link), 18 February 2015

158. Student portfolios x 2, James Paget CDS, 19 February 2015

159. UEA website, Midwifery generic information for midwives, accessed, 19 February 2015

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

What we found before the event

The joint strategic mentor group meets three times per year to oversee provision of mentor updates and maintenance of live mentor registers. (44)

What we found at the event

Nursing (adult)

We inspected mentor registers in all placements we visited. Additionally, we reviewed a copy of the live mentor register from IHSCS, Guernsey. Registers contain accurate and regularly updated details of triennial reviews and updates. There are processes to remind mentors and sign-off mentors when updates are due. Additionally there is clear guidance of action to be taken when mentors fall outside the requirements to remain on the register. The details held on the register correlated with the information contained in the educational audit. (66, 77, 79, 102, 162)

Midwifery

Mentor registers are maintained by trusts and there are a variety of formats in use across the region. The mentor registers reviewed are appropriate and up-to-date, including a record of annual updates and triennial review. The practice development midwives report that a 'snap shot' of the register is sent to the UEA every six months. (77, 91, 114)

We conclude that records of mentors and sign-off mentors are accurate and up-to-date and meet the NMC requirements.

Evidence / Reference Source

- 44. Minutes of strategic mentorship group meeting, 10 February 2014
- 66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015
- 77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015
- 79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015
- 91. Viewing midwifery mentor register (QEHNHSFT), 18 February 2015
- 102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, James Paget university hospital (JPUH), 19 February 2015
- 114. Mentor register (James Paget), 19 February 2015
- 162. List of live current mentors from live register, Guernsey, 19 February 2015

**Outcome: Standard requires improvement**

Comments:

There is a comprehensive action plan in place to address clinical governance issues in at the IHSCS, Guernsey. However, further work is required to ensure: there are sufficient successfully audited placements to support the reintroduction of years one and two students; the live register must reflect the availability of sufficient mentors to support these students; and the interim year one and two students, currently suspended from the programme, require the maximum support.

Areas for future monitoring:

Ongoing improvements in the quality of the learning environment at the Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust

Successful implementation of the joint action plan between the HSC, the UEA; IHSCS; and HSSD, Guernsey.

Impact of relocation of the central maternity delivery suite, at James Paget hospital, on the midwifery student placement experience.

Inter-rater reliability for grading of practice in both nursing and midwifery

**Findings against key risks**

**Key risk 4 - Fitness to Practice**

**4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for**

**4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for**

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Nursing (adult)

The programme uses a blended learning approach. A balance between lecturer-led learning activities and experiential student-led learning strategies help the student to develop as an effective independent practitioner. The programme is divided into six modules over the course of the three years. Each module links theory to practice and has a range of formative and summative assessments. The UEA uses an electronic database to capture multiple pieces of information for students including personal details, assessment data and a record of the theory and practice time each student has completed. (45-46)

Midwifery (three year)

The three year midwifery programme comprises six modules, two per year. These modules are core and each contain school and placement components designed to support an integrated model of learning for applying theory to practice. There is a 59.3% practice and 40.7% theory split. The longer placements enable students to access a wide range of learning opportunities and manage their learning with mentors more effectively. An inter-professional learning programme spans the three years. The school is aiming to register for United Nations Children's Fund (UNICEF) baby friendly status and therefore the relevant content and assessment outcomes are included. (47)

Midwifery (18 month)

The 18 month midwifery programme is designed for registered nurses and consists of six compulsory modules, studied on a full time basis. (48)

What we found at the event

Nursing (adult)

Students told us that they understood the assessment strategy and appreciated opportunities for formative strategies to prepare them for summative assessment and their personal and professional growth and development. They reported making the best use of lectures, tutorials and simulated learning to develop the requisite skills and understanding around all areas of nursing practice. Students and mentors all commented that theoretical concepts are closely connected to practice and that this is evidenced via the practice based nature of most coursework components. We saw evidence of students meeting the requirements of the European directives by student self-reporting and student practice portfolios. (45, 50, 58-61, 67-68, 70-71, 80-81, 83-84, 93-94, 96-97, 104-105, 107-108)

## Midwifery

The three year and the 18 month midwifery programmes address the required learning outcomes to meet NMC standards. Students exiting the programmes are considered fit to practise by employers. (51, 57, 78, 92, 102)

The programme includes a range of teaching and learning strategies including simulated learning and skills development. Theory and practice are closely linked and appropriately balanced. Students positively evaluate the quality of teaching and the support provided in theory and practice. An effective formative and summative assessment strategy is in place. (51, 62-64)

The student learning experience on spoke visits is varied. However, the pre-registration midwifery (three year) course director explained how the hub and spoke placements met the European directives. This involves the care of women with pathological conditions in the field of gynaecology and initiation into care in the field of medicine and surgery. This is recorded in the 'red skills book' and monitored by personal advisors at the annual progression meeting. (100-101, 156-157)

Our findings conclude that learning, teaching and assessment strategies in the approved programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

## Evidence / Reference Source

45. UEA Pre-registration nursing formative learning and summative assessment activity, 2013/14, 2014/15
46. UEA, learning, teaching and quality committee, programme specification, Bachelor of Science (honours) Adult Nursing, 2013/14
47. UEA, learning, teaching and quality committee, programme specification, Bachelor of Science (honours) Midwifery (three year), 2013/14
48. UEA, learning, teaching and quality committee, programme specification, Bachelor of Science (honours) Midwifery (18 month), 2013/14
50. Assessment of practice document, module 1, undated
51. Bachelor of Science (Hons) Midwifery, student handbook, academic year 2014-15
57. Meeting with directors of nursing, heads of midwifery, education leads, 17 February 2015
58. Meeting with programme team and video conference to Guernsey, 17 February 2015
59. Video conference with third year students, Guernsey, 17 February 2015
60. Video conference with first and second year students, Guernsey, 17 February 2015
61. Video conference with mentors, Guernsey, 17 February 2015
- 62 Meeting with LME and midwifery programme team, 17 February 2015
63. Meeting with midwifery students (Year three), 17 February 2015
- 64 Meeting with midwifery students (Years one and two), 17 February 2015
67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015
68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015



- 70. Meeting with students, Edgefield, NNUHFT, 17 February 2015
- 71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015
- 78. Meeting with senior managers (QEH), 18 February 2015
- 80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015
- 81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015
- 83. Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015
- 84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015
- 92. Meeting with midwifery matron, practice development midwife (QEH), 18 February 2015
- 93. Meeting with community nurse mentors, Derham hospital, 18 February 2015
- 94. Meeting with students, Derham hospital, 18 February 2015
- 96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015
- 97. Meeting with student, Foxley ward, Community hospital, 18 February 2015
- 100. Clinical requirements for students including student passport ('Red skills book'), July 2013
- 101. Meeting with Course director (three year programme), 18 February 2015
- 102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, practice development midwife (James Paget), 19 February 2015
- 104. Meeting with student, ward 12, JPUH, 19 February 2015
- 105. Meeting with mentor, ward 12, JPUH, 19 February 2015
- 107. Meeting with student, ward 4, JPUH, 19 February 2015
- 108. Meeting with mentor, ward 4, JPUH, 19 February 2015
- 156. Guidance on spoke visits in addition to placement hub base, undated
- 157. Guidance notes and record of the annual progression meeting, undated

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

**Nursing (adult)**

Students must demonstrate safe practice of essential skills and mentors sign this off in the assessment of practice document (AP). Students have access to the electronic database and can track how many outstanding hours they have to make up. Prior to final consideration by a board of examiners each student is reviewed to ensure they have completed 2,300 theory and practice hours (49-50)

**Midwifery**

Formal progression points sit at the end of each year of the three year programme. The

mentor is required to sign at each progression point to confirm: completion of all the practice learning outcomes for the year in question; the student is practising at the relevant level; and the student is ready to progress to practising at the next level, or for the final module, is competent to enter the NMC professional register. (57)

#### What we found at the event

##### Nursing (adult)

Essential skills are addressed in students' ongoing record of achievement and passport documentation. This documentation provides an ideal opportunity for mentors and sign-off mentors to identify poor performance and potentially failing students; and also put in place remedial supportive programmes. Mentors, PEFs and managers report high levels of confidence and competence to practice among students and confirm that on completion of the programme students are fit for practice and fit for purpose. (45, 50-51, 58-61, 67-68, 70-71, 80-81, 83-84, 93-94, 96-97, 104-105, 107-108)

##### Midwifery

Students achieve the NMC competencies, essential skills clusters and European directives in accordance with the NMC standards for pre-registration midwifery education. The essential skills clusters are clearly assessed in practice, for example, medicines management is addressed in all years of the programme. (62, 90, 100-101, 158)

The programmes include an appropriate range of practice placements and all students gain experience of continuity of midwifery care through case-loading. There are a wide range of student learning experiences available on placements, as outlined in the preparation for placement/student welcome packs and resource files. (51, 62, 153- 154, 158, 160)

Students are prepared for practice on completion of the programme and employment opportunities are good. A two-week elective placement is available where students can gain experience in another local trust, or elsewhere. (62-64, 78, 92,102)

We conclude that students on the nursing (adult) programme and student midwives on midwifery programmes achieve NMC practice learning outcomes and competencies at progression points and meet the NMC standards for entry to the relevant part of the NMC register.

#### Evidence / Reference Source

45. UEA Pre-registration nursing formative learning and summative assessment activity, 2013/14, 2014/15

49. School of Health Sciences attendance policy, undated

50. Assessment of practice document, module 1, undated

51. Bachelor of Science (Hons) Midwifery, student handbook, academic year 2014-15

57. Meeting with directors of nursing, heads of midwifery, education leads and clinical governance lead, HSSD

*(by video link), 17 February 2015*

- 58. Meeting with programme team and video conference to Guernsey, 17 February 2015*
- 59. Video conference with third year students, Guernsey, 17 February 2015*
- 60. Video conference with first and second year students, Guernsey, 17 February 2015*
- 61. Video conference with mentors, Guernsey, 17 February 2015*
- 62. Meeting with LME and midwifery programme team, 17 February 2015*
- 63. Meeting with midwifery students (Year three), 17 February 2015*
- 64. Meeting with midwifery students (Years one and two), 17 February 2015*
- 67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015*
- 68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015*
- 70. Meeting with students, Edgefield, NNUHFT, 17 February 2015*
- 71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015*
- 78. Meeting with senior managers (QEH), 18 February 2015*
- 80. Meeting with students, Denver ward, QEHNSFT, 18 February 2015*
- 81. Meeting with mentors, Denver ward, QEHNSFT, 18 February 2015*
- 83. Meeting with students Oxborough (or Necton) ward, QEHNSFT, 18 February 2015*
- 84. Meeting with mentors, Oxborough (or Necton) ward, QEHNSFT, 18 February 2015*
- 90. Practice assessment document, September 2014*
- 92. Meeting with midwifery matron, practice development midwife (QEH), 18 February 2015*
- 93. Meeting with community nurse mentors, Derham hospital, 18 February 2015*
- 94. Meeting with students, Derham hospital, 18 February 2015*
- 96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015*
- 97. Meeting with student, Foxley ward, Community hospital, 18 February 2015*
- 100. Clinical requirements for students including student passport ('Red skills book'), July 2013*
- 101. Meeting with Course director (three year programme), 18 February 2015*
- 102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, practice development midwife (James Paget), 19 February 2015*
- 104. Meeting with student, ward 12, JPUH, 19 February 2015*
- 105. Meeting with mentor, ward 12, JPUH, 19 February 2015*
- 107. Meeting with student, ward 4, JPUH, 19 February 2015*
- 108. Meeting with mentor, ward 4, JPUH, 19 February 2015*
- 153. Student welcome pack (MLBU), 17 February 2015*
- 154. Preparation for placement pack (Cley antenatal ward), 17 February 2015*
- 158. Student portfolios x2 (James Paget CDS), 19 February 2015*
- 160. Student/mentor resource file including welcome pack (James Paget Ward 11, CDS), 19 February 2015*

<b>Outcome: Standard met</b>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

<b>Findings against key risks</b>
<p><b>Key risk 5 - Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>There is a clear practice evaluation process. Students complete an electronic evaluation form at the end of each module. This includes both theory and practice. Student evaluations are fed back to practice areas at operational level by link lecturers and subsequent local plans evolved to develop the learning environment. Mentor evaluations and overview of student evaluation are fed in twice a year to the educational governance meetings with a view to identifying organisational trends/risks and develop action plans. These meetings also feed into the trust board meetings. Students also complete an end of course evaluation. (52-55, 165).</p>
<p>What we found at the event</p>
<p>We learned that evaluation is systematically organised. Electronic feedback is open to students one week before and one week after placement; data is collated by administrative staff and posted on the placement site; the administrator informs link lecturers that feedback is available; mentor feedback is removed from assessment of practice documents, collated by administrative staff and posted on the placement site. (143)</p>

### Nursing (adult)

A report of UEA nursing evaluations demonstrates that for the last academic year 639 evaluations were returned, 438 of which were adult nursing. Analysis of qualitative comments demonstrates that they follow four main themes: learning outcomes, perception of overall experience; perception of support from mentor and/or other staff; perception of placement suitability. (144)

A report of mentor evaluations shows that over the last year there were 699 mentor evaluations received; of which 422 were adult nursing mentors. The majority of mentors agreed that they had adequate preparation for their role; almost all agreed that students are adequately prepared for placement and they are able to spend 40% of their time with students. Mentors understood assessment documentation and could access link lecturers. (145)

Students all reported completing module and end of year evaluations. No reports of changes to the programme were noted by the students. (66, 79,102, 104-105)

### Midwifery

The midwifery team carry out a 'you said, we did' exercise. A summary of student comments and lecturer responses demonstrate that overall students are positive about the programme. Lecturers have given helpful and detailed responses to student suggestions for programme improvement. (146-147)

Educational governance meetings are held every six months with all stakeholders involved. Programme, module and placement evaluations are used to inform continuing programme developments. Students report that the programme team are very responsive to feedback and examples were given, such as changes to the delivery suite allocation in year one (62-64, 113).

We conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (adult) and midwifery pre-registration programmes.

### Evidence / Reference Source

- 52. *Student module evaluation form (pre-registration), October 2013*
- 53. *Pre-registration module placement evaluations – placement report form, undated*
- 54. *Report of mentor evaluations, September 2013 to August 2014.*
- 55. *Pre-registration programme committee, terms of reference, undated.*
- 62. *Meeting with LME and midwifery programme team 17 February 2015*
- 63. *Meeting with midwifery students (Year three) 17 February 2015*
- 64. *Meeting with midwifery students (Years one and two) 17 February 2015*
- 66. *Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015*
- 79. *Meeting with clinical learning environment lead, QEHNSFT, 18 February 2015*
- 102. *Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead*

*nurses, head of education and practice*

*104. Meeting with student, ward 12, JPUH, 19 February 2015*

*105. Meeting with mentor, ward 12, JPUH, 19 February 2015*

*113. Meeting with student x4 (James Paget) 19 February 2015*

*143. Student evaluations of practice, January 2015*

*144. Report of the UEA nursing student practice evaluations, 2013/14*

*145. Report of mentor evaluations, September 2013 to August 2014*

*146. Midwifery- 'you said we did' evaluations, 2013/14*

*147. Midwifery evaluations, 2013/14*

*165. Placement evaluation flow chart, undated*

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

What we found before the event

The cause for concern process is included in the student practice learning handbook. Risk assessment is a regular item on the agenda of all the education governance bi-monthly meetings between the practice partners and the school. These meetings are used as the monitoring reporting process with action logs that keep a record of joint actions taken. (13, 34, 161)

What we found at the event

Minutes of the joint education meeting show that student concerns are addressed and followed up. (134)

Nursing (adult)

The external examiners are very positive about the delivery and the assessment of the programme. There is evidence that one external examiner visited students in practice. This external examiner found that students are positive about the programme and the support they receive from mentors and academic staff. However, there are mixed views about the grading of practice. One examiner reports that it is an effective way of acknowledging the value of practice experience. Alternatively, two other examiners ask that the course team consider the grading of practice and ways in which it affects the degree classification. There is evidence that examiners moderate work from both HSC and IHSCS. However, there is a suggestion by one examiner that the co-ordination of submission dates between the two AEIs would assist in comparison of consistency, adherence to guidelines and achievement of learning outcomes. (126)

The school has made full and detailed responses to external examiner comments. In



response to the reliability of the grading process the school is strengthening the moderation strategy and plans to review the grading process as part of continuous monitoring. HSC confirms that students in Guernsey have the same submission dates, publication of results and examination board schedules. However, due to the smaller number of scripts being managed, scripts from the IHSCS have been sent to external examiners slightly earlier. At the exam board it was agreed that this would be co-ordinated so that the external examiner can submit one report per assessment. (126)

#### Midwifery

There is evidence that external examiners visit students in practice. The external examiner commented favourably on the standards and outcomes of the programmes. Additionally she was positive about the overall quality of the learning environments used by midwifery students. The external examiner also commented on the grading of practice as elevating degree classification. However, the programme team assured the external examiner that appropriate mentor updates and tripartite assessment makes the process more robust. (127–128, 163)

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

#### Evidence / Reference Source

*13. University of East Anglia, School of Health Sciences, Faculty of Medicine and Health Sciences, practice learning student handbook, academic year 2014/5*

*126. External examiner reports, pre-registration nursing (adult) x 4: 02 October 2014, 25 September 2014, 18 September 2014, 07 October 2014*

*127. Responses to external examiner comments x 4: 10 October 2014*

*128. Midwifery external examiner reports with responses from the midwifery team, 09 October 2013*

*129. Letter from midwifery external examiner regarding visits to practice placements, 02 December 2013*

*134. UEA/UCS joint education meeting, 08 October 2014*

*161. Norfolk and Suffolk, NHS Foundation Trust, clinical education governance meeting agenda, 07 November 2014*

**Outcome: Standard met**

#### Comments:

External examiners' comments match those of students regarding the inter-rater reliability of grading of practice for both nursing and midwifery. We are confident that this is being addressed but it has been identified as an issue for future monitoring in section three.

Areas for future monitoring:

None identified

### Personnel supporting programme monitoring

#### Prior to monitoring event

Date of initial visit: 04 Feb 2015

#### Meetings with:

Director of Teaching and Learning – incoming  
Faculty Placement Lead (Director of Teaching and Learning – outgoing)  
Professor of Nursing  
Academic Lead Practice Education  
Lead midwife for education  
QA lead, Guernsey (by video link)  
Pre-registration nursing lead, Guernsey (by video link)

#### At monitoring event

#### Meetings with:

Head of school  
Director of teaching and learning incoming  
Lead midwife for education  
Faculty placement lead (and Director of Teaching & Learning – outgoing)  
Programme lead adult nursing  
Associate director teaching and learning, pre-registration director of admissions  
Academic lead – assessment (nursing)  
Academic lead – practice education  
Service user lead – outgoing  
Service user lead – incoming  
Academic lead – assessment (midwifery, ODP and post registration)  
Academic lead – fitness to practise  
Strategic mentorship lead  
Academic lead – pre-registration programmes, IHSCS, Guernsey  
Quality assurance lead, IHSCS, Guernsey

Acting head of institute, IHSCS, Guernsey

Meetings with:

Mentors / sign-off mentors	28
Practice teachers	
Service users / Carers	11
Practice Education Facilitator	
Director / manager nursing	9
Director / manager midwifery	4
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	8  Practice Development Midwife x3 Clinical Educator x5

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 7 Year 2: 6 Year 3: 9 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 4 Year 2: 5 Year 3: 7 Year 4: 0