

**2015-16**

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

Programme provider	University of Bedfordshire
Programmes monitored	Registered Midwife - 18 & 36M; Mentorship
Date of monitoring event	12-13 Jan 2016
Managing Reviewer	Brenda Poulton
Lay Reviewer	Carol Rowe
Registrant Reviewer(s)	Carys Horne, Nicola Hadlett
Placement partner visits undertaken during the review	Buckinghamshire Healthcare Trust, Stoke Mandeville Hospital: postnatal ward; burns unit Luton and Dunstable University Hospital: coronary care; urology clinic; theatres Bedford Hospital NHS Trust: postnatal ward
Date of Report	

**Introduction to NMC QA framework**

The Nursing and Midwifery Council (NMC)

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

Standards for pre-registration education

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

Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

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

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

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

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

## Introduction to University of Bedfordshire's programmes

The University of Bedfordshire has six campuses: Luton, Bedford, Butterfield Park, Putteridge Bury, Aylesbury and Milton Keynes. The Faculty of Health and Social Sciences incorporates the Department of Healthcare Practice which provides pre-registration nursing (adult, child, mental health) and midwifery programmes (both three year and 18 month), plus a range of post qualifying programmes including the mentorship programme. The mentorship programme is provided at either academic level six, seven or as a non-credit bearing route. The focus of this review is on the three year and 18 month midwifery programmes and the mentorship programme. The midwifery programmes were reappraised in March 2012 and the mentorship and support for professional practice (MSPP) programme in June 2015.

The department works with two commissioning organisations: Health Education East of England office (HEEoE) and Health Education England (HEE) Thames Valley office.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in Bedford Hospital NHS Trust which was the subject of an NMC exceptional report in July 2015.

Following the monitoring review the university produced an action plan to address the unmet outcomes. Subsequent evidence provided between January and May 2016 confirms that the action plan has been fully implemented and the identified risks are now controlled.

## Summary of public protection context and findings

Our findings conclude that the University of Bedfordshire has systems and processes in place to monitor and control four of the five key risks to assure protection of the public. The key risk practice learning is not met and the university must implement an action plan to ensure the risk is controlled.

The control of the key risks is outlined below.

Resources: met

We conclude from our findings that the university currently has adequate appropriately qualified academic staff to deliver the midwifery and mentorship programmes to meet NMC standards.

There are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration midwifery and mentorship programmes.

Admissions and progression: met

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration midwifery and mentorship programmes meet NMC standards and requirements which is fundamental to protection of the public.

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

Disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

The Department of Healthcare Practice has sound policies and procedures in place to address issues of poor performance in both theory and practice. Practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. The robust fitness to practise (FtP) procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures and examples of where students have been subject to remedial action or their programme terminated which demonstrates the rigour of the process in ensuring public protection.

Practice learning: not met

We found that partnership working is strong and effective at both strategic and operational levels. We can confirm that the university and NHS practice placement providers respond quickly to concerns regarding standards in practice areas. However, some of the educational audit documents were unclear as to the number and types of students that could be accommodated in the placement area at any one time. This requires improvement.

Service user and carer involvement is well embedded in the pre-registration midwifery programmes but not applicable to the mentorship programme.

We found that although mentor students feel that the mentorship programme adequately prepares them for their role in assessing practice, they are not being allowed the protected five days of learning stipulated by the NMC. The mentor handbook needs to make clear the requirement for five protected learning days, completion of which must be logged in the student portfolio. Additionally, service managers supporting students to undertake the mentor programme must contract to allow students the five protected learning days.

We found that midwifery sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice. However, in other areas some mentors have been unable to attend annual mentor updates due to service pressures. Action is required to ensure that those mentors whose annual update has lapsed are allocated to a mentor update session and instructed that they are not able to mentor mentorship students until they have attended.

At the Luton and Dunstable University Hospital we found out of date mentors supervising mentor students. To ensure public protection urgent action has been taken to relocate these mentor students to supervising mentors on the live mentor register.

The university and practice partners developed an action plan to address: the requirement for mentor students to be allowed five protected study days; release of qualified mentors to attend annual updates; and, relocation of some mentorship students to supervising mentors on the live mentor register.

4 May 2016

A return visit to the university on the 4 May 2016, to review progress made against the action plan, confirmed that there are systems and processes in place to ensure that mentorship students are allowed the required protected study days; mentors are released to attend annual updates; and, no students are being supervised by out of date mentors. These risks are now met.

Fitness for practice: met

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Midwifery students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentor students report being adequately prepared to effectively supervise students. Mentors and employers describe students completing the programmes as fit for practice and employment.

Quality assurance: met

Our findings conclude that overall there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the mentorship and midwifery pre-registration programmes.

We did not find any evidence to suggest there are any adverse effects on student learning as a result of adverse Care Quality Commission (CQC) reports at: Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust (March 2015); Amersham Hospital (June 2014); or, the neonatal death and subsequent inquest at Bedford NHS Hospital Trust in July 2015.

### Summary of areas that require improvement

A follow up visit to the university on 4 May 2016 reviewed evidence and confirmed that systems and processes are now in place to address all the issues identified below.

The university needs to work more closely with its practice partners to ensure that mentor students are given the protected five days to fulfil NMC requirements for the mentor programme. Additionally trusts must ensure that mentor registers remain live and that mentors are afforded the time to undertake their annual updates and fulfil triennial reviews as appropriate.

Although the educational audit tool meets NMC requirements, those completing audits must ensure that the documentation is fully completed, so that those organizing student placements can clearly see the number and types of students that a placement can accommodate at any one time.

### Summary of areas for future monitoring

- Ensuring that mentor students receive the full five protected study days to fulfil the NMC requirements for the mentor programme.
- Check that mentors are released from practice to attend annual updates.
- Ascertain that mentor registers are accurate and up-to-date, to effectively manage the risk of students being allocated to out of date mentors.



- Sufficient appropriately qualified staff for effective programme delivery.
- Review attrition rates for midwifery programmes.
- Confirm accurate completion of educational audit documents to clearly show the numbers and types of students that can be accommodated in a placement at any one time.
- Confirm that sign-off mentors have protected time to assess student midwives.

### 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 the programme teams have close working partnerships with practice placement providers.

#### Midwifery

Although there have been changes of staff recently, we are satisfied that currently there are sufficient appropriately prepared lecturers for effective programme delivery. Lecturers are enthusiastic in their approach to learning and teaching and particularly in supporting the students.

#### Mentorship

We found that the programme team are enthusiastic and knowledgeable and have full confidence in the programme. The programme team facilitate a programme in which the taught study days are evaluated by students as being informative, interactive and enjoyable learning experiences.

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

Midwifery

Service managers in all trusts show knowledge of the midwifery programme and the learning opportunities available in their trusts, all cited opportunities where they are available to meet students. Sign-off mentors in all trusts give examples of engaging with curriculum delivery in both practice and educational settings and illustrate when and how they are able to support students and meet their learning needs. There is at least one link lecturer in each trust who spends 50 percent of time in the practice setting and 50 percent of time in a lecturing role and additional link lecturers who spend 20 percent of their time in the practice setting. These link lecturers are passionate about providing a quality student experience and being available to students on a regular basis.

Representatives of both commissioning bodies confirmed that midwives qualifying from the programme are fit for practice and those that choose to stay in the area are employed locally.

#### Mentorship

We found that supervising mentors enjoy and value their roles and maximise opportunities to support both pre-registration students and mentor students in practice. We found that supervising mentors coordinate student learning activities, set realistic learning objectives, assess skills and competencies and liaise with others appropriately to confirm competence, or otherwise. There are adequate opportunities for annual mentor updating within all trusts. The annual mentor updates facilitate mentors to explore key documentation, relevant to NMC standards and consider issues of reliability and validity in assessment. We found that managers have confidence in the mentorship programme. However, at the Luton and Dunstable University Hospital we found evidence that some mentors experience difficulties being released from practice to attend annual updating due to challenges in clinical staffing.

#### Students

##### Midwifery

Students in all trusts speak highly of the support from sign-off mentors, link lecturers and practice development midwives. Final year students are positive that the programme furnishes them with the knowledge and skills to commence a midwifery preceptor post. Overall satisfaction with the midwifery programme was 98 percent in the 2015 National Student Survey.

##### Mentorship

We found that students on the mentorship programme enjoy their studies and the opportunities to learn about and apply theories of teaching and learning in the practice setting, with the support of their supervising mentor. The majority of mentor students told us that they are able to work alongside their supervising mentor to achieve the learning outcomes. We found that students are very positive about the support which they receive from both the university and practice educators who support their professional development as student mentors. The theory element of the programme comprises of three days of face to face contact within the university and two days of online learning activities. We found that students on the mentorship programme are always given protected time to undertake the taught study days but are generally not given protected study time to undertake the two days of online learning. Although students' levels of engagement in online study activities are checked by the programme lead we concluded that there is scope to monitor this more robustly and to document evidence of their engagement accordingly



### Service users and carers

We found that service users are involved directly in the recruitment of midwifery students to the programmes. They are also involved in teaching in the university setting and are invited to nominate students for an I CARE award in recognition of the care received by the student. There was no opportunity to meet service users contributing to the midwifery programme; however it was possible to meet two women staying on the postnatal ward having recently given birth to their babies. Both women were being cared for by student midwives and were very complimentary regarding the student's knowledge and approach to care. They also explained how the students are supported by qualified midwives. The involvement of service users and carers is not applicable to the mentorship programme.

### Relevant issues from external quality assurance reports

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

The following reports require action(s):

CQC Inspection Report of Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust, July 2015

The CQC made an unannounced visit to Stoke Mandeville hospital between 24 and 27 March 2015 as a follow up from a previous visit in which the hospital was rated as 'inadequate' for urgent and emergency care and end of life care. Both these areas were reassessed and both rated as 'requires improvement'. Specific improvements are required in: assessment and documentation of patient risk in urgent and emergency care; and, the secure storage of records, plus consistent completion of 'do not resuscitate' forms in end of life care (1).

Regular meetings with the chief nurse and the head of midwifery occur to confirm progress with the trust action plan. There is currently no impact on the quality of students' practice learning experiences. This is being monitored through the university's quality education and practice liaison group (5).

CQC Inspection Report of Basildon Mental Health Unit, March 2014

The CQC carried out an unannounced routine inspection of Basildon mental health unit on 30-31 January 2014. Action was required to ensure that there are sufficient staff to meet patient need, and accurate and appropriate records are maintained in all clinical areas (2).

We were told that the university does not place students in this trust (26).

CQC Inspection Report of Amersham Hospital, June 2014

The CQC carried out both announced and unannounced visits on 18–21 March 2014 and 29 March 2014 respectively. The hospital was rated as 'requires improvement' for both medical care and outpatients. Inadequate staffing levels in medical care lead to delays in meeting patients' personal care needs and a lack of care plans put patients at risk of receiving inconsistent care. Outpatient services were busy; clinics ran late; and,

several appointments had been cancelled at short notice. Staff felt they were not being listened to on key service changes (3).

The university has monitored this and are satisfied there is no impact on student learning (55).

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

NMC Approval Report: Mentorship and Support for Professional Practice (MSPP), level six, seven and non-accredited route.

Recommendation:

Create a learning log of the 10 days including the five protected days (30 hours). Where appropriate include additional requirements for sign-off mentor, verified by the practice placement mentor, within the practice assessment document (21).

The learning log and additional requirements for sign-off mentor, verified by the practice mentor, have both been included in the current course handbooks (27-29).

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

Outstanding issue from 2014/15 self report:

An increase in student numbers and improved retention rates, for adult nursing, has increased staff to student ratios which need to be monitored (see 1.1) (4).

Outstanding issue from 2015/16 self report

In July 2015 an inquest was held into a neonatal death which occurred at Bedford hospital maternity unit in September 2014. Subsequently, the head of department (HoD) attended the clinical commissioning group review of midwifery, in August 2015. At this review, assurance was given that the trust had taken appropriate action on the coroner's recommendations and that students' learning and support is not compromised. In response to the coroner's report the HoD has worked closely with the trust and engaged with Health Education East of England's local education and training board (LETB) to ensure the university has been updated. Students in the maternity unit were kept informed of developments following the coroner's report and any concerns they had were addressed. Students continued to receive support from their personal academic tutor or link lecturers during their placements within the maternity unit. They were provided with the opportunity to raise and escalate concerns with senior staff during student forums with the director of nursing and drop-in sessions with senior midwifery staff. An audit of educational audits was undertaken in September 2015 and only minor procedural issues were noted. One action remains open on the risk assessment and action plan until January 2016 and this relates to the collation and dissemination of the student evaluations which are next due at that time (see 3.1.1) (5).

## Findings against key risks

### Key risk 1 – Resources

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

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

#### What we found before the event

The department has a clear induction plan for new staff. There is a flowchart demonstrating how the university monitors active registration for nursing and midwifery lecturers. A workload planning model has been implemented. However, staff to student ratios for adult nursing are about to decrease following recent resignations (4, 6-8).

#### Midwifery

There are 10 registered midwifery lecturers, plus the lead midwife for education (LME,) making up the programme team. The programme co-ordinator is an NMC recorded teacher and the other midwifery lecturers either hold or are working towards NMC recorded teacher status. All members of the midwifery programme team have the qualifications and experience to fulfil their role. Currently there is a vacancy for a principal lecturer/portfolio lead for the portfolio for allied health professions and midwifery. The LME is also the HoD of healthcare practice (26, 30-31).

#### Mentorship

The programme coordinator is an NMC recorded teacher as are the majority of nursing and midwifery lecturers contributing to the programme. All have qualifications and experience commensurate with their role (31-32).

#### What we found at the event

We were told that the department currently has 10 vacancies. However, two of these are principal lectureships which fulfil a leadership role and are open to any appropriately qualified healthcare practitioner. Of the remaining eight vacancies three are for adult nursing and one for midwifery (44 and 55).

#### Midwifery

The course enhancement plan identified staff sickness requiring action. Careful monitoring of staff workloads has been undertaken by the head of department. The action was successfully achieved as feedback to students and publication of results was met in accordance with university expectations (53).

<p>Students informed us they have easy access to lecturing staff who make sure their contact details are available and provide a good level of academic and personal support. Students also confirm that their personal academic tutor quickly responds to any issues and students are confident issues raised will be addressed (45-46 and 49).</p> <p>Mentorship</p> <p>Additional to the programme co-ordinator eight further lecturers make up the programme team (30).</p> <p>Students on the programme told us that they are well supported by the programme lead and by their personal academic tutors (47-48 and 50).</p> <p>We conclude from our findings that the university currently has adequate appropriately qualified academic staff to deliver the midwifery and mentorship programmes to meet NMC standards.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>There is a detailed placement allocation process. Placement areas are notified of student allocations at least eight weeks prior to the placement start date and students are informed of their allocation at least six weeks prior to the placement start date. Students are then able to access the welcome packs from the virtual learning area, Bedfordshire resources for education on line (BREO), specific to the area in which they will be placed. Students are advised to contact the placement area two weeks prior to starting (9).</p>
<p>What we found at the event</p>
<p>Midwifery</p> <p>We were told mentors are normally only allocated one student at a time. Although up to three student midwives may be allocated to a sign-off mentor only one would be in the mentor's placement area at any one time. Mentors work with their named student the majority of their weekly shifts. Situations where they do not work with their named student is usually due to mentor leave or other commitments, in which case students are allocated to work with another midwife on shift. There is no difficulty in sign-off mentors being accessible to students for 40 percent of the practice time. Student allocation is given to practice areas/sign-off mentors at the beginning of the academic year for the whole year. Mentors informed us that on occasions it is difficult to identify protected time to undertake practice assessments. This was identified in the action plan, as part of educational audits, in some trusts which are exploring ways this can be addressed (45-46, 49, 72, 75, and 78).</p> <p>Mentorship</p>

We found that there are sufficient mentors available to support the numbers of students undertaking the programme and that mentors act with due regard (77).

We found that qualified mentors are very positive about their roles and enjoy supervising students in practice. The majority of mentor students are allocated both a named primary mentor and an associate mentor or co-mentor. The majority of mentor students told us that they are actively encouraged to work the same shifts as their supervising mentor where possible (47-48, and 50).

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

**Outcome: Standard met**

Comments:

- Increased student numbers across all programmes may further increase the staff student ratio which could reduce the effectiveness of programme delivery.
- Action plans are in place to ensure that midwifery mentors have sufficient time to undertake practice assessments.

Areas for future monitoring:

- Sufficient appropriately qualified staff for effective programme delivery.
- Confirm that sign-off mentors have protected time to assess student midwives.

**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 uses a range of approaches to market the nursing and midwifery programmes and meet commissioned numbers. Service partners are involved in open days and are members of student selection panels. Additionally there is service user engagement in the recruitment and selection process. All panel members have the relevant preparation including equality and diversity training (10).

Students complete and sign a self-declaration of good health and good character as

part of the initial screening process. They must self-declare continued good health and good character on an annual basis (11, 33-34).

There is a policy for the management of students who are under the age of 18 years at programme commencement (12).

#### What we found at the event

##### Midwifery

Students report being interviewed by a minimum of two people, a combination of lecturing, clinical staff and third year student midwives. Two students recalled having a service user as part of the interview panel. Practice placement providers confirm involvement in student interviews including preparation by lecturing staff and equality and diversity training as part of the trust mandatory training. Students and practice placement providers are confident that interviews explore values and professional behaviour, citing the use of scenarios to uncover this information. Lead link lecturers confirm that students entering the 18 month programme are checked for their eligibility to enter the programme by being current on the NMC register as adult nurses. Shortlisted applicants are required to pass numeracy and literacy tests undertaken on the interview day in order to proceed. We found there are robust processes in place for obtaining DBS checks and health screening. Practice placement providers confirm mechanisms are in place for sharing information and joint decision making takes place with the university if issues arise, for example, through involvement in university DBS panels. Students confirm that they are required to make declarations of good health and good character annually (45-46 and 49).

##### Mentorship

We found that admission to the programme is usually considered within the prospective student mentor's annual appraisal. This generally comprises of a discussion of the potential for access to the programme and for ongoing support in the form of supervision and mentoring opportunities within the placement setting. Senior managers told us that the mentorship programme is viewed as integral to a practitioner's professional development within the organization. Student mentors told us that they are generally supported to access the programme following their first year of registered practice and following their preceptorship programme (47-48 and 50).

Attrition figures are minimal for all nursing programmes (82).

##### Midwifery

Attrition is 18 percent for both midwifery programmes. The university and its commissioning partners are working hard to reduce this. A jointly funded post has been created between the university and one of its commissioning partners to explore the factors which lead to midwifery students leaving the programmes. Additionally, the university is piloting a peer assisted learning project with midwifery students. This involves third year students supporting second years and second years supporting first years. There is an attendance monitoring scheme which records not only student attendance at lectures but how often students access the virtual learning site and engage with their personal academic tutor. This is an early warning system to identify



<p>students who may be falling behind in studies or losing motivation (67, 82). We conclude that all admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the midwifery and mentorship programmes meet NMC standards and requirements.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>There is a clear disciplinary code of conduct and disciplinary procedure. The university has a fitness to practise (FtP) procedure which applies to all students who are required to meet professional standards of conduct for awards that lead to a professionally recognised qualification (13-14).</p>
<p>What we found at the event</p>
<p>We were told that four students had been referred to FtP during the last academic year. Documentary evidence showed that all were pre-registration nursing students, three adult and one mental health field. One student was referred for falsifying timesheets and after investigation a warning letter was issued and the programme continued; another student was referred following several placement concerns and this student's programme was terminated; a third student was referred for inappropriate postings on social media and also had the programme terminated; and, a fourth student was referred in relation to several academic concerns/offences and following questioning by the external examiner and a FtP hearing this student's programme was terminated. We were told that there is always a nurse or midwife practitioner, as appropriate, on FtP panels (55-56).  Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders, including midwifery and mentor students. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>An 'issues in practice' flowchart is provided to all practice placements and is understood by students, mentors and practice teachers. Additionally, the practice assessment document makes it clear that if there are any concerns about a student's performance, the mentor should contact the link lecturer or practice educator and an action plan must</p>

<p>be developed and implemented (15).</p>
<p>What we found at the event</p>
<p><b>Midwifery</b></p> <p>Service managers and sign-off mentors could all explain FtP and cause for concern processes and report quick responses from university lecturers when raising concerns. Mentors and the student's personal academic tutor are involved and if necessary additional appropriate staff, for example practice development midwives. Service managers and sign-off mentors confirm action required is completed and the cycle closed in a timely manner. They report feeling well supported by lecturers in these processes and confident of acceptable outcomes. Students in all trusts are aware of and understand the importance of FtP and cause for concern processes (45-46 and 49).</p> <p><b>Mentorship</b></p> <p>We found that practice placement providers have a good understanding of policies and procedures relating to poor performance in practice and these are implemented effectively and efficiently. We found evidence of this in examples offered by student mentors and by supervising mentors (47-48 and 50).</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 students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>The university has clear policies and procedures for the recognition of prior experiential learning and prior certified learning (16).</p> <p>Accreditation of prior learning (APL) is not permitted for midwifery programmes. No mentor students have used the process, as those who might have been eligible prefer to study the module as part of their continuing professional development (CPD) (26).</p>
<p>What we found at the event</p>
<p>We were told that no mentor students have used the APL process (55).</p>
<p><b>Outcome: Standard met</b></p>

Comments:

- The university and its practice placement partners are making a positive effort to reduce attrition from the midwifery programmes

Areas for future monitoring:

- Review attrition rates for midwifery programmes

### 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

Contract meetings with HEEoE and HEE Thames Valley office, are held quarterly. Partnership meetings between the university and practice placement providers are held regularly (15 and 17).

Practice placement providers and the university, work together to ensure processes are in place to provide a high standard of teaching, learning and assessment in practice, through quality mentorship, link lecturer support, open communication and partnership. When CQC reports state standards have not been met a joint approach has been taken regarding practice learning environments and the student experience (15).

The practice learning environment educational audit tool was developed collaboratively by the university and practice staff. A policy is in place to maximise effective sharing of educational audit information when placements are used by other providers (15 and 18).

There is a clear raising and escalating concerns policy (19).

#### What we found at the event

Representatives of both commissioning bodies (HEEoE and HEE Thames Valley) reported good working relationships with the university. In addition to quarterly meetings and an annual review Thames Valley holds bi- monthly CPD meetings with the university and its service partners.

Additionally, the East of England office has set up a quality review panel for the six universities in its catchment area. The purpose of this is to foster partnership working and develop shared initiatives (63, 67-68).

The Quality Improvement Framework (QIPF) is the process whereby HEEoE quality assures the education it commissions and delivers on behalf of employers providing NHS care in the East of England. The QIPF annual monitoring process starts with student surveys and focus groups; self assessments by the university and its practice partners. This is followed by a collective meeting bringing together students, service users, the teaching team and senior personnel from the university and its service partners. A visiting team with representation from HEEoE, the university, service partners and independent advisers assess the evidence and RAG rate each provider against key performance indicators. Stakeholders are then required to put in a development plan to address areas of weakness and progress is monitored (55, 66 and 69).

The Practice Experience Development Group (PEG) addresses all policies and processes contributing to the promotion of a safe, appropriate and high quality learning environment for nursing, midwifery, paramedic science and operating department practitioner students. Membership includes lecturers across all the relevant programmes, learning environment leads, link lecturers, practice placement officer, practice education facilitators and education leads. The group meets on each campus, three times a year in Aylesbury and three times a year in Luton (61-62).

There is evidence that trusts share information about serious untoward incidents (SUI) with the university, including actions taken and lessons learned (64-65).

Following the neonatal death in September 2014 the student involved immediately reported the incident to her academic tutor. The trust worked closely with the university in supporting the student through interviews, conducted as part of the investigation process. The student was required to attend the subsequent inquest in July 2015 and was called to give evidence. Throughout this process she was supported by both university and trust staff and prepared for the inquest by the trust solicitor. Subsequently the student has successfully completed her midwifery programme and is now enrolled on another NMC approved programme at the university. The HEEoE as commissioners also offered support for the student but this was not required (55, 66-67).

Following the inquest the university submitted an exceptional report to the NMC in July 2015. The coroner wrote to the vice chancellor of the university and visited Bedford Hospital to meet with the chief executive and director of nursing. He visited the maternity unit and has been assured that measures have been put in place to safeguard student education. The action plan is almost fulfilled and the most recent student evaluations show that students are positive about their experience and the support they receive from Bedford Hospital maternity services. The director of nursing has provided listening events for students. These have been well publicised but only a few students have felt the need to attend and those that did had no concerns about the learning environment and the level of mentor support received. For the future the trust is developing a quality dashboard for midwifery and the university will be involved in this. Student focus groups are planned for the end of each placement (51, 55, 60, and 66).

We were presented with an example of a midwifery student who had raised and escalated a concern about inappropriate care observed in a learning environment. This

emotionally affected the student and she reported the incident to the link lecturer. The director of placement learning was informed and after investigation it was decided to remove the student from the placement. The departmental policy/NMC raising concerns guidance was followed. However, the student withdrew her concern as she was anxious about being involved in the investigatory meeting. The university and the trust are using this anonymised case as part of a critical review for presentation at mentor updates and departmental meetings. The raising and escalating concerns policy is being reviewed and updated (79).

We were told that educational audits are carried out biennially with annual reviews. We found that educational audit documents are in date and completed jointly between link lecturers and trust staff (55, 72, 75 and 78).

#### Midwifery

A sample of nine educational audit documents was reviewed across the three trusts. Some educational audit documents are not always clear as to the number and type of students placement areas can accommodate. This requires improvement to ensure that practice placement areas are correctly allocated the numbers and types of students to meet their capacity to support students' learning (45-46, 49, 72, 75 and 78).

We conclude that there are well established and effective partnerships between education and service providers at all levels and NMC risks are effectively managed.

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

#### What we found before the event

The university has a user and carer strategy which details the extent to which users and carers are involved in programme planning, student selection, programme delivery, assessment and evaluation (20).

Additionally the university has set up the I CARE initiative. The purpose is to get people thinking and talking about what it means to say "I care". In partnership with local NHS Trusts the I CARE merit badge award scheme was launched. This will create the opportunity for patients and/or relatives to nominate students for a badge, if they feel that the student has demonstrated the principles embodied in the pledge (26).

#### What we found at the event

The I CARE initiative has involved a conference day. Participants included students, service users, the teaching team, senior university personnel and practice partners. Nomination forms for the I CARE merit badge are placed in ward areas. Patients can nominate a healthcare student who has given exceptional care (80-81).

#### Midwifery

Practitioners report: involvement in programme development and delivery; being invited and contributing to curriculum development meetings; interviews for student midwives;

and, involvement in objective structured clinical examinations (OSCEs). Consultant midwives confirm attendance at curriculum development meetings. Students report receiving sessions from service users about their experiences such as water birth and teenage pregnancy. Students told us that they also have a named supervisor of midwives (SoM) during practice placements. During a placement visit we met with two women being cared for by student midwives. They were both very complimentary regarding the student's knowledge and approach to care. Recently, a midwifery student was awarded an I CARE merit badge following nominations by women for whom she had cared (45-46, 49 and 80).

We did not find any evidence of direct service user or practitioner involvement in the development or delivery of the mentorship programme.

Our findings confirm that practitioners and service users and carers are involved in the development and delivery of midwifery programmes.

<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>Workload planning data demonstrates that nursing and midwifery lecturers are scheduled to spend one day per week in practice placement areas (8). Each trust has a lead link lecturer in midwifery who is employed to spend 50 percent of her time in practice (26).</p>
<p>What we found at the event</p>
<p><b>Midwifery</b> Each trust has at least one lead link lecturer who spends 50 percent of time in practice areas and at least one other lecturer who spends 20 percent of time in practice areas. Students and sign-off mentors told us that link lecturers normally only attend practice assessment interviews if concerns are raised but they are easily contactable. Additionally, students report seeing link lecturers as often as two to three times a week in practice areas and their personal academic tutors visit practice areas if necessary. Sign-off mentors and service managers report ease in contacting lecturing staff and are satisfied with the level of support they receive from lecturers (45-46 and 49).</p> <p><b>Mentorship</b> Students on the programme told us they feel very well supported by the programme lead and by their personal academic tutor. Supervising mentors also told us that they are supported to undertake the role specifically by link lecturers and practice education personnel who provide support and whom are described as being easily contactable, accessible and visible within practice settings (47, 48 and 50). We saw evidence of academic support for mentor students in: the practice setting; within the student portfolio; and, the online discussion board within which, academic staff support students to identify and explore practice focused critical incidents within</p>



<p>their practice (83).</p> <p>Our findings conclude that academic link lecturers effectively support students and mentors in practice placement settings for midwifery and mentorship programmes.</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 mentorship and support for professional practice (MSPP) programme was re-approved in February 2015. The programme is presented not only at levels six and seven but also as a non-credit bearing programme. The majority of students undertaking the mentorship programme follow a non-credit bearing route (21).</p> <p>The mentorship programme is presented three times per year; on three different sites; and, with about 40 participants per site. The average cohort across the three sites is 120 and therefore the university prepares about 300–400 new mentors annually (26).</p>
<p>What we found at the event</p>
<p><b>Midwifery</b></p> <p>All trust managers confirm that once a midwife has completed her preceptorship/first year in practice it is an expectation she will undertake the mentor preparation programme (45-46 and 49).</p> <p><b>Mentorship</b></p> <p>We found that the majority of students access the programme as a non- credit bearing programme at level six. All students told us that this decision is based on the fact that they already hold level six qualifications (47–48 and 50).</p> <p>Students studying the three month level six non-credit bearing programme are satisfied that the programme is preparing them for their role as mentors through the acquisition of new knowledge, skills and competences for mentoring learners in practice. Preparation for sign-off status is included in the programme. Students gave examples of dealing with concerns about students in practice and how the programme has enabled them to approach such situations confidently and competently. Students told us they are well supported by their supervising mentors (50).</p> <p>Student mentors are required to complete five days of theory of which three days involve face to face tuition within the university and two days of engagement in online learning. Students told us that they have protected time to undertake the three days but that the remaining two days of online learning are not generally protected and are completed in the student's own time. This was confirmed by ward sisters and charge nurses although a small minority told us that they endeavour to reimburse the student mentor with some of the protected time as individual hours, where staffing pressures allow (47–48 and 50).</p>

We found conflicting advice within the mentorship programme handbook and portfolio documentation. The practice handbook specifies three taught study days plus a number of e-learning packages and does not clearly specify the NMC requirement for five protected theory days. Conversely, the portfolio documentation includes a practice learning log for students to document teaching and learning activities for the five protected days. However, the implication is that these protected days are practice and not theory based (27-29).

We conclude from our findings that although mentor students feel that the mentorship programme adequately prepares them for their role in assessing practice they are not being allowed the protected five days of learning stipulated by the NMC.

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

What we found before the event

There are effective systems in place to ensure that mentors and practice teachers attend annual updates to meet requirements for triennial review. Any mentor not attending an update is changed from 'active' to 'inactive' on the register and is no longer able to support students (15).

Mentor updates are led by the university but practice partners participate as appropriate. The midwifery mentor updates are built into mandatory training ensuring full attendance (26).

What we found at the event

The academic team demonstrated the electronic mentor support site which is available to all mentors via the BREO site. This gives access to all university policies (e.g. raising and escalating concerns) which are updated appropriately. Additionally, it allows access to student practice assessment documents and the nursing and midwifery curricula (55 and 57).

We were told that there are monthly mentor updates across all sites and a list of available dates is published a year in advance. Updates cover all aspects of the mentor role including: failing students; cause for concern; FtP issues; giving feedback to students; and, curriculum changes. All updates use the same PowerPoint slides which are updated every year (55, 58-59).

Midwifery

Sign-off mentors in all trusts report that annual mentor updates are included in trust required annual mandatory training and they attend annually. Service managers confirm that all staff attend each year. Sign-off mentors complete an attendance form which is processed by the link lecturer. Service managers report, and sign-off mentors confirm, that triennial reviews are undertaken by the education lead midwife, learning

environment lead, medical/non medical education lead and/or the link lecturer who spends 50 percent of time in practice areas (34-35, 45-46 and 49).

#### Mentorship

We found that there is good availability for annual mentor updating which is generally facilitated as part of a trust's annual mandatory training programme. Mentors accessing these updates told us that they particularly appreciate the opportunity to explore practice assessment documentation. Attendees are required to sign in for these days and their attendance is then logged on an electronic database (47-48, 50, 71, 74 and 77).

In addition to the mentor updates, some link lecturers facilitate bespoke annual mentor updates within clinical areas (74 and 77).

We found that there is generally a good commitment to a practitioner's continuing professional development and protected study time by trusts but we also found that some qualified mentors are unable to attend annual updating due to the conflicting demands of service pressures. We found that some qualified mentors, at the Luton and Dunstable University Hospital, have a limited understanding of the requirement for annual mentor updating and had allowed their live status as mentors to lapse (47-48).

We conclude that midwifery sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice. However, in other areas some mentors have been unable to attend annual mentor updates due to service pressures.

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

#### What we found before the event

At the last monitoring event all live mentor registers were up to date with practice education facilitators reviewing them every two weeks (15).

#### What we found at the event

#### Midwifery

The mentor register was reviewed for each trust. Managers told us that the trust education link midwife is responsible for maintaining the register. Service managers report the register shows live sign-off mentors and records of annual and triennial review dates and due dates. Trust databases show midwives NMC PIN numbers and intention to practise information with midwives being sent reminders of NMC registration three months before expiry. At the Luton and Dunstable University hospital midwives triennial review documentation is held in their practice area. The educational link for each practice area allocates students to sign-off mentors after checking the documentation to ensure mentors are live. Triennial review status and some annual updates of sign-off mentors were not initially clear on some mentor registers at the Luton and Dunstable University hospital. Subsequently, we were provided with updated

registers which demonstrated that all mentors were updated and had completed triennial reviews as appropriate. Practice placement providers need to ensure the mentor registers are fully completed and updated in a timely manner (45-46, 49, 70, 73 and 76).

#### Mentorship

We found mentor registers in Luton and Dunstable University Hospital showing some mentor students, recently completing the programme, have been supervised by mentors whose annual mentor updating has lapsed (74).

We found evidence of an electronic mentor database in Bedford Hospital NHS trust which is accurate and up to date. It is a robust system which triggers a mentor's requirement for annual updating and which informs them, that in the event of non-attendance, they must not undertake the mentor role (77).

We found that in some trusts, access to the electronic mentor database is confined to specific clinical areas (71, 74).

We conclude from our findings that whilst the majority of mentor registers are accurate and up to date in Luton and Dunstable University Hospital there are some mentor registers which demonstrate that mentor students have been supervised by out of date mentors. This is in breach of NMC standards and is a risk to public protection.

**Outcome: Standard not met**

#### Comments:

- The mentorship programme does not meet NMC standards as student mentors are not all guaranteed the five protected days of theory (3.3.1).
- Some mentors supervising mentor students are unable to attend annual mentor updating due to the conflicting demands of service pressures (3.3.2).
- In Luton and Dunstable University Hospital some mentor registers show that some mentor students have been supervised by mentors whose annual updating has lapsed (3.3.3).
- Although the audit tool meets NMC requirements for midwifery, it is not always clear as to the number and type of students that can be accommodated. This requires improvement (3.1.1).

**4 May 2016: Follow up visit to University of Bedfordshire. Standard now requires improvement**

4 May 2016 Return visit to University of Bedfordshire. Risk indicator 3.3.1, 3.3.2 and 3.3.3 are now met

Effective action has been taken by the university and its practice partners to ensure a robust approach for the preparation and support of mentorship students. Immediate action was taken by Luton and Dunstable University Hospital to relocate mentorship students who were being supervised by out of date mentors. The university has developed a revised learning log which ensures that mentorship students have five days of protected learning time for the theoretical elements of the mentorship programme. Luton and Dunstable University Hospital have redesigned their mentor database and administrative processes. The new system generates prompt letters reminding mentors

of their impending update and reiterating that mentors are not allowed to mentor students unless they have undertaken an annual update and any required triennial review. The university and its practice partners have developed a process that identifies supervising mentors for all mentorship students prior to the start of the mentorship course, so as to confirm their live status. A further process has been developed by the university and its practice partners to ensure the accuracy of mentor registers and safeguards to ensure that no students are allocated to lapsed mentors.

Mentors and current mentorship students confirm that they are being supported in meeting the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008).

Return visit to the University of Bedfordshire 4 May 2016. Evidence to support risk indicators 3.3.1, 3.3.2 and 3.3.3 are now met includes:

- Meeting with senior academic team, University of Bedfordshire, 4 May 2016
- Meeting with head of practice and education and clinical practice educators, Luton and Dunstable University Hospital, 4 May 2016
- Meeting with mentors and mentorship students, Luton and Dunstable University Hospital, 4 May 2016
- Revised learning log for mentorship students, 26 January 2016
- Email correspondence from head of practice and education, Luton and Dunstable University Hospital, confirming reallocation of supervising mentors, 13 January 2016
- Audits of mentor registers for all partner trusts, January 2016
- Flowchart to show process for ensuring that prospective mentorship students are allocated a supervising mentor who is on the trust's live mentor register and is allocated protected time to complete the mentorship course, 27 April 2016
- Flowchart showing the process for maintaining accuracy of mentor registers and safeguards to ensure that no students are allocated to lapsed mentors, 27 April 2016
- Letter from head of practice and education, Luton and Dunstable University Hospital, detailing measures that have been introduced to ensure robust processes for the preparation and support of mentors and mentorship students, 28 April 2016
- Demonstration of revised mentor register, Luton and Dunstable University Hospital, 4 May 2016

Areas for future monitoring:

- Ensuring that mentor students receive the full five protected study days to fulfil the requirements of the mentor programme.
- Check that mentors are released from practice to attend annual updates.
- Ascertain that mentor registers are accurate and up-to-date, to effectively manage the risk of students being allocated to out of date mentors.
- Confirm accurate completion of educational audit documents to clearly show the numbers and types of students that can be accommodated at any one time.

Findings against key risks
<p><b>Key risk 4 - Fitness for Practice</b></p> <p><b>4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards</b></p> <p><b>4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards</b></p>
<p>Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>Midwifery</p> <p>Both the three year and 18 month programmes comprise a range of theory units linked to relevant practice experiences. Academic assessments include essays, case studies, group presentations and short answer exams. Students are required to maintain a midwifery skills and practice record book, which demonstrates that they meet the requirements for the EU directives for midwifery (32-37).</p> <p>Mentorship</p> <p>The MSPP programme is designed for all those in a supporting role for pre and post-registration healthcare students and learners, and those who have a specific responsibility to mentor and assess. It helps those attending to meet the mentoring standards of a number of different disciplines and includes the NMC 2008 standards to support learning and assessment in practice (SLAiP). The programme consists of scheduled, guided, independent and practice learning. All students must compile a portfolio. Students completing the accredited programme at level six/seven must also complete a 2000 word assignment which critically analyses an aspect of the mentor role. The topic will be given on the first day of the programme and students must complete the assignment within the timescale as set for the semester of delivery (22-23).</p>
<p>What we found at the event</p>
<p>Midwifery</p> <p>Practice assessment documents (PAD), for both the three year and 18 month programmes, show: student achievement at progression points throughout the programme; and, completion of the NMC learning outcomes and competencies at the end of the programmes. The practice assessment document includes confirmation from</p>



sign-off mentors that students achieve the level required to progress to the next academic level and at the end of the programme are performing at the level required to enter the NMC register. Student achievement of midwifery skills and EU requirements are detailed in the midwifery skills and practice record book. This is a comprehensive record of their learning and confirms that they have completed the required hours of theory and practice. Students value the inclusion of at least one theory day in each practice week which they feel facilitates the application of theory to practice. Qualitative comments from student evaluations show that students found the simulated learning sessions were really helpful in applying theory to practice. Sign-off mentors and students comment positively regarding the programme content and in all trusts they would recommend the programme to others (34-37, 45-46, 49 and 54).

#### Mentorship

We found that the majority of students are extremely positive about the programme and commented on the enthusiastic and professional approach of those delivering the face to face taught study days within the programme. Students described a range of different teaching styles employed during the study days and stated that they value the group work activities which allow them to explore key approaches to, and the potential challenges inherent in mentoring a student in practice. Students also told us that there are good online programme-specific and library resources to support their learning and that they have efficient and timely feedback from the university and practice educators on queries related to their learning in theory and practice. We found documentary evidence to support student mentors' achievement of the stated learning outcomes. This is contained within the student portfolio and assessment of practice and within the log of evidence which documents the activities jointly agreed by the supervising mentor and student mentor, and undertaken by the student. We found that student mentors are meticulous in logging the practice hours undertaken within the programme (47-48, 50, and 83).

Student mentors told us that they achieve the required competencies and outcomes by engaging in: discussion; role play; and, in patient/ client and student-based case studies with their supervising mentors (47, 48, and 50).

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.

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

What we found before the event

#### Midwifery

Practice is assessed on a 16 point A to G scale, which is converted to a percentage for recording in the student record. To pass in practice assessment students have to achieve a minimum D grade, in each criteria, to pass the practice assessment document (PAD) overall. Students failing to meet the required standards i.e. a D grade

in each of the practice criteria, are referred in practice (32-37)

The midwifery programme team are working to ensure a tighter moderation process. Workshops during mentor updates give mentors the opportunity to grade anonymised case studies and receive feedback (26).

#### Mentorship

The student mentor's portfolio should demonstrate application of principles and theory underpinning effective mentorship of healthcare learners in practice. Additionally, students must demonstrate the skills and abilities to mentor a healthcare learner in practice as stipulated by the SLAiP. The student's supervising mentor, in practice, will discuss the evidence provided in the portfolio and will confirm the student's competence as a pass or fail of the portfolio (27-29).

#### What we found at the event

#### Midwifery

Educational audits of practice areas include availability of learning opportunities suitable to the student's level of learning together with confirmation that mentors are aware of and able to create clinical skills learning at levels four, five and six. Mentors and students report engaging with a wide variety of learning experiences in the practice setting such as: providing clinical care; practice based study days; clinical skill simulation; and, a student forum. The forums provide opportunities for students to identify their learning needs and practice staff offer related learning sessions for example fetal monitoring, stillbirth, neonatal death and water birth. Students and sign-off mentors also confirm when valuable learning opportunities arise (e.g. review of high risk cases and case reviews) students and the university are alerted thus encouraging attendance by as many students as possible. Sign-off mentors told us that the practice assessment document was complex but they know how to use it and are confident in the grading of practice. Student midwives confirm mentors' understanding of the practice assessment document (45-46, 49, 57, 72, 75 and 78).

Service managers and sign-off mentors in all trusts confirm that the programme prepares students appropriately for preceptorship midwifery posts. Similarly students in all trusts told us they feel appropriately prepared to take on a midwifery preceptor post on successful completion of the programme (45-46 and 49).

Commissioners told us that students exiting the programmes are fit for purpose and fit for practice. We were told that 99 percent of students are employed locally and the remainder choose to move away (44, 67-68).

#### Mentorship

We reviewed documentary evidence within the student portfolio, submitted electronically. Key supporting evidence is scanned by the student mentor and submitted as part of the portfolio. The portfolio also contains the signatures of those involved in supervision during the mentorship programme (83).

Two student mentors described how they had applied new knowledge gained within the programme to their practice in mentoring, under supervision, pre-registration student

nurses. Student mentors are clear about the requirements of the programme and we were offered examples of the nature of the formative opportunities and discussions between the student mentor and the supervising mentor in respect of the application of teaching and learning theory to practice (47, 48, and 50).

We conclude that students on the midwifery programmes achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the relevant part of the NMC register. Additionally, we conclude that students completing the mentor programme achieve learning outcomes and competencies for inclusion on local mentor registers.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

**Findings against key risks**

**Key risk 5 - Quality Assurance**

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

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

What we found before the event

Pre-registration students complete an online evaluation of placement. Feedback is collated and sent to the lead for education in each trust. Appropriate action plans are constructed if any issues are identified (15).

There is a clear policy for student representation at all levels within the university. Elected student representatives are given training to enable them to fulfil their role (24).

What we found at the event

Midwifery

Midwifery students were consistent in telling us that they have ample opportunity to

provide feedback both formally and informally on all aspects of their programmes. Evaluations of completed modules and placements are submitted via the BREO gateway. Student representatives told us that they attend quarterly staff student portfolio committee meetings to speak on behalf of their cohort. Actions are reported back to the students via the representatives. The 'you said- we did' process allows students to identify issues and to obtain a speedy response. We were also informed that lecturers and personal academic tutors are readily accessible which gives students opportunities to give comment/feedback in a more informal manner. Students told us that academic staff respond to their feedback and concerns and gave examples of changes in response to evaluations (45-46).

Students report changes to the programme in response to their programme/unit evaluations, for example a change to the examination week. All are confident their evaluations are considered (45-46 and 49).

Service managers report they view raw data from evaluations which, where necessary, are considered by the trust governance board. In future the education training board will include a student representative. Sign-off mentors and students receive feedback from sources such as the family and friend's survey, letters from service users and from formal trust sources such as an executive newsletter (44-46 and 49).

The most recent National student survey (NSS) demonstrated 98 percent satisfaction with the midwifery programmes. The course team have produced a detailed action plan highlighting areas that have improved and those that still require attention. These mainly relate to staffing issues which are being addressed (see 1.1.1) (44, 52-53).

We were told that the Bedfordshire unit survey is completed by students at the end of every unit. Results are collated and actions are initiated where necessary. The results are posted on the BREO site so that students can see how changes have been made in response to their comments (44).

Examples of collated student module evaluations show all satisfaction ratings at the higher end of the scale (54).

#### Mentorship

We found that students complete a paper evaluation of the theory and practice elements of the programme at the point of programme completion. Given that the date for programme completion was impending during the monitoring event, students were unable to confirm whether any of their feedback comments had been acted upon. A minority of students told us that they are aware of opportunities such as 'you said-we did' within the university (47-48 and 50).

Our findings conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the mentorship and midwifery pre-registration programmes.

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

There is a detailed student complaints policy and procedure (25).
What we found at the event
<p><b>Midwifery</b></p> <p>Students in all trusts demonstrate awareness of concerns and complaints processes and told us that issues can be reported to clinical managers and personal academic tutors. Students confirm they are confident of being listened to and appropriate action being taken including support from clinical and lecturing staff (45-46 and 49).</p> <p>The external examiners for both the 18 month and three year programmes have the experience and qualifications to fulfil the role. There is evidence that they met with students in practice; assessed practice documentation; and, viewed videos of OSCEs (38-39).</p> <p><b>Mentorship</b></p> <p>We found that student mentors and supervising mentors are aware of the complaints policy and procedure and can articulate the process which they would follow. Student mentors and supervising mentors also told us that they feel confident and supported to escalate a concern in practice and that this would be followed up appropriately (47-48 and 50).</p> <p>The most recent external examiner has the experience and qualifications to fulfil the role. The opportunity to meet with students was offered by the university but due to diary commitments it was not possible this year (42).</p> <p>We were told that the external examiner for the programme was actively involved in supporting the programme lead to develop the electronic portfolio. The recommendation to develop a learning log was actioned by the team and is fully implemented. The university is in the process of appointing a new external examiner for the mentorship programme (42-43).</p> <p>For both the midwifery and mentorship programmes there is evidence that the university followed up on recommendations from external examiner reports (40-41 and 43).</p> <p>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.</p>
<b>Outcome: Standard met</b>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

## Evidence / Reference Source

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2. CQC Inspection Report of Basildon Mental Health Unit, 25 March 2014
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13. Student Code of Conduct and Disciplinary Procedure, undated
14. University of Bedfordshire, Fitness to practise procedure, March 2013
15. NMC Monitoring report, March 2014
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17. Terms of reference contract meeting for Health Education East of England, HEEoE commissioned programmes subject to QIPF and post-registration education, 2015
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19. Faculty of Health and Social Sciences, Raising and escalating concerns about standards of care and practice: Guidance for health care students, September 2014
20. University of Bedfordshire, Department of Healthcare Practice, Service User and Carer Involvement Strategy, September 2013
21. University of Bedfordshire, NMC Approval Report, Mentorship and Practice Teacher, February 2015
22. Mentorship and Support for Professional Practice Level six with credit, course specification document, February 2014
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25. Student Complaints Policy and Procedure, August 2015
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31. NMC register checked, 17 December 2015
32. University of Bedfordshire, BSc (Hons) Midwifery, three year programme, Course Handbook, 2015/16
33. University of Bedfordshire, BSc (Hons) Midwifery, 18 month programme, Course Handbook, 2015/16
34. Midwifery Practice Assessment Document, BSc(Hons) Midwifery: registered midwife, three year course, 2015/16
35. Midwifery Practice Assessment Document, BSc(Hons) Midwifery: registered midwife, 18 month course, 2015/16
36. Midwifery Skills and Practice Record book, incorporating EU Directives, BSc (Hons) Midwifery: registered midwife (three-year course), 2015/16
37. Midwifery Skills and Practice Record book, incorporating EU Directives, BSc (Hons) Midwifery: registered midwife (18 month course), 2015/16
38. External examiner report, BSc (Hons) Midwifery: registered midwife, (18 month course), 07 September 2015
39. External examiner report, BSc (Hons) Midwifery: registered midwife, (three year course), 22 July 2015
40. Response to external examiner report, BSc (Hons) Midwifery: registered midwife, (18 month course), November 2015
41. Response to external examiner report, BSc (Hons) Midwifery: registered midwife, (three year course), 27 August 2015
42. External Examiner report, Mentorship and supervision for professional practice, 27 July 2015
43. Response to external examiner report, Mentorship and supervision for professional practice, 14 September 2015
44. Initial meeting with course team and presentation, 12 January 2016
45. Practice Visit – Midwifery – Meetings with managers, mentors, students and service users, Buckinghamshire Health Care Trust (Stoke Mandeville Hospital), 12 January 2016
46. Practice Visit – Midwifery – Meetings with managers, mentors, students and service users, Luton and Dunstable University Hospital, 12 January 2016
47. Practice Visit – Mentorship – Meetings with managers, supervising mentors and mentorship students Buckinghamshire Health Care Trust (Stoke Mandeville Hospital), 12 January 2016
48. Practice Visit – Mentorship – Meetings with managers, supervising mentors and mentorship students, Luton and Dunstable University Hospital, 12 January 2016
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54. *Examples of collated module student feedback, for midwifery programmes, 19 March 2015 and 19 November 2015*
55. *Meetings with senior academic team, 12 and 13 January 2016*
56. *Fitness to Practise cases, January 2015 to January 2016*
57. *BREO on-line mentor site, viewed 12 January 2016*
58. *Mentor updates, Bedford Hospital, January to December 2016*
59. *Mentor update, Bedford Hospital NHS Trust, PowerPoint presentation, undated*
60. *Examples of electronic student placement evaluations, May to December 2015*
61. *University of Bedfordshire, Practice Experience Group (PEG), Terms of Reference, June 2015*
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65. *Luton and Dunstable University Hospital, Patient Safety News, Learning from Serious Incidents, December 2015*
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67. *Teleconference with Head of Bedfordshire and Hertfordshire Workforce Partnership, Health Education England, East of England Office, 12 January 2016*
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69. *Health Education East of England, Non-Medical Quality Improvement Framework, (QIPF), Bedford Hospital NHS Trust, 23 October 2015*
70. *Buckinghamshire Healthcare Trust (Stoke Mandeville Hospital), Midwifery, mentor registers, viewed 12 January 2016*
71. *Buckinghamshire Healthcare Trust (Stoke Mandeville Hospital), mentorship, mentor registers, viewed 12 January 2016*
72. *Buckinghamshire Healthcare Trust (Stoke Mandeville Hospital), midwifery, audit documents, viewed 12 January 2016*
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74. *Luton and Dunstable University Hospital, mentorship, mentor registers, viewed 12 January 2016*
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76. *Bedford Hospital NHS Hospital Trust, midwifery, mentor registers viewed 13 January 2016*
77. *Bedford Hospital NHS Hospital Trust, mentorship, mentor registers viewed 13 January 2016*
78. *Bedford Hospital NHS Hospital Trust, Midwifery, audit documents, viewed 13 January 2016*
79. *Critical Review Scenario: Raising and Escalating Concerns in Practice, PowerPoint presentation, 12 January 2016*

80. *I CARE, PowerPoint presentation, 13 January 2016*

81. *University of Bedfordshire, Patient nomination for a I CARE merit badge for a student, undated*

82. *Attrition figures for all nursing and midwifery programmes, HE England, East of England and Thames Valley Offices, 31 October 2015*

83. *Electronic student portfolios, mentorship, viewed 13 January 2016*

Personnel supporting programme monitoring	
<b>Prior to monitoring event</b>	
Date of initial visit: 16 Dec 2015	
<b>Meetings with:</b>	
Head of healthcare practice and NMC lead midwife for education Principal lecturer in healthcare and academic quality enhancement Director of practice learning Course coordinator for BSc (hons) midwifery (three year and 18 month programmes) Senior lecturer in nursing, course coordinator mentorship and support for professional practice programme Senior lecturer in midwifery	
<b>At monitoring event</b>	
<b>Meetings with:</b>	
Associate dean, faculty of health and social science Head of healthcare practice and NMC lead midwife for education Principal lecturer in healthcare and academic quality enhancement Course coordinator for BSc (hons) midwifery (three year and 18 month programmes) Senior lecturer in nursing, course coordinator mentorship and support for professional practice programme Senior lecturer in midwifery x 2 Senior lecturer in adult nursing Professor of healthcare leadership and workforce development	

Meetings with:

Mentors / sign-off mentors	23
Practice teachers	
Service users / Carers	2
Practice Education Facilitator	2
Director / manager nursing	11

Director / manager midwifery	12
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	3  Advanced Nurse Practitioner Clinical Lead for Education Practice Development Nurse

Meetings with students:

Student Type	Number met
Registered Midwife - 18 & 36M	Year 1: 16 Year 2: 15 Year 3: 10 Year 4: 0
Mentorship	Year 1: 15 Year 2: 0 Year 3: 0 Year 4: 0

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