

**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 Hertfordshire
Programmes monitored	Registered Midwife - 18 & 36M; Registered Specialist Comm Public Health Nursing - HV
Date of monitoring event	25-26 Nov 2015
Managing Reviewer	Shirley Cutts
Lay Reviewer	Carol Rowe
Registrant Reviewer(s)	Angela Poat, Patricia Hibberd
Placement partner visits undertaken during the review	Lister Hospital Watford General Hospital Barnet Hospital Cedar House Community Centre Forest Primary Care Centre Hertford County Hospital
Date of Report	10 Dec 2015

**Introduction to NMC QA framework**

The Nursing and Midwifery Council (NMC)

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

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be

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

Quality assurance (QA) and how standards are met

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

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

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

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

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

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

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

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

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

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

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

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

## Introduction to University of Hertfordshire's programmes

The School of Health and Social Work came into effect in 2012 following the merger of the School of Health and Emergency Professions and the School of Nursing, Midwifery and Social Work. The school has a departmental structure with three departments: allied health professions and midwifery (diagnostic radiography, paramedic science, physiotherapy and radiotherapy and, midwifery) adult nursing and primary care nursing (children's, learning disabilities, mental health nursing) and social work.

The school works with two commissioning organisations, NHS London and NHS East of England.

The school provides both three year and 18 month pre-registration midwifery programmes. The three year programme is offered at academic level six and the 18 month programme at level six and level seven. The current programmes were approved in 2012.

Placement areas are in three NHS trusts, East and North Hertfordshire, West Hertfordshire NHS Trust Barnet and Chase Farm NHS Trust and a link lecturer is identified for each. All three trusts were visited during the monitoring event.

The school provides the specialist community public health nursing (SCPHN) health visiting (HV) programme which was approved in 2013. The programme is commissioned by NHS East of England which is promoting a common modular approach across all programme providers..

Placement areas are in two NHS trusts, Barnet, Enfield and Haringey Mental Health Trust and Hertfordshire Community Trust. Both were visited during the monitoring event.

The monitoring event took place over two days and included visits to practice placement areas and engagement with a range of stakeholders. Placement areas visited covered a wide geographical area; The review team for the SCPHN programme visited Cedar House, Hertford County Hospital and Forest Primary Care Centre. The midwifery review team visited Lister Hospital, Watford General Hospital and Barnet Hospital.

Particular consideration was given to the student learning experience in placement areas that had received adverse Care Quality Commission (CQC) reports in 2015; with a particular focus on Watford General Hospital.

## Summary of public protection context and findings

Our findings demonstrate that the University of Herefordshire 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 admissions and progression and quality assurance requires improvement. These are described below in relation to the key risks. The university must implement an action plan to ensure all key risks are met. Following the event the action plan for practice learning was successfully completed.

Resources: met

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery programme and SCPHN (HV) programme to meet NMC standards.

There are sufficient appropriately qualified sign-off mentors available to support the number of students studying the pre-registration midwifery programme and practice teachers available to support SCPHN HV students.

Admissions and progression: requires improvement

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

We found service users and carers are not involved in the admissions process for the SCPHN programme although there are outline plans to include them. This requires improvement in order to meet NMC requirements.

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. We found evidence of the effective implementation of these procedures and examples of where students have been discontinued from the programme, which demonstrates the rigour of the process in ensuring public protection.

Practice learning: not met

We found that partnership working is strong and effective at both strategic and operational levels. We can confirm that the university and practice placement providers respond quickly to concerns regarding standards in practice areas.

Service user and carer involvement is well embedded in both midwifery programmes but is minimal in the SCPHN programme. Whilst an action plan has been developed detailing how involvement will be increased, there is no evidence of how this is progressing. This requires improvement so that service user and carer involvement is systematically developed across all aspects of the SCPHN programme.

We found the educational audit process includes the development of an action plan. Procedures are in place to monitor the progress of these action plans but the majority of those we viewed were not updated as progressed or completed. Staff need to engage with this process and we find that this requires improvement.

We found that records of mentors and practice teachers are accurate and up to date. The mentor registers in relation to midwifery programmes at Lister Hospital and Barnet Hospital were complete, accurate and up to date. At Watford General Hospital the mentor register was not complete. It was clear that the mentors had attended annual updates but no triennial reviews were recorded in the mentor database.

We were informed that requirements for triennial review are included in the appraisal process performed by the mentor's manager and the information is recorded in the mentor's personal file. We found that the format of gathering evidence is not consistent and the evidence itself is not always clear. There is no process for ensuring that the completed triennial reviews are recorded on the mentor register. There is no process for ensuring that the completed triennial reviews are recorded on the mentor register to

support the midwifery programmes.

The mentor register was not complete or accurate and therefore the standard was not met. The mentor register must be updated to ensure that sign-off mentors meet NMC requirements.

Fitness for practice: met

Our findings conclude that learning, teaching and assessment strategies in the pre-registration midwifery programme and SCPHN HV programme enable students to meet the required programme learning outcomes and competencies/proficiencies for entry to the NMC register.

Sign-off mentors, practice teachers and employers confirmed that students successfully completing the programmes are competent, fit to practise and for employment.

Quality assurance: requires improvement

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

We found external examiners are involved in the moderation of the practice assessment documents for the midwifery and SCPHN HV programmes. However evidence that they meet with students and mentors is sparse. This requires improvement to ensure the process is more structured and rigorous.

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of CQC reviews in placements in Watford General Hospital, West Hertfordshire Hospital which was subject to adverse Care Quality Commission (CQC) reports.

### Summary of areas that require improvement

- Service users and carers are not involved in the admissions process for the SCPHN programme. There are outline plans to include service users in the admissions process for health visiting. This needs to be enacted for 2016-17 in order to meet NMC requirements for admission
- Service user and carer involvement is well embedded in both midwifery programmes but is minimal in the SCPHN programme. This needs addressing for all areas of the programme.
- The educational audit process includes the development of an action plan. We found that despite there being a process in place the majority of action plans we viewed were not progressed and completed. This needs addressing to ensure the audit process conforms to NMC standards.
- There is no process for ensuring that the completed triennial reviews are recorded on the mentor register to support the midwifery programmes. The mentor register must be updated to ensure that sign off mentors meet NMC requirements.
- External examiners for all programmes are involved in the moderation of the practice assessment documents. Evidence that they meet with students and

mentors is sparse. This requires improvement to ensure the process is more structured and rigorous.

### Summary of areas for future monitoring

- Ensure that actions identified in the educational audit are pursued.
- Monitor the involvement of service users and carers in the development and delivery of the SCPHN HV programme.
- Review the accuracy of mentor registers to ensure triennial reviews are recorded.
- Review the engagement of external examiners with practice.

### 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

SCPHN HV

The team are committed to and enthusiastic about the programme. They work closely with their practice partners in all aspects of the programme. Students report their support as good, from both personal teachers, link lecturers and practice teachers.

Midwifery

The midwifery team has a good working relationship with practice placement providers and with the other university that shares some of the practice placements. There are good effective systems in place to support midwifery students' learning in theory and practice to ensure that NMC standards and European Union (EU) directives are met.

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

SCPHN HV



We found in managers, practice teachers and mentors, a very high level of enthusiasm and commitment to excellence through the development of systematic learning opportunities and environment for students. Practice teachers and mentors are well prepared and updated for their role and have completed the triennial review process.

#### Midwifery

All sign-off mentors, clinical placement leads, practice learning facilitators (PLFs) and midwifery managers state that they have confidence in the programme. Sign-off mentors confirm that they receive good preparation for their role and are supported in their role by the link lecturers, PLFs and managers. In two trusts the PLFs maintain the live register of mentors and educational placement audits and work closely with link lecturers from the university. In the third trust it is unclear which role the responsibility for maintaining the register lies. A new PLF is expected in post in January 2016.

#### Students

##### SCPHN HV

We found that past and present students are extremely positive about the programme of study both in theory and practice. Students praise the academic team and practice teachers for their knowledge and experience and for the high level of support experienced in theory and practice. Newly qualified health visitors (HV) are highly positive that the programme they had undergone had supported them to develop NMC proficiencies and enabled them to be confident in undertaking the newly qualified HV role.

#### Midwifery

Students are enthusiastic about their programme and feel positive about the breadth of theory and practice they are receiving. Students indicate that the link lecturers are very supportive, easy to access and keep them well informed. The students feel they will be fit for purpose when they complete their programmes.

#### Service users and carers

##### SCPHN HV

No service users were met during the monitoring visit. The lay reviewer visited Forest Primary Care Centre expecting to meet service users cared for by students on the SCPHN HV programme. Unfortunately there were no service users available. They also visited a clinic managed by health visitors, but unfortunately none of the visiting mothers had been cared for by a student health visitor.

#### Midwifery

The service user who is involved in the recruitment of students as well as programme development is very enthusiastic about her role. She states that she is involved and valued in all aspects of her involvement in the programme. Services users are actively sought to evaluate student performance in practice throughout the programme.

### Relevant issues from external quality assurance reports

During the monitoring visit the review team were provided with a report detailing the

university's response to all CQC reports for those areas used for student placements.

During the period 2013 – 2015 CQC carried out 125 inspections in the area potentially used by the university for student placements. These external quality assurance reports provide the reviewing team with context and background to inform the monitoring review.

CQC visited Watford General Hospital, part of West Hertfordshire Hospital Trust (WHHT) in April and May 2015, the report being published in September 2015. The hospital is rated as inadequate. Maternity services are included in this rating.

University of Hertfordshire (UH) and the trust are working together at both strategic and operational levels to address the issues raised and to ensure an appropriate learning environment for students in all fields, for example: the UH strategic link and the trust chief nurse have been in communication to ensure plans are in place to support all UH students following the publication of the CQC report. The university programme practice coordinator (PPC) for pre-registration nursing is in contact with key practice education facilitation staff within the trust. A number of visits are scheduled. All link lecturers have been requested to increase their contact and presence in the trust to offer support to staff and students in the coming days/ weeks. A log will be monitored of link lecturer activity across West Hertfordshire Hospital Trust (WHHT) within UH. Students will be further reminded of support mechanisms open to them at the student forum within the trust. These forums are held two weekly. Following the quality review sessions the PPC for pre-registration nursing and trust PLFs, will identify areas where re-auditing might be prudent [41, 42].

A report was compiled for the monitoring team detailing the university's response to these reports for those areas used for student placements. In summary: 24 areas are no longer active, 22 are active with actions being taken to monitor the quality of the student learning experience. Actions include: removing students from the placement area, student capacity being amended, re-audit, student support being strengthened through the link lecturer, review of student evaluations and developing action plans. All of these actions are undertaken in partnership with the placement providers. The remaining areas are not used for student placements.

In October the trust employed a Director of nursing for leadership (DNL) whose role is to address issues in practice arising from the CQC report. Students are her main priority. She outlined the urgent actions being taken to address the issues in the maternity services. These include: a change in the leadership structure with a new head of midwifery (HoM) being appointed. UH will be involved in the recruitment to this post. The role of the mentor will be better supported with acknowledgement for those who perform the role exceptionally well. PLFs will be expected to work more closely together [42].

Record keeping in the maternity services was graded inadequate by the CQC. An audit tool called 'test your care' has been implemented in adult areas to monitor the quality of patient records. This is now being rolled out into midwifery areas [42].

We are assured that there are effective partnerships between the university and practice placements in managing any adverse concerns identified which may have a potential impact on practice learning environment.

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

Registered midwife three year programme: Issues for future monitoring:

Sufficiency of sign-off mentors for the number of students commissioned. See section 1.2.

Evaluation of the inclusion of the examination of the newborn.

The midwifery programme team and students confirmed that students sign a declaration of good health and good character annually which ensures the university's responsibility for public protection and meets NMC requirements [18-19, 63-66].

Sufficient practice learning opportunities with the reduction from 60 percent to 50 percent. See section 4.2.

Registered midwife - 18 month programme: Issues for future monitoring:

Sufficiency of sign-off mentors for the number of students commissioned. See section 1.2.

Review the effectiveness of the mentor support strategy for level seven students and the capability of sign-off mentors to assess students enrolled on the master's level programme. See section 3.3.2.

Evaluation of the inclusion of the examination of the newborn. See section 4.2.

Monitor student capability and sufficient time in 78 weeks to achieve requirements for NMC registration alongside master's level study in a new professional field. See section 4.1 and 4.2.

Review the programme and module learning outcomes for level seven. See section 4.1.

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

To monitor the impact of service users in the value based recruitment and selection process/assessment process and in the delivery of teaching.

This is discussed in section 3.2.1.

### 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

<p>Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>Programme leaders for the programmes to be monitored have the required professional and teaching qualifications [43].</p> <p>The university has a comprehensive support and development programme for new and experienced teachers [44].</p>
<p>What we found at the event</p>
<p>SCPHN HV</p> <p>The SCPHN HV programme team consists of 3.6 whole time equivalent (wte) academic staff. All have appropriate professional and academic qualifications, with two also being qualified HV's [46].</p> <p>The programme leader has a NMC recorded teacher qualification.</p> <p>There is an active programme supporting staff development within the university which has supported one member of the team to recently achieve a PhD qualification with another gaining senior fellowship of the Higher Education Academy [20].</p> <p>We conclude that there is sufficient appropriately qualified staff to meet the requirements of the programme.</p> <p>Midwifery</p> <p>The midwifery programme team all have the relevant professional and academic qualifications. They are supported by the UH in their professional and academic development. Five of the midwifery teachers are supervisors of midwives (SoM) [45].</p> <p>The lead midwife for education (LME) is supported by the university to fulfil the role and responsibilities required by the NMC [18].</p> <p>The programme leader has a NMC recorded teacher qualification.</p> <p>There are adequate appropriately qualified midwifery academic staff to deliver the pre-registration midwifery programmes to meet NMC standards</p> <p>We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery programme and SCPHN HV programme 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>

#### SCPHN HV

Providing sufficient practice teachers (PT) was a challenge when student numbers were high. NHS East of England piloted a 'roving mentor' role. The 'roving mentor' would supervise up to six mentors but not have a student themselves. Some PTs were using the 'long arm' approach, supporting up to seven students [47].

#### Midwifery

Students report that mentoring can be a challenge, especially in the community. The school delivers three mentor programmes annually, using a variety of delivery methods. Preparation for sign-off status is included in the programme [48].

#### What we found at the event

Service level agreements are in place with all practice placement providers [72]. Educational audits include maximum student numbers for each placement areas. This includes the distribution between the AEIs where the placement area is accessed by more than one AEI [4-6].

#### SCPHN HV

Commissioned numbers have reduced this academic year and consequently the majority of health visitor students have a one to one ratio with their practice teacher. The pan London 'roving mentor' model has therefore not been implemented. In some cases where a practice teacher has more than one student allocated students will also have a SCPHN HV mentor to support and supervise them on a day to day basis. We found that where the PT is supervising two students with the support of SCPHN HV mentors, students are satisfied that they are able to work with their PT regularly in preparation for assessment at progression points [21-23].

#### Midwifery

We were informed by managers, PLFs and link lecturers that there are an adequate number of midwifery mentors [1-3]. Although the number of sign-off mentors in the trusts has increased it remains a challenge to maintain the number. Mentor numbers are monitored through the educational audit process. It is highlighted at senior level that mentorship should be a training priority and this has been recorded in several meetings [50-51].

Students confirm that their assessment of practice documents are completed in a timely manner. Mentor numbers and mentorship issues are a standing agenda item at directors of service and education meetings [49, 57].

We conclude from our findings that there are sufficient appropriately qualified sign-off mentors available to support the number of students studying the pre-registration midwifery and sufficient appropriately qualified practice teachers available to support SCPHN HV students.

**Outcome: Standard met**

Comments:

Practice placement providers and the university are addressing the challenge of maintaining sign-off mentor numbers for the midwifery programmes.

Areas for future monitoring:

Monitor sign-off mentor resource in the midwifery programme.

### 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

##### SCPHN HV

The trusts lead the admission process for this programme. Applicants are subject to the trusts DBS policy [52-53].

##### Midwifery

Admission criteria are clearly defined for level six and seven. The NMC register is checked for confirmation of adult registration for applicants to the 18 month programme. A good first degree is required for access to level seven study. Supervisors of midwives (SoMs) are expected to be involved in recruitment.

Interviews are face to face. For the three year programme the interview process includes scenario mini interviews testing of numeracy and literacy, occupational health and DBS checks. Service users are involved in the interviews. Attrition rates have been high in the past, student ambassadors are now involved the interview and selection day [54-57].

#### What we found at the event

All interview panel members receive equality and diversity training within their employing organisation. [18,20]

##### SCPHN HV

We confirmed that that the admission process is initiated in the trust on the NHS jobs website. Applications are online. The UH admissions tutor checks that NMC and AEI

criteria are met. Shortlisting and interviews are then carried out in partnership between the university and NHS trust, including practitioner, employer and university representatives. Service users are not currently involved in the recruitment of health visitor students and this requires improvement. An action plan is in place to improve this in 2016 which was confirmed by NHS partners [21-23, 35].

Successful applicants' documentation is verified and copied, including NMC registration, academic certificates and DBS status. The employing trust undertakes DBS and occupational health review and results are communicated to the UH [58-59].

#### Midwifery

We confirm that the midwifery admissions process meets the NMC standards for recruitment. Equality and diversity training is provided by the UH for the service users involved. Practitioners receive equality and diversity training within their employing organisation [60-62].

All shortlisted applicants are required to complete the numeracy and literacy tests. The literacy test is designed to address the chief nurse's '6 Cs'. Scoring criteria are available for the interviewers [63-66].

Applicants are also required to complete a self-declaration of good health and good character before admission to the programme [63-66].

The midwifery programme team and students confirmed that students sign a declaration of good health and good character annually which ensures the university's responsibility for public protection and meets NMC requirements [18-19, 63-66].

Efforts are being made to reduce attrition rates through detailed accounts of the demands of the programmes during the admissions process. Student ambassadors attend to support this initiative. Exit interviews have illustrated that 'wrong career choice' accounts for a high number of leavers in the first year. Current figures suggest that these efforts are successful as attrition is currently at 0 percent across all three years of the long programme. The teaching team and practice placement partners agree that the work undertaken within the recruitment processes and the introduction of a traffic light system to monitor attrition is having a positive impact on these figures [1-3, 18-19, 67, 70].

It is identified that there is a year on year increase in the aptitude of applicants to the shortened programme which is thought to be due to the nursing requirement of BSc (Hons) and the re-assessment opportunities afforded to applicants should they not meet requirements initially [67].

There have been large numbers of Spanish applications but the International English Language Testing System criteria imposed on them by the programme has meant that only two applicants were successful in the first stages of the recruitment process [67].

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

What we found before the event

<p>Clear guidelines are available for students regarding expectations about their professional behaviour. Their rights are also included. These guidelines are accessible by the practice placement providers [68].</p>
<p>What we found at the event</p>
<p>The process of identifying poor performance in theory and practice is detailed in the programme handbooks. It identifies the responsibilities of practice teachers, mentors, personal teacher and student. It is clear that concerns regarding professional suitability may be referred to the fitness to practise committee. Referrers are reminded to keep contemporaneous records and that they will be required to attend a hearing [69].</p> <p>SCPHN HV</p> <p>We found that students are familiar with the programme handbook which details their responsibilities for professional behaviour including the safe use of social media and avoidance of academic misconduct. Students complete a joint practice placement agreement with their practice teachers which details mutual responsibilities in the practice setting. This includes the need to escalate any problems with progression or poor performance of the student [21-23, 34].</p> <p>Midwifery</p> <p>Link lecturers, practice placement staff, managers and students have a clear understanding of the procedures to address issues of poor student performance [1-3].</p> <p>Students have a clear understanding of the reassessment policy if they fail a theory or practice assessment component [1-3, 8-9].</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>The school has a referral committee which considers fitness to practise concerns involving students on all nursing and midwifery programmes. In 2014/15 one midwifery student on the three year programme, one midwifery student on the 18 month programme and one student on the SCPHN HV programme were referred to the committee [57].</p>
<p>What we found at the event</p>
<p>In 2015/16 20 cases were referred to the fitness to practise committee; 18 of these were students on pre-registration programmes and two on post qualifying programmes.</p> <p>Outcomes included: three had no case to answer; three students were permanently withdrawn from the programme; six students received a final warning; one student had</p>



a temporary suspension and conditions; one student received sanctions and conditions; and, six students received a first warning [75].

There is a system in place to ensure that private independent and voluntary sector (PVI) placement providers are also cognisant with fitness to practise procedures [76].

#### SCPHN HV

We found that academic staff, PTs, mentors and managers understand and can implement the policies and procedures to address issues of poor performance in practice. If placement concerns are raised, PTs, the personal tutor and link lecturer are involved in developing a remedial learning and action plan for the student. PTs informed us of their accountability and role as assessor in protecting the public and as a gatekeeper for entry to part three of the NMC register. PTs and managers gave examples where students with poor performance have been supported. This includes applying for funding extensions from the commissioner where a student requires additional time for reasonable adjustments to be put in place.

#### Midwifery

Link lecturers, sign-off mentors, managers and students confirm there is a clear escalating concerns policy [1-3].

Link lecturers, managers, sign off mentors, PLFs and students have a clear understanding of the procedures to be followed if poor performance in practice is claimed. Documentation illustrates that issues are identified early and acted upon with the involvement of the link lecturer and PLFs. Progress is monitored at regular intervals using action plans [1-3, 8-9, 13, 19].

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. We are confident that concerns are investigated and dealt with effectively and the public is protected.

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

#### What we found before the event

The university provides generic guidance for accreditation of experiential prior learning (APEL) but it is not clear how the school implements the process [71].

#### What we found at the event

#### SCPHN HV

The university regulations for APEL are applied to the SCPHN HV programme; however there are no current applications. We found that students with the V150 prescribing qualification attend V100 sessions as part of prescribing continuing professional

development, but are not required to complete the V100 prescribing assessment.

#### Midwifery

There is no APEL permitted within the pre-registration midwifery programmes which comply with NMC standards. The programme lead confirmed that those entering the 18 month programme are checked for their eligibility to enter the programme by being current on the NMC register as adult nurses [18].

#### Outcome: Standard requires improvement

##### Comments:

Service users and carers are not involved in the admissions process for the SCPHN HV programme. There are outline plans to include service users in the admissions process for health visiting. This needs to be enacted for 2016-17 in order to meet NMC requirements for admission.

##### Areas for future monitoring:

Monitor the involvement of service users/carers in the admission process for the SCPHN HV programme.

### 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 university has a placement agreement for all placement areas. The rights, responsibilities and expectations of the placement provider and UH are clearly defined. A separate agreement document is available for areas used for short placements [72].

The university has a process in place to work with practice placement providers in the event of an adverse CQC report. The university's associate dean for academic quality (practice) takes a lead role, working with senior managers within the trust. Other members of academic staff are involved as necessary, e.g. Link lecturers, programme practice co-ordinator. If it is agreed that the environment remains suitable for student learning support is provided, usually by the link lecturer. An educational audit may be

repeated [40, 73].

Educational audit of practice placements take place two yearly, the Watford site maternity unit was audited in April 2014 [74].

The LME liaises with heads of midwifery (HoMs) to ensure that there is capacity for the commissioned student numbers [75].

#### What we found at the event

We found that partnership working is strong at both strategic and operational levels. We can confirm that the university and practice placement partners respond quickly to external concerns regarding standards in practice areas. Additional support is provided for students if it is determined that the practice environment remains a suitable learning environment [40-42, 70, 76, 77].

#### SCPHN HV

Strong and effective partnerships are in place between the university and their two NHS trust placement providers. Representatives from NHS East of England, the university and Hertfordshire community trust meet to discuss issues relating to the SCPHN HV programme which have included student and PT performance [81].

Partnership working at an operational level is demonstrated through the relationship between academic staff and practitioners [20-23].

Educational audits are completed on a two yearly basis using the pan London audit tool and are undertaken in partnership between practice placement managers, Link lecturers and PTs. We found that within the audits sampled, three had action plans which are overdue for progress reporting. Minutes of a programme committee meeting held in June 2015 demonstrate that audit action plans are formally reported within the university but there was no evidence provided to demonstrate that the outstanding actions had been progressed through this meeting. Staff need to engage with this process and ensure that action plans are completed. This area requires improvement. [25, 27-31].

#### Midwifery

Midwifery practice placement providers have a number of formal opportunities to meet with the university teaching staff. Examples include the bi monthly practice / AEI meetings which are trust focused and include partner AEIs who have students in the trust. Also the quarterly directors of midwifery services and education meetings, at which all three trusts are represented. Student midwives are invited to the trust focussed meetings and confirmed that they are confident to raise their issues. A recent agenda item at both of these meetings has been the preparation for the introduction of the pan London practice assessment document (pan London PAD) [79-80].

The HoMs and the LME confirm that there is a robust partnership at operational working level between the university and practice placement providers [1-3, 18].

The PLFs and link lecturers are involved in the completion of educational audits. Scrutiny of the completed audits confirms this and demonstrates the involvement of another AEI whose students access the placement areas. Formal agreements are in

<p>place between the three organisations regarding the number of students to be allocated to placements [3-6, 78].</p> <p>Students, sign-off mentors, SoMs and HoMs confirm that there is a raising and escalating concerns process. Midwifery students relayed the processes that they would follow if they needed to raise concerns about any aspect of practice although none have needed to do this [1-3].</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>The university has a service user and public involvement group (SUPI) which comprises of three service user/public representatives, a member of the public involvement research group (PIRG), the SUPI coordinator, a senior management representative, three academic staff, and a public involvement lead. The group is supported by a dedicated website, includes training for public and staff and has links with external user groups. Members are also involved in all areas of programme development, delivery, recruitment, assessment and evaluation [57, 82].</p>
<p>What we found at the event</p>
<p><b>SCPHN HV</b></p> <p>We found that practitioners are involved in the development and delivery of the programme. Students and newly qualified health visitors praise the variety of expertise offered within the programme and give examples of specialist lectures from practitioners. Practitioners are also represented at programme committees and module examination boards [21-23, 37].</p> <p>Practice teachers and students told us that service users are involved in the assessment of practice through a minimum of two episodes of feedback on the student's performance in the consolidating practice portfolio. One newly qualified health visitor gave an example of a service user who had spoken to the group about the experiences of disability and parenting. Service users are currently involved in programme development although the academic team have recently approached the service user and public involvement group in order to develop this further [20-21, 32].</p> <p>The programme team acknowledge that service user involvement in the programme is in need of development. An action plan has been developed detailing how involvement will be increased, but there is no evidence of how this is progressing [83, 85].</p> <p>The programme leader has recently contacted the chair of the SUPI group to discuss how involvement can be facilitated [84].</p> <p><b>Midwifery</b></p> <p>We found evidence that sign-off mentors, SoMs, managers and at least one service user are involved in the recruitment of students and the design, delivery and evaluation</p>

<p>of the pre-registration midwifery programmes [1-3,18-19].</p> <p>All interviewed confirm that midwives, SoMs and service users are involved in teaching sessions on the programme [1-3, 18-19, 67].</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>There is a requirement for midwifery lecturers to spend 20 percent of their time in clinical practice, and the link lecturer role seems to be well established. When adverse events occur the link lecturer is a key member of the team who supports the students and monitors the learning environment. In these circumstances visits are recorded. The programme tutor also provides opportunities for students to voice concerns. Following the CQC inspection at Watford general hospital no student voiced any concerns. A compilation of student evaluations also demonstrates that students had no concerns about the learning environment [41, 86-87].</p> <p>The LME and a number of members of the midwifery team also visit the trust to provide support [88].</p>
<p>What we found at the event</p>
<p>SCPHN</p> <p>The standard for support is that the personal / link tutor will meet with the student and their practice teacher and/or mentor in the practice setting once per semester [103].</p> <p>We found that academic staff support to students in practice placement settings is regular, consistent and highly valued by students, PTs and managers. Academic personal tutors also act as link lecturers and visit each student with their practice teacher at least twice. Students also receive individual time with their personal tutor in placement and this was valued by students [26-29].</p> <p>Midwifery</p> <p>Student feedback via focus groups and the national student survey (NSS) survey suggests that they sometimes have problems contacting the module leader. The satisfaction level relating to this has dropped from 90 percent satisfaction in 2013 to 71 percent satisfaction in 2014 [102]. Students state that lecturers are easily accessed by email or phone should they have an issue of concern [1-3, 25, 102].</p> <p>Students and sign off mentors confirmed that the LLs are present in practice and support them in relation to learning and assessments. They carry out reflection sessions and trigger sessions in practice. The sign off mentors and PLFs state that the midwifery LLs participate in mentor update and introduction of the new pan London document. LLs conduct the educational audit with PLFs [1-3, 25].</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are</p>

properly prepared for their role in assessing practice
What we found before the event
<p>The university offers four mentorship modules. There are a variety of methods of delivery including a distance learning option. All midwifery mentors are prepared for sign-off status [91].</p> <p>Requirements for triennial review are included in the module although at the approval event there were some queries about mentor students' understanding of this process [48].</p> <p>The professional academic development programme in learning and teaching includes modules required for practice teachers as well as academic staff [92].</p> <p>The university was one of nine universities involved in the development of a pan London PAD. This was introduced for student midwives on the three year programme in September 2015 and will be introduced for the next cohort studying the 18 month programme. A strategy was in place to prepare mentors for the introduction of the pan London PAD [93].</p> <p>Midwifery mentors are supported by practice learning facilitators and practice development midwives. Practice placement evaluations, mentor evaluations and audits are scrutinised to enhance reliability of mentorship [94].</p>
What we found at the event
<p>SCPHN HV</p> <p>PTs and mentors confirm that the preparation programme undertaken and the subsequent updates prepare them for their role. New PTs confirm that they meet requirements to become a sign-off PT as part of the programme. They undertake one student sign-off assessment as part of their preparation programme with a second sign-off assessment of students in practice before they are annotated as a sign-off PT. Practice teacher forums are held locally as part of preparation and support network for the role [21-23, 95-96].</p> <p>Employers support practice teacher and mentor development through a system of continuing professional development. One example given was access to a leadership programme as part of skills development [21-23].</p> <p>The student's personal teacher supports the PT and mentor. A tripartite relationship between PT, mentor, student and lecturer facilitates the assessment of practice [90].</p> <p>Midwifery</p> <p>We found that academic staff and practice placement partners are working hard to ensure that mentorship meets NMC standards. Students in all trusts have reported concerns around unsupportive mentors and lack of continuity. At one trust the increased use of agency staff exacerbated the issue. The university ensures that lecturers work collaboratively with practice partners to support students and mentors. Individual issues</p>

<p>are dealt with by link lecturers in conjunction with line managers within the trust. The issue of student support in practice and mentorship is closely monitored through the annual monitoring evaluation review (AMER) process [89].</p> <p>Students have also been critical of mentors' demonstration of the '6 Cs'. The trusts keep the university informed about actions taken to address this. Measures taken emphasise the importance of midwives as role models [80].</p> <p>Mentor attendance at mandatory training is monitored with compliance set at 100 percent. Many of the courses are available on-line [67].</p> <p>Mentors are well prepared for the introduction of the pan London PAD. This was introduced for the September 2015 cohort midwifery students on the three year programme. Link lecturers are identified to support mentors at each site [97].</p> <p>Sign-off mentors confirm that they have been introduced to the pan London PAD either through their annual updates, through PAD champions at each site or bespoke help from link lecturers. The sign-off mentors and PLFs are clear that the new documents are easy to understand but will require more input than the previous document. Sign-off mentors are pleased that they will now have only one document for both universities' students. All sign-off mentors confirm their understanding of what a sign-off mentor is and their responsibilities to remain on the register and where it is held [1-3].</p> <p>Our findings conclude that sign-off mentors and practice teachers are properly prepared for their role in assessing practice.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>A full day programme for PTs is held on the AEI campus [95].</p> <p>No evidence regarding attendance at mentor updates was seen before the visit. A mentor / practice teacher handbook is available [103].</p>
<p>What we found at the event</p>
<p>We found that all SCPHN HV PTs and mentors are invited to the annual update on campus at the start of the September term. There is good attendance at this and practice placement staff confirm that they are released to attend. The academic team offer a range of further professional update and development days throughout the year which practice staff told us they are able to attend [21-23].</p> <p>Students confirm that mentors and practice teachers are well prepared and supportive [21-23].</p> <p>PTs told us that their managers support them to undertake their role through a reduced case load size and protected time [20-23].</p>

<p>Midwifery</p> <p>Sign-off mentors and PLFs confirm that there is a rolling programme of midwifery mentor updates available in several formats, and each sign-off mentor is informed when they need their update and when updates are available. Attendance is recorded in the 'live' mentor register held in each NHS trust and managed by CPFs. [1-3, 10-12].</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>Following the publication of the CQC report for Watford General Hospital it was confirmed that all mentors/sign-off mentors meet the requirements of the NMC standard to support learning and assessment in practice (NMC, 2008), in particular attending annual updates and completing triennial review [41,73].</p>
<p>What we found at the event</p>
<p>SCPHN HV</p> <p>We found that records of mentors/PTs are accurate and up to date in both of the trusts visited. We learnt that mentor databases are password protected. A sample of PTs with current students was reviewed and we found that they had attended an annual update each year and completed a triennial review. In one trust the mentor database was connected to a wider database which also records mandatory skills and any CPD undertaken. This is accessible both by the individual and by the organisation [28].</p> <p>Midwifery</p> <p>The midwifery mentor database is maintained by the NHS Trusts. A midwife in each area has been identified to take the lead with this. The challenge to ensure it is an accurate 'living' document is ongoing. This is a standing agenda item at local service and education meetings and directors of service and education meetings [67].</p> <p>The mentor registers at Lister Hospital and Barnet Hospital were complete, accurate and up to date. At Watford General Hospital the mentor register was not complete. It was clear that the mentors had attended annual updates but no triennial reviews were recorded in the mentor database [12-14].</p> <p>We were informed that requirements for triennial review are included in the appraisal process performed by the mentor's manager and the information is recorded in the mentor's personal file.</p> <p>Documentary evidence presented was inconsistent and did not clearly indicate that each mentor meets triennial review requirements. A form has been developed to standardise the recording of evidence for triennial review but this is not in use everywhere. Consequently we were not assured that all mentors meet the requirements. There is no process for ensuring that this information is transferred to the mentor register [42, 98-99].</p>



The mentor register was not complete or accurate and therefore the standard was not met. The mentor register must be updated to ensure that sign-off mentors meet NMC requirements.

7 April 2016

Evidence submitted to demonstrate completion of the action plan. Processes are now in place to ensure that the mentor registers are audited quarterly by the university and practice partner representatives [115-117].

The mentor register audits are now standing agenda items at midwifery service and education meetings and programme managers meetings [113, 114, 118].

**Outcome: Standard not met**

Comments:

Requires improvement

The process for monitoring action plans created in the educational audit is not rigorously applied. There was no evidence that outstanding actions on the sampled audits had been closed or were being monitored through the primary healthcare academic group meeting. This means that the educational audit process was not being consistently enacted in line with NMC requirements. Outstanding audit plans should be monitored and updated to ensure that the placement still meets requirements.

Requires improvement

Service user involvement in programme development requires improvement so that service user and carer involvement is systematically developed across all aspects of the SCPHN HV programme as required by NMC (2013) in the quality assurance framework.

Standard not met

We were not assured that all sign-off mentors in midwifery meet the requirements of triennial review. The process for ensuring that triennial review is recorded on the midwifery mentor register needs to be structured and implemented consistently across all trusts.

**7 April 2016: Follow up Documentary Evidence from University of Hertfordshire.  
Standard now requires improvement**

7 April 2016

We viewed evidence to demonstrate completion of the action plan (detailed above).

Areas for future monitoring:

- Ensure that actions identified in the educational audit are pursued.
- Review the progress of involvement of service users and carers in the SCPHN HV programme.
- Review the accuracy of the midwifery mentor registers to ensure that all mentors have completed triennial reviews.

## Findings against key risks

### Key risk 4 - Fitness for Practice

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

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

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

What we found before the event

SCPHN HV

NHS East of England has promoted a common modular framework to be delivered by all AEIs. The university was commended for its responsiveness.

Students undertake three weeks in an alternative placement area which is recorded in the practice handbook [47].

Midwifery

On the 18 month programme, masters level and degree level students are taught together. There is a heavy reliance on distance learning. The time spent in the AEI is organised in five one week blocks of study [55].

Evidence based learning is the underpinning strategy which has been modified to include additional tutorials in anatomy and physiology. All students have placements in birth centres. An objective structured clinical examination (OSCE) is included to meet the NMC requirement for an unseen examination. Support is via face to face tutorials and on-line resources via ‘studynet’. The time students spend in clinical practice has reduced from 60 percent to 50 percent [48].

A new 30 credit module ‘Physiological examination of the healthy newborn’, has been introduced on both programmes [24, 48, 55].

What we found at the event

SCPHN HV

We found that the programme supports student achievement of learning outcomes and is delivered effectively through strong partnerships with two NHS trusts. The programme was last approved by NMC in 2013 and is delivered in accordance with NMC (2006) standards of proficiency for public health nurses. The full and part time programme is delivered at degree or masters level depending on the continuing professional

development needs of applicants. The NMC requirement for the unseen component is met in the Public health: policy, module. The assessment requires the students to interpret and evaluate epidemiological and public health data [26, 102].

Students report that they are very satisfied with the teaching on their programme. The programme structure indicates 50 percent theory and 50 percent practice split, with students undertaking a period of ten continuous full time practice weeks at the end of the programme. We found that periods of theory and practice are well integrated and distributed throughout the programme. A varied assessment strategy is used to assess learning outcomes [21-23].

Commissioners, employers, PTs and students are all confident that the SCPHN HV programme prepares safe and effective health visitors on successful completion of the programme. Employers are pleased to employ graduate health visitors from the university, comparing them favourably to graduate health visitors from other AEIs [21-23, 83, 100-101].

#### Midwifery

The requirements of the European Directive, including the specified hours of theory and practice, are met in the approved programmes. Students are confident in achieving these requirements, especially the numbers of specified practice skills. This is monitored on a regular basis with their personal tutors to ensure they have achieved sufficient numbers at each progression point [1-3, 8, 9, 25, 99].

Students identified a range of effective teaching and learning strategies including lectures, case studies, role play and simulation, adding that this diversity adds interest to and maintains their engagement in the learning process [3, 25].

External examiners' reports for midwifery programmes confirm students are successful and able to move through programme progression points [7].

An innovative, experiential workshop for senior student midwives has been developed to enhance the standard of record keeping. This is in the form of an interactive workshop based on the processes of an NMC fitness to practise hearing [49].

Feedback was received from a small number of students via the student focus groups (and through the NSS) that they do not receive sufficient teaching around anatomy and physiology. The teaching team are working collaboratively with the educational technologists to ensure that interactive resources such as Anatomy TV are available on module websites to promote student learning around these topics [49].

The exam board confirms that all practice and academic requirements are met. The LME checks declarations of good health and good character against the verified pass list and signs the declaration which is uploaded to NMC [99].

Commissioners and senior managers confirm that students successfully completing the programme meet the requirements for registration and are employable. Recruitment, academic education, placement education, professionalism, innovation, commitment and transparency are all rag rated green [42, 70, 100-101].

Our findings conclude that learning, teaching and assessment strategies in the pre-registration midwifery programme and SCPHN HV programme enable students to meet the required programme learning outcomes, NMC standards and competencies/proficiencies.

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

The pan London PAD was introduced in September 2015. It will be used by all eight AEs accessing the London placement providers. Grading of practice is in four essential skills clusters. Assessment of medicines occurs annually and is graded pass/fail. Assessment of professional values is underpinned by the ‘6 Cs’. There is a pad for each year of the programme. Service user assessment is included but is not graded [48, 75].

What we found at the event

SCPHN HV

We found that students’ achievement in practice is assessed using the NMC (2006) proficiencies for specialist community public health nurses. Completed student portfolios demonstrate a clear progression point at the end of semester one. Students complete a practice portfolio as part of the universal public health practice module. Completed portfolios and the mentors databases viewed confirm that SCPHN HV proficiencies are verified by a sign off practice teacher with due regard. This is undertaken in the consolidating public health practice portfolio submitted following the period of supervised practice at the end of the programme [20-24, 32, 33].

A moderation panel is convened in each semester of the programme. The panel consists of representatives from the programme lecturers and PTs in the fields of health visiting and school nursing. A sample of practice portfolios and supporting documentation is also sent for review to external examiners [102].

Midwifery

We found that the NMC standards for pre-registration midwifery education are clearly articulated in the PAD and are understood by students and sign-off mentors [13-15]. The mechanisms to assess clinical practice enable students to develop skills and achieve competence with opportunities to receive feedback from mentors. This was clearly articulated by students, sign-off mentors and link lecturers, and evidenced in the PAD [1-3,13-15].

The pan London PAD grading of practice is accompanied by a detailed practice marking tool which should aid consistency [13].

Students indicate that mentors and CPFs are proactive in directing their learning to achieve NMC competencies, essential skills clusters and EU requirements [1-3,19].

Students understand the requirements of progression points and value planned learning experiences to give breadth of experience to enable progression [3,19].

Students report that they are well prepared for practice and value the opportunities

provided to rehearse and develop caring and practical skills prior to practice placements. Third year students report that they will be competent and fit for practice on completion of the programme [1-3,19].

Commissioners and midwifery managers confirm they are satisfied with the calibre of students completing the programme and are able to employ those who apply for midwifery posts [1-3, 42, 77, 100-101].

Service user feedback identifies that students are courteous; ensuring their student status is made known and consent to treat is gained. They report the students are extremely knowledgeable and demonstrate caring qualities and communication skills which also extends to their partners.

Service users express confidence in the care received from student midwives and those in the early stages of training seek advice where necessary from their mentors whilst the more experienced students could not be distinguished from qualified midwives in their practice.

Student midwives were consistently reported to be friendly, approachable and enthusiastic [38-39].

We conclude that students successfully completing the programmes are competent, fit to practise and for employment.

**Outcome: Standard met**

Comments:

Commissioners and trust managers are confident that students completing the programmes are ready for their qualified role.

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

Students are encouraged to evaluate both theory and practice on completion of each module. An on-line system was introduced for evaluation of practice which resulted in a 60 percent response rate. At the initial visit this was briefly discussed. The discussion indicated that the system for evaluation had changed more than once [104].

Link lecturers respond to evaluations of practice through the development of action plans with practice placement partners. Trusts are required to provide evidence of their governance procedures in response to student feedback. During the year, senior nurses from partner trusts have written open letters to thank the students for their responses and to explain how their feedback is being acted on. This was commended by NHS East of England commissioners [106-107].

The schools governance structure includes student and practice placement provider representatives at the academic board and programme committees [105].

Programme leaders are required to produce an annual evaluation report which provides a means of analysing and responding to key internal and external feedback on the programme. It includes student feedback, entry and progression statistics and external examiners' reports [106].

#### What we found at the event

##### SCPHN HV

In the past there were concerns that the student response rate in evaluations was poor. Strategies were implemented and we found that the system of evaluation is now working well. Students, PTs, mentors and employers believe that the university and academic team listen and respond well to feedback [21-23, 26, 89].

There is a system of student representation and students are able to give examples of how the programme had changed in response to the feedback of previous students. This included an adjustment of submission dates and refining the portfolios so that there was less repetition [21-23].

Student forums are held each semester before programme committee meetings, providing an opportunity for all students to meet with the programme team to discuss any general concerns arising from their programme of study. These are also useful to clarify any issues relating to the overall management of the programme [85].

##### Midwifery

Concerns have been raised regarding the students' poor response to on line evaluations. Academic staff endeavour to facilitate hard copy evaluations which has improved the response rate [97,111].

Student representatives told us that they are encouraged to attend and feed into the programme committee meetings where any specific issues can be voiced and are responded to in a timely manner [1-3].

Students give feedback on their clinical placements specifically via local service and education meetings, programme committees and through completing the online practice placement questionnaires (PPQ) via the Bristol online survey. Results from the PPQs are then collated by the link lecturers and results fed back to the clinical areas through

<p>local service and education meetings and via directors of service and education meetings [97].</p> <p>Other forms of student feedback include student focus groups held towards the end of each academic year and facilitated by the programme tutors. All final year students completing the programme undertake an exit interview with the relevant programme tutor [106].</p> <p>Significant themes identified from meetings and from the 2014 NSS have been incorporated into an action plan [97, 108-110,112].</p> <p>Students confirm they are regularly consulted about the programme, both informally and through written evaluations of specific modules. The midwifery lecturers respond to their suggestions and concerns. The school has a 'you said we did' policy that is published on the student electronic information site. The students gave examples of being told about how the programme had changed following previous evaluations. Midwifery lecturers and midwifery students reported that the midwifery curriculum has been responsive to past student evaluations and midwifery lecturers' evaluation of modules [1-3, 25,108-110].</p> <p>Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration midwifery and SCPHN HV programmes.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>Following the CQC inspection at Watford General Hospital exit interviews were conducted with 17 completing student midwives placed at the hospital between May 2015 and Sept 2015. Feedback was mostly positive [107a,b].</p> <p>Seven student evaluations completed between May 2015 and Sept 2015 revealed mostly positive comments [107a,b].</p>
<p>What we found at the event</p>
<p>SCPHN HV</p> <p>We found that information gained from qualitative evaluation, student representatives or module evaluation is fed back to PTs, mentors and managers at the annual update or subsequently at updates through the year. Practice teachers and managers confirm that the academic team make regular visits and this provides another opportunity for feedback [21-23].</p> <p>Feedback from external examiners is positive; in particular how well the programme is organised and managed, how well the students are supported and the high quality feedback given to students. They are also very positive about the good communication that exists between the programme team, administrative staff and external examiners</p>

[89].

We found that the external examiners engage with the theoretical assessment and examination of the practice portfolios, but the report does not demonstrate engagement in the practice element of the SCPHN HV programme. There was no record that the external examiner had engaged with practice assessors or practice learning environments in judging the quality or the validity and reliability of assessment judgements in practice. Engaging more fully in the practice elements of the programme to inform judgements about practice learning and assessment therefore requires improvement to ensure that the quality assurance of practice learning is robust. The academic team has identified that a new external examiner has taken up post in 2015-16 and this expectation should be built in to the expectations of the role and responsibilities [20, 36].

#### Midwifery

Overall practice learning environments are evaluated positively by students although there was limited electronic evaluations completed and students state that they preferred the more informal way of evaluating practice [1, 2, 3, 25].

Sign off mentors and practice facilitators confirm that they view student evaluations and feedback on placement learning experiences and in conjunction with link lecturers, act on issues including concerns and complaints [1, 2, 3].

We found that external examiner annual reports had not consistently reported on their evaluation of practice and practice assessments. Three external examiners reports were viewed for 2015. Only one reported visiting students in practice and it was therefore not clear if other external examiners had undertaken any practice visits in that year [7].

We conclude that the university has processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners. External examiners are involved in the moderation of the practice assessment documents for the midwifery and SCPHN HV programmes. However evidence that they meet with students and mentors is sparse. This requires improvement to ensure the process is more structured and rigorous.

Feedback from external examiners is positive; in particular how well the programme is organized and managed, how well the students are supported and the high quality feedback given to students. They are also very positive about the good communication that exists between the programme team, administrative staff and external examiners [102].

We found that the external examiners engage with the theoretical assessment and examination of the practice portfolios, but the report does not demonstrate engagement in the practice element of the SCPHN programme. There was no record that the external examiner had engaged with practice assessors or practice learning environments in judging the quality or the validity and reliability of assessment judgements in practice. Engaging more fully in the practice elements of the programme to inform judgements about practice learning and assessment therefore requires improvement to ensure that the quality assurance of practice learning is robust. The academic team has identified that a new external examiner has taken up post in 2015-16 and this expectation should be built in to the expectations of the role and



responsibilities [26,45].

#### Midwifery

Overall practice learning environments are evaluated positively by students although there was limited electronic evaluations completed and students state that they preferred the more informal way of evaluating practice [1,2,3,25].

Sign off mentors and practice facilitators confirm that they view student evaluations and feedback on placement learning experiences and in conjunction with link lecturers act on issues including concerns and complaints [1,2,3].

We found that external examiner annual reports had not consistently reported on their evaluation of practice and practice assessments. Three external examiners reports were viewed for 2015. Only one reported visiting students in practice and it was not clear if any assessing in practice had been observed in that year [7].

We conclude that the university has processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners. External examiners are involved in the moderation of the practice assessment documents for the midwifery and SCPHN HV programmes. However evidence that they meet with students and mentors is sparse. This requires improvement to ensure the process is more structured and rigorous.

#### Outcome: Standard requires improvement

##### Comments:

The programme teams have worked hard to improve student response rates in evaluations, and can demonstrate success. Students value the opportunities to provide informal feedback and are positive about the response of academic staff in response to their evaluations. Practice placement partners are informed both formally and informally of students' feedback.

External examiners are positive about all programmes including the programme management and the support given to students. Their engagement with practice is inconsistent in all the programmes and this needs to be improved.

##### Areas for future monitoring:

- Review the engagement of external examiners with practice.

## Evidence / Reference Source

1. Visit to Lister hospital students, mentors, PLF, managers ,SOMs./link lecturers 25 November 2015
2. Visit to Watford hospital students, mentors, CPF, managers ,SOMs, link lecturers 25 November 2015
3. Visit to Barnet hospital students, mentors, CPF, managers , link lecturers 26 November 2015
4. Educational audit Barnet hospital
5. Educational audit Watford general hospital
6. Educational audit Lister hospital
7. External examiners annual reports X three, midwifery programme, 2014/15
8. Programme Handbook 3 year midwifery programme, 2015-16
9. Programme Handbook 18 month short midwifery programme 2015-16
10. Mentor database- Lister hospital, 25 November 2015
11. Mentor database- Barnet hospital 26 November 2015
12. Mentor database- Watford General Hospital, 25 November 2015
13. Practice assessment document (blank ), midwifery three year programme undated
14. Practice based assessment book level 6, midwifery 18 month programme undated
15. Practice based assessment book level 7, midwifery 18 month programme undated
16. Midwifery student and allocated signoff mentors at Watford General Hospital 25 November 2015
17. Standards of preregistration midwifery education , NMC, 2009
18. Meeting with LME, midwifery programme team and service user 25 November 2015
19. Meeting with third year students , Midwifery three year programme, 26 November 2015
20. SCPHN academic team meeting, 25 November 2015
21. Meetings with students, practice teachers, mentors and managers at Cedar House, Enfield: Barnet, Enfield and Haringey Trust , 25 November 2015
22. Meetings with students, SCPHN programme, practice teachers, mentors and managers at Hertford county hospital, Hertford (Herts Community Trust ), 25 November 2015
23. Meetings with students SCPHN programme practice teachers, mentors and managers at Apsley One, Hemel Hempstead (Herts Community Trust ) , 26 November 2015
24. SCPHN programme handbook , 2015-16
25. Minutes of SCPHN programme committee meeting, 11 June 2015
26. Qualitative feedback notes from student evaluation meeting, SCPHN programme 21 August 2015
27. Educational Audit - Hartismere Hospital, 21 October 2015
28. Educational Audit - St. Albans Community team, 21 October 2015
29. Educational Audit - Dacorum Hospital, 03 July 2014

30. Educational Audit - North Herts, Stevenage, Welwyn and Hatfield Community team, 11 November 2014
31. Educational Audit - Hertfordshire Community East and West Universal Children's Services, 02 September 2014
32. Completed SCPHN student portfolios
33. Practice teachers handbook, SCPHN programme, undated
34. Practice placement agreement template undated
35. Service User involvement in SCPHN programme - action plan, undated
36. SCPHN External examiner report, 10 September 2015
37. SCPHN Module board minutes, 10 February 2015
38. Meeting with service users Forest Primary Care centre, Barnet, Enfield and Haringey Mental Health Trust 25 November 2015
39. Meeting with service users Barnet Hospital, Royal Free NHS Foundation Trust 26 November 2015
40. Report detailing UH response to CQC reports, 2012-2015, November 2015
41. UH Exception report submitted to the NMC regarding West Hertfordshire Hospitals NHS Trust Care Quality Commission Report , 30 October 2015
42. Telephone interview with Director of nursing for leadership, Watford general hospital, 25 November 2015
43. NMC Register, 10 November 2015
44. University of Hertfordshire Appraisal Policy, July 2009, Staff development policy 2013/14, University of Hertfordshire – Academic Staff probation 2013/14
45. Staff CVs for Midwifery programmes
46. SCPHN list of programme teachers and their qualifications
47. Programme approval report: SCPHN, 2013
48. Programme approval report: BSc (Hons) Midwifery (3 years ), 06 March 2012
49. Executive summary: Annual Monitoring Evaluation Report AMER – Midwifery 2013/14
50. Enhancement of the Practice Learning Environment (NHS and Independent sector), Name of Placement: Barnet Hospital, May 2015
51. Royal Free NHS Foundation Trust (Barnet site) - Audit Action Plan , no date
52. University of Herefordshire NMC Self-assessment report 2014/15,
53. Meeting with programme leader 11 November 2015
54. University of Hertfordshire, supervisor of midwives action plan, 2014-15
55. Programme approval report: midwifery 18 month, 6 March 2012
56. University of Hertfordshire, Summary West Hertfordshire Hospital Trust student evaluation 1 April 2015 – 15 September 2015
57. Annual self-assessment report 2014/15
58. Current admissions process for specialist community public health nursing programme, undated
59. Interview schedule for SCPHN programme 2015

60. Training presentation for service users - Equality and Diversity, undated
61. UH Letter to service users regarding involvement in recruitment, undated
62. UH Student selection briefing paper for service users, undated
63. UH BSc (Hons) in Pre- registration midwifery (shortened) / master of midwifery (MMid) Selection day – comprehension test January 2016 cohort
64. UH School of health and social work, Declaration of disclosure and barring service form: self-disclosure for continuing students, undated
65. UH School of health and social work, Self-disclosure form for applicants, undated
66. BSc (Hons) in pre-registration midwifery (shortened) / master of midwifery numeracy test, undated
67. UH School of health & social work, Department of allied health professions and midwifery, Directors of midwifery services and education, October 2014, January 2015, April 2015, October 2015
68. UH Higher education corporation, School of health and social work, Fitness to practise policy, February 2013
69. SCPHN student handbook, Process to follow if a student is at risk of failing or concerns have been raised regarding practice, 2015-16
70. Telephone interview with commissioner, NHS London, 25 November 2015
71. UH Best practice in accredited prior certificated learning (APCL), July 2014
72. UH Practice placement agreement – NHS and PVI , undated
73. Further information as requested regarding West Hertfordshire Hospitals NHS Trust CQC report
74. UH NMC Annual self-assessment report 2015/16
75. Programme Audit/Major Modification report Midwifery programmes 18 month and 3 year, 06 February 2015
76. UH, School of health and social work, HE north central and east London, HE north west London Local Education and Training Board (LETB) regions short placement agreement meeting with PVI sector placement providers April 2015, October 2015
77. Telephone interview with commissioner, NHS east of England, 25 November 2015
78. UH School of health and social work, Role description, Programme practice co-ordinator for pre-registration nursing , undated
79. Royal Free Barnet hospitals NHS trust, minutes of practice/AEI meeting December 2014, February 2015, June 2015, August 2015
80. UH school of health & social work department of allied health professions and midwifery, Directors of midwifery services and education, October 2014, January 2015
81. UH, Notes from meeting re HV students 18 February 2015
82. School of health and social work strategy for service user and public involvement, July 2013
83. Action Plan to enhance service user and public involvement, SCPHN programme, undated
84. Email from the SCPHN programme leader to the chair of the SUPI group 24 November 2015
85. UH, School of health and social work, BSc/MSc Specialist community nursing, BSc/MSc specialist community public health nursing academic session 2014/2015, 11 June 2015

86. UH school of health and social work, Job description post title: Senior lecturer midwifery , undated
87. UH School of health and social work, Role of the link lecturer – midwifery, undated
88. Further information as requested regarding West Hertfordshire Hospitals NHS Trust CQC September 2015 – Midwifery – West Hertfordshire Hospitals Watford site Maternity Unit
89. Executive summary Annual monitoring and evaluation report (AMER), SCPHN, 2013/14
90. Support mechanisms Programme handbook undated
91. Preparation for mentorship: module specification
92. UH Professional academic development programme in learning and teaching in higher education 2014/15
93. Programme audit/major modification report midwifery programmes:18 months and 3 years
94. Mentor update presentation undated
95. UH Practice teacher & mentor induction day presentation undated
96. UH, School of health and social work, BSc (Hons)/Pg Dip Specialist community public health nursing, Practice teacher/mentor forum, Friday 18 September 2015
97. Executive summary AMER report – Midwifery 2013/14
98. A number of extracts from mentors files to confirm they meet the requirements for triennial review, presented to team by Director of nursing for leadership, Watford General Hospital, 26 November 2015
99. Procedure for progression and admission of students to the NMC register, undated
100. Pan-London quality & regulation unit, Quality and contract performance management (QCPM) for healthcare professionals, Annual report 2013/14 Midwifery, University of Hertfordshire
101. Telephone interview with commissioner, NHS east of England, 25 November 2015
102. UH, School of health and social work, Extract from periodic review document, undated
103. University of Hertfordshire, school of health and social work department of adult nursing and primary care Pg Dip/BSc (Hons) specialist community public health nursing, practice teachers' and mentors' handbook 2014/2015
104. Initial visit, meeting with academic staff, 11 November 2015
105. University of Hertfordshire higher education corporation, committee structure of the academic board, programme committees, October 2014
106. Annual monitoring and evaluation reports (AMERS) undergraduate provision, Midwifery three year programme, September 2014
- 107a. Pre-Registration nursing practice evaluation summary of 2013-2014 Practice evaluation results , undated
- 107b. Summary West Hertfordshire Hospital Trust student evaluation 1 April 2015 – 15 September 2015
108. You said – we listened. exit interview (2014 midwifery BSc cohort completers)
109. You said – we listened. National student survey –January 2014 cohort, midwifery three year programme
110. East and North Herts NHS Trust Semester A 2015 responses from 12 students year one to three midwifery programmes
111. Strategy / action plan to elicit placement evaluations from student midwives , undated
112. National Student Survey ( NSS) action plan, three year midwifery programme, 2015-16

113. *University of Hertfordshire, School of health and social work, Department of allied health and midwifery, Directors of midwifery service and education, minutes of meeting, 20 January 2016*

114. *Service and Education meeting – Maternity - standing agenda, viewed 7 April 2016*

115. *Midwifery mentor audit report, Royal Free London NHS Foundation Trust, viewed 7 April 2016*

116. *Midwifery mentor audit report, East and North Hertfordshire, viewed 7 April 2016*

117. *Midwifery mentor audit report, West Herts Hospitals NHS Trust, viewed 7 April 2016*

118. *Audit Of mentor registers, template viewed 7 April 2016*

Personnel supporting programme monitoring
<b>Prior to monitoring event</b>
Date of initial visit: 11 Nov 2015
<b>Meetings with:</b>
Associate Dean for Academic Quality Associate Director Academic Quality Assurance Head of Department Allied Health Professionals and Midwifery Head of Department Adult Nursing and Primary Care Head of Department Nursing (Child, Learning Disabilities and Mental Health) and Social Work and NMC Correspondent Lead Midwife for Education Programme Tutor for BSc (Hons) Pre-registration Midwifery with Registered Midwife Programme Tutor BSc (Hons) Pre-registration Midwifery Shortened) and Masters of Midwifery Programme Tutor Specialist Community Public Health Nursing Professional Lead Primary Care Assistant Administrator
<b>At monitoring event</b>
<b>Meetings with:</b>
Dean of School of Health and Social Work Associate Dean for Academic Quality Associate Director Academic Quality Assurance Head of Department Allied Health Professionals and Midwifery Head of Department Adult Nursing and Primary Care Head of Department Nursing (Child, Learning Disabilities and Mental Health) and Social Work and NMC Correspondent Lead Midwife for Education Programme Tutor for BSc (Hons) Pre-registration Midwifery with Registered Midwife Programme Tutor BSc (Hons) Pre-registration Midwifery Shortened) and Masters of Midwifery Programme Tutor Specialist Community Public Health Nursing Professional Lead Primary Care Assistant administrator students, practice teachers, mentors and managers at Cedar

House, Enfield (Barnet, Enfield and Haringey Trust)

Students, practice teachers, mentors and managers at Hertford county hospital, Hertford (Herts Community Trust)

Students, practice teachers, mentors and managers at Apsley One, Hemel Hempstead (Herts Community Trust)

Meetings with:

Mentors / sign-off mentors	20
Practice teachers	8
Service users / Carers	6
Practice Education Facilitator	2
Director / manager nursing	11
Director / manager midwifery	4
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	24  Supervisor of midwives x 8 Lead midwife for education x 1 Link lecturers x 10 Practice development midwife x 1 Newly qualified health visitor preceptees x 4



Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Midwife - 18 & 36M	Year 1: 7 Year 2: 15 Year 3: 6 Year 4: 0
Registered Specialist Comm Public Health Nursing - HV	Year 1: 8 Year 2: 0 Year 3: 0 Year 4: 0

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