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 Northampton
Programmes monitored	Registered Midwife - 36M; Registered Nurse - Learning Disabilities
Date of monitoring event	16-17 Mar 2016
Managing Reviewer	Jo Benn
Lay Reviewer	Sarah Fishburn
Registrant Reviewer(s)	Kudzai Mafuba, Diane Fraser
Placement partner visits undertaken during the review	Nursing (learning disabilities) placement providers Independent sector: Badby Park Care Home St Andrews Healthcare NHS providers: Campbell House Northamptonshire Healthcare Foundation Trust (NHFT) No. 1 Willow (NHFT) Community team for people with learning disabilities South (NHFT) Strategic health facilitators (NHFT) Midwifery placement providers: Northampton General Hospital Kettering General Hospital Foundation Trust Milton Keynes University Hospital

Date of Report	15 Apr 2016

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 Northampton's programmes

The University of Northampton was established in 2005 and comprises of six schools delivering programmes across two campuses. The university is currently restructuring the organisation into four faculties and the university will move to one central site in 2018.

The School of Health provides programmes in health, social work, human bioscience and sport and exercise science. The school provides a pre-registration BSc (Hons) nursing (adult, child, mental health and learning disabilities) programme and a pre-registration BSc (Hons) midwifery (three year) programme. The school was reapproved to deliver the pre-registration nursing programme in January 2012 and the pre-registration midwifery programme in March 2015.

This monitoring review focuses on the pre-registration nursing (learning disabilities) programme and the pre-registration midwifery programme. Both programmes have one intake of students per year in September/October.

Fifty percent of pre-registration nursing and midwifery programmes are delivered in practice placements which cover an extensive geographical area including all of Northamptonshire and a substantial area within Buckinghamshire.

The pre-registration nursing (learning disabilities) programme has placements in four NHS trusts, Northamptonshire locality health community workforce team, and a range of providers from the independent sector. The pre-registration midwifery programme has placements in three NHS trusts.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Practice placements covered a large geographical area in Northamptonshire and Milton Keynes in Buckinghamshire. The placements included NHS trust providers and some independent sector providers. Attention was paid to students' learning experience in several practice placement organisations that have been rated as requiring improvement by the Care Quality Commission (CQC). These placements included Badby Park Care Home and Kettering General Hospital Foundation Trust.

Summary of public protection context and findings

Our findings conclude that the University of Northampton has significant weaknesses in systems and processes in three risk areas; resources, admissions and progression and fitness for practice. The university is required to implement an action plan to ensure that the risks are controlled and meet the NMC standards and to assure public protection.

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

Improvements are required to improve specific weaknesses in two key risks; practice learning and quality assurance.

The control of the key risks is outlined below.

Resources - Not met

We conclude that there is sufficient academic staff and appropriately qualified sign-off mentors to support the students on the midwifery programme.

The academic staff resource supporting the nursing (learning disabilities) programme requires improvement.

We found that there are appropriately prepared mentors with due regard in the majority of placement areas to support students studying the pre-registration nursing (learning disabilities) programme. However in a placement area in the independent sector we found there was no appropriately prepared mentor with due regard to support student nurses (learning disabilities). In addition there is no process for long-arm mentoring by current qualified mentors with due regard in place to support non-nurse mentors. These issues require urgent action.

The university implemented an action plan to ensure that students are supported by appropriately prepared mentors with due regard.

31 July 2016

The University of Northampton reviewed and enhanced the support for students in PVI placements and specifically at Badby Park. The university have developed a process for long arm mentoring. The standard now requires improvement to address academic staff resources for pre-registration nursing (learning disability).

Admissions and progression - Not met

We conclude that entry requirements for both programmes meet NMC requirements. Students complete disclosure and barring service (DBS) checks and occupational health clearance before commencing placements which is fundamental to protection of the public. However we found that the university does not have a policy to undertake a risk assessment of students under 18 years of age prior to going into practice. This requires action to protect the student and the public.

We found that the university does not have a mechanism to be assured that placement providers have been adequately prepared through equality and diversity training before engaging in recruitment activities. This requires action to provide assurance that pre-registration nursing standard R3.8 (NMC, 2010) is met.

We found that students on the pre-registration nursing (learning disabilities) programme complete an annual self-declaration of good health and good character before commencing practice in years two and three of the programme. However all students on the pre-registration midwifery programme were not aware that they had to self-declare their health and character status at the annual progression points, and during the review we found no evidence to confirm that this process is in place. The university must take urgent action to ensure a robust process is in place which is clearly understood by students.

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. Practice placement providers have a clear understanding of and confidence to initiate these procedures to address issues of students' poor performance in practice. We are confident that concerns are investigated and dealt with effectively and the public is protected.

The university implemented an action plan to ensure student awareness of health and good character processes at progression points in the pre-registration midwifery programme; to address the lack of process for checking practitioners have completed diversity training prior to undertaking student selection interviews and the lack of a risk assessment policy for students under 18 years of age prior to going into practice.

31 July 2016

Following the implementation of the action plan the university has revised its admissions policy and all students entering the nursing programme must be over 18 years of age.

A self-declaration form has been devised to ensure clinical staff have undertaken appropriate training in equality and diversity before interviewing candidates.

Students clearly declare their good health and character annually as part of the online enrolment process. The rationale for this and the importance of the declaration are now communicated to students.

The standard is now met.

Practice learning - Requires improvement

There are strong and effective working partnerships between the university, commissioners and placement providers at strategic and operational levels. These partnerships effectively manage issues of concern from practice. However the university is not using the NMC exceptional reporting mechanism. This requires improvement.

We found the contribution of practice placement providers to programme development and delivery is evident and valued by the students. Service users and carers contribute to the pre-registration midwifery and nursing (learning disabilities) programmes.

Nursing and midwifery mentors and sign-off mentors are appropriately prepared for their role in assessing practice and attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

The records of mentors and sign-off mentors are accurate and up-to-date and meet the NMC requirements in the trust placement provider areas. We found that the mentor register for the private voluntary and independent (PVI) sector held by the university requires improvement to ensure accurate and current information is available.

Fitness for practice - Not met

The learning and teaching strategies in the pre-registration nursing (learning disabilities) and midwifery programmes enable students to meet the required programme learning outcomes, NMC standards and competencies. However in the pre-registration nursing (learning disabilities) programme there is a significant weakness in the theoretical assessment processes that enable students to compensate grades, which requires urgent attention by the university to ensure NMC standards are met.

From our findings we conclude that since the introduction of PebblePad e-portfolio for the assessment of practice there is no recorded evidence that students are consistently signed off as competent in the pre-registration nursing (learning disabilities) programme). There is an urgent need to ensure that all students who have progressed from year one to two and year two to three have been signed off to ensure NMC practice learning outcomes and competencies at progression points have been met.

There is a lack of documentary evidence to support students' achievement of all NMC

practice learning outcomes and competencies at progression points and upon entry to the register for the nursing (learning disabilities) programme.

In addition we conclude from our findings that the QA mechanisms that assure the sign-off process for students on the pre-registration midwifery programme require improvement.

The university implemented an action plan to ensure that all students on the pre-registration nursing programme had appropriately progressed in theory and practice.

31 July 2016

Following the implementation of the action plan the University of Northampton have assured the NMC that all students have progressed appropriately. Revisions to the programme documentation have ensured compensation does not occur.

Assessment of practice documentation has been enhanced to ensure that students are appropriately signed-off as fit to progress at progression points and on entry to the register. This process has been effectively communicated to all stakeholders.

The standard is now met.

Quality assurance - Requires improvement

We conclude that feedback and evaluation and improvement systems address areas for development and enhance the delivery of the programmes. However the internal QA system within the school to confirm adherence to academic and practice processes requires improvement to enhance the management of risk.

We found that the university has effective processes in place to enable students to raise concerns and complaints arising from practice are appropriately dealt with and communicated to relevant partners.

Summary of areas that require improvement

Evidence presented by the university at 31 July 2016 to support completion of the action plan confirmed that systems and processes are now in place to address all of the issues identified below.

The following areas are not met and require urgent attention:

- In an independent sector placement (Badby Park Care Home) there are no current qualified mentors with due regard to support year one pre-registration nursing (learning disabilities) students.

- There is no arrangement for long-arm mentors with due regard to support students in practice placement areas where there are no qualified mentors and non-nurses assess students during the first year of the programme.

- The university does not ensure that the practitioners involved in recruitment are appropriately trained in equality and diversity.

- The university does not have a policy to undertake a risk assessment of students under 18 years of age prior to going into practice to protect the student and the public.

- Students on the pre-registration midwifery programme are not aware that they have to self-declare their health and character status at the annual progression points and we found no evidence during the review to confirm that this process is in place.

- There is no assurance of compliance of non-compensation within a generic assessment in the pre-registration nursing programme. This requires urgent attention by the university.

- There is no recorded evidence that students are consistently signed off as competent for the assessment of practice in the pre-registration nursing (learning disabilities) programme. There is a need to ensure all students who have progressed from year one to year two and year two to year three have been robustly signed off.

The following areas require improvement:

- The academic staff resource supporting the nursing (learning disabilities) programme requires improvement. The university is in the process of recruiting another learning disabilities nursing lecturer. This appointment should be in place before the next intake of students in September/October 2016.

- The university is required to escalate concerns to the NMC through exceptional reporting.

- The PVI mentor register held by the university requires improvement to ensure accurate and current information is available.

- The QA mechanisms that assure the sign-off process for students on the pre-registration midwifery programme require improvement.

- The internal QA system within the school to confirm adherence to academic and practice processes requires improvement to enhance the management of risk.

Summary of areas for future monitoring

- Academic resources to support the pre-registration nursing (learning disabilities) programme.

- Sufficient appropriately qualified mentors to support pre-registration nursing (learning disabilities) students in placements.

- Robust arrangements with long-arm due regard mentors for students during placements supported by non-nurses.

- Arrangements for allocation and support of students on spoke placements.

- The university is assured that practice placement providers involved in the recruitment of students have completed equality and diversity training.

- Completion of annual declaration of good health and good character by midwifery students at progression points.

- A policy to undertake a risk assessment of students under 18 years of age prior to going into practice placements.

- The use of exceptional reporting to the NMC to escalate concerns.

- The development of service user and carer involvement in the pre-registration nursing (learning disabilities) programme.

- Accurate and current information in the PVI mentor register.

- Accurate documentary evidence of final sign off of competence in practice in the pre-registration nursing (learning disabilities) and midwifery programmes, including effectiveness of the university's governance processes.

- The QA mechanisms that assure the sign-off process for students on the pre-registration midwifery programme.

- The internal QA system within the school confirms adherence to academic and practice processes to enhance the management of risk.

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

Nursing (learning disabilities)

The programme team is small but provides a sufficient academic resource for the number of students. We were told that the school is in the process of recruiting another whole time equivalent (WTE) learning disabilities nursing lecturer.

Midwifery

The team described cohesive and effective partnership working with practice partners. Involvement from service providers is evident in the development and delivery aspects of the programme. We were told that communication is effective and maintained by regular contact between midwifery lecturers and placement providers. Academic staff support mentors and students in practice.

The team told us that the integration of theory and practice has been enhanced through

student focussed delivery methods and the assessment of practice is robust.

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

The commissioners describe a strong working relationship with the university. Communications between the university and practice placement partners is described as open and honest resulting in effective working relationships. Commissioners are very pleased with the calibre of students exiting the programmes.

Nursing (learning disabilities)

Mentors confirmed that overall the standards for learning and assessing in practice are maintained. They describe a supportive relationship with the academic staff who visit the mentors and students in their role as link lecturer. Service partners confirmed involvement in recruitment of students and delivery of the programme. The move to PebblePad electronic assessment of practice has in the main been effective and mentors are confident in the grading of practice and management of poor performance. Managers confirm that they employ the students on completion.

Midwifery

Practice partners agree with the academic staff that there is a strong and supportive relationship with the academics. All standards for learning and assessing in practice are maintained. Service users are involved in the assessment of students and practice learning opportunities are evaluated. The employers told us that they are very satisfied with the calibre of newly qualified midwives from the University of Northampton.

Students

Nursing (learning disabilities)

Students describe a robust admissions process which includes a DBS check and occupational health clearance, which is reaffirmed annually. They told us that service user and carer involvement in the student journey is limited to clinical practice. Students report a positive experience of teaching and preparation for practice by the academic staff. The hub and spoke experiences are arranged on an informal basis and there is no mechanism in the assessment of practice to facilitate feedback.

Midwifery

The students describe a cohesive student experience offering variety in teaching methods and clinical exposure. Students told us that admission processes are robust and adopt a partnership approach. They confirm that the Standards for supporting learning and assessment in practice (SLAiP) are maintained and assured us that they and their mentors understand the practice assessment documents (PADs). They believe it enables a robust assessment of their competence. Students confirmed that they require DBS and occupational health clearance before commencing practice placements but all students told us that they had not been asked to self-declare their health and conduct status at the annual progression points in the programme.

Service users and carers

The voice of service users and carers is valued by the university and the students. They are actively involved in programme recruitment, development and delivery. Their input into assessment, through feedback testimonies, is highly valued by the students. Direct

input from service users with learning disabilities could be further enhanced.

Relevant issues from external quality assurance reports

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

The following reports require action(s):

There are eight practice placement areas with CQC reports indicating a need for improvement across a range of issues which include:

Woodland Hospital: date of report March 2014

The CQC carried out a routine inspection on the 17 and 24 February 2014. The outcome was a rating of action required in relation to supporting staff as there was variability in the extent to which staff had completed mandatory training (37).

Response by the university: the placement has been reviewed by the link lecturer and remains a positive learning environment for students (130).

Badby Park Care Home: date of report 31 March 2015

The CQC carried out an unannounced visit on the 12 and 13 January 2015. The service cares for clients with progressive neurological conditions and acquired brain injury. The outcome of the visit was that all areas reviewed require improvement as the service was not always safe. People did not always receive their medication as it was prescribed and the arrangement for the storage of medication was not safe. The services were not always effective as people's human rights were not always protected; because their freedom of movement was restricted without assessment or an authorised deprivation of liberty. The service was not always caring. People were not always supported to maintain their privacy and dignity. People were not always treated with kindness and compassion. Staff did not always involve people in decisions relating to their care and support. The service was not always responsive as it was not clear what activities were available for people who were unable or unwilling to participate in group activities and there was no set plan of activities for the people cared for on the Purple Meadows unit. The service was not always well-led as records and data management systems were not robust because records were not always accurate or fully completed (51).

Response by the university: the placement had a repeat educational audit. Students continue to be allocated to the area which is monitored by the link tutor (130).

Central and North West London NHS Foundation Trust: date of report 19 June 2015

The CQC carried out a routine inspection of core services. The outcome of the visit was that the mental health services had three core services that required improvement. These were the acute wards for adults of working age, wards for older people with mental health problems and the community based mental health services for adults of working age. The area of greatest concern related to safety and responsiveness on the acute wards for adults of working age which were rated as inadequate. There were however significant challenges being faced by the trust at the time of the inspection with pressures across the mental health acute care pathway. They also found geographical

differences, especially in London between the inner and outer London boroughs. The inner London boroughs were facing the greatest bed pressures for people needing acute mental health services. The outer London boroughs were facing challenges of demands for community services and difficulties in staff recruitment resulting in waiting lists. This was particularly notable in the London Borough of Hillingdon for mental health and community services (38).

Response by the university: the university is aware of the improvements made by the trust to address the issues raised. Service reconfiguration since the visit has resulted in some findings becoming non actionable. The trust has made significant improvements. The link tutor and practice education facilitator continue to monitor the area for improvement (130).

Chadwick Lodge: date of report 21 January 2016

The CQC carried out a routine inspection in the forensic inpatient and secure wards services on 8-10 September 2015. The outcome of the inspection indicated that service safety required improvement because some procedural and physical security practices were inconsistently applied across the different wards. All wards had ligature risk assessments but not all areas of each ward had been completely audited. The provider encouraged staff to apply least-restrictive practices but not all staff were able to articulate the rationale behind such decisions. CQC would have expected staff to be able to describe why some restrictions were in place and others were not. Not all staff were confident in describing when to report an incident. Not all staff held keys securely in a key pouch attached to a belt. This meant that the keys could have been mislaid (52).

Response by the university: the link tutor has reviewed the safety amendments with the provider. Student evaluations remain positive and the link tutor continues to monitor progress (130).

Consensus Support Services Limited - 121 Station Road: date of report 30 March 2015

The CQC carried out an unannounced visit on 7 January 2015 reviewing services for clients with learning and physical disabilities including those on the autistic spectrum. The outcome of the visit was that the service safety and responsiveness require improvement. Service safety required improvement because the systems to manage the storage and administration of medicines were not sufficiently robust to ensure medicines were always safely administered. The service was not always responsive because people's needs were assessed and regularly reviewed; however, reviews were not always dated and signed by the reviewer. People assessed at high risk of pressure area damage did not always have a pressure area care plan in place to specify the pressure area care and support provided to the person (53).

Response by the university: the link tutor had reviewed the placement area which remains on the placement circuit for students in year one and two of the pre-registration nursing (learning disabilities) programme. Monitoring continues to assure student satisfaction (130).

Duncote Hall Nursing Home: date of report 29 June 2015

The CQC undertook an unannounced visit on 28 May 2015. Duncote Hall provides care and support for up to 40 older people with a wide range of needs, including dementia care. The outcome of the visit was that the following areas required improvement;

service safety, service effectiveness and the service leadership. The services were not always safe as there were systems in place in respect of medicines but these were not always robust in ensuring that people's medicines were managed safely. People's safety had also been compromised by the wedging open of fire doors. The service was not consistently effective as people received enough to eat and drink, however, some people did not always receive the individual support they needed to eat their meal. The service was not consistently well-led. Systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not always effective (54).

Response by the university: the organisational plan for addressing the issues was considered and the placement educational audit reviewed. It was agreed that the placement area remains viable for students in year one of the pre-registration nursing programme (130).

Five Acres Nursing Home: date of report 17 September 2015

The CQC had previously inspected the home 19-21 May 2015 and found issues relating to infection control and with the failure to notify the CQC of deprivation of liberty safeguard (DoLS). This visit was a follow up focussed inspection following notification to the CQC of concerns relating to the assessment and care of people with pressure sores, infection control and peoples hydration. The visit took place 2 July 2015. The outcome of the visit was that the service safety was inadequate. Improvements had been made to the infection control systems and processes. The service was cleaner although staff acknowledged that there were still improvements to be made. The service was not always responsive. It was evident that the past provision of care in respect of pressure care and wound care management had not been effective and had significantly impacted upon people's wellbeing. Care plans were in place to support staff to meet people's assessed care needs. These required further improvement to ensure they were reflective of people's required needs. The service was not always well-led. Statutory notifications were not always submitted in accordance with legal requirements (55).

Response from the university: following the visit and before the report was published the students were removed from the area. The university is currently not allocating students to the placement area. The area will be reviewed in September 2016 (130).

Kettering General Hospital NHS Foundation Trust: date of report 24 November 2014

The CQC undertook a comprehensive inspection 2-4 September 2014. This inspection was undertaken as the trust was identified as high risk based on the CQC intelligence monitoring system. The outcome of the inspection identified areas requiring improvement in service safety, service effectiveness, service responsiveness and service leadership.

The trust is required to: review staffing levels in the surgery and critical care units; environments in maternity and outpatients to ensure that infection control measures, and privacy and dignity issues, can be addressed; ensure that best practice guidelines from the Royal Pharmaceutical Society are implemented to improve the safety and efficacy of medications and that 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms are completed appropriately.

In the accident and emergency (A&E) department the trust must ensure: staff are aware

of current risks and actions to be taken in relation to communicable diseases, and patients' medical records are stored in a way that maintains patient confidentiality. The checking of resuscitation equipment must occur as per policy in A&E and across the hospital and the use of storage facilities are reviewed especially in A&E and throughout the hospital.

In addition, the trust is required to review: the availability and uptake of training on caring for patients living with dementia; consent procedures for emergency patients; and, the end of life service. Record keeping throughout the trust needs to be improved to reflect the needs of individual patients and staff must receive appropriate appraisals, in order that they remain competent to carry out their roles (39).

Response by the university: at the time of the publication of the CQC report the NMC contacted the university as no exceptional report had been made. The actions taken by the university and the trust were fedback to the NMC as requested.

During the monitoring visit to the maternity services in Kettering General Hospital reviewers found the issues which had been of a structural and environmental nature and the lack of medical input into policies and procedures are now addressed (67, 107, 130).

Follow up on recommendations from approval events within the last year

BSc (Hons) Midwifery (pre-registration) approval March 2015

Recommendations:

- Define and make more explicit where enquiry based learning (EBL) appears throughout the programme. Standard 15, NMC 2009

EBL activity is facilitated within each year of the programme. This is enhanced by the current introduction of group based learning which involves pre-session reading prior to a focussed study day. On the focussed study day students undertake an independent multiple choice questions (MCQ) test (this is summative and accumulative towards overall grade for module), followed by four group activities that promote application of theory to practice, concluding with a plenary session. Current student feedback is positive.

- Strengthen elective placement opportunities in the programme. Standard 13, NMC 2009

Good progress has been made with potential exchange observation visits with students and lecturers from Denmark. In the first and second year of the programme students are encouraged to organise a four week volunteering experience with the aim to enhance transferable skills that can be honed and applied to clinical practice, for example working with adult charities that support learning disability.

- To ensure that all members of the midwifery teaching team who are allocated the role of module leader for this programme hold a current NMC recorded teaching qualification. Standard 11, NMC 2009

All module leaders hold the NMC recorded teaching qualification. New lecturers will be supported to attend the approved NMC stage four teacher programme once the

probationary period is completed (3).

Specialist Practitioner - District Nursing (level seven) approval 4 December 2014

Recommendations:

- The programme team are advised to articulate a clear strategy for practice education and mentorship to support a robust and sustainable system.

We found the programme only recruited three students in February 2016. The issues relating to mentor availability are currently resolved. These will continue to be monitored should student numbers increase (57-58).

- The programme team are advised to articulate the specific impact of stakeholder feedback on the development of the new programme which was commended by the panel.

This will be included in annual review cycle which is due December 2016 (57).

- The School of Health is advised to ensure a review of the learning outcomes for the modules NURM035P, NURM018, and MIDM008, and consider the desirability of assessing some learning outcomes more than once where supplementary regulations do not allow for compensation between items of (or elements of) assessment.

The assessment criteria will be reviewed with other programme leaders as the modules sit within other awards. The outcome will be included in annual review cycle which is due December 2016 (57).

Specific issues to follow up from self-report

Reporting by exception identified the following areas require action over the forthcoming year and also for review during the monitoring process:

- Capacity in primary care requires development in order to enable nursing students to gain experience out of hospital and to enhance the community experience.

During the monitoring visit we found that there are currently sufficient placements to match students' learning needs and work is ongoing to extend the placement circuit were this is possible (57-58, 60).

- Now that the fitness to practise policy is well established, the school needs to build on lessons learned from complex cases.

This is reported in section 2.1.3.

- Continue to work with Health Education England (HEE) on metrics of the contract review and participate in the education commissioning for quality (ECQ) system until replaced.

During the monitoring visit commissioners advised us that the university effectively engages in all reporting requirements (58, 87-88, 138).

- Nurse vacancy levels in practice are curtailing an increase in placement capacity.

During the monitoring visit we found that there are currently sufficient placements to match students' learning needs and work is ongoing to extend the placement circuit where this is possible in line with increasing staffing levels (57-58, 60).

- Clinical staff to be integral to values based recruitment (VBR) on admission and pre-employment in the final year.

This is reported in section 2.1.1.

- Mentors need to recognise early indicators of fitness to practise concerns including cause for concern and failure to progress.

See section 2.1.3.

- The lead midwife for education (LME) and the official correspondent need to continue to monitor and respond to CQC and other regulatory concerns arising in practice.

This is reported in section 3.1.1.

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

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

What we found before the event

We found the total number of academic staff to be 51 WTE posts for nursing academics and 10 WTE midwifery academics (2, 6).

The university has a staff development policy however it is unclear at what point new staff are encouraged to undertake a teaching qualification (2, 6-7).

Monitoring of academic staff's NMC registration status occurs at six monthly intervals and is maintained by human resources staff (6, 8).

What we found at the event

The university has a robust staff development strategy and lecturers are actively

encouraged to engage in academic development. Full time staff members are allowed 25 days per year for scholarly activity. New staff members commence the university's teacher preparation programme leading to an NMC recorded qualification by the end of their probationary period which is one year. Academic staff members that are not on a formal educational programme at doctorate or masters level must provide evidence of a minimum of five days a year engaging with contemporary practice (7-8, 57).

The current registration status of academic staff members is effectively monitored by the school lead for professional revalidation and formally recorded by staff in human resources (6, 57).

Pre-registration nursing (learning disabilities)

We found there are three WTE lecturers with due regard. This includes a recently appointed lecturer who is on a probationary period and has 0.5WTE of the role allocated for developing placements.

The 2.5 WTE teaching resource, supporting 57 students, is supplemented by lecturers from the other fields of nursing who teach generic topics. The field lead for the pre-registration nursing (learning disabilities) programme has due regard with current NMC registration and is the only academic with a recorded NMC teaching qualification. This is a potential risk to the management and development of the programme should this staff member be absent. The university has a contingency plan for sickness or absence and is in the process of recruiting another WTE nursing (learning disabilities) lecturer. The university are advised to update the NMC of progress made in securing additional academic staff prior to the September 2016 student intake (48, 57, 78, 125).

Pre-registration midwifery

There are 9.6 WTE lecturers in the midwifery team which is sufficient to meet the needs of the number of students on the programme. The programme lead is a qualified midwife with current NMC registration and a recorded teaching qualification. The strategic interests of midwifery are addressed by an appropriately qualified LME who has a recorded teacher qualification (48, 57, 77).

Students told us that the lecturers provide varied and informative lectures which reflect current midwifery. The LME told us that she uses a workload model for determining the staff resource and identifies staff development needs at annual reviews (56-57, 66-68, 72, 107, 117).

We conclude there is sufficient academic staff to support the students on the pre-registration midwifery programme. The academic staff resource supporting the nursing (learning disabilities) programme requires improvement.

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

What we found before the event

We found that the university works in partnership with practice placement providers to ensure that there are sufficient prepared and updated mentors to supervise students in

practice placements. Numbers of mentors and their update status are monitored by the education locality forums (ELF), which have practice and academic representation. They work proactively to ensure these numbers are maintained and to enhance capacity. This is a challenge for practice partners in both nursing and midwifery. The university has highlighted this as an area of concern during the annual reporting cycle, particularly with regards to practice placements in the community. Action plans are in place to develop mentor capacity (8-12, 26, 32-35).

What we found at the event

We were told by the commissioners that they are confident there are sufficient mentors for the current number of students and that the university works in effective partnership with placement providers to maintain this resource (58).

Pre-registration nursing (learning disabilities)

We were told each student is allocated a designated mentor and sign-off mentor respectively in the practice placement area in the majority of placement areas visited. We found that there are sufficient sign-off mentors to support the number of students and to ensure students have protected time in the third year of the programme (57, 59, 61-65, 120).

However, at Badby Park we found that there is no current NMC registrant with a mentor qualification supporting a year one student on the pre-registration nursing (learning disabilities) programme. This requires urgent action to ensure NMC standards are met and the public is protected (61).

In placements used for year one of the nursing (learning disabilities) programme we found variability in the availability of suitably prepared mentors with due regard. For example in educational placements, non-nurses assess students. In the latter situation there was no process for long-arm mentoring by current qualified mentors with due regard in place. This issue requires urgent action (57-59, 61-65, 120, 126).

Pre-registration midwifery

All midwife mentors have achieved sign-off status. They told us that there are sufficient sign-off mentors to support the number of students in placement. All students and mentors confirmed that they work together for 40 percent of the time and know who are sign-off mentors and who are trainee mentors. The trainee mentors explained to us that they are supervised by an experienced sign-off mentor who countersigns their decisions (66-68, 72).

We conclude that there are sufficient appropriately qualified sign-off mentors available to support the number of students on the pre-registration midwifery programme. The pre-registration nursing (learning disabilities) programme requires action to ensure students are supported by appropriately prepared mentors with due regard. Long-arm mentorship needs to be established to support non-nurse mentors. This issue requires urgent action.

Outcome: Standard not met

Comments:

The academic staff resource supporting the nursing (learning disabilities) programme requires improvement. There is a university contingency plan in place to appoint a WTE nurse lecturer (learning disabilities) which needs to be in place before the next intake of students in September/October 2016.

In an independent sector placement there are no current qualified mentors to support students on year one of the pre-registration nursing (learning disabilities) programme. Urgent improvements are required.

There is no arrangement for long-arm mentors with due regard to support students in practice placement areas where there are no qualified mentors and non-nurses assess students during the first year of the programme in educational placement settings.

31 July 2016: Follow up Documentary Evidence from University of Northampton. Standard now requires improvement

31 July 2016

Following review of the evidence to support completion of the action plan, the standard continues to require improvement with regards to the academic resources.

The supervision for the remaining student at Badby Park was reviewed and enhanced, ensuring the student was appropriately assessed.

The placement area was re-audited and the number of available mentors has improved. The risk related to CQC and effective supervision are now managed.

The University of Northampton have reviewed and enhanced the processes for ensuring appropriate mentorship is in place, including the development of a policy for long arm mentoring. Long arm mentoring arrangements are noted at the PVI education locality forum (ELF), in placement planning documentation, and on educational audit documentation.

The pre-placement checks on mentor availability have been enhanced and there are monthly reviews of the database which are discussed at the pre-registration nursing management meetings. Students are appropriately visited by the teaching team to ensure they are receiving appropriate support in practice.

Evidence to support the standard requires improvement includes:

- Audit and mentor register processes for PVI flow chart, undated

- Notes from the PVI ELF meeting, 27 June 2016

- University of Northampton, school of health, guidelines for long arm mentoring of pre-registration nursing students, undated

- PVI register Badby Park database, 26 May 2016

- Screen shot of long arm mentor information offered to a named student on LD pre-registration programme, undated

- Screenshot record of meeting with long arm mentor for named student on LD pre-registration programme, undated

- ELF meeting for the PVI Sector, Monday 27 June 2016 agenda

- University of Northampton placement audit and mentor process (PVI) –for new

and existing PVI, undated

- University of Northampton pre placement checks - PVI post placement allocation flowchart, undated

- Emails from Head of school to managing reviewer dated 11 May 2016, 27 May 2016 and 4 April 2016 with update status at Badby Park

- Educational audit from Badby Park, May 2016

- Screenshots of changes made to PebblePad to facilitate sign-off

Areas for future monitoring:

- Academic resources to support the pre-registration nursing (learning disabilities) programme.

- Sufficient appropriately qualified mentors to support pre-registration nursing (learning disabilities) students in placements

- Robust arrangements with long-arm, due regard mentors for students during placements supported by non-nurses.

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

The university has a recruitment policy and procedures and the admissions lead has undertaken training for values and beliefs based recruitment which they cascade to the recruitment team (1, 9, 13-15).

What we found at the event

The university has a well-established values and beliefs approach to recruitment which is based on the National Health Service (NHS) constitution and the 6Cs; caring, compassion, courage, communication, competence and commitment. We were told that this approach is highly valued by the commissioners. The selection process is completed in partnership with service representatives who are released from practice to attend. All candidates must have care experience before applying and in the case of midwifery candidates must evidence 150 hours of experience (13-15, 58, 61-65, 66-67).

Entry requirements meet NMC standards. Applicants have numeracy and literacy

tested. All successful applicants complete DBS checks and occupational health clearance. There is a process that addresses the suitability of candidates and continuing students who have or acquire convictions (1, 9, 16).

Lecturers undertake equality and diversity training through an e-package. Managers who participate in interviews told us that they undertake equality and diversity training as a mandatory requirement within their trust. The university does not have a mechanism to be assured that placement providers have been adequately prepared through equality and diversity training before engaging in recruitment activities. This requires action to provide assurance that pre-registration nursing standard R3.8 (NMC, 2010) is met. Service user participation is variable, ranging from attendance at events to the use of scenarios based on service user accounts of care (13-14, 56-57, 59, 66-67).

We found that there is a university policy for the admission of under 18 year olds however there is no policy relating to the risk assessment of these students prior to commencing placement. This requires action to protect the student and the public (14,60).

Pre-registration nursing (learning disabilities)

A significant proportion of mentors, clinical practice facilitators (CPFs) and managers confirm that they are invited to, and participate in, recruitment and selection events. The service user we met during the review is not involved in recruitment and selection or delivery of the programme. Service users do not directly participate in person at recruitment events (13-14, 61-65).

The students confirm that they complete an annual self-declaration before commencing practice in years two and three of the programme. This is an automated system and forms part of the enrolment process (60-65, 71,120, 132).

Pre-registration midwifery

Students and the LME told us that applicants complete an online maths and English test before being invited for interview. The interview involves multiple mini interviews with a student ambassador, a practitioner and lecturer. Service user views are sought on the content of scenarios and questions to be asked at interview (66-68, 107, 112).

Second year students said they knew they must inform the university if there is a change in their DBS or health during the programme. However all students told us that they had not been asked to self-declare their health and character status at the annual progression points. Despite requests during the visit for evidence to provide assurance that this process is in place to protect the public, this was not provided (66-68, 72, 153).

We conclude that entry requirements meet NMC requirements however the university does not have a mechanism to be assured that placement providers have been adequately prepared before engaging in the recruitment process.

Students on the pre-registration nursing (learning disabilities) programme confirm that they complete an annual self-declaration before commencing practice in years two and three of the programme. However all students on the pre-registration midwifery programme were not aware that they had to self-declare their health and character status at the annual progression points and we found no evidence during the review to confirm that this process was in place. The university must take urgent action to ensure a robust process is in place which is clearly understood by students.

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

What we found before the event

There is a fitness to practise (FtP) policy in place to address issues of poor performance in both theory and practice (17-18).

What we found at the event

The university operates an effective two level process to address FtP issues. The majority of cases are addressed at level one where outcome decisions are made by an individual senior academic. There is some variability in the sanctions applied, however all students are required to produce reflective accounts identifying their personal learning (9, 17, 57, 60, 76, 89, 94-95).

At level two, FtP cases are reviewed by an objective panel including service partners with due regard. In complex cases where health is considered a compounding factor, expert representation is sought for the panel membership. All of the cases heard at level two have been discontinued from their programme of study. Lessons learnt from the FtP process are discussed in programme management meetings to enhance future programme delivery and shared with students (2, 9, 17, 60).

We found that students on the pre-registration nursing (learning disabilities) and pre-registration midwifery programmes have access to and are aware of the FtP processes and clearly understand these. To date no students from these programmes have been referred to level two of the FtP process (17, 61-68, 73-74).

Pre-registration nursing (learning disabilities)

We found that personal academic teachers (PAT) and link lecturers monitor student performance in both theory and practice. Mentors and managers are aware of the process and procedures of addressing concerns regarding FtP and are confident in referring students to the process (56, 62-65, 103, 132).

We found that there is adherence to NMC requirements for progression as all attempts for referred assessments take place prior to the progression point. However the wording in the assessment regulations regarding the 12 week rule is confusing and potentially misleading. The university is encouraged to revise the wording to ensure transparency for students (60, 90, 145-147).

Attrition for the pre-registration nursing (learning disabilities) programme is high for the October 2013 intake of students. Twenty students' enrolled and only 12 students were studying the programme during the review (40 percent attrition). We were told that there are no identifiable trends and the programme team are actively working to improve academic achievement. This is included and monitored in a rolling action plan. Currently attrition is 11 percent (2, 46, 56, 105-106, 141).

Pre-registration midwifery

The programme team showed us an example of how level one of the FtP procedure had been used effectively for addressing poor performance in practice (89, 107).

Attrition for the pre-registration midwifery programme is 11 percent with no identifiable trends. The LME told us the number of students with disabilities has increased and effective support is in place to ensure their needs are met through reasonable adjustments to ensure retention (2, 46, 56, 105-106, 133).

Our findings confirm that 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 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

The university has an escalation of concerns process to address students who are failing to achieve. There is evidence to suggest that whilst this process is communicated to practice partners, additional support has been required for mentors to encourage reporting of students evidencing poor performance (3, 9).

What we found at the event

For students who are failing on pre-registration programmes there is a robust system of support from PATs in the university and mentors, CPFs, senior lecturers in practice (SLiPs) and lecturers in practice (LiPs) in practice. If further support is required students can access the wider support mechanisms provided by the university including disability support (2, 18-20, 56, 73-74).

Pre-registration nursing (learning disabilities)

In the practice settings, mentors and sign-off mentors are supported in monitoring the progress of students by the link lecturers, and are given clear information and guidance on how to address poor performance. Mentors and students told us that they understand the process for escalating concerns regarding poor student performance in practice and are confident in escalating their concerns (2, 18-20, 56, 62-65, 74, 86, 100, 120).

Pre-registration midwifery

Students and mentors demonstrate sound understanding of the support processes and gave examples of support provided to failing students and the interaction with the university supporting such intervention. Two examples of sign-off mentors escalating a cause for concern about students were shared with us by mentors, a student and a manager. Both concerns were addressed using agreed and understood procedures. We were told that the outcome in both instances was positive for all parties (56, 66-68, 71-73, 118).

We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice.

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 has a process for accreditation of prior learning (APL) which is supported by a PAT.

APL of certificated learning requires mapping of qualifications. The PAT supports the candidate with the submission and presents this on their behalf to an independent panel of senior academic staff (2, 23-25).

What we found at the event

There is a robust and effective system in place to ensure candidates wishing to APL onto the programme are comprehensively assessed. Most students with a foundation degree use APL to map against the learning outcomes for year one of the programme. Competence to progress to year two of the programme is formally assessed by a qualified mentor who is current and up-to-date on the live register of mentors. Mentor status is assured prior to the candidate's assessment. Portfolios and assessment of practice are reviewed by external examiners with due regard. The university may wish to consider a separate report for these submissions to promote transparency of external examiner involvement. In the last year, 10 students successfully completed this process to join the pre-registration nursing (adult and mental health) programme. To date there have not been any APL claims from students studying the pre-registration nursing (learning disability) programme (2, 23-25, 60, 81, 93, 131, 134, 144, 151).

APL is not permitted for the pre-registration midwifery programme.

We conclude that the APL process is effectively managed for students entering the pre-registration nursing programme.

Outcome: Standard not met

Comments:

The university does not have a mechanism to be assured that placement providers have been adequately prepared through equality and diversity training before engaging in recruitment activities. This requires action to provide assurance that pre-registration nursing standard R3.8 (NMC, 2010) is met.

Students on the pre-registration midwifery programme are not aware that they have to self-declare their health and character status at the annual progression points and we found no evidence during the review to confirm that this process was in place. The university must take urgent action to ensure a robust process is in place which is

clearly understood by students.

There is no policy to undertake a risk assessment of students under 18 years of age prior to going into practice placements. Urgent improvements are required in order that public protection can be assured.

31 July 2016: Follow up Documentary Evidence from University of Northampton. Standard now met

31 July 2016

Following review of the evidence to support completion of the action plan the standard is now met.

The practice partners are required to self declare at recruitment events that they have appropriate training in equality and diversity and this is appropriately recorded.

Students self declare their good health and character on an annual basis linked to re-enrolment. Students are sent a letter to remind them of the importance of this activity.

The admissions policy and admissions criteria have been revised and the University of Northampton does not accept students who are under 18 years of age on nursing and midwifery programmes.

Evidence to support the standard is now met includes:

- University of Northampton admissions: equality and diversity statement - self declaration by practice partners proforma, undated

- Letter to students regarding re-enrolment and the importance of DBS signed by the head of placements and work based learning, undated

- Screenshot of the pre-enrolment onto a learning disability nursing stage 2 – returning student including questions asked regarding DBS, undated

- Email sent: 15 June 2016 evidencing content of email sent to students re reenrolment and DBS, and the announcement on the Northampton integrated learning environment

- Students under the age of eighteen policy SOH SSEC 2015-12-10 Paper SENATE 67-15, undated

- University of Northampton programme specification for a programme leading to an award of BSc (Hons) learning disability June 2016 - revision to entry requirement to demonstrate change to entry requirements - no candidates under 18 years

- The University of Northampton programme specification for a programme leading to an award of BSc (Hons) midwifery programme June 2016 - no candidates under 18 years

Areas for future monitoring:

- Assurance that practice placement providers involved in the recruitment of students have completed equality and diversity training.

- Completion of annual declaration of good health and good character by midwifery students at progression

points.

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 works in partnership with two commissioners Health Education England Thames Valley and Health Education England East Midlands.

The university process for escalating concerns does not reflect the need to exceptionally report concerns to the NMC. The self-report action plans 2014/15 and 2015/16 include an action to promote escalation to the NMC (2-3, 9, 18).

What we found at the event

There is evidence of effective partnership working at strategic and operational levels.

At a strategic level governance of the provision is achieved through termly meetings to address the education commissioning for quality requirements. These meetings are well attended and the university effectively prepares in advance. Commissioners told us that the relationships had strengthened in recent years. The university is viewed as supportive, responsive and able to have open and honest interaction with the commissioners and practice partners.

We found that the dean of the School of Health communicates effectively with placement senior managers and commissioners regarding processes for addressing escalation of concerns related to patient care that impact negatively on the students' learning experience. These are comprehensively reported through the school and university level QA mechanisms (see section 5.1.1) and the reporting mechanism to the commissioners. This ensures that lessons are learnt from the experience of dealing with adverse reports (27-28, 58, 60, 141-143).

At an operational level the leads for practice learning told us that concerns raised in practice placements are effectively reported to the university. The level of risk to students' learning is determined. If necessary students are removed from the placement

areas and the area is removed from the placement circuit until the issues are resolved. An action plan would be developed and support provided by the link tutors to develop the area, which will have a new educational audit completed prior to the placement recommencing. For nursing, the introduction of the education locality forums ensures effective communication and escalation of concerns. Issues of concern arising from CQC reports are addressed by this group and escalated to the university as required. The group also monitor any action plans arising from the educational audit. (59, 61, 137, 148-150).

We found that concerns are effectively managed by the university in partnership with placement providers. However we found that there has been no exceptional reporting to the NMC in the last two years which the university acknowledges is a weakness and has a process in place to address this (3, 9, 12, 26-28, 60, 137).

Pre-registration nursing (learning disabilities)

We were told that the university and its placement partners have regular meetings to discuss placement capacity. The allocation of students to placement areas takes into account the current educational audit of the area, mentor/sign-off mentor availability and the agreed student capacity of the placement.

We found a student on the pre-registration nursing (learning disabilities) programme in Badby Park had been involved in an administration of medicines error. The placement had received an adverse CQC report which required improvement in medicines management. The student told us there was support provided by the ward manager and lessons learned were identified. We were told by the university that there was involvement of the link tutor (51, 57, 59, 61-65, 120). The lack of qualified mentors in this placement area to support students is reported in section 1.2.1.

Students understand the importance of escalating concerns, they know how to do this and feel confident that they are effectively supported in this process (61-65).

When students have a placement outside the university's placement circuit, the university works effectively with other universities to share educational audits and placement information which meets NMC requirements. We were told that in the majority of cases it is the University of Northampton's audit that is utilised by other universities (2, 33, 57, 59).

Pre-registration midwifery

Managers, mentors and lecturers told us that they have excellent partnership working. The LME meets with the heads of midwifery every two months to discuss placement learning and the student experience. There are education meetings held on each trust site every eight weeks. A SliP/LiP is based at each trust site for 50 percent of their time.

Students told us they would raise concerns about practice according to the flow chart provided to them by the university. No concerns about care in practice are identified in the education audits of the practice placements. Some students told us that they are not confident that all concerns are automatically escalated. However the academic staff and mentors assured us that they are. The need to encourage practice placement staff to escalate concerns was identified as part of the university's NMC self-report (2015/2016) and is included in the action plan (3, 9, 21, 66-68, 72, 107, 110).

We conclude that there are strong and effective working partnerships between the

university, commissioners and placement providers at strategic and operational levels. These partnerships effectively manage issues of concern from practice however the university is not using the NMC exceptional reporting mechanism. This requires improvement.

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

What we found before the event

There is evidence of practitioner and service user involvement in the pre-registration nursing (learning disabilities) and midwifery programmes (2-3, 9).

Engaging service users in all aspects of programme development and delivery has been in place since 2006 and involves audit of activities. The university is committed to extending this participation whilst acknowledging the complexities of doing so with regard to consent and capacity. Service users are actively encouraged to give feedback on the students' performance in practice, however this has yet to extend to clients with learning disabilities. Midwifery students gain informal rather than formal feedback from service users (2-3, 9, 29-30).

What we found at the event

Programme development and delivery is achieved through a partnership approach and practitioners engage in teaching activities within the university using a variety of approaches including skills based teaching (2-3, 9).

We found that the university has a well-established and highly valued relationship with service users and carers who contribute to the pre-registration nursing (learning disabilities) and pre-registration midwifery programmes.

Service users told us that they are involved in programme development and delivery. They are supported in their involvement and receive constructive feedback about any sessions they present. They are invited to meetings with a service user group around four times each year and are offered appropriate remuneration. They provided very positive feedback about the quality of the students they encounter and commented on the professionalism of students they meet (70, 151).

Pre-registration nursing (learning disabilities)

Practice placement partners confirmed that they are involved in programme development and delivery preparing students for placements and skills development (61-65).

Students confirmed that service users are not involved in recruitment and selection. We found no evidence of service user involvement in the delivery of the programme in theory settings. Students and a service user told us that service users and carers contribute to students' practice learning experience by providing formative feedback on their performance. However this utilises a tool developed for service users involved in

the pre-registration nursing (mental health) programme. The university may wish to consider exploring the potential for the inclusion of service users/carers in the recruitment of students and delivery of the theoretical aspects of the pre-registration nursing (learning disabilities) programme (61-65, 71, 120, 128).

Pre-registration midwifery

Practitioners told us they were involved in the design of the 2015 approved pre-registration midwifery programme. Service users are asked to make suggestions about the programme and comment on drafts. We were told that practitioners and mothers facilitate sessions in the university. In practice, mothers are given a feedback form by the student's mentor to evaluate the care they received from student midwives. In one trust, mothers give access to their home environment for mentors to work with students on managing situations and emergencies in the home (66-68, 72, 107, 113-114).

We conclude that the contribution of practice providers to programme development and delivery is evident and valued by the students. Users and carers contribute to the pre-registration nursing (learning disabilities) and midwifery programmes. However this contribution is variable and the university may wish to explore the potential for further involvement in the pre-registration nursing (learning disabilities).

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

---

What we found before the event

Lecturers undertake a variety of roles in clinical practice (3, 9).

What we found at the event

Lecturers, in their role as link tutors, have dedicated time to attend the practice areas to support students and mentors. They work in close partnership with placement providers and engage in audit, monitoring of action plans and mentor updates, including tripartite interviews in midwifery. They also play a key role in the education local forums (2, 20, 26, 32-36).

Pre-registration nursing (learning disabilities)

We found that one academic member of staff for the pre-registration nursing (learning disabilities) programme has 50 percent of their workload allocated to support practice learning and development. Managers, mentors and sign-off mentors are aware of the role of link tutors and know how to contact them when required, and confirmed that link tutors are visible.

The majority of third year students told us that they are well-supported by lecturers who, in spite of being few in number, are reported to make great efforts to support students in practice (62-65, 71, 120).

Pre-registration midwifery

We were told consistently that the midwifery lecturers provide very good support for

students and mentors in practice placement settings. All three trusts have SLiPs/LiPs who are based in the hospital for 50 percent of their time and are visible and accessible to both students and mentors. They are described as being up-to-date with clinical practice and are proactive in their approach to supporting students, checking regularly how students are progressing (48, 56-57, 66-68, 107, 109).

The student education forums on each trust site are attended by lecturers and practitioners and facilitate learning relevant to the specific site and recent practice activities (66-68, 72).

Our findings conclude that link lecturers effectively support students and mentors in practice placement settings for pre-registration nursing (learning disabilities) and midwifery programmes.

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

The university offers an approved mentor preparation programme. Release of practice staff to attend for training has been an issue. The university acknowledges this and has an action plan in place (2, 9, 31).

What we found at the event

The university offers an effective rolling programme of mentor preparation programmes at academic levels six, seven and a non-credit bearing route that meet the SLAiP standards. Staff are released from practice to undertake the training. No nurse or midwife can commence the programme until they have been qualified for one year (2, 9, 31)

Pre-registration nursing (learning disabilities)

We found evidence to demonstrate that the mentors and sign-off mentors who support students on the programme are properly prepared for their role in assessing students' practice learning (61-65, 69, 120).

Pre-registration midwifery

All sign-off mentors told us that they are well prepared for their role in assessing practice. Students confirmed that their mentors understand the programme and the assessment documentation (66-68, 107).

We conclude from our findings that nursing and midwifery mentors and sign-off mentors are properly prepared for their role in assessing practice.

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

What we found before the event

Release for annual updating has been an issue for most trusts, however the university has worked with the service partners to encourage the release of mentors and alternative methods of delivery for mentor updates have been used to increase uptake. The university recognises this as an on-going issue and has an action plan in place (2, 3, 9).

The ELFs actively engage with mentors to ensure updating and engagement with triennial review is performed to maintain currency (9, 32-36).

What we found at the event

Effective updates are offered on a rolling programme and attendance has improved. We were told that previous concerns regarding mentor attendance at annual updates are no longer an issue (59-60).

Pre-registration nursing (learning disabilities)

We found evidence to demonstrate that mentors and sign-off mentors who support students on the programme are able to attend annual updates. Mentors and sign-off mentors we met during this review are aware of and are able to access face-to-face updates (62-65, 120).

Pre-registration midwifery

Mentors told us they have no difficulty attending update sessions as they form part of their mandatory trust study days. Mentors have been briefed about the new programme during their update sessions, through emails and one-to-one discussions with the SLiP/LiP. They reported that updating is also enhanced by the regular contact they have with the SLiPs/LiPs who ensure that they are aware of any changes which occur between annual updates (66-68).

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

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

What we found before the event

The live register of mentors is held and maintained by practice placement partners. The live register for the PVI sector is held and maintained by the university (4-5, 40).

The individual responsible for the PVI finds it difficult to obtain information regarding mentor updates and no partners have requested documentation for triennial review (36).

What we found at the event

We reviewed the live mentor database for the PVI sector and found that while it did contain information about mentors who had attended annual mentor updates it did not accurately record mentors with due regard, as it included mentors who were not registered with the NMC. The university told us that, prior to a placement, mentors' status is checked through a phone call with the placement, and if the mentor is not available or up-to-date, the placement area is then withdrawn. There is no system for recruiting and training new mentors in this sector which has resulted in some placements not having NMC registered mentors available (59, 69).

Pre-registration nursing (learning disabilities)

We examined mentor and sign-off mentor records held by the university and their practice partners, and we found evidence to demonstrate that mentors and sign-off mentors who support students on the programme are updated regularly in order to fulfil their role in assessing students' practice learning. These records are up-to-date and correspond with records held by the university. Mentors actively engage in triennial review and are also aware of their professional responsibility not to undertake the role of mentor if they were not up-to-date (61-65, 120).

Pre-registration midwifery

The live mentor registers viewed in all three trusts are up-to-date. A traffic light system is used to alert mentors when updating or triennial review is pending. A random sample of student/mentor pairings confirmed that students are allocated a mentor on the live register (66-68).

We conclude that records of mentors and sign-off mentors are accurate and up-to-date and meet the NMC requirements in the trust placement areas. The mentor register for the PVI sector held by the university requires improvement to ensure accurate and current information is available.

Outcome: Standard requires improvement

Comments:

There no evidence to suggest there has been reporting to the NMC through the escalation process. A process is in place for future action.

The PVI mentor register requires further development to ensure currency and accuracy of information.

Areas for future monitoring:

• Frequency of the escalation of concerns to the NMC

• Service user and carer involvement at all levels of the pre-registration nursing (learning disabilities) programme

• Accuracy of the PVI mentor register

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
Approval reports for the programmes under review confirm that all appropriate knowledge, skills and competencies are addressed (4-5).
What we found at the event
The learning, teaching and assessment approaches used in the university adequately prepare students for practice. Simulation is used as an effective learning and teaching approach to enhance skill development in readiness for the students going into practice placements. Students are appropriately tested for their numeracy and cannot progress on the programme if they fail the assessments. Safe drug administration is tested in practice. Students receive effective formative feedback in theory and practice to enable them to develop and progress on the programme. Summative assessments are varied and effectively integrate theory and practice (4-5, 73-74, 122). The students told us that the taught elements of the programme are related appropriately to the practice placements they were about to undertake (71-72). Pre-registration nursing (learning disabilities) Students clearly demonstrate knowledge, understanding and achievement of the NMC outcomes through their written work. Simulation is effectively used to provide opportunities for students to simulate essential skills that cannot be achieved in the practice setting (96-98, 122, 129). Students gain knowledge and understanding of the other fields of nursing through the generic taught sessions and assessments. The learning disabilities nursing academic staff contribute to the teaching of students on the other fields of nursing (2, 57, 74). We viewed a case study of a student journey through the programme. The file contained a letter to a student indicating that he had failed some elements of assessment but these were subject to compensation. The NMC requirements do not permit compensation and the team are unable to assure the reviewers that

compensation is not allowed. There is no assurance of compliance of non-compensation. This applies to a generic assessment in the pre-registration nursing programme and requires urgent attention by the university (101, 103, 121).

Pre-registration midwifery

The programme team told us that theory and practice are well integrated before practice placements. Students practise key midwifery skills by simulation in the skills lab and engage in group work to identify what they need to know prior to placements. Students confirmed that they are clear about the competencies, essential skills and EU requirements for each progression point and prior to completion. They find that the programme documentation clearly sets out all that needs to be achieved for entry to the register. We discussed with the programme team the need for the accurate use of terminology in documentation. The term achievement of proficiencies was commonly used instead of competencies (66-68, 107).

We found a disproportionate number of students gain first class degree classifications which are due to the very high grades; often an A plus is awarded for the practice assessments. The programme team are aware of this and are working to address this. Results from year one assessment of practice show a greater distribution of grades than in previous years (116, 141, 152).

Our findings conclude that overall the learning and teaching strategies in the pre-registration nursing (learning disabilities) and midwifery programmes enable students to meet the required programme learning outcomes, NMC standards and competencies. However there is a significant weakness in the theoretical assessment processes that enable students to compensate grades which requires urgent attention to ensure public protection.

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

Approval reports for the programmes under review confirm that assessment of practice documentation is fit for purpose (4-5).

What we found at the event

Students told us that they are assessed thoroughly by mentors and are aware of the standard they need to achieve to pass components of the programme (71-72).

Employers and commissioners confirm that students successfully completing the pre-registration nursing (learning disabilities) programme and the pre-registration midwifery programmes are safe, competent and fit for practice. Managers are very satisfied with the calibre of newly qualified nurses and midwives (58, 61-67, 71-72).

Pre-registration nursing (learning disabilities)

We found that the students and mentors describe an informal approach to the spoke experiences. The academic team describe these as insight experiences however students, mentors and sign-off mentors confirm that they are used to achieve competencies which cannot be achieved on the hub placement. There is no formal feedback mechanism to hub mentors however students and mentors confirm this is achieved informally. The university may wish to consider strengthening this process. (61-65, 120, 124).

Sign-off mentors are confident that the students they had signed off in the recent past are fit for practice. Most mentors and sign-off mentors reported that they did not have significant difficulties in completing the practice assessment documentation on PebblePad. Time sheets and the placement hours report provided during the review, demonstrated that students meet NMC requirements. However, since the introduction of PebblePad for the assessment of practice, there is no recorded evidence that students are consistently signed off as competent for the full three years of the pre-registration nursing (learning disabilities) programme. There is a need to ensure that all students who have progressed year one to two and year two to three have been signed off. This requires urgent attention in the action plan (62-65, 97, 123, 127).

We also found some inconsistencies in the PebblePad formatting that did not wholly comply with the programme schedule. The university may wish to review the documentation to ensure consistency which would increase transparency for the student and enhance their experience (63, 98-99).

Pre-registration midwifery

Mentors told us that they are confident in grading practice and they report that the new programme assessment of practice documentation is clear and helpful for grading practice (66-68).

The PAD requires the mentor's signature on the final page where the grade for practice is awarded. We scrutinised a completed PAD for a recently completed student and found the mentor had failed to sign the final assessment page for the labour ward placement. The LME agreed this was an error and showed us where the mentor had entered the grade in the student's on-going achievement record (OAR) and signed this document. We concluded that there is a weakness in the checking process to ensure that sign-off mentor signatures confirm competence, which requires improvement (75, 108).

There is evidence that third year students are proactive in accessing relevant learning opportunities to enhance their subsequent practise as a midwife. Students confirm that attendance in practice is documented and verified. Any shortfall in practice hours is made up on students' days off or during block four placements towards the end of the programme when timetabled practice shifts are reduced (66-68, 72, 117, 119).

From our findings we conclude that there is a lack of documentary evidence to support students' achievement of all NMC practice learning outcomes and competencies at progression points and upon entry to the register for the nursing (learning disabilities) programme. The QA mechanisms that assure this sign-off process require improvement for the pre-registration midwifery programme.

Outcome: Standard not met

Comments:

There is no assurance that the application of non-compensation is robust. We understand that this applies to a generic assessment in the nursing programme and this requires urgent attention in the action plan.

Since the introduction of PebblePad for the assessment of practice there is no recorded evidence that students are consistently signed off as competent for the full three years of the pre-registration nursing (learning disabilities) programme. There is no assurance of compliance of non-compensation within a generic assessment in the pre-registration nursing programme. This requires urgent attention by the university.

In addition, there is a need to ensure that all students who have progressed year one to two and year two to three have been signed off. This requires urgent attention by the university.

In the pre-registration midwifery programme there is a weakness in the checking process to ensure that sign-off mentor signatures confirm students' competence and this requires improvement.

31 July 2016: Follow up Documentary Evidence from University of Northampton. Standard now met

31 July 2016

Following review of the evidence to support completion of the action plan, the standard is now met.

The progression of all students on the pre-registration nursing programme has been appropriately checked and the university has confirmed this with the NMC through the escalating concerns process. All students progressing are safe to do so.

Appropriate documentation to ensure safe progression has been added to PebblePad.

Mentors, lecturers and students have been updated on the new documentation to ensure clarity of the expectation of sign-off.

The revised module specification to remove the allowance of compensation has been appropriately approved through the University of Northampton's quality processes.

A full review was made of the current second and third year nursing students to ensure they had met all learning outcomes for the module and their safety to progress has been confirmed.

A report on the issues raised during the NMC monitoring visit, including the requirement for non-compensation in all modules, was presented to the quality standards and enhancement committee. The supplementary regulations have been amended to reflect non compensation requirements.

Evidence to support the standard is now met includes:

- Action log from the nurse education management group meeting, 4 July 2016
- Confirmation of October 2013 cohort summative sign-off PLO 6, undated
- Confirmation of October 2014 cohort summative PLO 4, undated
- Confirmation of October 2015 cohort summative PLO 2, undated

- Change of approval proposal form (CoAP1) change of assessment to exempt from compensation - The development of personal and professional self, 30 April 2016

- University of Northampton modular framework - module specification - The development of personal and professional self - exemption from compensation, undated

- University of Northampton modular framework - module specification - Essential human anatomy and physiology for nursing - exemption from compensation, undated

- Agenda for mentor update meeting, 29 June 2016

- Student assessment and progression PowerPoint presentation, undated

- Screen shots from PebblePad regarding sign-off arrangements, undated

- Nurse education management group agenda, 2 June 2016

- Report to quality standards and enhancement committee, 12 May 2016 - NMC monitoring event, 16-17 March 2016

- Notes from RAP BSc LD pre-registration programme, 16 April 2016

- Notes from the school of health QSEC, 12 May 2016

- Draft 2016/17 supplementary regulation for BSc nursing, undated

- Screenshots of changes made to PebblePad to facilitate sign-off, undated

- Exceptional report to the NMC, April 2016

Areas for future monitoring:

- Accurate documentary evidence of final sign-off of competence for the assessment of practice in the pre-registration midwifery programme.

- Consistent and accurate confirmation of competence in the PebblePad assessment of practice.

- Arrangements for allocation and support of students on spoke placements.

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 evaluate all theoretical and practical components of the programmes through a variety of mechanisms. They are invited to feedback formally and to attend staff student consultative committees (32-35, 40-45).

For the nursing programme there is a lead for practice, whose strategic role is to review evaluations to inform programme development with regards to practice learning. In midwifery this is the role of the LME (2-3, 59)

The national student survey evidences a high level of satisfaction with the programmes under review. Overall satisfaction for the pre-registration midwifery programme is 77 percent and for pre-registration nursing (learning disabilities) is 82 percent (4).

There is a system in place to enable students to evaluate their placement learning opportunities. Response rates are variable but students are emailed to encourage completion (59-60).

What we found at the event

There is a comprehensive and complex system of meetings and processes to ensure internal governance of the provision. Issues raised are identified in a rolling action plan which progresses through internal QA processes and escalate from programme, to school and to university levels of scrutiny, as appropriate. Relevant issues and outcomes are reported through the commissioning for quality system. Commissioners told us that the standard of report from the school is of a high quality (27-28, 58, 60, 91-92, 102, 135, 140-143).

The university operates an effective two tier assessment board process at module and award level. We found that external examiners contribute effectively to this process. The external examiners for pre-registration nursing (learning disabilities) and midwifery programmes have due regard and comment on both theory and practice learning. The programme team effectively respond to external examiners' comments (47, 60, 79-80, 82-84, 86, 100, 136, 140-143).

Service users, carers and students are integral to several key programme management meetings. The student voice is valued and students are openly invited to feedback on theory and practice however response rates vary and the university is taking active steps to encourage feedback at every opportunity. Email reminders have proven effective in increasing uptake (32-35, 62-65, 85, 104, 120, 139).

Pre-registration nursing (learning disabilities)

Students feel their views are valued and actioned as appropriate with full feedback. Mentors/sign-off mentors are aware of how feedback is obtained. The process of sharing outcomes of evaluations is clear to all managers, mentors and sign-off mentors. In addition to student evaluations, managers, mentors and sign-off mentors are invited to evaluate their experiences of supporting students in practice placements on a regular basis. The students gave an example of the changes made to the programme plan in year one to allow students more theory time in line with other fields of nursing before the first placement in year one of the programme (62-65, 104, 120).

Pre-registration midwifery

Students told us that they provide face-to-face evaluations with their mentors. Mentors and managers are invited to the end of programme evaluation and complete written evaluations. The university feeds back to students the actions taken, following the evaluations or the reasons that changes are not made. Mentors are satisfied that they are informed by the university if any issues need to be addressed arising from student evaluations. However they do not see the collated student evaluation feedback forms. We were told that managers receive these forms and address issues as appropriate. Students in one trust gave us examples of a number of areas they asked to be improved and the speedy response of the trust to address them (68, 72, 111, 115).

From our cross checking of a sample of assessment documents there was no evidence to suggest that failure of the internal QA systems to check mentors' signatures had led to inappropriate registration of a midwife. However we conclude that internal QA systems and checking processes within the school require improvement to enhance the robustness of academic and practice processes and the management of risk (66–68, 75, 108).

We conclude that feedback and evaluation and improvement systems address areas for development and enhance the delivery of the programmes. However the internal QA system within the school to confirm adherence to academic and practice processes require improvement to enhance the management of risk.

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

What we found before the event

The university has a complaints system in place to enable students to complain or escalate concerns should they wish to do so. There is a clear process map for such escalation (18, 49).

What we found at the event

We found that the university has an effective and robust formal complaints process and students are encouraged to voice concerns.

Specific guidelines are provided to students to guide reporting when the issues relate to their mentor. Complaints raised in practice learning settings are escalated through the escalating concerns process and where serious events occur the nurse directors are responsible for escalating issues directly to the dean of school, head of nursing or LME (18, 20-22, 50).

Pre-registration nursing (learning disabilities)

Students told us that they understand the process for raising concerns and complaints. When they raise concerns these are addressed appropriately and sensitively and they receive feedback on the outcomes (3, 9, 18, 49, 89).

Pre-registration midwifery

Students told us they have a flow chart in their practice documents to demonstrate the process to raise any concerns. All relevant partners are clear that when they raise complaints or concerns they are addressed appropriately and the outcome communicated to them (21, 66-68, 107, 115).

From our findings we conclude that the university has effective processes in place to enable students to raise concerns and complaints arising from practice are appropriately dealt with and communicated to relevant partners.

Outcome: Standard requires improvement

Comments:

The internal QA system within the school to confirm adherence to academic and practice processes requires improvement to enhance the management of risk.

Areas for future monitoring:

- Review enhancements made to confirm adherence to academic and practice processes to enhance the management of risk.

Evidence / Reference Source

1. University of Northampton recruitment web pages, www.northampton.ac.uk/study/courses/courses-by-subject/health/midwifery-long-programme-bsc-hons, accessed 27 February 2016

2. Initial visit to the University of Northampton, 1 March 2016

3. NMC annual self-assessment programme monitoring report, 2015-2016

4. NMC UK wide quality assurance framework programme approval report: Nursing learning disabilities - date conditions met 31 January 2012

5. NMC UK wide quality assurance framework programme approval report: Midwifery - date condition met 25 March 2015

6. University of Northampton HR check of academic staff registration details, updated 15 October 2015

7. Staff development in the School of Health: academic year 2015/16

8. AEI commentary on AEI requirements section 1.4, dated 13 December 2015

9. NMC annual self-assessment programme monitoring, 2014-2015

10. AEI commentary on AEI requirements section 2.1, dated 13 December 2015

11. Education locality forums - briefing paper, May 2012

12. Education locality forums terms of reference version, 3 November 2012

13. NMC annual self-assessment programme monitoring, 2013-2014

14. School of Health – admissions, recruitment and selection strategy towards 2015/16, 26 November 2015

15. Online instructions for literacy and numeracy testing, undated

16. Admission of students with criminal convictions policy, 2 July 2014

17. University of Northampton Fitness to practise policy, September 2014

18. Student practice learning opportunity (PLO) process and reporting concerns, undated

19. School of Health personal academic tutoring (PAT), July 2015

20. Standards to support students during practice learning opportunities, undated

21. How to raise and escalate concerns as a student midwife flowchart, 2014

22. How to raise and escalate concerns as a student nurse flowchart, 15 March 2014

23. APL mapping tool – BSc (Hons) nursing - accreditation against year one, undated

24. University of Northampton accreditation of prior learning policy, 8 May 2013

25. Hea006: learning through experience (health), accreditation of prior and experiential learning: student guide for compilation of the apl/apel portfolio of evidence, undated

26. Educational locality forums, annual review 2013-14

27. Education commissioning contracting/quality triangle, January 2011

28. Performance management: core minimum placement provider indicators (for education covered by the national

standard framework contract) EM SHA Education commissioning unit ECQ template: annex J, January 2011

29. School of Health: learning and teaching strategy – involving service users and carers, October 2011

30. School of Health audit report service user and carer involvement in education for health and social care, March 2014

31. Mid302, mentorship programme Level six, 20 credits, module guide September 2014

32. St Andrews educational locality report 2013-2014, September 2014

33. Education locality forum report for Northampton General Hospital 2013-2014, undated

34. Education locality forum report for NHFT 2013-2014, undated

35. Education locality forum report for Milton Keynes 2013-2014, undated

36. Independent voluntary and private education locality forum report 2013-2014, undated

37. CQC report - Woodland Hospital, March 2014

38. CQC report - Central and North West London NHS Foundation Trust, 19 June 2015

39. CQC report - Kettering General Hospital NHS Foundation Trust, 24 November 2014

40. Students experience committee notes 26 November 2014 agenda Item: 14 staff student liaison committees, November 2014

41. University of Northampton Student staff liaison committee meetings – implementation, undated

42. School of Health mentor placement evaluation - undated

43. Hearing the learners voice for excellence in practice education - evaluation document - undated

44. Action log process for issues raised by students, undated

45. Quality standards to monitor the placement learning, undated

46. Unistats for the University of Northampton https://unistats.direct.gov.uk/Institutions/Details/10007138/ReturnTo/Institutions, accessed 4 March 2016

47. University of Northampton external examiner handbook, 2015-16

48. University of Northampton academic staff CVs for midwifery and nursing LD lecturers

49. University of Northampton student complaint guide and form, April 2012

50. School of Health process for addressing concerns regarding mentor/practice teacher practice, July 2012

51. CQC report - Badby Park, 31 March 2015

52. CQC report - Chadwick Lodge, 21 January 2016

53. CQC report - Consensus Support Services Limited - 121 Station Road, 30 March 2015

54. CQC report - Duncote Hall Nursing Home, 29 June 2015

55. CQC report - Five Acres Nursing Home, 17 September 2015

56. Presentation and follow up meeting with programme teams – BSc (Hons) midwifery and BSc (Hons) nursing - learning disabilities, 16 March 2016

57. Managing reviewer meeting re resources, 16 March 2016

58. Managing reviewer conference calls with commissioners from Heath Education England – East Midlands and

Health Education England - Thames Valley, 16 March 2016

59. Managing reviewer meeting re practice learning meeting, 16 March 2016

60. Managing reviewer meeting re quality assurance, 17 March 2016

61. Nursing – LD practice visit to Badby Park - meetings with managers, students, mentors. Documentary review educational audit, live register, off duty, 16 March 2016

62. Nursing – LD practice visit to Number 1 Willow – meetings with mentors, students, managers. Documentary review educational audits, live register, off duty, 16 March 2016

63. Nursing LD practice visit to CTPLD south – meetings with managers, mentors, students, service users. Documentary review, educational audits, live off duty, 16 March 2016

64. Nursing LD practice visit to St Andrews Health Care – meetings with managers, mentors, students. Documentary review educational audits, off duty, live register, 17 March 2016

65. Nursing LD practice visit to Strategic Health Facilitators - meetings with managers, mentors, students. Documentary review, educational audit, live register, off duty, 17 March 2016

66. Midwifery practice visit to maternity services, Northampton General Hospital, meetings with managers, mentors, students, service users. Documentary review, educational audits, live register, off duty, 16 March 2016

67. Midwifery practice visit to maternity services, Kettering General Hospital Foundation Trust meetings with managers, mentors, students, service users. Documentary review educational audits, off duty, live registers, 16 March 2016

68. Midwifery practice visit – maternity service Milton Keynes University Hospital. Meeting with managers, mentors, students, service users. Documentary review educational audits, off duty, live register, 17 March 2016

69. University of Northampton PVI live register of mentors reviewed, 17 March 2016

70. Meeting with service user group, 17 March 2016

71. Nursing LD meeting with third year students, 17 March 2016

72. Midwifery meeting with second year students, 17 March 2016

73. BSc (Hons) midwifery course handbook, September 2015

74. BSc (Hons) nursing LD field handbook October 2015 cohort – appendix C

75. BSc (Hons) midwifery assessment of practice documents, September 2015

76. BSc (Hons) nursing LD assessment of practice documents, September 2015

77. BSc (Hons) midwifery check of course leader entries on the NMC register checked, 16 March 2016

78. BSc (Hons) nursing LD check of course leader entries on the NMC register checked, 16 March 2016

79. BSc (Hons) nursing LD check of external examiner entries on the NMC register checked, 16 March 2016

80. BSc (Hons) midwifery check of external examiner entries on the NMC register checked, 16 March 2016

81. BSc (Hons) nursing – adult claims for APL, direct entry to year two example portfolios, undated

82. BSc (Hons) midwifery external examiner annual report, 12 October 2015

83. University of Northampton response to external examiner – midwifery - annual report, 14 September 2016

84. University of Northampton minutes of the field examination board 3 September 2015

85. BSc (Hons) midwifery practice learning opportunity evaluations for intake October 2014, January 2016

86. University of Northampton minutes of the field examination board, 4 September 2015

87. University of Northampton and Health Education Thames Valley pre-registration nursing and midwifery annual review meeting

88. University of Northampton and health Education Thames Valley contract meeting, 5 January 2016

89. Example of complex student demonstrating level one fitness to practise, complaint process, escalating concerns process

90. University of Northampton academic regulations for September 2015 entry cohorts section 7c, July 2014

91. University of Northampton Extended rolling action plan (RAP) meeting minutes field of midwifery, 18 November 2015 and 10 March 2016

92. University of Northampton extended RAP meeting minutes field of nursing, 19 November 2015 and 17 February 2016

93. School of Health – accreditation of prior experiential and certificate learning panel, undated

94. Fitness to practise level two outcome letter to nursing student, 23 February 2015

95. Fitness to practise level one outcome letter to nursing student, 30 April 2015

96. BSc (Hons) nursing – LD examples of workbooks for years one to three, undated

97. BSc (Hons) nursing LD examples of portfolios covering all three years of the programme – September 2012 cohort – 12 students in total

98. BSc (Hons) nursing LD copies of time sheets (September 2012 cohort student)

99. BSc (Hons) placement hours report (September 2012 cohort student)

100. BSc (Hons) nursing LD external examiner annual report, 12 October 2015

101. University of Northampton University modular framework – module specification for the Development of personal and professional self

102. Placement learning opportunity (PLO) evaluation – December 2015 (pilot)

103. BSc (Hons) nursing LD student journey case study -student's personal file

104. LD placement learning opportunity (PLO) evaluation RP3 – December 15 pilot – RP3, October 2014

105. University of Northampton completion data HEEM, 1 March 2016

106. University of Northampton LD and MW attrition information HEEM, 1 March 2016

107. Presentation by LME and meeting with LME and programme lead, 16 March 2016

108. On-going achievement record for a student midwife, October 2012-2015

109. Midwife lecturers' curriculum vitae

110. Kettering General Hospital Foundation Trust responses to the 2014 CQC report

111. Sample of 'you said, we did' feedback to students

112. Interview schedule for student ambassador role play with midwifery applicants

113. Sample of blank PADs for the 2015 curriculum

114. Service user feedback form to enhance learning for student midwives

115. Meeting with chief nurse, deputy chief nurse and head of midwifery Milton Keynes University Hospital, 17 March 2016

116. Examination Board UG classification of awards for midwifery students, 9 November 2015

117. Meeting with LME and midwifery programme leader, 16 March 2016

118. Review of BSc (Hons) midwifery student records – case study

119. Student midwife example of make up hours undated

120. Meeting with clinical practice facilitators (CPFs) – Campbell House (NHFT), 16 March 2016

121. University of Northampton letter to student on BSc (Hons) nursing (learning disabilities) results letter indicating compensation between assessments

122. BSc (Hons) Nursing (learning disabilities) module specifications for the three year programme

123. Email from pre-registration nursing (learning disabilities) field leader – 'Sign off statements in practice portfolio', 17 March 2016

124. Email from pre-registration nursing (learning disabilities) field leader – Process for recoding of insight visits in current portfolio, 17 March 2016

125. Contingency strategy in event of sickness/absence in LD nursing team, 16 March 2016

126. University of Northampton mapping tool PVI sector - University of Northampton – mentor portfolio of evidence for nurses: recognition of mentorship skills, guidance and mapping framework for stage two mentors

127. Sample of 'end of programme, final practice learning opportunity sheet'

128. Service users/carers feedback to enhance the learning of this mental health student nurse

129. BSc (Hons) nursing LD examples of students' assessed work across the three year programme

130. University of Northampton response to CQC issues, March 2016

131. Email from APL lead asking external examiner to review the APL submissions, September 2015

132. University of Northampton screen shots of the DBS annual declaration process nursing (learning disabilities)

133. BSc (Hons) midwifery overview of sickness rates in the current midwifery cohorts, March 2016

134. University of Northampton APL stats for 2014/15 and 2015/16

135. University of Northampton action log from nurse education management group meeting, 17 March 2015

136. University of Northampton BSc (Hons) nursing LD response to external examiner report 2014/15

137. University of Northampton CQC monitoring process for nursing practice flowchart, undated

138. University of Northampton contract review Health Education East Midlands, 5 October 2015

139. University of Northampton example of module evaluation BSc (Hons) nursing LD Foundations of support for people – response rate 95.8 percent, undated

140. University of Northampton annual review – final rolling action plan for programmes/subjects – nursing (for 2014-15), 13 December 2015

141. University of Northampton Annual review – final rolling action plan for programmes/subjects - midwifery (for 2014-15), 15 November 2015

142. *University of Northampton QA flowchart midwifery*

143. *University of Northampton QA flow chart nursing*

144. *University of Northampton the School of Health APL panel, 16 February 2016*

145. *University of Northampton Learning disabilities nursing programme plan for September 2015 cohort, undated*

146. *University of Northampton BSc (Hons) midwifery assessment schedule, undated*

147. *University of Northampton BSc (Hons) nursing LD assessment schedule, undated*

148. *University of Northampton placement audit and mentor process PVI for new and existing PVI*

149. *University of Northampton audit and mentor process (trusts) – new and existing areas, undated*

150. *University of Northampton placement allocation process, undated*

151. *University of Northampton risk assessment for service users or carer invited into the School of Health*

152. *BSc (Hons) midwifery results from year, 1 September 2015*

153. *University of Northampton screen shots of the DBS annual declaration process midwifery*

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 01 Mar 2016
Meetings with:
Dean, School of Health
Course leader for BSc (Hons) midwifery (36 months)
Field leader for BSc (Hons) nursing – learning disabilities
Lead midwife for education
Learning environment lead for Kettering General Hospital
Lead midwife for Kettering General Hospital
University head of placements and work based learning
Practice learning facilitators, Northamptonshire Healthcare Foundation Trust
Senior lecturer, pre-registration nursing curriculum lead
Matron – obstetrics and gynaecology, Northampton General Hospital
Head of professional and practice development, Northampton General Hospital
Clinical practice facilitator, Milton Keynes University Hospital
At monitoring event
Meetings with:
Dean, School of Health
Course leader for BSc (Hons) midwifery (36 months)
Field leader for BSc (Hons) nursing – learning disabilities
Lead midwife for education
University head of placements and work based learning
Senior lecturer nursing LD
Education commissioner for Thames Valley
Education commissioner for East Midlands
Lead for APL
Senior lecturer in practice (nursing)/lead for practice
Senior lecturer in practice midwifery
Senior lecturer, pre-registration nursing curriculum lead
Senior quality officer
School lead for quality

PVI lead

Head of nursing quality

Meetings with:

Mentors / sign-off mentors	30
Practice teachers	
Service users / Carers	5
Practice Education Facilitator	6
Director / manager nursing	5
Director / manager midwifery	11
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Midwife - 36M	Year 1: 6 Year 2: 5 Year 3: 9 Year 4: 0
Registered Nurse - Learning Disabilities	Year 1: 1 Year 2: 6 Year 3: 5 Year 4: 0