

2016-17

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

Programme provider	Anglia Ruskin University
Programmes monitored	Registered Nurse - Children; Registered Midwife - 36M
Date of monitoring event	15-17 Nov 2016
Managing Reviewer	Peter Thompson
Lay Reviewer	Natalie Paisey
Registrant Reviewer(s)	Nicola Hadlett, Julia Winter
Placement partner visits undertaken during the review	<p>Pre-registration nursing (child)</p> <p>Mid Essex Hospitals NHS Trust (MEHT) - children's acute in patient care services, children's burns unit, neonatal intensive care and children's outpatients</p> <p>Provide Community Interest Company, Essex – children's community, health visiting and school nursing services</p> <p>Cambridge University NHS Foundation Trust (CUNHSFT) – Addenbrooke's hospital - children's acute in-patient care services, children's haematology and oncology and emergency care department</p> <p>Sunflowers Unit, Cambridge – rehabilitation and step down residential care unit for children with complex and neurological conditions</p> <p>Pre-registration midwifery</p> <p>Cambridge University Hospital NHS Foundation Trust, Addenbrooke's maternity unit, including Rosie birth centre, high risk delivery unit/close observation unit. Antenatal outpatients' clinic 23 maternity assessment unit</p> <p>Peterborough and Stamford Hospitals NHS Foundation Trust, Peterborough City Hospital, maternity unit, including antenatal/postnatal ward</p> <p>Princess Alexandra Hospital, Harlow, high risk labour ward, birthing unit and antenatal/postnatal ward</p>
Date of Report	28 Nov 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 nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2016, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure 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.

The NMC may conduct a targeted monitoring review or 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: Risk controls need to be strengthened. 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 in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and 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	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	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, and can reflect on, 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 Anglia Ruskin University's programmes

The school of nursing and midwifery resides in the faculty of health, social care and education within Anglia Ruskin University (ARU). The school was formed in 2014 following university restructuring and offers a range of NMC approved programmes at undergraduate and postgraduate levels which include pre-registration nursing, pre-registration midwifery, mentor preparation, return to practice, and specialist community practitioner preparation.

The school works in partnership with a number of NHS trusts across the East of England and is situated within the area managed by Health Education East of England (HEEoE).

This monitoring review focuses on the pre-registration nursing (child field) programme and pre-registration midwifery (36 months) programme, which are delivered on each of two sites located at Chelmsford and Cambridge.

The three year BSc (Hons) pre-registration nursing programme (child) was approved on 15 January 2016 and has two intakes a year at the Chelmsford campus, with intakes of between 20 and 27 students. There is also one intake a year at the Cambridge campus, enrolling one cohort of 27 students.

The pre-registration nursing programme includes a work-based learning (WBL) pathway for the child nursing field, however this has not been delivered since it was approved due to the absence of commissions and demand.

A postgraduate pathway for adult, child and mental health nursing was approved on 10 June 2016 following a major modification. There are currently no students on the MSc pre-registration nursing (child) pathway.

The pre-registration midwifery programme was approved on 20 January 2014. The programme has a September intake of 78 students at the Chelmsford campus, Essex, and 34 students at the Cambridge campus.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders.

Particular attention is paid to student experiences in the trusts which had been subject to adverse outcomes from the Care Quality Commission (CQC) which included Cambridge University Hospital Trust (Addenbrooke's), Mid Essex Hospital Services NHS Trust and the Princess Alexandra Hospital NHS Trust.

Summary of public protection context and findings

Our findings conclude that Anglia Ruskin University has systems and processes in place to monitor and control risks to assure protection of the public. We found that all key risks are met.

Resources: met

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

We confirm from our findings that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration nursing (child) programme and the pre-registration midwifery programme to meet NMC standards.

Admissions and progression: met

Disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are all completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public. The university has procedures in place to address issues of poor performance in both theory and practice.

We confirm that procedures are sufficiently robust to manage issues of concern about a student's professional conduct whether academic, or practice related. We found evidence of effective implementation of these procedures and examples of where students have been discontinued from the programme which demonstrates the rigour of the process in ensuring public protection.

Practice learning: met

Our findings conclude that the university has well established and effective working relationships with HEEoE, partner NHS trusts and placement providers at both a strategic and an operational level.

The university has worked in partnership with commissioners and practice placement providers and responded in a timely and appropriate manner following adverse CQC reviews within some placement areas and we are confident that there are no adverse effects on students' learning.

Students and practitioners understand and have access to an escalating concerns policy should they need to raise issues of concern arising in practice placements. We are confident that concerns are investigated and dealt with effectively and the public is protected.

There is a well-established and dedicated service user and carer group and we confirm that service users and carers are involved in all aspects of the pre-registration nursing (child) programme and the pre-registration midwifery programme.

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

There is a good network of direct support for students in practice placements from mentors and sign-off mentors.

Fitness for practice: met

Our findings conclude that learning, teaching and assessment strategies in the pre-registration nursing (child) programme and the pre-registration midwifery programme enable students to meet the required programme learning outcomes at progression points and the NMC standards and competencies for entry to the NMC register.

Quality assurance: met

Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (child) programme and the pre-registration midwifery programme.

Summary of areas that require improvement

None identified

Summary of areas for future monitoring

- The impact of the implementation of the enhanced practice support framework on mentor arrangements across all practice placements involved in nursing (child) and midwifery programmes.
- The roll out of the digital practice assessment documentation (PAD) across the pre-registration nursing (adult, child and mental health) programme to ensure that all information is stored effectively and securely.
- Reporting mechanisms for external examiner engagement to ensure that external examiner activities in the scrutiny of theory and practice are consistently reported.

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 (child)

The academic staff supporting the pre-registration nursing (child) programme present as

a cohesive team across the two campus sites of Chelmsford and Cambridge. They are committed to providing students with well-developed and supported learning experiences and assert commitment to quality enhancement through projects such as “Cohort Connect” and promoting digital learning and assessment. The team understand processes which support effective partnership working with practice placement providers and service users. They encourage students to be active partners in their learning.

Midwifery

The lead midwife for education and the members of midwifery teaching team have clear insight into all elements of the pre-registration midwifery programme. The team are based on two sites but meet regularly. They presented a cohesive approach to the management of the programme. The team demonstrated a passionate and motivated approach to learning and teaching and are especially enthusiastic in supporting students. There is evidence of their continued engagement in clinical practice. They have a variety of specialist interests that feature in the curriculum such as obesity and the United Nations Children's Fund (UNICEF) baby friendly initiative.

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

The commissioner confirmed that there is a good working relationship with the university; academic staff are responsive and flexible in their approach to education. Annual quality monitoring activities indicate that all contractual requirements are met to a high level. They told us that close partnership working with placement providers and with the other universities sharing placements is good and effective and ensures that responses to external adverse reporting is timely and appropriate in mitigating risks. The commissioner confirmed that there are good employment opportunities with the placement providers who regard ARU students as being fit for practice following successful completion of the programmes.

Nursing (child)

Mentors and sign-off mentors told us they are well prepared to support students and are confident in using the graded assessment of practice. They told us they have access to suitable preparation for their roles and ongoing support and engagement from and with the academic team. Senior managers express satisfaction with the university partnership and understand the mechanisms which are in place to manage risk and support effective and safe placement learning. Managers confirm that students are fit for purpose at both the point of registration and on successful completion of the programme; they work actively with the university to recruit students into employment.

Midwifery

Sign-off mentors, service managers and practice development midwives demonstrate a comprehensive knowledge of the pre-registration midwifery programme and the learning opportunities available for students in their trusts. They identified opportunities where they are available to meet and support students and demonstrated commitment to student learning and support. They gave examples of engaging with programme delivery including; selection of students, teaching and programme development.

Students

Nursing (child)

Children's nursing students present as articulate, confident and satisfied with their programme. They report good support from the academic programme team and their placement mentors. Students report satisfaction with their teaching and assessment and are confident they are being well prepared for their future role as children's nurses.

Midwifery

Student midwives in all trusts report a high level of support from mentors, practice development midwives, consultant midwives, link lecturers and personal tutors. They are confident that mentors use the PAD effectively to assess their practice skills. Final year students are confident that the programme provides them with the knowledge and skills to be employed as a preceptor midwife and undertake the neonatal and infant physical examination.

Service users and carers

Service users and carers are able to describe direct and indirect service user involvement in the recruitment of students. They contribute to teaching and aspects of practice assessment for both nursing and midwifery programmes.

Service users in nursing (child) and midwifery placement areas are very positive about their experiences in receiving care from students. They told us that students display confidence, care and compassion.

Relevant issues from external quality assurance reports

We considered CQC reports, dated 2015 and 2016, for practice placements used by the university to support students' learning. These external quality assurance reports provide the review team with context and background to inform the monitoring review.

There is evidence of active review and response by the university to CQC reports. The university provided a detailed breakdown of ongoing current responses to concerns raised by CQC in the self-assessment report of 2015–2016 and an updated summary as requested at the time of the monitoring event (1-2).

The following reports were exceptionally reported to the NMC:

Colchester Hospital University Foundation Trust (CHUFT). This trust has been subject to CQC inspections in 2013, 2014, 2015 and 2016. The last rating of the trust, reported, in January 2016, was inadequate in relation to end of life care, outpatients, surgery and diagnostic imaging. Urgent and emergency services, medical care, maternity and gynaecology, and critical care were rated as requiring improvement. A rating of good was given for services for children and young people. The trust was further visited, by an unannounced inspection, in April 2016 (2-3).

ARU confirm that it is working conjointly with the University of Essex (UoE) and with CHUFT to continually monitor and evaluate the practice learning experience for all students through the following actions:

The university in collaboration with the UoE and the trust managers carried out a full risk assessment. It was agreed to continue practice placements in the trust with close support from the education link lecturer and the education champion. The senior nurse

executive has written to all students to inform them of the trust's responses to concerns raised by CQC.

The university has fulfilled its requirements to provide exceptional reports to the NMC and included a summary of response and action plans in April 2015.

The NMC was provided with a further update regarding progress at CHUFT at the pre-registration nursing approval event at ARU on 16 December 2015 (2).

Cambridge University Hospital Trust (Addenbrooke's) was inspected by CQC in April/May 2015 and the report was published on 22 September 2015.

An overall rating of inadequate was reported for the following findings:

- Disconnected governance arrangements meant that important messages from the clinical divisions were not highlighted at trust board level.
- Introduction of the new EPIC IT system for clinical records had an effect on the trust's ability to report, highlight and take action on data collected on the system. This had resulted in an adverse impact on patient care and relationships with external professionals.
- Medicines were not always prescribed correctly due to limitations of EPIC.

An ARU action plan in response to the CQC report was implemented following risk assessment. The NMC were informed about the actions taken by ARU in partnership with the trust in the ARU self-assessment report in November 2015 (1).

The NMC was given a further update regarding progress at Addenbrooke's at the pre-registration nursing approval event at ARU on 16 December 2015 (1, 4).

Mid-Essex Hospital Services NHS Trust

An initial inspection was carried out by the CQC in November 2014 which found Mid-Essex Hospital Services Trust required improvement in the areas of safety, effectiveness and leadership, as well as being inadequate in its responsiveness.

A follow up visit in February 2015 found un-registered nursing staff providing nursing care, working in nurse uniforms and bearing 'registered nurse' ID badges. They additionally had poor knowledge of infection control. A further visit in March 2015 indicated improvements had been made.

An ARU action plan in response to the CQC report on Mid-Essex Trust, following visits in 14 December and 15 March 2015 was forwarded to the NMC which was considered at the NMC risk, intelligence, standards and quality assurance meeting in April 2015. All AEs using the Mid-Essex hospital placements provided assurance and acknowledgment of the risk to NMC standards. NMC accepted assurances that risks had been managed and closed the risk in May 2016 (2, 6).

The CQC visited Mid-Essex again in June 2016. The report was not published at the time of this monitoring review (2).

Princess Alexandra Hospital NHS Trust

The CQC had carried out inspections in July 2015 and gave an overall rating of requires improvement. In an unannounced CQC inspection in July 2016, published on 11 October 2016, a rating of inadequate was given and the trust placed under special

measures. Key issues highlighted relate to staff shortages; disconnect and cultural challenges at the level of ward staff and matrons; orientation of agency staff and inconsistency in checking competency for intravenous care for patients on individual wards; and storage, administration and safety of medication was not always monitored and effective (7).

On 20 October 2016 ARU sent an exceptional report to the NMC with regard to Princess Alexandra Hospital (PAH) CQC report. ARU confirmed that it was currently setting up meetings with the education team at PAH, and the director of nursing, the University of Essex and students to be assured of the quality of the learning for ARU students (5).

What we found at the monitoring visit:

We confirmed that a further update of the action plan for PAH was sent to NMC on 3 November 2016 with copies of letters sent out to students on placement (156).

During the visit to Princess Alexandra, maternity unit senior staff confirmed that students' learning and experience is not compromised by the issues raised by the CQC; students are kept informed of the trust's actions to address concerns (137). Students confirmed that they had met with the deputy trust executive and had also received a letter of explanation from the trust (143).

We found that the university continues to work closely with all practice placement providers to monitor the outcomes of external monitoring reports. There is effective communication in place between university senior management and directors of nursing and midwifery in placement provider organisations (8, 30, 34).

Follow up on recommendations from approval events within the last year

The BSc (Hons) pre-registration nursing programme (adult, child and mental health) was approved on 15 January 2016 with conditions and two recommendations (11).

The MSc pre-registration nursing (adult, child and mental health) pathway was approved on 10 June 2016 with three recommendations (157).

All recommendations have been addressed (14, 34).

Specific issues to follow up from self-report

All actions highlighted in the self-report for 2015–2016 have been addressed. Specific issues followed up include:

- An interim evaluation of the pre-registration nursing (adult) flexible work-based learning pathway, which commenced in March 2016, has been completed (see section 5.1.1).
- Evaluation of the pre-registration midwifery curriculum, which commenced in September 2014, has been completed (see section 5.1.1).
- A senior academic within the school of nursing and midwifery has been designated to lead and to oversee the NMC revalidation of teaching staff. We

found that this process is embedded within the school and includes revalidation as part of the annual appraisal process. The university NMC registrant database has been enhanced to include revalidation dates, in addition to NMC recorded qualifications and renewal dates (see section 1.1) (1, 15, 34).

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 required for NMC registration or annotation**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.

What we found before the event

Nursing (child)

We found academic staff resources include 11 registered nurses (child) of whom seven have an NMC recorded teaching qualification (16).

Curriculum vitae (CVs) demonstrate that academic staff supporting the pre-registration nursing (child) programme have experience and qualifications that are commensurate with their role (17).

Midwifery

We found academic staff resources include 19 registered midwives of whom 16 have an NMC recorded teaching qualification (16).

CVs demonstrate that academic staff supporting the pre-registration midwifery programme have experience and qualifications that are commensurate with their role (17).

A research and staff development policy is in place whereby academic staff are required to engage in scholarship and research (18).

The workload allocation process clearly identifies 20 percent of time for engagement in practice for each nurse and midwifery teacher (19).

What we found at the event

We found that the university has effective monitoring processes in place to ensure

academic staff maintain active NMC registration. Senior staff confirmed that the school has processes to support, monitor and record academic staff meet revalidation requirements; there is a designated manager to oversee the process. We found that all NMC registrants supporting the pre-registration nursing (child) programme and the pre-registration midwifery programme who were due for revalidation between 1 April 2016 and 31 October 2016, have successfully revalidated with the NMC (16-17, 25-26).

All students confirm that the programmes are delivered to the timetable as advertised, without cancellations. They told us that they are satisfied with the support they receive from the programme teams in both university and practice learning settings (22-23, 124-129, 139-143).

Senior managers, the commissioner, and programme teams confirm that parity of academic and physical resources is provided on all campuses and that recruitment of academic staff ensures that a balance of subject and clinical expertise is maintained (24-26, 31, 120-122, 134-138).

Nursing (child)

The pre-registration nursing (child) programme is delivered on two university campuses. We found that each campus has a programme specific lead who have due regard, a current NMC registration and a recorded teacher qualification (8, 16, 21, 25-26).

The nursing (child) programme team and academic managers confirm that there is sufficient time within the workload plan to support ongoing scholarly activity and professional development. Examples of child focused scholarly activity include a childhood obesity project and a safeguarding project (8, 24-25, 31).

Midwifery

The pre-registration midwifery programme is delivered on two university campuses. We found that each campus has a programme specific lead with due regard, a current NMC registration and a recorded teacher qualification (8, 31).

The lead midwife for education (LME) has due regard and a recorded teaching qualification with the NMC (16-17, 21, 26). Academic staff confirm that the LME is supported by the university to fulfil the role and responsibilities required by the NMC. It was evident in meeting heads of midwifery that the LME engages at both an operational and strategic level (26).

Academic staff confirm that their qualifications, clinical experience and professional development activities enable them to deliver a contemporary midwifery programme. They told us that they are supported in maintaining clinical links and to engage with practice (26).

We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (child) programme and the pre-registration midwifery programme to meet NMC standards.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times

<p>What we found before the event</p>
<p>Documentary evidence confirms that mechanisms are in place to ensure that sufficient appropriately qualified mentors and sign-off mentors are available to support the numbers of students allocated to placements at all times (1, 28-29).</p>
<p>What we found at the event</p>
<p>We found that each placement provider submits the 'live' mentor register to the school every two months following trust-based practice education committee (PEC) meetings. These registers identify 'live' mentors, and sign-off mentors. The school holds the mentor register for the private, independent and voluntary sector placement providers. On submission from the placement provider the mentor register is triangulated against capacity in completed educational audits and student allocation to placement schedules to ensure sufficient 'live' mentors are available to support the students (1, 8, 29-31).</p> <p>We found that there are sufficient mentors and sign-off mentors available to support pre-registration nursing (child) and midwifery students with mentors only being allocated to one student at a time. All students (nursing and midwifery) confirmed they are aware of their allocated mentors in advance of their placement and they work a minimum of 40 percent of the time with them (22-23, 124-129, 139-143). We were told that local checks are made by the educational champions to ensure that mentors are available from the start of each placement (30-31, 72, 121-122).</p> <p>A HEEoE funded initiative, the enhanced practice support framework, is being implemented across all practice placements for nursing (child) and midwifery programmes. This framework provides support in practice consisting of a lead mentor, mentor and coaches, and fosters a team approach to supporting students. The evaluation report confirms that it has a positive effect on student learning and enhances the role of the mentor in supporting and assessing students (32). The implementation of the enhanced practice support framework is intended to provide additional student support and to foster a team approach to mentorship. One of the support mechanisms is a prepared registered nurse acting as a coach. Ongoing monitoring should ensure that this does not replace mentor:student contact time and engagement (8, 30-32).</p> <p>Midwifery</p> <p>Student midwives confirmed that they have a named supervisor of midwives (SoM) during practice placements and they are aware of how to contact them (23).</p> <p>We conclude from our findings that there are sufficient appropriately qualified sign-off mentors available to support the number of students on the pre-registration nursing (child) programme and the pre-registration midwifery programme to meet NMC standards. All sign-off mentors act with due regard.</p>
<p style="text-align: center;">Outcome: Standard met</p>

Comments:

The implementation of the enhanced practice support framework is intended to provide additional student support and to foster a team approach to mentorship. One of the support mechanisms is a prepared registered nurse acting as a coach. Ongoing monitoring should ensure that this does not replace mentor:student contact time and engagement.

Areas for future monitoring:

The impact of the implementation of the enhanced practice support framework on mentor arrangements across all practice placements involved in nursing (child) and midwifery programmes.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation

Risk indicator 2.1.1- selection and admission processes follow NMC requirements

What we found before the event

We found that selection and admissions processes are transparent, reliable and inclusive (37-42, 81-82).

There is clear documentary evidence which confirms that admission processes follow NMC requirements. There are clear entry requirements, which include numeracy, literacy, and the international English language testing system (IELTS) which is set at seven in all areas (37, 81-82).

What we found at the event

Students told us that they attended open days prior to applying to the university and had found online information useful in helping them to choose a university to study their programme (22-23).

The students apply through universities and college admissions (UCAS) and are shortlisted if they can evidence appropriate academic qualifications and values required by a professional nurse or midwife through their personal statement. The selection is carried out in two stages; students are required to pass numeracy and literacy tests before progressing to the second stage of the selection process consisting of group exercises and face to face multiple mini interviews (22-23, 37-38, 45-46).

Selection is based upon an NHS values-based approach and is conducted by

academics, practice placement partners and service users and carers. Service users confirmed that they had participated in devising questions and scenarios to be used for student selection (25-26, 37, 45-46).

Placement managers, academic staff and service users and carers described their involvement in selection. They all confirmed that their preparation and briefing for selection and recruitment of students includes equality and diversity training. They are required to complete a declaration on the day of interviewing to confirm compliance with equality and diversity training (25-26, 45-46, 48).

All students confirmed they complete DBS checks and occupational health (OH) clearance prior to commencing placements and policies are in place to support this. They are also required to self declare good health and good conduct at each progression point and on completion of the programme. The placements team informs placement providers when students have completed satisfactory DBS, OH checks and mandatory training prior to commencement of placements (22-23, 30, 45, 47).

There is a policy for the management of students who are under the age 18 years at programme commencement to protect students and the public. The policy is understood by academic and placement providers (37, 40, 45).

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

What we found before the event

The university has a policy and procedure to address concerns relating to the professional behaviour of students in both academic and placement settings. Students, academic staff and placement providers are informed of processes for monitoring students' performance (9, 43-44).

What we found at the event

We can confirm that the university has a robust fitness to practise policy and procedure to address issues related to poor student behaviour in practice and theory settings. Students and mentors confirm awareness of the policy and are able to describe poor behaviour, which may result in a referral to the fitness to practise committee (8, 22-23, 29-30, 35-36, 130-138, 144-148).

We were informed that concerns had been raised in relation to the conduct of two students in the pre-registration nursing (child) programme; these were managed with additional supervision and support from the personal tutor and link lecturer. Concerns were raised in relation to the conduct of three midwifery students of which two were managed with additional supervision and support from the personal tutor and link lecturer. The third student was considered by the fitness to practise panel. The outcome was that the student was allowed to continue on the programme but was relocated to an alternative placement provider (30, 45, 56-57).

Students and the programme teams confirm personal tutors monitor academic and

<p>practice achievement with assessment recovery permitted on one occasion. Progression is reliant upon satisfactory achievement of NMC outcomes and competencies (22-23, 25-26).</p> <p>Students confirm the use of attendance tracking for both theory and practice. Classroom attendance is monitored through electronic swipe card reporting, with the school applying an additional random paper based register to cross check students' attendance. The school has a clear policy to manage students who abuse the registration system (22-23, 45).</p> <p>Personal tutors are able to use an online software package (Dashboard) to track all elements of students' performance including attendance, module results and issues arising from practice. It is intended that this will be developed to allow individual students access (20, 45, 74).</p> <p>Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice, which are clearly understood by all stakeholders. We are confident that concerns about students' poor performance in theory and practice are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Placement providers have risk assessment policies that are aligned to the university's fitness to practise policy (49–55).</p> <p>The PAD used by pre-registration nursing students (child) and pre-registration midwifery students includes processes for managing failing students in practice. This involves the mentor and the link tutor who construct an action plan, as required. The procedure states that, if necessary, the formal fitness to practise process can be initiated (10, 27, 35-36).</p>
<p>What we found at the event</p>
<p>PADs confirm that students' progress is closely monitored by mentors and sign-off mentors. Students confirm they are well supported in practice by mentors, sign-off mentors and link lecturers (22-23, 35-36, 128-129, 141, 143).</p> <p>Mentors access the online mentor portal that they considered is effective in communicating mentor information which includes a flow chart on reporting concerns about students' performance in practice (10, 30).</p> <p>Midwifery</p> <p>Service managers, practice development midwives and sign-off mentors in all trusts are confident in using the processes for raising and escalating concerns and the fitness to practise process. They report quick responses from university lecturers when raising</p>

<p>concerns about students' performance, feel well supported by lecturers and are confident that actions taken ensures that the public is protected (135-138).</p> <p>The university records and monitors attrition numbers at each progression point and reports quarterly to the commissioners and to the PEC. We saw clear audit trails of students who were given intermission for reasons of academic failure or challenging personal circumstances. Contact with these students was maintained by email and they were prepared for return to the programme by being invited to student contact days where they met students from their original cohorts and students from the cohort with whom they would resume. DBS, OH and mandatory training requirements were reviewed and addressed before the student could return to practice placement. The employers and commissioners agreed that attrition figures were within tolerable limits and felt confident that the university was tracking all students progress (24, 45, 58-59).</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>Accreditation of prior learning (APL) procedures are in place within the university and APL limits comply with NMC requirements. Since the approval of the WBL pathway for pre-registration nursing, the frequency of using the APL route for programme access has increased (63–66, 68).</p> <p>All APL claims are reviewed by the APL sub panel on behalf of Senate.</p> <p>Accreditation of certificated learning is approved in the first instance by the admission tutor and then ratified by the APL sub panel (65).</p>
<p>What we found at the event</p>
<p>Nursing (child)</p> <p>Systems are in place to offer APL for the first year of the pre-registration nursing programme and for entry to the MSc programme. All applicants are supported by the admissions tutor. Most applicants to the BSc (Hons) nursing programme who use APL have completed the foundation degree. Learning outcomes for the foundation degree have been mapped against the first year of the pre-registration nursing programme. A workbook has been developed to enable applicants to meet those outstanding learning outcomes (25, 45, 67-68). External examiners scrutinise a sample of APL portfolios and this is reported at the APL sub panel where claims are ratified (45, 64, 67, 159).</p> <p>Midwifery</p> <p>APL is not allowed for entry to the pre-registration midwifery programme (26, 45).</p>
<p style="text-align: center;">Outcome: Standard met</p>

<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Findings against key risks
<p>Key risk 3 - Practice Learning</p> <p>3.1 Inadequate governance of and in practice learning</p> <p>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 Assurance and confirmation of student achievement is unreliable or invalid</p>
<p>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</p>
<p>What we found before the event</p>
<p>We found evidence of partnership working between education and service providers at strategic and operational levels (28-29, 69-73).</p> <p>ARU demonstrates evidence of exceptional reporting following adverse CQC reporting to meet NMC requirements (1-2, 5).</p>
<p>What we found at the event</p>
<p>We found that there are effective partnerships at a strategic level. There is an education leads network which meets with the strategic leads of HEEoE every three months. Membership includes senior staff from ARU and the UoE and representatives from placement providers. This forum receives feedback from the midwifery forum, PECs, the practice education group (PEG), Essex placement providers, the quality learning environment group (QLEG) and Cambridge placement providers. The PEC is the key operational committee which exists in each trust. Its' role includes monitoring educational audits, mentor registers and action plans. It has a standard agenda and its membership constitutes practice placement partners and representatives from ARU and UoE. The PEC is supported by a shared online database to make information available to all stakeholders to ensure consistency over a large multi-placement area (8, 29-31, 69-73).</p> <p>The Essex PEG and its equivalent QLEG in Cambridge develop resources and agree</p>

processes such as triennial review and preceptorship. They establish task and finish groups to consider new initiatives and disseminate these through PEC. Both groups include representatives from ARU and the UoE and from placement providers (30, 69-73).

At an operational level the university assigns a link academic team to each placement provider led by an education champion, who works with the placement provider education lead. Together they provide support for educational audit, mentor development and updating (25-26, 30, 43-45, 76-77).

Educational audits of practice placements are conducted every 21 months to ensure that the NMC requirement is met. A link lecturer is allocated, by PEC, to conduct the audit. Completed educational audits are stored on the university database (28-30, 75-80). Educational audits were viewed for placement areas visited and contained details of actions plans which were reported to and monitored by the PECs (78-79).

Nursing (child)

We were told that a small number of concerns have been raised in the past two years relating to students' performance. These had been managed constructively through close working between the school, the mentor and the student and the use of action plans (25, 45, 56, 122, 125-127).

One student gave an example of raising a concern over a mentor's practice. She described the processes followed, confirming that she was well supported and received timely support and was confident that appropriate action had been taken. (139).

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

What we found before the event

We found some evidence that practitioner and service users and carers are involved in programme development and delivery within the pre-registration nursing (child) programme and the pre-registration midwifery programme (11-12, 83, 157).

The service user and carer policy details the level of involvement of service users expected across all healthcare programmes (61, 83).

What we found at the event

We found that practitioners and service users and carers are involved in programme development and delivery. Students from both programmes gave examples of how their experiences in the university are enhanced by outside speakers contributing to teaching sessions (22-23, 35-36, 46, 83-86, 114).

Midwifery

Mentors and practice development midwives confirmed their attendance at curriculum development sessions, participation in recruitment interviews and involvement in

student practical assessment within the university (135-138, 146-148).

Students report that practitioners had contributed to their learning in classroom sessions which included management of home birth, developing resilience, and principles of paediatric intensive care (23, 139-143).

We found that service users provide students with feedback on the care they receive from the student, via the sign-off mentor. The feedback is used as an opportunity for reflection with the mentor and informs the assessment of practice (30, 46, 153).

Service users and carers told us that they are involved in sessions with midwifery students which includes sharing their birth experiences and making complaints. This was confirmed by students (97, 141-142, 153).

Nursing (child)

Mentors, sign-off mentors and students all confirmed that service user feedback is collected by mentors and sign-off mentors on behalf of students and documented in the PAD to inform student assessment (22, 96, 121, 123, 126-127). This was confirmed by service users interviewed during practice visits (154-155).

Students told us that they meet service users and carers in the university and have received lectures that have included caring for a child with complex needs. This was confirmed by the carer who was pleased that the student response and feedback had been positive (22, 46, 124-129).

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

What we found before the event

The link lecturer team infrastructure has been developed in partnership with placement providers. All practice placement providers receive specific details of planned link activity and mentor sessions (19, 28-29, 35-36, 76-77).

The link lecturer is required to spend two days per month in the role. They provide support for mentors and students, carry out educational audits and feedback to bi-monthly PEC meetings. The link lecturer is required to contact and meet all students during each placement in addition to those students who are identified by the education champion as needing additional support (29, 76-77).

Academic time for practice engagement is defined within the workload distribution at faculty level (18-19).

What we found at the event

Academics from the university, designated as education champions, are linked to each trust. They lead a team of link lecturers, whose activities include; planning the required mentor updates for the academic year, facilitating mentor updates, planning link visits for the academic year and attending PEC meetings. They communicate these activities via the virtual learning environment (VLE) site, circulating information flyers in practice

<p>and on the student placement website (29-30, 60, 76-77, 84-85, 95).</p> <p>Nursing (child)</p> <p>Students told us that academic support for placement learning is provided by the education champions, link lecturers and personal tutors. They confirmed that they have access to prompt support from academic staff and that their personal tutor has a key role in monitoring their progress in practice (22, 30-31, 45, 124-129).</p> <p>Placement providers confirm that they are well supported by the university and that arrangements for academic support in practice are effective (30, 130-133).</p> <p>Midwifery</p> <p>Each practice area has a named link lecturer who is a member of the midwifery teaching team. All students report frequently seeing lecturers in practice. In addition to the link lecturer, some students see their personal tutor in practice placements (8, 23, 139-143). Mentors in all trusts know the name of the link lecturer and report frequent link lecturer visits to practice areas (144-148).</p> <p>Guided reflection days facilitated by link lecturers and/or practice development midwives are held regularly to enable each student to attend in every placement. Students negotiate specific content of the day which is used as a forum to discuss and reflect on practice experience. Time to attend the guided reflection days is clearly identified and sessions are very positively evaluated by students (8, 23, 43, 45, 85, 97, 99, 139-143).</p>
<p>Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date</p>
<p>What we found before the event</p>
<p>Mentor registers for the private, voluntary and independent placement providers are maintained in the university (87-89).</p>
<p>What we found at the event</p>
<p>We viewed the records of mentors for the private, voluntary and independent placement providers register held by the university and confirm that they are accurate and up to date (89, 118).</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>There are clear mechanisms in place for mentor, sign-off mentor recruitment, training and updating. ARU has an NMC approved mentor preparation programme. Partnership</p>

<p>working provides frequent mentor updates, sign-off mentor preparation and triennial review (28-29, 87-88, 90-92).</p>
<p>What we found at the event</p>
<p>Mentors in all trusts confirm that the mentor preparation programme prepared them for their mentor and sign-off mentor role (30-31, 130-134, 144-148).</p> <p>We were told that the quality of mentor support is evaluated by students and monitored through the quality review processes of practice assessment documentation which identifies mentors who demonstrate short comings in their engagement with the practice assessment process; this may include failure to justify their grading of assessment of student competence or they do not fully complete the assessment documentation. These mentors are seen by the education champion and are given feedback and support to improve their approach. Students recognise exemplary support from mentors and this is recognised through mentor awards (8, 30, 62, 71, 93-94, 130-134, 144-148).</p> <p>Nursing (child)</p> <p>Mentors confirm they understand their role as mentor and sign-off mentor and their responsibility in ensuring that their student has met assessment requirements. Education champions and link lecturers provide specific mentor support, as required (30, 130-134).</p> <p>Additional training and support is provided by the university in response to initial difficulties in using the graded assessment of practice model (25, 30).</p> <p>Midwifery</p> <p>Practice development midwives reported that they meet with sign-off midwives who commence employment from other trusts to ensure their understanding of the ARU pre-registration midwifery programme and the assessment of practice process (138).</p> <p>We were told by mentors and sign-off mentors that sign-off mentor preparation is undertaken four weeks after completing their initial mentor training (26, 30, 135-138). Sign-off mentors in all trusts report understanding of the assessment of practice process and documentation and they are confident in grading the assessment of practice (135-138).</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>Extracts from records of mentors show a good level of compliance in attending annual updates and completing triennial reviews. However, monitoring by PECs identify instances where practitioners have failed to comply with the NMC requirements and they have removed mentors from the live register (88, 90-92).</p>

<p>What we found at the event</p>
<p>Senior managers and the commissioner confirmed the contractual responsibility to ensure that there are sufficient prepared and updated mentors to support commissioned numbers is met (8, 24, 30-31).</p> <p>Mentor updates and attendance are monitored bi-monthly as standing agenda items for the PECs (28-30).</p> <p>Nursing (child)</p> <p>We found robust mechanisms are in place to ensure that mentors are able to access annual updates. These include reminders to mentors that their update is due and a reminder to their manager if the update was not accessed. Mentors confirmed that the level of support by managers is good and they provide assistance for mentors to be able to attend updates (30-31,130-133).</p> <p>Other approaches to mentor updates include being part of personal development planning and in some placement provider areas mentor updates are facilitated by the link lecturer in staff development training days (30-31).</p> <p>Midwifery</p> <p>In all trusts the annual mentor updates are part of the annual mandatory training and attendance is compulsory and planned in advance. If any sign-off mentor is unable to attend then an individual mentor update is undertaken by the practice development midwife or link lecturer (30,135-136). Mentors report being free to attend annual updates and being supported in their mentor role by link lecturers and the practice development midwife (146-147). Sign-off mentors receive an alert from practice development midwives in advance of their triennial review being due to ensure they are completed to meet NMC requirements (9, 25, 30, 135).</p> <p>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.</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>Mentor registers are maintained in the trusts. They are sent to the university bi-monthly after being verified at the PEC meeting. The practice team, responsible for student allocations, checks the register within five working days of receipt. This is the process for the pre-registration programmes being monitored (28-30, 86-88).</p>
<p>What we found at the event</p>
<p>We confirm that records of mentors are accurate and up to date. They are maintained in the trusts and include the date and method of update, sign-off status, date of the</p>

triennial review and date of staff revalidation. They also identify whether a mentor is active or inactive. Mentor registers are presented at the bi-monthly PEC and then updated on My Workplace. At the PEC they are cross referenced with educational audits to ensure mentor capacity. There is evidence within PEC minutes of mentors being recorded as inactive on the live register after failing to meet the requirements to comply with the standards for supporting learning and assessment in practice (NMC, 2008) or have professional or personal issues which may impact upon their ability to support students (28-30, 78-79, 119-120, 149-152).

Placement managers told us that students are encouraged to “check and challenge” their named mentor’s mentorship status and can do so by accessing information held on the online record of mentors. This process can also be used by ARU staff (30, 123, 135).

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

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

The pre-registration nursing (child) programme and the pre-registration midwifery programme are mapped against NMC standards (11-12, 84-85).

The programme documentation confirms that the programmes are designed to develop practitioners who demonstrate the values of a nurse or midwife as described in the NMC Code (2015) and the NHS Constitution (2015). This is mirrored in the teaching design and assessment, for example in skills learning and embedding of professional

values within the core elements of practice assessment (11-12, 84-85, 107-108).

The pre-registration nursing (child) programme and the pre-registration midwifery programme documentation identifies learning and teaching strategies and available support to enable students to achieve NMC learning outcomes and competencies at progression points and for entry to the register (11-12, 84-85, 107-108).

What we found at the event

All students receive clear and current information specifying the learning, teaching and support available to them (22-23, 25-26, 33, 43-44, 96-99).

The focus of learning and teaching within both programmes is student centred and is aimed at developing confident and proactive nurses or midwives. Teaching and assessment strategies are varied and include: simulation, the use of vidcasts and online learning and teaching materials to enhance and ensure consistency of teaching across both university campuses (8, 22-23, 25-26).

Students and academic staff confirm that there are opportunities for students to undertake formative assessment and to receive support and timely feedback from their personal tutor. Online learning packages such as Safe Medicate and medicine workbooks are used to support development of medicines management (22-26).

Numeracy testing is conducted within each year of the programmes and students are required to achieve 100 percent by year three (22-23, 25-26).

We confirm that all students complete mandatory training prior to practice placements and this is updated annually and confirmed with placement providers. Simulation learning prepares students for practice and is delivered in well-equipped and resourced facilities (30, 33, 160).

Students and academic staff describe opportunities to rehearse skills in an environment that promotes values-based care, dignity, courtesy and respect (22-23, 25-26).

The school is committed to inter-professional learning. It provides an annual themed inter-professional conference attended by pre-registration students, practice staff, external examiners and academic staff (8, 24, 26, 102-103).

Nursing (child)

Students confirm they have inter-professional teaching from a range of professionals which includes safeguarding and family interventions for military veterans. They also told us they are encouraged by their mentors to arrange insight visits to follow their patient's care pathway (8, 25, 33, 124-127).

Midwifery

Students informed us they have a range of opportunities for inter-professional learning. These include workshops from the stillbirth and neonatal death charity (SANDS) and general practitioners who give lectures on sexual health (24, 103).

Students evaluate highly the emergency module which provides opportunities to simulate midwifery emergencies in a safe environment. Learning opportunities in the skills laboratory afford opportunity for students to develop knowledge and skills they

<p>may not encounter in practice, for example breech and twin births. They also evaluate skills simulation such as perineal suturing very positively (23, 26, 97, 99).</p> <p>External examiners for both programmes confirm that assessments enable students to meet the learning outcomes of the programmes and are commensurate with standards in other universities (100-101).</p> <p>Commissioners and employers confirm that students successfully completing the programme are knowledgeable, motivated and highly employable (8, 24, 30, 33, 45, 98-99).</p> <p>Our findings conclude that learning, teaching and assessment strategies in the pre-registration nursing (child) and pre-registration midwifery programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.</p>
<p>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</p>
<p>What we found before the event</p>
<p>The pre-registration nursing (child) and pre-registration midwifery assessment of practice documentation and mentor support enables students to achieve NMC practice competencies at progression points and for entry to the NMC register (35-36, 42-43, 84-85, 94).</p> <p>Students are prepared for their practice learning experiences which includes explanation about the PAD and relevant policies and procedures. Both pre-registration programmes include grading of the assessment of practice, which has formative and summative components in all three years of the programmes (35-36, 96-97).</p>
<p>What we found at the event</p>
<p>We were told that mentors and sign-off mentors monitor attendance in practice which is recorded within the practice placement documentation and informs student progression. Academic staff monitor student attendance through the ‘tap in’ system used for entry to lecture halls. All attendance is monitored at progression points (33, 35-36, 104).</p> <p>A ‘student pledge’ initiative is well established and encourages students to identify a particular element of practice that they wish to enhance. This informs their dissertation which focuses on an area of practice in need of improvement. This is very well supported by practice managers who identify examples of where students are making a difference to the quality of care (105-106, 124–127, 141-143).</p> <p>The university has a robust mechanism for ensuring validity and reliability of practice assessment which is implemented through moderation of completed practice assessment documents (see section 3.3.1). The moderation forms are collated by the education champions who produce a summary for the trust. Areas of concern are</p>

addressed at the PEC. Module leaders receive a copy of the collated information and discuss any issues with the programme leader and the education champion (28-29, 93-94).

An enhancement of practice learning is being developed which involves the provision of the PAD on a handheld tablet which is known as the sustainable electronic assessment (SEA) project. This has been piloted at Addenbrooke's Hospital and is compliant with the trust's recent shift to a paperless system. The SEA project is very well funded, managed by the faculty director of teaching and learning and supported by staff who carry out face to face staff preparation and online support. This has received mixed views from students and mentors and is being implemented with additional support (22-26, 30, 107-108).

The PAD is unchanged in its digital format but the implementation of the transfer from paper based to computer-based medium should be monitored to consider its impact on students' learning and mentors' compliance with the assessment of practice requirements.

Nursing (child)

Mentors told us that students are well prepared for their placements. They confirm that students demonstrate a good level of knowledge and skills for the stage of the programme (29, 130-133, 137-138, 146, 148).

We found students and mentors are confident in both the formative and the summative practice assessment processes (25, 35, 93, 111, 115, 124-127, 130-133, 138).

Midwifery

Students confirm that they experience a good range of practice placements and that European Union (EU) requirements are facilitated and achieved. This was confirmed in completed practice documents (23, 25, 36, 139-143).

Managers confirmed that caseload management is facilitated but is subject to policies and procedures for lone working, which requires students to be supervised at all times when conducting home visits to protect the student and the public (109, 135-138).

Service managers, practice development midwives and sign-off mentors in all trusts confirmed the programme prepares students appropriately for preceptorship midwifery posts on successful completion of the programme (135-138, 140-143).

Students confirm they will be appropriately prepared to take on a midwifery preceptor post and newborn and infant physical examination (NIPE) practitioner role on successful completion of the programme (26, 140-143).

We conclude that students on the pre-registration nursing (child) programme and the pre-registration midwifery programme achieve NMC practice competencies at progression points and meet NMC standards for entry to the register.

Outcome: Standard met

Comments:

The university is moving towards placing all practice assessment documentation onto a hand held digital medium. This should be monitored to consider its impact on students' learning and mentors' compliance with the

assessment of practice requirements.

Areas for future monitoring:

The roll out of digital PADs across the pre-registration nursing programme should be monitored to ensure that all information is stored effectively and securely.

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

We found that students, practice placement providers and service users and carers have a range of opportunities to provide feedback and to evaluate all aspects of pre-registration nursing and pre-registration midwifery programmes (95-99, 111-112)

Feedback from multiple sources is collated by and discussed at the student staff liaison committee and findings are fed into programme team review meetings and are progressed to the faculty quality enhancement standards subcommittee. Programmes are reviewed by practice placement providers and students via the quality improvement performance framework (29-30, 34).

Link lecturers collate students' evaluations of placements which are fed into the PEC (28-29, 77).

What we found at the event

We confirm that students evaluate both theory and practice elements of their programmes. Evaluation of theory takes the form of mid-term evaluations by the module leaders. Students complete end of module evaluations which are administered by the class student representatives. Evaluation of practice is facilitated anonymously and completed online at the end of placements. Within nursing (child), students are required to complete these evaluations before being informed of their next placement details. We are told that the rates of compliance are good (22-27, 34).

Students confirmed they are regularly consulted about the programme, both informally and through written evaluations and academic staff respond to their suggestions and concerns. They gave examples of changes in response to students' evaluations.

<p>Students confirmed that module feedback from a previous cohort is shared during student connect days and demonstrates how students' feedback impacts on module/programme design (22-23, 34, 97-99, 111-113).</p> <p>The university holds bi-monthly PEC meetings that include representation from the practice placement providers. Any concerns and/or complaints raised are discussed and appropriate action planning undertaken (29-30, 34).</p> <p>External examiners' activities are reported and confirm their engagement in theory and practice elements of both pre-registration programmes. They report on the quality of theory and practice based learning and student achievement. The programme leader responds, as appropriate, and any requirements for changes to the assessment process or programme are considered at the programme management committee (34, 100-101, 116-117).</p> <p>The external examiner for the pre-registration nursing (child) programme attends annual student conferences and meets with mentors and students. Students are encouraged to bring their practice assessment documents and have opportunities to discuss their placement experiences with the external examiner (34, 101, 117).</p> <p>The external examiner for the pre-registration midwifery programme attends objective structured clinical examinations (OSCEs) where they meet with students and mentors, and can review the PAD. This was confirmed within the external examiners' reports and by students (23, 34, 102, 116).</p> <p>The university provided clear evidence that external examiners meet with students and mentors and review practice assessment documents. However, the reporting templates could be made more comprehensive in capturing this activity (100-101).</p> <p>The school has followed up and effectively concluded issues from their last self-assessment report (2015-2016) and recommendations from approval events held in 2015-2016. The school provided clear summaries of work in completing an interim evaluation of the pre-registration nursing (adult) flexible work-based learning pathway, and in completing evaluation of the pre-registration midwifery curriculum (15). Clear responses to the recommendation for the two approval events were fully reported (13-14).</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>Clear communicated processes which enable concerns and complaints about practice learning settings to be raised and addressed are in place. The university, in collaboration with practice placement providers, has a raising and escalating concerns policy and a clear complaints procedure. Students are made aware of how to escalate concerns and mentors and academic staff have clear guidance on how to support students raising concerns or making complaints (35-36, 42-44, 49-55, , 110).</p>
<p>What we found at the event</p>

<p>Students confirmed that they are informed about the complaints procedure at the start of the programme and they have access to the procedure which is summarised within the programme handbooks (22-23, 25-26).</p> <p>Mentors told us they understand the process for supporting students in practice who wish to make a complaint or raise or escalate concerns (30, 34, 130-134, 144-148).</p> <p>The senior academic staff confirmed that students have opportunities to raise complaints at the staff student liaison committee, with their personal tutor and to mentors in practice. We found that all issues raised by students have been managed satisfactorily without the need to escalate further (8, 34, 112-113).</p> <p>Mentors confirmed that they are given feedback following student evaluations of practice placements. Anonymous information from all placement evaluations is used by the PECs and is part of the education audit process used by university to maintain and enhance the standard of educational experience in placement areas (34, 130-134, 144-148).</p> <p>External examiners' evaluations and comments are disseminated to placements via the education committee which is attended by all placement provider representatives (34, 98-99, 118, 158)</p> <p>Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (child) programme and the pre-registration midwifery programme.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>External examiners engage in all aspects of programme scrutiny which includes meeting with students, mentors and reviewing practice assessment documentation. However, the reporting templates could be made more explicit in capturing this activity more consistently and effectively.</p>
<p>Areas for future monitoring:</p> <p>Reporting mechanisms for external examiner engagement to ensure that external examiner activities in the scrutiny of theory and practice are consistently reported.</p>

Evidence / Reference Source

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17. ARU, academic curriculum vitae of academic staff supporting the pre-registration nursing programme (child) and the pre-registration midwifery programme, October 2016
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21. NMC online registration check, accessed 15 November 2016
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25. Monitoring meeting: programme team, pre-registration nursing programme (child), 15 November 2016
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29. *Practice education committee (PEC) minutes Hinchingsbrooke, 2016*
30. *Monitoring meeting to discuss practice learning, 15 November 2016*
31. *Monitoring meeting to discuss resources, 15 November 2016*
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33. *Monitoring meeting to discuss fitness for practice, 16 November 2016*
34. *Monitoring meeting to discuss quality assurance, 17 November 2016*
35. *Pre-registration nursing (child) practice assessment documentation, 2015-2016*
36. *Pre-registration midwifery practice assessment documentation, 2015-2016*
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38. *FHSCE, example of MMI scenario, 2016*
39. *ARU, DBS business practices for annual DBS rechecks, October 2016*
40. *ARU, under 18s minors policy v4, 2016*
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42. *FHSCE, midwifery interview process, 2016-2017*
43. *BSc midwifery student course handbook, 2015-2016*
44. *Child nursing handbook, 2015-2016*
45. *Monitoring meeting: to discuss admissions and progression, fitness to practise, and APL, 16 November 2016*
46. *Monitoring meeting: service users and carers, 15 November 2016*
47. *Self-declaration of good conduct and good health, 2016*
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49. *Mentor handbook, 2016*
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75. *ARU: education audit template, 2016*
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102. Inter-professional learning workshop flyer, September 2015
103. Stillbirth and neonatal death charity (SANDS) half-day course - afternoon session plan, 2015
104. Departmental assessment panel minutes, September 2016
105. Examples of pledges made by pre-registration nursing students (child), 2015-2016
106. Examples of project titles for practice areas in need of improvement, 2015-2016
107. Monitoring meeting: sustainable electronic assessment, 16 November 2016
108. Viewing of electronic practice assessment documentation, 16 November 2016
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116. External examiner responses, midwifery, October 2015
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119. Mid-Essex Hospital Trust, review of mentor live register, 16 November 2016
120. Cambridge University National Health Service Foundation Trust, review of mentor live register, 17 November 2016
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122. Mid-Essex Hospital Trust, meeting with senior managers and education leads, 16 November 2016
123. Cambridge University National Health Service Foundation Trust, meeting with senior management team

children's nursing, 17 November 2016

124. Sunflowers Care child rehabilitation services, meeting with students, children's nursing, 15 November 2016

125. Mid-Essex Hospital Trust, meeting with student, children's burns unit, 16 November 2016

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127. Provide community services, meeting with students, children's nursing, 16 November 2016

128. Cambridge University National Health Service Foundation Trust, meeting with students, children's unit, 17 November 2016

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131. Mid-Essex Hospital Trust, meeting with ward manager / mentor children's burns unit, 16 November 2016

132. Mid-Essex Hospital Trust, meeting with ward mentors, children's unit, 16 November 2016

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134. Cambridge University National Health Service Foundation Trust, Meeting with ward mentors, children's unit, 17 November 2016

135. Rosie Hospital, meeting with midwifery management team and link lecturers, 15 November 2016

136. Peterborough City Hospital, meeting with midwifery management team and link lecturers, 16 November 2016

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138. Peterborough City Hospital, meeting with clinical educator for pre-registration education, 16 November 2016.

139. Rosie birthing centre, meeting with students, 15 November 2016

140. Rosie maternity assessment unit clinic 23, meeting with students, 15 November 2016

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2016

155. *CUH NHSFT Addenbrooke's Hospital, ward D2, children's nursing, meeting with service users, 17 November 2016*

156. *ARU: update provided to NMC with details of actions taken in response to CQC inspection outcome, 3 November 2016*

157. *NMC programme approval report MSC, pre-registration nursing programme, 11 May 2016*

158. *Education committee minutes, 3 November 2016*

159. *APL approval list, 14 September 2016*

160. *Tour of university resources, Cambridge campus, 15 November 2016*

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 25 Oct 2016
Meetings with:
<p>Lead midwife for education</p> <p>Course leader BSc (Hons) pre-registration nursing (child)</p> <p>Course leader BSc(Hons) pre-registration midwifery</p> <p>Director practice</p> <p>Director of pre-registration nursing courses</p> <p>Head of department, nursing and midwifery, Cambridge campus</p> <p>Academic quality manager</p> <p>Head of department (acting) midwifery, child and community nursing, Chelmsford campus</p>
At monitoring event
Meetings with:
<p>Dean, pro vice chancellor, faculty of health social care</p> <p>Deputy dean: teaching and learning and quality</p> <p>Academic quality manager (school of nursing and midwifery)</p> <p>Head of department (child midwifery and community) ARU, Chelmsford</p> <p>Director (acting) pre-registration nursing programmes, ARU Director of health and social care practice</p> <p>Head of department, nursing and midwifery (Cambridge)</p> <p>Director of studies (Cambridge)</p> <p>Director of studies (Essex)</p> <p>Lead midwife for education</p> <p>Senior lecturer, course lead for BSc(Hons) midwifery</p> <p>Senior lecturers, course leaders and admissions tutors (pre-registration nursing (child)</p> <p>Senior lecturers, course leaders for midwifery</p> <p>Team leader– practice ARU</p> <p>Student operations team leader ARU</p> <p>Senior lecturer and the admissions tutor for midwifery Skills tutor (child), ARU</p> <p>Skills tutor (midwifery), ARU</p>

Head of school of nursing and midwifery
 Head of education and commissioning, Health Education East of England
 Senior nurse– preregistration students and medical device lead, Cambridge University Hospitals NHS Foundation Trust
 Learning and development manager, Cambridgeshire and Peterborough NHS Foundation Trust (CPNF)
 Director of nursing/patient experience, North East London NHS Foundation Trust (NELFT)
 Practice facilitator/rotational nurse lead, North East London NHS Foundation Trust (NELFT)
 Matron –maternity and gynaecology Colchester Hospital University Foundation Trust (CHUFT).
 Assistant director of nursing, Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
 Registered midwife and clinical educator for preregistration midwifery students, Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
 Deputy head of midwifery, Princess Alexandra Hospital
 Deputy head of midwifery, Mid-Essex Hospital Services NHS Foundation Trust

Meetings with:

Mentors / sign-off mentors	20
Practice teachers	5
Service users / Carers (in university)	3
Service users / Carers (in practice)	3
Practice Education Facilitator	8
Director / manager nursing	11
Director / manager midwifery	15
Education commissioners or equivalent	1
Designated Medical Practitioners	

Other:	
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Meetings with students:

Student Type	Number met
Registered Nurse - Children	Year 1: 2 Year 2: 9 Year 3: 20 Year 4: 0
Registered Midwife - 36M	Year 1: 12 Year 2: 4 Year 3: 14 Year 4: 0

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