2016-17
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Keele University
Programmes monitored	Registered Nurse - Children; Registered Midwife - 36M
Date of monitoring event	15-16 Feb 2017
Managing Reviewer	Bernie Wallis
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Hilary Collins, Suzanne Crozier
Placement partner visits undertaken during the review	Pre-registration nursing child field University Hospitals North Midlands NHS Trust (UHNM): Children's assessment unit; ward 217 (medicine and surgery); neonatal intensive care unit Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP): Children's community team; Our health 5-19 Longton Private, independent, voluntary sector (PVI): Donna Louise Children's Hospice Pre-registration midwifery University Hospitals North Midlands NHS Trust (UHNM): Midwifery birthing centre; wards 205 and 206, Central delivery suite; Newcastle community team (Bradwell Hospital); Wolstanton Primary Care Centre
Date of Report	23 Feb 2017

Introduction to NMC QA framework

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.

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Summary of findings against key risks

Category	Risk			
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.		
Resources	**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		
Practice Learning	**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	
Practice Learning	**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		
Fitness for Practice	**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 Keele University's programmes

The school of nursing and midwifery (the school) at Keele University is one of four schools in the faculty of medicine and health sciences which has three research centres. The school is based in the clinical education centre at the University Hospital of North Midlands NHS Trust (33).

A recent university restructuring has included, a new interim pro-vice chancellor/dean of faculty of medicine and health sciences and a new acting head of school.

The three year BSc (Hons) midwifery pre-registration programme was approved in 2012. The BSc (Hons) nursing pre-registration programme which includes the fields of child, adult, mental health and learning disabilities was also approved in 2012. A pre-registration MSc nursing (adult) route was approved on 20 January 2016 (2, 126).

The university shares midwifery placements with Staffordshire University.

The focus of this monitoring review is pre-registration midwifery and pre-registration nursing (child). The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders.

The outcome of Care Quality Commission (CQC) reports has influenced the selection of practice placements for the monitoring visit. Particular consideration was given to the pre-registration nursing (child) student experience in the placements in Staffordshire and Stoke on Trent Partnership NHS Trust and University Hospitals of North Midlands NHS Trust, and the pre-registration midwifery student experience in the placements in University Hospitals of North Midlands NHS Trust.

Summary of public protection context and findings

Our findings conclude that the practice learning key risk theme is not met in relation to the accuracy of the mentor register relating to midwifery sign-off mentors, and the fitness for practice key risk theme is not met in relation to the grading of the assessment of practice in the pre-registration midwifery programme. The university must implement an urgent action plan to ensure these risks are controlled and NMC standards are met to ensure protection of the public.

15 September 2017: The university produced an action plan to address the unmet outcomes. Evidence has been submitted to demonstrate completion of the action plan. The key risk themes practice learning and fitness to practice are now met and the identified risks are controlled.

The admissions and progression key risk theme requires improvement in relation to involvement of external examiners in accreditation of prior learning (APL) for the pre-registration nursing programme to enhance the risk control.

Resources: met

We conclude that the university has adequate resources to deliver the pre-registration nursing (child) and midwifery programmes to meet the NMC standards.

We found there are sufficient mentor/sign-off mentors to support pre-registration nursing (child) and pre-registration midwifery students in practice settings and there is a robust partnership approach to monitoring placement and mentor capacity.

Admissions and progression: requires improvement

Our findings confirm that the admissions and selection processes are robust and meet NMC requirements. Students are not allowed to process onto placement until health and good character checks are completed and confirmation is provided to practice placement providers.

We found the university has effective systems in place for the management of poor performance of students in theory and practice settings, and practice placement providers have a good understanding of the university procedures to address any concerns and ensure protection of the public.

Our findings conclude there are clear accreditation of prior learning processes in place however the external examiner does not review the early stages of the process in the pre-registration nursing programme and therefore does not have oversight of all aspects of the programme that contribute to student progression. There is a significant increase in APL claims in the pre-registration nursing (adult) programme and subsequent increased risk to public protection. Involvement of the external examiner will strengthen the risk control.

Practice learning: not met

We conclude there are very robust and effective partnerships between the university and practice placement providers including other universities that share the same placements.

Service users and carers have a substantial and significant role in all aspects of the programmes and students value their input. Practitioners are involved in the development and delivery of both programmes and there is robust support for students by academic staff in practice settings.

We found mentors/sign-off mentors are properly prepared for their role in assessing students in practice and are able to attend updates to meet the requirements for triennial review.

Our findings conclude that records of midwifery sign-off mentors in one NHS trust are not accurate and up to date. The standard is not met and requires urgent action to manage the risk and ensure protection of the public.

The university implemented an action plan to address the lack of rigour in maintaining an accurate mentor register for midwives (Standard 3.3.3).

23 February 2017: A review of progress made against the action plan confirmed that midwifery students currently on placement are allocated up to date sign-off mentors and no students are supervised by out of date mentors.

27 July 2017: A review of progress against the action plan confirmed that revised systems and processes are in place to ensure mentor registers are accurate and up to date. The standard is now met and the key risks are controlled.

Fitness for practice: not met

We found robust evidence that students are supported to achieve all NMC learning outcomes and competencies at progression points and at the end of their programmes for entry to the register.

Employers and mentors are impressed with the high calibre of the nursing and midwifery students encountered on these programmes and confirm they are safe, competent and fit for practice.

Our findings conclude that pre-registration nursing (child) and pre-registration midwifery students are supported to achieve practice learning outcomes and competencies. However, in the pre-registration midwifery programme we found that the grading of assessment of practice which is direct hands on care, as specified in Standard 15 of the Standards for pre-registration midwifery education (NMC, 2009) is not met. Action is required to ensure the regulatory requirement for the grading of midwifery practice is addressed.

15 September 2017: A major modification approval event for the pre-registration midwifery programme has taken place. The regulatory requirement for the grading of midwifery practice in the pre-registration midwifery programme is now met and the risk is controlled.

Quality assurance: met

We conclude that there are robust internal quality assurance and enhancement systems in place and that the student voice is valued and action is taken to resolve issues they raise.

We found that concerns and complaints raised in practice settings are responded to effectively by the university and practice placement providers working collaboratively.

Summary of areas that require improvement

15 September 2017: A review of progress against the university action plan took place on 23 February, 27 July and 15 September 2017.

Documentation submitted by the university confirms that revised systems and processes are now in place to ensure accurate records of midwifery sign-off mentors and the grading of midwifery practice now meets the regulatory requirement.

The following standards are not met and require urgent action:

- There are inadequate mechanisms in place to ensure the records of midwifery sign-off mentors on the mentor register are accurate and up to date. The university and practice placement providers must ensure students currently on placement are allocated active sign-off mentors. The processes for ensuring the mentor register is accurate and up to date must be reviewed and strengthened to control the risk.

- The is no evidence of grading of practice assessment in the pre-registration midwifery programme as specified in the NMC standard. The university must change the assessment of practice in the programme to ensure that practice is graded and contributes to the final award. This change to the programme must be approved in readiness for the beginning of next academic year and implemented for all cohorts.

The following standard requires improvement:

- There is no evidence of involvement of the external examiner in the scrutiny of pre-registration nursing APL claims. The external examiner should review APL claims and this should be written into the APL policy to strengthen the risk control and ensure public protection.

Summary of areas for future monitoring

- The external examiner review of APL claims.
- Accuracy of the mentor register for midwifery sign-off mentors.
- Effective implementation of the grading of practice in the pre-registration midwifery programme.

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

The programme teams conveyed a proactive and enthusiastic approach to supporting student learning, adhering to values that encourage and promote the development of safe and competent practitioners.

Good practice is shared across the pre-registration programmes; most recently the introduction of developing levels of solution focused clinical supervision across all years of the nursing programme has now been incorporated into the midwifery programme. The team share with and adopt good practice from other universities and are currently working with two universities on a leadership project. The staff told us the programmes are reviewed annually in partnership with employers, placement providers and students.

The academic team report robust partnership working at all levels, with practice placement partners having open and regular communication. Student support, providing a positive learning experience and hearing the student voice is central to this partnership working through being highly visible as link lecturers and personal tutors. The addition of midwifery students from a neighbouring university to the placement circuit had been fully planned and there are actions in place to mitigate any risk.

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

The mentors/sign-off mentors that we met are enthusiastic professionals and highly motivated to fulfil their role and responsibilities in ensuring students receive a balanced and fulfilling learning experience in placements. The managers, mentors/sign-off mentors are very supportive of the students and told us that students are of a high calibre.

Mentors regard the academic staff highly and told us they work very closely with them to support a positive student experience from admission and selection to completion of the programme. Managers, mentors and employers provided examples of their involvement in various aspects of the programmes. We were told that there are regular partnership meetings with the university at all levels to manage student practice experience and respond collaboratively to any risks. The education commissioner described the partnership working with the university as good. Mentors told us that the placement learning is well organised and supported by link lecturers. The mentors recognise that academic staff work hard to provide a positive learning experience.

A minority of midwifery mentors describe the presence of students from two different universities as a challenge. They also report that actions had been put in place recently to address this with both universities taking part in mentor updates.

Students

The students are enthusiastic about their programme and would recommend it to others. They told us that the programmes are well organised and that the teaching and learning strategies prepare them for practice and for registration. The programmes are described as interesting and enjoyable and students spoke highly of the academic staff who they described as approachable and responsive.

The students told us that they feel supported by their personal tutors, link lecturers and their mentors/sign-off mentors. They felt prepared by their theory sessions and value the opportunity to practice skills prior to commencing placements.

Students report they are able to provide feedback via student representatives and provided examples of when feedback from evaluations had been successful.

Students agreed that access to resources such as the Keele (virtual) learning environment (KLE) and university support services is good. Students reported a good range of learning opportunities available in practice. They did not have an awareness of the clinical practice facilitators (CPFs) in the organisations.

A small number of midwifery students reported that sometimes their practice learning is compromised by the presence of students from a neighbouring university, and that continuity of mentor is compromised by the six monthly staff rotation within the maternity unit.

Service users and carers

Service users and carers are integrated into the school structure and student experience, across the faculty and programmes from student selection, teaching and assessment to evaluation. The faculty service user group is well established, and effective, involving themselves in rewarding and innovative schemes. The service users we spoke to are very complimentary of the university and gave positive accounts of the university, staff and student experience.

Relevant issues from external quality assurance reports

The following CQC reports which required action were considered for practice placements used by the university for pre-registration nursing (child) and pre-registration midwifery programmes. These reports provided the review team with context and background to inform the monitoring review.

Stadium Court Care Home Stoke (part of BUPA care homes). The report was published on 2 February 2017 and the organisation received an overall rating of inadequate. The care home was placed in special measures (10).

Action taken by the university to manage the risk:

The serious placement issue policy was implemented and students were withdrawn from the area and relocated. The placement was rested as per policy and will be subject to an educational audit when the service is ready to take students again. The school safeguarding lead is liaising with the local authority. The NMC was notified as per the NMC exceptional reporting process (75).

Action taken by the university in relation to the following reports is detailed at the end.

CQC report for North Staffordshire Combined Healthcare NHS Trust (NSCHT): 22 March 2016. Care was rated good. The report rated safe, responsive, effective and well led as requires improvement (11).

CQC report for NSCHT: 1 September 2016. This was an unannounced visit following breaches in regulations in 2015 when compliance actions were required to make improvements to the child and adolescent mental health service (CAMHS). The trust was rated as still requiring improvement (12).

CQC report for Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP);

community health inpatient services (rehabilitation and intermediate care): 19 March 2015. Action was required (13)

CQC report for SSOTP; community health services for adults (incorporating district nursing teams): 19 March 2015. Four teams were visited Milehouse, Kidsgrove, Smallthorne and Trentside. Actions were required (14).

CQC report for SSOTP; (includes child and adult social care): 11 May 2016. The trust received an overall rating of requires improvement. They received an inadequate rating for being well led. Care was rated as good. A warning notice was given and an action plan received (15).

CQC report University Hospitals of North Midlands NHS Trust (UHNM): 28 July 2015. The trust received an overall rating of requires improvement. They received an inadequate rating for responsiveness. Care was rated good. Action was required (16).

Action taken by the university to manage the risks:

The safety of students and themes emerging from the CQC reports were discussed at each NHS trust education meeting based on the serious placement policy risk indicator. There were no concerns about student learning. Close monitoring of the student experience was undertaken by the link lecturer and the university offered support to the trusts in completing their action plans.

CQC reports for 2015-16 relating to all three major practice placement provider NHS trusts detailed above are highlighted in the AEI self-assessment report 2016-17 (2).

The school also completed an education review of the findings of these CQC reports in 2016 and identified themes within and across the trusts that may impact on the student learning environment. This analysis was cross referenced with student practice evaluations which identified some similar issues including low staffing levels and leadership. The university identified a series of actions including raising the profile of the link lecturer in the practice setting, which has been effective, and sharing findings at the evaluation committee and school learning and teaching committee (22).

What we found at the monitoring visit:

We found the university works in close partnership with practice placement providers to monitor the outcomes of external monitoring reports. There is open communication between the directors of nursing and senior staff of the school in response to concerns with an effective serious placement issue policy in place to manage the risks. The school has recently created a quality assurance and enhancement committee which will strengthen the governance of risks related to student learning in practice including external monitoring outcomes (75, 111).

Follow up on recommendations from approval events within the last year

The teacher and practice teacher programmes were approved on 15 September 2016.

There was one recommendation; to review the programme specification for the

postgraduate certificate in learning and teaching (teacher) after one year of operation (3).

This recommendation will be reported on in the 2017-18 annual self-assessment report.

Specific issues to follow up from self-report

The self-report 2015-16 acknowledges CQC adverse reports for the three major placement provider NHS trusts and the systems in place for collaboration. The 2016-17 report indicates that as the CQC outcomes related to care in these areas was rated good, the NHS trusts viewed that there were no concerns about student learning environment and did not require escalation (2, 98).

We found that the university has since escalated relevant CQC reports and risks to student learning to the NMC with associated action plans (10, 75, 78).

The 2016-17 self-assessment report details an error had occurred in uploading confirmation of student achievement for the V100 recordable qualification for two students in November 2016. The error was corrected following direct communication with the NMC registration department. An action plan was requested and put in place following a root cause analysis in readiness for the next scheduled upload in 2017 (2, 98).

The academic staff report that an action plan was put in place which included a new policy and associated process in readiness for the next scheduled upload in 2017 (77, 78).

Reconfiguration within trusts has impacted on mentor and placement capacity (2).

Actions taken by the university included: appointment of an additional staff member to increase placement capacity, and a related project working with practice placement providers and the education commissioner, which includes an additional resource to the NHS trusts from Health Education West Midlands (HEWM) to train more mentors (78, 81, 98).

There are no commissions for the specialist community public health nursing (SCPHN) heath visiting and school nursing programme due to major changes in health service provision. Actions taken by the school include a review of the programme and regular engagement with commissioners and clinical partners (2, 98).

The commissioner told us health visiting and school nursing is a demand led service and as the reconfiguration of the services stabilise workforce needs for these roles will emerge (78, 81).

The financial risk to the university of the impact of national changes to student funding for nursing and midwifery programmes scheduled in 2017 was also highlighted in the self-assessment report (2).

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

The school has 60 academic staff all of whom are registered nurses or midwives, most have NMC recorded teacher qualifications or are working towards this. 14 staff have doctoral qualifications. New staff may be appointed as teaching fellows and are required to complete the postgraduate certificate in teaching and learning in higher education which incorporates the NMC recordable teacher qualification (39, 40, 57, 98).

Staff are actively encouraged to engage in clinical practice to keep up to date in their clinical field and a number of staff members hold honorary contracts with health service providers. There is a robust staff development programme which includes a research scholarship programme linking with the school research strategy, annual appraisal, and professional development review (PDR). The policy confirms there is 20 percent allowance for clinical related update, and the integration of the requirements and support for revalidation is part of the peer review process (70, 76).

Pre-registration midwifery

The midwifery team has seven lecturers (5.2 whole time equivalents (WTE)) who are all registered midwives with relevant experience and qualifications. There is a lead midwife for education (LME) who is also a member of the school senior team. One vacancy is actively being recruited to. The programme leader has due regard and has a teacher qualification recorded with the NMC. Most of the team have or are working toward a recorded teacher qualification (39, 40, 100).

Pre-registration nursing (child)

The programme leader for the pre-registration nursing programme has current registration, due regard and an NMC recorded teaching qualification. The child field team has four lecturers (3.8 WTE) who all have due regard and experience and qualifications appropriate to their role. There is an interim professional lead for the child nursing field as the current lead is on leave. Most of the team have or are working toward a recorded teacher qualification (40, 57, 100).

What we found at the event

There is evidence from meetings with the programme teams and associated staff CVs that appropriate continuing staff development opportunities are supported including 20 percent for clinical updating, gaining a NMC recordable teaching qualification and revalidation. We saw evidence of dissemination of the outcomes of staff development activity (70, 106, 125).

There is a school process and database for ensuring active NMC registration of academic staff including external examiners which is monitored by the school manager. The process is currently in transition moving from the school to the central university, however this transition period has now been extended and the school process updated following an alert failure which the school dealt with promptly. The head of school and dean of faculty are now copied into the staff alert system to strengthen the management of risk (69, 78).

We conclude that the university has adequate resources to deliver the pre-registration nursing (child) and midwifery programmes.

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

What we found before the event

All students are allocated a mentor/sign-off mentor and the requirement to work together for no less than 40 percent of the time is clearly stated in documentation (33, 35, 52, 58).

The annual self-assessment report 2016-17 highlights mentor and placement capacity as a risk due to recent reconfiguration of health service trusts (2).

Changes to service reconfigurations are discussed at regular education/evaluation meetings with practice placement providers and meetings between senior school staff and senior nurses (68).

There are regular meetings with each practice placement provider which monitor mentor/sign-off mentor numbers and address capacity building for placements and mentors (98).

What we found at the event

Managers and academic staff confirmed that mentor/sign-off mentor and placement capacity is monitored strategically at monthly partnership meetings between the university and each practice placement provider to ensure equity of capacity in each placement area. In addition, there is regular sharing of information between the

placement providers, the university and Staffordshire University which share some midwifery placements. We were told by CPFs and managers there are sufficient mentors for the number of students and saw data of total numbers across all practice placement providers (17, 75, 79, 89, 110).

CPFs, placement education leads and the LME told us overall capacity for midwifery student numbers on placements is agreed collaboratively between the head of service and the LME for both universities (75, 114, 118).

A new appointment has been made to the school with a remit to increase placement capacity. The managers, academic staff and commissioner confirmed additional resource has been provided to both universities to support mentor capacity building in primary care and acute services (75, 78, 81).

Pre-registration nursing (child)

The education leads confirmed that they liaise with the university placements manager and they discuss forthcoming student numbers. The students in the spoke placements are supported by mentors who provide feedback to the hub mentor. The students confirmed being supported by their mentor at least 40 percent of the time and their attendance records evidenced this. The managers and mentors told us that other mentors and supervisors deputise as required (101-103, 105).

Students on their final placement told us they are allocated a sign-off mentor who acts with due regard, and their sign-off mentors confirmed this. The mentor registers confirmed that appropriately qualified mentors are available to support students (101-103, 107).

Pre-registration midwifery

Students and mentors confirmed that they are able to work together for a minimum of 40 percent of the time and that associate mentors are allocated, if required. Student allocation rosters for the placement areas visited reflected this (112-114).

Students and mentors confirmed that midwifery sign-off mentors support and assess practice learning (112-113).

A minority of students told us that their learning is compromised at times by the presence of student midwives from another university and by the bi-annual rotation of midwives. We viewed evidence in the ongoing records of achievement (ORA) and were told by the academic team and CPFs that all students are provided with an equitable learning experience and continuity of mentorship. Practice and academic staff confirmed that changes to the rotation of midwives has already been agreed by the NHS trust following student feedback, and will come into effect from May 2017 (17, 74, 112-113, 116).

We conclude that there are sufficient mentor/sign-off mentors to support the numbers of students in practice settings at all times.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring: None identified

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

The admission policy makes explicit the entry requirements to the programmes and is available to applicants. These include numeracy and literacy assessment and evidence of good health and character and where relevant the International English language test score (IELTS) which meets NMC requirements. Anti-fraud and reasonable adjustments information is detailed. Health and disclosure and barring service (DBS) screening is completed prior to students proceeding onto placement (61, 64, 98).

Service users, practitioners and current students are involved in the selection of students and receive training in equality and diversity. Equality and diversity training guidance is available on the university website. Student selection is values based and incorporates student and service user led questions (60, 64, 66, 96-98).

What we found at the event

The admissions and selection process is robust, with care values mapped against each element of the process, and service users, practitioners and current students are involved in the process. The service user involvement varies from actual attendance at interviews to contributing to practice based scenario settings for prospective students. Senior trust staff confirmed that it is trust policy to ensure that practice staff are encouraged to be part of the admissions process (82, 110, 121, 123).

There is an under 18 years of age policy and a risk assessment is completed prior to the student proceeding into practice (82, 99).

Students told us that they are required to undergo DBS and health screening as part of the selection process. Practice placement providers report that confirmation of these checks are available to them prior to students commencing placements (79, 122, 124).

Pre-registration nursing (child)

The programme team confirmed their involvement in recruitment and selection processes and equality and diversity training. They report the involvement of service users and practitioners who are prepared by the admissions tutor and undergo equality and diversity training which was reiterated by the service user representatives (82, 96, 106, 121, 123).

Some nurse managers and mentors we met told us of their involvement in selection interviews and that their equality and diversity training was mandatory and recorded by the university and we saw evidence of this (96, 101, 105).

The child nursing student's experience of selection demonstrated that the process has changed. The third year students who had been interviewed four years ago did not have service user involvement or numeracy and literary tests. The students who were interviewed two years ago had service user involvement and numeracy and literacy tests (101-103).

Pre-registration midwifery

The midwives we met during the practice visits confirmed that they are involved in selection activities and described the process for equality and diversity training in the NHS trust. The managers we met confirmed that records of equality and diversity training are checked before staff are nominated to take part in selection events and recorded by the university (96, 112-113, 115).

Our findings confirm that the admissions and selection processes are robust and meet NMC requirements.

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

What we found before the event

The school has a comprehensive system for dealing with student health and conduct concerns. There is a health and conduct committee which includes senior practitioners, and an external academic representation. The committee considers any concerns about a student's health or conduct and refers cases to the faculty fitness to practise panel as required (2, 29, 33).

Following a review of fitness to practise processes two new initiatives were introduced in 2015 which includes a team of investigators and a screening tool which are proving effective. Of the fitness to practise cases considered in 2015 three were resolved locally and three referred to the health and conduct committee. In 2016 five cases were resolved locally and three considered by the health and conduct committee

none of which were referred to the fitness to practise panel (29-30).

The school annual report of the health and conduct committee details cases and outcomes and this report is discussed at the school learning and teaching committee and practice placement partnership meetings. The number of cases and associated outcomes are reported in the 2016-17 annual self-assessment report (2, 29-30).

A new policy has recently been developed to strengthen the process for uploading registerable and recordable qualifications to the NMC portal following an uploading error in November 2016 (77).

What we found at the event

The university has comprehensive systems in place for monitoring poor performance and the professional suitability of students. Personal tutors meet regularly with students and monitor feedback from mentors and progression and achievement in academic and practice settings including action plans (28, 49, 52).

Students confirmed they sign a declaration of health and good character annually and at the end of the programme. Good character and poor performance are monitored via the examination board which provides feedback to personal tutors on any concerns about the poor performance of individual students. Directors of nursing told us of their involvement in reviewing unclear DBS and health concerns through the school health and conduct committee. Lessons learnt are disseminated at partnership meetings (26, 74, 79, 111, 124).

Retention and progression data is detailed in the curriculum annual review and development process (CARD) report. Attrition rates are below the national benchmarks and reported to commissioners and practice placement partners (46-47, 53, 79, 81).

Pre-registration nursing (child)

The managers, mentors and students described the process for raising and escalating concerns about students conduct which is detailed in the practice assessment document. One mentor has used the process and received a prompt response from the university to support her and the student. The programme team told us that they monitor students' practice assessment documents. They gave an example of an occasion when a student's inappropriate behaviour was reported to them and how they managed the student (101-106, 124).

Pre-registration midwifery

The academic staff told us procedures for the management of poor academic performance are robust and they provided examples of their recent effectiveness. They told us that the personal tutor system is central to managing student performance and students confirmed this. Students and mentors are also clear in their understanding of the policy and process for managing fitness for practice concerns or poor academic performance. Students told us of the processes and staff available to support them if they had a concern about their own or another's practice (112-113,

125).

We conclude that the university has effective systems in place for the management of the poor performance of students in theory and practice settings.

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

Mentor/sign-off mentors complete an action plan with students who are failing to achieve practice outcomes. The ORA and practice assessment document (PAD) includes a student support monitoring tool and associated interventions grid to guide the mentor when there is any cause for concern related to students' performance and achievement (36, 49, 52).

What we found at the event

Mentors told us the link lecturers are available if there are any concerns with a student's performance. They are confident about the processes for managing poor performance or fitness to practise.

CPFs and clinical managers confirmed the university notifies them of any students who have not met the DBS and health requirements prior to the commencement of placement and that students are not permitted to commence placement until these are completed satisfactorily (110, 114-115).

Pre-registration nursing (child)

The managers and mentors told us that they discuss student performance with the link lecturer and during their clinical team meetings. They receive feedback from the link lecturer if they report poor student performance (101–105).

Pre-registration midwifery

Mentors, CPFs and managers described, using examples, how poor performance in practice is managed in collaboration with university link lecturers (112-115).

We conclude that practice placement providers have a good understanding of, and implement, university procedures to address issues of poor performance of students in practice to ensure protection of the public.

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

There is a university APL policy. Students are provided with information about the process and support for making APL claims. The process has been strengthened through increasing support to claimants, including a buddy system and support day. The maximum APL allowed is 50 percent and is detailed as a deviation to course regulations. All claims are processed through the school APL committee and reported through the school examination boards. NMC standards preclude the use of APL in pre-registration midwifery programmes (2, 25, 33, 65).

There were 25 successful APL claims, of which 21 were for the MSc route in the pre-registration nursing (adult) programme, equating to 100 percent of the cohort that commenced the new MSc route in 2016. There were four out of 129 students who commenced the BSc route through APL, three of whom were transfers from other universities. APL claims for the new MSc route must evidence 650 hours of practice and 650 hours of theory which is assessed through interview, portfolio and presentation and verification of hours (2, 25, 126).

The template used to APL out of year one of the BSc pre-registration nursing programme identifies the requirements which must be met and includes the domains and learning outcomes (18).

What we found at the event

We found there are clear systems in place for APL for the pre-registration nursing programme. We met with a third year nursing (adult) student with a completed portfolio who described her experience of the process. She reported good support from academic staff throughout the process. There has been a significant increase in APL claims from students joining the new MSc nursing (adult) route. The claims are scrutinised by an APL committee and are verified at the annual examination board (25, 38).

We were unable to see any evidence that external examiners have access to APL claims following scrutiny by the APL panel. This requires improvement.

Our findings conclude there are clear APL processes in place however the external examiner does not review the early stages of the process and therefore does not have oversight of all aspects of the programme that contribute to student progression, Standard 10.1.1 (Standards for pre-registration nursing education (NMC, 2010)). There is a significant increase in APL claims and subsequent potential risk to public protection. Involvement of the external examiner will strengthen the risk control.

Outcome: Standard requires improvement

Comments:

There is no evidence of involvement of the external examiner in the scrutiny of APL claims. The external examiner should review APL claims and this should be written into the APL policy to strengthen the risk control and ensure public protection.

Areas for future monitoring:

- The external examiner's review of APL claims.

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

There are regular meetings with practice placement providers at strategic and operational levels including contact and involvement with statutory supervision of midwives and the local supervising authority (LSA). The deans across the region meet as a group with Health Education West Midlands (HEWM) education commissioners. The head of school meets regularly with directors of nursing (2, 94, 98).

Pre-registration placement partnership meetings consider the following: placement evaluations; education commissioning for quality action plans; managing placement changes and cancellations; placement information review and audit (PIRA) action plans; mentor registers and updates; placement and mentor capacity; sharing of health service workforce; delivery plans and reconfigurations; and, placement issues related to students' practice experience (94).

There are partnership groups and processes in place aimed at identifying and managing risks that may impact on the student learning within the placements and learning from these events (62, 68, 86).

There is a policy and associated database which logs serious placement incidents and demonstrates the steps taken to resolve a situation and associated outcome (2, 24, 68, 86).

The school identified in the 2016-17 self-assessment report that there have been nine situations when the school serious placement issues policy was activated. Joint assessments and associated action plans were developed with practice placement

providers leading to an improvement in the student learning environment in each case (2, 86).

On 2 February 2017 the school exceptionally reported to the NMC concerns raised by students on placement at a local care home. The school implemented the serious placement issues policy and the following actions were taken. The students were withdrawn and the placement removed from the placement circuit. The safeguarding lead was notified and the link lecturer will provide support as appropriate until the placement area addresses the issues at which point an educational audit will be undertaken (19).

The school has a safeguarding lead. All safeguarding incidents raised by students and academic staff where the threshold criteria indicating service users have been placed at harm follow the school safeguarding vulnerable adults' policy and would automatically be escalated to the organisation involved and Health Education England (HEE) via HEWM (2, 28, 62).

The PIRA system details the processes, tools and guidance for educational audit including hub placements and associated spoke learning experiences. Audits are done by link lecturers and practice staff and the approval of placements and associated management, monitoring and completion of audit action plans is the remit of the PIRA review group meetings. This group feeds into the school learning and teaching committee. A partnership subgroup comprising of CPFs, education leads in the NHS trusts, link lecturers and the school practice placement quality lead (PPQL) identify and disseminate lessons learnt (80-82, 85, 98).

There are clear criteria and a process for the resting/withdrawal and reintroduction of practice placements, for example change of service provision and redeployment of mentors; and guidance for when a student may be removed. A risk indicator tool is used to trigger a review of a placement area and identifies the range and type of intelligence that may indicate the quality of a placement learning environment is at risk (68).

What we found at the event

There is a contract and service level agreement (SLA) with HEWM and SLAs with PVI practice placement providers to ensure that practice learning environments are safe and supportive for students (43, 78, 81, 98).

We found robust evidence of strong, open and effective partnership working between the university, practice placement providers and education commissioners at a strategic and operational level to provide a high quality learning experience for students and ensure they are fit for purpose and fit for practice on registration (79, 81, 110-111, 121).

The senior management team of the school and PPQL are informed of external reviews undertaken in placement areas and associated outcomes. Action plans are put in place where appropriate and the areas monitored to ensure students are supported. The school is strengthening their management of external reviews in practice settings with the recent introduction of a school quality and enhancement

committee; a new PIRA system scheduled to be introduced this year which will directly link with CQC reports and a wider internal communication strategy (75, 79, 81).

Incidents affecting patient safety are managed in co-ordination with practice placement partners' clinical governance processes, safeguarding processes, and local investigation. Any learning points arising from incidents are disseminated and integrated within student guidance (28, 62, 68, 75, 79, 81).

All students and mentors we met have a good awareness of the process to raise and escalate concerns and the advice and support available, including information in their PAD/ORA documentation. Directors of nursing report that students also have support from the student guardian in the practice setting (52, 79, 101-102, 112-113, 122).

Practice and academic staff we met confirmed education audits are done collaboratively. Audits viewed for nursing and midwifery placements we visited were all valid and complete and action plans followed through. The placement circuit used by the school for midwifery students is shared with Staffordshire University. Where there are shared placements there are clear systems in place for sharing information including audits, placement and mentor capacity and there is regular communication between the LMEs (75, 98, 101-105, 114, 118).

Pre-registration nursing (child)

The CPFs gave examples of partnership working at a range of levels. They told us that ward managers meet with the programme team and receive feedback from their discussions about the programme (110). The managers, mentors and students told us that they are informed in advance when the link lecturers will be visiting the clinical areas. They discuss issues and concerns to receive advice and support (101-105).

The CPFs gave an example of when a clinical placement was deactivated. The students were moved and exceptional reporting to the NMC was completed as a result of escalating concerns. Although students from Keele University were not involved the university was made aware of the deactivation under the shared placement arrangements. We found one placement had been reactivated following a period of resting due to reconfiguration in the NHS trust. The placement was being used as a spoke placement to enable the mentors to re-familiarise themselves with the mentoring role (105, 110).

Pre-registration midwifery

Academic staff, mentors and managers described effective partnerships and collaborative working at an operational and strategic level. The policy for managing shared placements is reported as effective at managing the challenges encountered by students and mentors (112-115, 118, 125).

We conclude there are robust and effective partnerships between the university and practice placement providers, including other universities that share the same placement.

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

What we found before the event

The school has a user carer lead, a service user strategy, and a well-established user carer implementation group (UCIG). There is also a faculty wide user carer liaison group and a practical toolkit to promote meaningful engagement. Users/carers are identified within the school structure (33, 36, 63).

Service users contribute to the learning, teaching and assessment of students at a range of levels and the assessment of practice providing feedback on the student's involvement in their care. The right to decline being cared for by a student within the practice setting is explicit (49, 52, 60).

Practitioners are represented on a range of committees including the award management committee (36, 45, 59, 98).

What we found at the event

A number of clinical staff are seconded into the school and honorary lecturers, visiting lecturers and lead clinicians contribute to delivery of modules in the programmes. We saw evidence of this on the staff database. The directors of nursing told us about jointly funded professorial appointments with the university in women's health to enhance research and education. They confirmed their involvement and that of practice staff in the programme delivery (78-79).

Service user representatives confirmed they are involved in a comprehensive range of activities that support the school in ensuring service user input into systems and procedures which enhance the programme learning experience for students. This includes the selection process, the format of feedback from service users in the student's practice assessment document, the service user day, and mapping how the service user perspective is addressed in each year of the programme (60, 71, 108, 121, 123).

Pre-registration midwifery

Mentors and managers confirmed that they are involved in the development and delivery of the programme. This includes preparation for employment and assessment activities. Mangers told us that the programme is contemporary and meets workforce development needs (113-115).

Mentors and students told us that service user feedback is part of practice assessment and that the tool used in the ORA is effective. Students confirmed that service users inform all aspects of the programme including selection (112-114). All students confirm that service users contribute to assessment in practice and that other assessments require engagement with service users for example in relation to health promotion. Students clearly described the process for gaining consent from service users for student involvement in their care. We met a maternity service user and her partner at a GP clinic. They reported that they are happy for students to be involved in their care and found the students to be competent and caring (112-117).

Students are required to link and engage with at least one community based service user/carer organisation per year of the programme which addresses the needs or interests of child bearing women (36).

Pre-registration nursing (child)

The CPFs told us that they meet with the programme team to discuss the programme development (101–105).

The mentors told us that they ask the service users for feedback and the mentors record it in the student's PAD. The students confirmed this and we saw evidence in their PADs. The students valued this feedback and used this during their reflective discussions. The told how they gain consent from service users to be involved in their care (101-105, 124).

Module teaching plans we viewed include a section detailing how the service user perspective has influenced the session. The programme team gave an example of a workshop held with children who told their stories to students through pictures (60, 71, 98, 108).

We conclude service user/carers and practitioners are involved in programme development and delivery.

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

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What we found before the event

Link lecturers act as a communication link between the school and placement areas including PVI placements. The role includes support for the student and the mentor in the practice setting. Comprehensive identification and intervention guidance for dealing with issues arising in the placement, including any cause for concern about the placement, the student or safeguarding issues, are available in support materials for the role (24, 33, 35, 67).

What we found at the event

We found link lecturers were reported as highly visible in the practice areas. Personal tutors are involved in the review of the student progress in practice, and tripartite meetings are held at least once per year with the student, personal tutor and sign-off mentor (36, 122, 124, 126).

Pre-registration nursing (child)

The programme team told us that as link lecturers they visit practice placements at least monthly and spoke placements when students are allocated. The managers, mentors and students confirmed this and told us they could ask for an additional visit if an issue arose. Visits are recorded on a database and the records shared with personal tutors to enhance continuity of student support (101–106).

Pre-registration midwifery

Students and mentors told us that the link lecturer role is effective and provides support for students and mentors. Academic staff confirmed that the school supports the link role and that they meet the 20 percent of working time in practice standard (NMC, 2008). They also told us that the link role is evaluated and adapted to meet student need (112-113, 125).

Our findings conclude that there is robust support for students by academic staff in practice settings.

Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date

What we found before the event

The school hosts the mentor register database for the PVI sector. Placements in the PVI sector are not accessed by midwifery students (98).

What we found at the event

The PVI sector mentor register is maintained by the school and monthly meetings are held with each organisation to ensure it is accurate and enables appropriate allocation of students to active mentors. Any out of date mentors are notified through their manager and withdrawn from the register. We viewed the PVI mentor register and found it accurate and up to date including triennial review (32, 75).

We conclude the PVI register is accurate and up to date.

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 school provides an NMC approved mentor preparation programme (2).

The role and responsibilities of the mentor, including dealing with concerns and complaints and supporting failing students, are clearly identified in the programme documentation (49, 52, 68).

What we found at the event

Mentors/sign-off mentors are well prepared for their role in facilitating learning in

practice and supporting and assessing students. Mentors confirmed that the mentor programme prepared them well for their role in assessing students in practice, including dealing with concerns and supporting failing students. They understand their due regard responsibilities as a sign-off mentor and demonstrated a good knowledge of the practice assessment documentation (101-103, 105, 112-114, 116).

Annual mentor updates are organised by the PPQL and are primarily face to face. The mentor updates incorporate student scenarios including supporting the struggling student, using the student support and monitoring guidance and working with a student that a mentor perceives to be exceptional. There is also an annual mentor conference with external speakers which is well attended (75, 83, 111).

Pre-registration nursing (child)

The students told us they felt very well supported by their mentors. The duty rotas were annotated with the name of the student's mentor and the shifts when they would be working together were identified and checked against the mentor register. If a mentor was not on duty then another registered nurse was allocated to support the student (101-105).

The students told us that the spoke mentor writes feedback in their PAD which the hub mentor uses during their assessment. The spoke mentor confirmed this and it was evident in the PADs we viewed. The mentor in the spoke placement told us that she had received refresher preparation prior to mentoring her student after the placement was reactivated (101-105).

Pre-registration midwifery

Mentors told us that they understand their role and responsibilities. Students confirmed that mentors are able to use the ORA document to plan and assess learning (112-113, 116).

We viewed duty rotas which indicated that all students had a mentor assigned (114, 116).

We conclude that mentors/sign-off mentors are properly prepared for their role in assessing students in 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, and can reflect on, the process they have engaged with

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What we found before the event

Annual mentor updates are provided to enable mentors to meet the requirements for annual update and triennial review (83, 98).

What we found at the event

Mentors confirmed that annual mentor updates are available and they are allocated time to attend (101-105, 112-113, 116).

The mentor register clearly records the date of triennial review and there is a traffic light system in place to remind staff to attend a mentor update and undertake triennial review (107, 114, 120).

Pre-registration nursing (child)

Some mentor updates are delivered in the community clinics to enable community based mentors to attend. The mentors told us that they reflect on the updates and their experiences in mentoring. Several mentioned they use this experience for revalidation evidence (101-105).

The mentors told us they understand the PADs. Some described them as rather repetitive. A spoke mentor who had recently starting mentoring provided us with a comprehensive explanation of the PAD (101-105).

Pre-registration midwifery

Annual mentor update sessions are led by staff from both universities as part of the shared placements arrangements. This was evident in the mentor update schedules and attendees we saw (112-114, 116).

Mentors and CPFs confirmed the process for triennial review and we were shown a template for recording reflections on practice. Mentors told us that there is both formal and informal opportunity to reflect with other mentors and to support each other. Mentors are able to confirm that they understand the ORA document and its relationship to programme outcomes (112-113, 114, 116).

We conclude that mentors/sign-off mentors are able to attend annual updates to meet the requirements for triennial review and they understand and reflect on the mentoring process.

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

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What we found before the event

NHS practice placement providers host mentor registers for their organisation. The school has direct access to these mentor registers (98).

Mentor registers, mentor capacity and updates on service reconfiguration are monitored and addressed at the pre-registration partnership meetings (94).

What we found at the event

There are clear criteria and a process for appointing mentors to the mentor register, identifying active and inactive mentors and updating mentors on the local registers. Notifications are sent monthly until the mentor attends an update (68, 89-90).

Pre-registration nursing (child)

We viewed NHS trust held mentor registers and found the mentors/sign-off mentors in child nursing placements are accurate and up to date (107, 120). The student experience lead nurse checks the mentor register prior to allocating a mentor to a student (101-105).

Pre-registration midwifery

We checked the mentor register and duty rotas to ensure sign-off mentors were classified as active on the register at the time of the student placements. We found the mentor register was not accurate or up to date relating to midwifery sign-off mentors (114, 116, 119). A small number of up to date sign-off mentors allocated to students were not recorded as active on the register. We found four sign-off mentors who were out of date on the active part of the register who were allocated to students as sign-off mentors.

Our findings conclude that records of midwifery sign-off mentors are not accurate and up to date. The standard is not met and requires urgent action to manage the risk and ensure protection of the public.

Outcome: Standard not met

Comments:

We found there were inadequate safeguards in place to ensure the mentor register relating to midwifery sign-off mentors in one NHS Trust is accurate and up to date.

15 September 2017: Follow up Documentary Evidence from Keele University. Standard now met

15 September 2017: A review of progress against the action plan on 23 February and 27 July 2017 evidenced that Standard 3.3.3 is now met.

23 February 2017: The university took urgent action to identify out of date midwifery mentors and removed them from the mentor register. We viewed the schedule for providing updates for these mentors. The university ensures no students are allocated out of date mentors and there is no risk to public protection. We viewed evidence that confirms the university works collaboratively with the UHNM NHS Trust to strengthen the systems and processes to ensure the register of midwifery sign-off mentors is accurate and up to date.

27 July 2017: Evidence confirms that monitoring of the mentor register and any actions required are addressed at the monthly placement partnership meetings and at the weekly catch up meetings between the LME and the UHNM NHS Trust education lead for midwifery. Monitoring of the mentor register is a standard item at the monthly

divisional sisters meetings and at the NHS trust risk meetings where the status of the mentor register is included in the trust risk dashboard.

We viewed correspondence between the UHNM NHS Trust lead CPF and the NHS trust education leads which confirms regular monitoring, via monthly status reports, of active mentors on the register and how the mentor register data is captured to ensure a live mentor register is maintained. In addition, CPFs undertake spot checks cross referencing the mentor register with the off-duty of mentors and allocated students.

The evidence provides assurance that the mentor register and the associated allocation of students are monitored effectively and collaboratively at strategic and operational levels. Standard 3.3.3 is now met and the risks are controlled.

Evidence to support the standard is met includes:

- Email correspondence between the managing reviewer and Keele University LME, 27 July 2017
- Keele University practice placement partnership meeting, 18 June 2017
- Emails of monthly status reports of the mentor register between the lead CFP UHNM NHS Trust and education leads, 28 February, 3 April, 3 May, 5 June, 3 July 2017
- Keele University action plan 17 February to 31 July 2017, last updated 25 July 2017

Areas for future monitoring:

• Accuracy of the mentor register for midwifery sign-off mentors.

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

Students are provided with, and have access to, a range of information that provides

details of the programme, academic and pastoral support available, learning and teaching in theory and practice, assessments and associated deadlines, resources available and evaluation processes (33-36).

A wide variety of learning and teaching strategies are used in the programmes including case loading for midwifery students. Simulation is used as a learning and teaching strategy to rehearse and develop caring skills across both programmes and facilitates integration of theory and practice. A number of skills taught in these sessions, which are part of the theory hours in the programmes, are assessed summatively. The KLE compliments and supports a blended approach to teaching and learning (2, 35-36, 58).

The annual self-assessment report provides examples of changes made to programme content and learning and teaching strategies in response to student feedback; for example, the bioscience content in the pre-registration nursing programme was increased in 2016 and a bioscience workbook introduced for first year midwifery students (2).

There is a comprehensive personal tutor system and a school disability liaison officer (DLO). If a student requires reasonable adjustments to engage in clinical practice they are assessed and an individual plan is put in place (20, 23, 28, 95). The monitoring of students' attendance in theory and practice is robust. The mandatory requirement for students to make up the shortfall of theory and practice hours is explicit in programme documentation and monitored and verified by the personal tutor. Students are required to undertake night duty and experience the 24-hour care cycle (28, 33, 35, 49, 52, 58, 68).

There is a wide range of assessment methods used and progression points are clear in each programme. An ORA is used for the assessment of practice and progression in the midwifery programme and a PAD with an associated ORA in the nursing (child) programme. Students have one re-attempt at theory and practice summative assessments and the process complies with the NMC 12-week rule requirement (33, 35-36, 48-49, 52).

The school learning and teaching committee receives programme award reports which include, reports on student evaluations of all modules and practice learning, attrition and progression and achievement data to enhance teaching strategies and learning opportunities (29, 85, 94).

What we found at the event

Programmes are mapped against NMC requirements, competencies, essential skills clusters and EU requirements. The EU requirements are monitored and recorded in the student's PAD by the personal tutor. The requirements students are expected to achieve at each progression point in the programme are monitored at pre-exam boards and verified at programme award boards (34-35, 91-92).

Mandatory training, as part of the preparation for practice, is explicit in the programmes and completion is effectively monitored. Students are not allowed to proceed onto placement until they have completed the training (49, 51, 98).

Interprofessional learning occurs in both programmes through a series of planned activities each year with students from the wider faculty including medicine, pharmacy social work and physiotherapy (36, 58, 111).

There is a comprehensive personal tutor handbook which provides details and guidance on the role and responsibilities. The student handbook provides details of how to access support. Personal tutors monitor performance in theory and practice, the completion of theory and practice hours and verify that the student has met all programme and NMC requirements at the end of the programme. Mentors/sign-off mentors verify practice hours in the student PAD (33, 35-36, 58, 98).

Pre-registration nursing (child)

Students report they feel supported by their personal tutors. They meet with them to review their progress after each assessment and can raise concerns and discuss their progress. One student related a recent experience involving a child death which they had been able to discuss with their personal tutor and also received support from their mentor (101, 105).

Pre-registration midwifery

Students told us that personal support from academic staff is effective and that staff respond promptly to queries. Students also confirmed that they are aware of procedures for managing reasonable adjustments and that access to university resources including the KLE is good (112-113, 116).

Academic staff told us that the personal tutor role had been modified recently to provide more effective year-long support (125).

Mentors and students confirmed that formative assessment is effective on placement with a mid-point meeting which is supported by the link lecturer. Academic staff and students told us that summative assessment is transparent and confirms achievement of outcomes (112-113, 116, 125).

Our findings conclude there is robust evidence that students are supported to achieve all NMC learning outcomes and competencies at progression points and at the end of their programmes for entry to the register.

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

The assessment of practice documentation for the programmes detail all practice outcomes, essential skills clusters and EU requirements at each progression point. The moderation of practice assessment group has a clear remit and includes CPFs and mentors; external examiners are also invited to attend. The status of mentors identified in the PAD is confirmed as part of the moderation process. External

examiners review PADs, attend exam boards and provide reports confirming students' achievement of all statutory and regulatory requirements for progression and at the endpoint of the programmes (37, 49-50, 52, 55, 88).

Deviations from university regulations are explicit in the documentation and ensure programmes meet the NMC requirements (84, 87).

What we found at the event

Employers and managers are impressed with the calibre of the nursing and midwifery students encountered on these programmes and confirm they are safe, competent and fit for practice. Employment rates on completion of the programmes are high and many students have secured employment subject to successful completion of their programme (79, 81, 110, 115).

Pre-registration nursing (child)

The programme team told us the hub and spoke placement model is used to maximise practice learning for students. The mentor/sign-off mentor is in the hub placements and supervisors facilitate learning experiences in the short spoke placements (58, 106).

Students told us theory sessions in the university effectively prepared them prior to commencing placements. They valued the induction day arranged by the placement areas prior to starting their first placement. The students told us that they have a variety of practice placements, discuss the learning opportunities with their mentors and are supported to achieve their practice learning outcomes and competencies. One student had asked to undertake more personal care during her placement initial interview and this had been incorporated into her learning plan (101-105).

Students and mentors told us that there are effective support mechanisms in practice placements. Students are aware of the significance of fully engaging with the practice learning experience and the opportunities it provides (101-103, 124).

The PAD is used across all fields of nursing and incorporates the OAR and the NMC and EU requirements (5, 52, 98, 103, 109).

Mentors/sign-off mentors and students told us that they are familiar with the PADs and understand the requirements for successful achievement of the practice outcomes. Mentors are clear about the process to follow if they were concerned about a student's performance and follow the guidelines in the PAD. They report that support is effective from the university, any concerns they raise are addressed quickly by the link lecturers and personal tutors (101–105).

Pre-registration midwifery

The students told us that the learning and teaching strategies prepare them for practice and they particularly value the opportunity to practice skills prior to the commencement of placement and a clinical debrief at the end of each placement. All students are able to identify how EU directives are achieved and state that they understand the ORA included in the PAD. The majority of students reported a good

range of learning opportunities available in practice. They understand the practice assessment process and the action plans required if a student is not achieving outcomes (6, 49, 98, 112-114, 116).

Mentors told us placement learning is well organised and supported by link lecturers who are available if they have any concerns about a student's performance. They are confident about managing poor performance, and understand the assessment process, ORA document and their role as sign-off mentors. Mentors told us that there are appropriate learning opportunities available including working with other professionals and specialist midwives (112-114, 116).

The programme team told us the approach to the assessment of practice was approved in 2012 and mentors grade the assessment of practice as a pass/fail outcome (6). Graded assessment of practice skills takes place in an objective structured clinical examination (OSCE) and oral assessment in each year which, combined with the student's reflections on practice learning, contributes to 50 percent of the credits in each year of the programme and to the final award. The team confirmed that practice mentors and midwives contribute to the assessment of practice skills (74, 125). However, we found that the grading of assessment of practice for direct hands on care, as specified in Standard 15 of the Standards for pre-registration midwifery education (NMC, 2009), is not met.

Our findings conclude that students are supported to achieve practice learning outcomes and competencies. However, we found no evidence of grading of assessment of practice in the pre-registration midwifery programme as required in the NMC standard (NMC, 2009). Action is required to ensure the regulatory requirement for the grading of midwifery assessment of practice is addressed.

Outcome: Standard not met

Comments:

Changes are required to the assessment of practice in the pre-registration midwifery programme to ensure that practice is graded and contributes to the final award.

15 September 2017: Follow up Documentary Evidence from Keele University. Standard now met

15 September 2017 - Standard 4.2.1 now met

We viewed evidence that the university engaged in a major modification event on 21 July 2017 to present the proposal for grading of midwifery assessment of practice and how it contributes to the final award. The programme modification was recommended for approval with one condition which was met on 18 August 2017. The programme modification was approved by the NMC on 4 September 2017. The pre-registration midwifery programme now meets NMC Standard 15 (NMC, 2009).

Schedules of sessions to update mentors were viewed which confirm the preparation of midwifery sign-off mentors for the revised grading of midwifery practice

assessment model in readiness for implementation in 2017-18. These include fortnightly drop in sessions as well as existing monthly mentor updates. Targeted updates will be provided for mentors undertaking grading of midwifery practice assessment nearer to the time the first placement commences in April 2018.

The evidence provides assurance that mentors are being prepared for the introduction of the grading of practice. Standard 4.2.1 is now met and risks controlled.

Evidence to support the standard is met includes:

- NMC programme modification approval for the pre-registration midwifery programme at Keele University, interim and final reports, 21 July 2017 and 18 August 2017

- NMC letter of approval for the pre-registration midwifery programme modification to Keele University, 4 September 2017

- Telecon with managing reviewer and NMC reviewer for the approval of the pre-registration programme modification, 24 July 2017

- Email correspondence between the managing reviewer and the LME, Keele University, 27 July 2017

- Keele University, introduction to the grading of practice tool; Staff drop-in update sessions, 31 May to 15 September 2017, undated

- Keele University, monthly mentor updates schedule for 2017, undated

Areas for future monitoring:

• Effective implementation of the grading of practice in the pre-registration midwifery programme.

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

The evaluation of theory and practice was strengthened in 2014. The online evaluation of theory elements of the programmes captures quantitative feedback and is combined with a variety of methods to capture qualitative feedback from students. Outcomes and subsequent changes made are disseminated to students via 'you said

we did' and online notifications (21, 46, 53).

There is a clear process and management system for the online evaluation of practice placements which is mandatory for all students. The evaluation templates differentiate between hub, spoke and elective placements. The evaluations are sent to the link lecturer if a PVI placement, or CPF if it is an NHS placement, and disseminated to senior nurses/midwives and placement areas. The evaluations and associated actions are considered at regular partnership education/evaluation meetings held in each practice placement provider organisation and includes the LME (24, 42-43, 45, 67).

The school staff student liaison committee (SSLC) for nursing and midwifery includes CPFs (31).

The information in the AEI requirements and placements section of the online NMC portal is up to date (1).

What we found at the event

There are robust systems in place for the approval, review, monitoring, evaluation, and enhancement of programmes including a curriculum annual review and development process. Internal quality audits (IQA) are conducted every five years. Annual programme reviews are undertaken by the programme teams which comprise, academic, practitioner, and CPF representatives to monitor the quality of programme delivery and address any issues. Academic staff told us of the recent introduction of a quality and enhancement committee in the school to enhance the system (7-9, 45-46, 53, 72-75).

Issues from previous reviews, approvals and annual self-assessment reports are addressed (2, 4, 77-79). Student feedback and evaluation is robust and there is evidence to support that comments made by students are acted upon. Several child nursing students told us that they are student representatives for their cohort and that they present the student view at meetings with the programme team. They collect student feedback from the KLE, during the reflective sessions and during taught sessions. (101, 103). Student midwives understand the process for providing feedback on university and placement learning and told us they are satisfied with the outcomes (112-113, 116).

The managers and mentors confirmed that they see the students' evaluations. Some of the nurse managers and mentors had met the external examiner and received feedback from her visit. The nurse managers we spoke to did not see the annual external examiners' reports (101-105). Midwifery managers confirmed that partnership arrangements enable sharing of feedback from students and external examiners and they are confident that actions are taken if required (115).

Examination board minutes evidence the process of ensuring students have met all programme requirements. Any issues raised by external examiners are responded to by the programme team. External examiners report on the quality of theory and academic learning and achievement, drawing from practice visits and meetings with academic staff, students and mentors (25-27, 37, 41, 44, 54-55, 74).

The school produces a summary of external examiner reports which incorporates school responses to issues raised by the external examiner and areas for enhancements are detailed. Students are made aware of the external examiner for their programme and external examiner reports are made available to students on the school noticeboard (31, 33, 35, 37, 50, 54- 56, 74, 93).

The programme specifications state that external examiners confirm all marks that contribute to a student's degree. The academic team confirmed this includes academic level four work. Themes and issues arising from student evaluations and external examiners' reports are shared with all stakeholders at the annual programme event (36, 58, 74, 111).

The external examiners for the programmes act with due regard and their registration and revalidation is monitored as part of the established school process (69, 74).

We conclude that there are robust internal quality assurance and enhancement systems in place and that the student voice is valued and action is taken to resolve issues they raise.

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

What we found before the event

There is a clear university complaints process which is detailed in the student handbook. The school has an earlier resolution officer (ERO) to resolve concerns at the earliest opportunity. The school told us that there were no complaints in 2015-16 (33, 98).

What we found at the event

Practice placement providers confirm they receive timely feedback from student placement evaluations. The university uses colour coding to identify evaluations with placement concerns, those coded red are referred to the PPQL to investigate who in turn will refer it to the link lecturer for the PVI placements or CPF for a response or an action plan to be developed by the placement area. Any serious concern follows the serious placement issue policy. We viewed outcomes of action plans which are added to the placement database, and are considered at the partnership education/evaluation meetings including lessons learnt (24, 67, 75, 94, 110).

Students and mentors from both programmes and CPFs confirmed the process for raising concerns and complaints and identified the support that is available (112-114, 116).

Students are aware of the university complaints policy and support available which is managed by the ERO, and lessons learnt are disseminated to the programme teams (82, 124).

Managers told us that issues are dealt with promptly and that NHS trust governance of risks identifies when a patient safety incident (Datix) report involves a student enabling appropriate action. Directors of nursing told us about the two-way open communication they have with the university and about the raising concerns guardian they have for students (79, 101-105, 110, 115).

We conclude that concerns and complaints raised in practice settings are responded to effectively by the university and practice placement providers working collaboratively to resolve them.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. AEI requirements in the NMC portal, checked 9 January 2017

2. Keele University NMC annual self-assessment reports 2016-17; 25 November 2016; 2015-16, 27 November 2015

3. NMC programme approval report; Keele University teacher, practice teacher programmes, 15 September 2016

4. NMC monitoring report for Keele University; nursing and midwifery mentorship preparation programmes, January 2012

5. NMC programme approval report; Keele University BSc (Hons) nursing (child) programme, 21 February 2012

6. NMC programme approval report; Keele University BSc (Hons) midwifery three year and 18 month programmes, 28 March 2012

7. Keele University learning and teaching committee minutes detailing curriculum review and changes to BSc (Hons) midwifery programme, 17 August 2016

8. Keele University learning and teaching committee minutes detailing review and changes to BSc (Hons) nursing practice assessment document, 15 July 2015

9. Keele University learning and teaching committee minutes detailing changes to weighting of assessments in all years of BSc (Hons) nursing (child) programme, 15 June 2016

10. CQC report Stadium Court Care Home Stoke (part of Bupa care homes), 2 February 2017

11. CQC report for North Staffordshire Combined Healthcare NHS Trust, 22 March 2016

12. CQC report for North Staffordshire Combined Healthcare NHS Trust, 1 September 2016

13. CQC report for Staffordshire and Stoke on Trent Partnership NHS Trust; community health inpatient services, 19 March 2015

14. CQC report for Staffordshire and Stoke on Trent Partnership NHS Trust; community health services for adults, 19 March 2015

15. CQC report for Staffordshire and Stoke on Trent Partnership NHS Trust; (includes child and adult social care), 11 May 2016

16. CQC report University Hospitals of North Midlands NHS Trust, 28 July 2015

17. Meeting with CPF UHNM to discuss midwifery staff rotation and system for identifying student capacity on placements, 16 February 2017

18. Keele University APL BSc (Hons) nursing year one module outcomes: adult applicant evidence mapping pack, December 2011; APL completed application form, undated

19. Church Terrace Care Home NMC exceptional report, 2 February 2017

20. Keele University education learning needs information, undated

21. Keele University school of nursing and midwifery 2013: process for student evaluation of theory and practice, 21 August 2013

22. *Keele University CQC review of reports for three NHS trusts sites (UHNM; SSTP and NSCHC NHS trusts) compiled for the school learning and teaching committee by the practice quality lead, 18 May 2016*

23. *Keele University code of practice for the personal tutoring of all taught students undated, due for review 2019*

24. *Keele University school of nursing and midwifery; practice placement evaluation process and management system, December 2015*

25. *Keele University school of nursing and midwifery; minutes of the subject and final examination board, 19 September 2016*

26. *Keele University school of nursing and midwifery; minutes of the pre-registration examination boards, 8 and 10 September 2015*

27. *Keele University school of nursing and midwifery; minutes of the award board, 14 September 2015*

28. *Keele University school of nursing and midwifery; personal tutor handbook pre-registration nursing, 2016-17*

29. *Keele University school of nursing and midwifery; report of the health and conduct committee meetings, 1 January 2015 to 31 December 2015; completed risk indicators tool, risk assessment subgroup action plan for placement area SSOTP, 21 April 2015*

30. *Keele University school of nursing and midwifery; report of the health and conduct committee meetings, 1 January 2016 to 31 December 2016*

31. *Keele University school of nursing and midwifery; staff student liaison committee minutes, 9 November 2016, 10 February 2016 and 15 June 2016*

32. *Review of PVI mentor register, 15 February 2017*

33. *Keele University school of nursing and midwifery; school handbook all students, 2016*

34. *Keele University school of nursing and midwifery; student record of achievement of EU requirements for professional qualification as a midwife, September 2016*

35. *Keele University school of nursing and midwifery; BSc (Hons) midwifery course handbook, 2013 reviewed 2016*

36. *Keele University BSc (Hons) midwifery programme specification, 2016-17*

37. *Keele University external examiner report for 2014-15 BSc (Hons) midwifery programme, 18 September 2015 and for 2016-17, 19 September 2016*

38. *Meeting with APL lead and year three nursing student (adult) with APL portfolio, 15 February 2017*

39. *School of nursing and midwifery, midwifery team profile, undated*

40. *Staff CVs, undated*

41. *Keele University external examiner BSc (Hons) midwifery practice placement visit, 14 September 2015*

42. *Practice placements evaluations reports (BSc (Hons) midwifery), ward 205 and 206, 24 January 2017*

43. *Learning development agreement, HEWM and Keele University, 2016*

44. *Response to external examiner report BSc (Hons) midwifery from LME/ programme leader, 10 October 2016*

45. *Midwifery award management committee minutes, 16 February 2016*

46. *Keele University curriculum approval, review and development (CARD) report BSc (Hons) midwifery, 2014-15*

47. Child and midwifery (programmes) attrition data, January 2017

48. Keele University school of nursing and midwifery; assessment handbook, 2016-17

49. ORA year one, two and three BSc (Hons) midwifery, undated

50. External examiner module reports BSc (Hons) nursing year three – professional reflective portfolios 2015-16 and portfolios report, 2 August 2015

51. Mandatory training and additional skills schedule BSc (Hons) nursing (child), undated

52. PAD year one BSc (Hons) nursing, (child)

53. CARD nursing 2015-16 all fields, undated

54. External examiner clinical practice visits BSc (Hons) nursing (child) 2015, 2016

55. External examiner annual reports BSc (Hons) nursing (child); 2014-15, 16 September 2015 and 2015-16, 26 September 2016

56. Programme team response to external examiner BSc (Hons) nursing (child), 6 October 2015

57. School of nursing and midwifery child nursing (programme) team profile, undated; pre-registration nursing fields, adult, mental health and learning disabilities profile, undated

58. Keele University BSc (Hons) nursing programme specification, 16 October 2015

59. Keele University BSc (Hons) nursing award management committee minutes, 11 August 2016, 18 April 2016 and 11 August 2015

60. Keele University user and carer subgroup reports to school learning and teaching committee, April 2016

61. Keele University school of nursing and midwifery: recruitment selection and admission policy for pre-registration nursing and midwifery programmes, 2016-17 October 2016

62. School of nursing and midwifery: Safeguarding vulnerable adults; raising and escalating concerns of alleged abuse related to clinical practice procedure and guidelines,15 November 2012

63. Keele University school of nursing and midwifery: user and carer strategy, April 2015

64. Keele University school of nursing and midwifery admissions policy, revised 2016

65. Keele University policy on APL, undated

66. School of nursing and midwifery school summary report on the review of recruitment and selection, 2013-14

67. School of nursing and midwifery link lecturer role, September 2016

68. School of nursing and midwifery practice placement quality pack, March 2013

69. School of nursing and midwifery the process for ensuring active registration of academic staff on the NMC register or HCPC register, November 2013, updated January 2017

70. School of nursing and midwifery staff development policy undated, and publications, conference presentations, 1 January 2015–31 December 2016

71. School of nursing and midwifery BSc nursing (child) session plans, undated

72. Keele University annual pre-registration programmes review agenda, 14 November 2016

73. Keele University IQA handbook 2015-16, ICA report, February 2014 and IQA action plan for the school of nursing and midwifery, 14 February 2014

74. Meetings with LME and quality lead for nursing and midwifery, 15-16 February 2017

75. Meeting with LME and quality lead for nursing and midwifery and the practice placement quality lead to discuss practice placements, mentor updates, CQC report action plans, serious placement issues policy and review of placement concerns data, 15-16 February 2017

76. School of nursing and midwifery research strategy action plan, March 2016

77. School of nursing and midwifery policy for uploading registerable and recordable qualifications to the NMC portal, 18 January 2017; incident reporting - Uploading and using the NMC portal, undated; NMC upload meeting, 10 January 2017

78. Meeting with dean of faculty and head of school, 15 February 2017

79. Meeting with directors/chief nurses for UHNM, SSOTP and North Staffordshire Combined Healthcare NHS trusts, 15 February 2017

80. PIRA Hub placement, March 2015; PIRA spoke review tool, April 2015; PIRA guidance, 2015

81. Teleconference with HEWM education commissioner, 15 February 2017

82. Meeting with admissions lead and early resolution officer including admissions statistics, and review of log of concerns and complaints 2015-16, 15 February 2017

83. School of nursing and midwifery nursing mentor update, content, 2016

84. School of nursing and midwifery course regulations BSc (Hons) nursing (2012) curriculum, April 2015

85. PIRA review meetings terms of reference, 2 January 2013

86. Keele University school of nursing and midwifery: serious placement issues policy, 17 September 2016

87. School of nursing and midwifery course regulations BSc (Hons) midwifery, revised April 2015

88. School of nursing and midwifery moderation of practice assessments, terms of reference, January 2013

89. School of nursing and midwifery numbers of mentors and sign-off mentors active/inactive across NHS trusts 2015, November 2016 and in the PVI sector 2015, 2016

90. School of nursing and midwifery local NHS trusts system and process for updating mentors on local registers, undated

91. BSc (Hons) midwifery appendix two table of learning outcomes mapped against NMC competencies, essential skills clusters and QAA benchmarks 2012 curriculum, undated

92. BSc (Hons) nursing C2012 group plans; adult and EU directives 31 July 2013 and other fields of practice, 31 July 2013

93. Keele University school of nursing and midwifery summary of external examiner reports for 2015-16 and school responses, 9 November 2016

94. School of nursing and midwifery pre-registration placement partnership meetings terms of reference July 2015 and sample agenda, November 2016

95. Disability liaison officer information, 20 January 2017

96. Service users, academic staff and students' equality and diversity training, undated; academic and clinical practice staff equality and diversity update training attendance record database, February 2017

97. Keele University equality and diversity training guidance website, accessed 30 January 2017 www.keele.ac.uk/equalitydiversity/equalitydiversitytrainingandguidance

98. Managing reviewer's initial visit, 31 January 2017

99. Keele University policy for processing UK/EU applications where the applicant will be under 18 at the start of the programme, undated; Under 18 managing student learning tool, 2016-17

100. NMC register checked against staff CVs, 15 February 2017

101. Meeting with University Hospitals of North Midlands nurse managers, mentors, students and review of audit document, children's assessment unit, 15 February 2017

102. Meeting with University Hospitals of North Midlands mentors and students and review of audit document, ward 217, 15 February 2017

103. Meeting with University Hospitals of North Midlands, mentors and students and review of audit document, neonatal intensive care unit, 15 February 2017

104. Meeting with Donna Louise children's hospice, nurse manager and student and review of audit document, 15 February 2017

105. Meeting with Staffordshire and Stoke on Trent Partnership NHS Trust nurse managers, mentors and students and review of audit document, children's community team and school nurse team, 15-16 February 2017

106. Keele University, meeting with child nursing programme team, 15 February 2017

107. Staffordshire and Stoke on Trent Partnership NHS Trust, mentor register, 15 February 2017

108. Keele University, evaluation of a children's and young people's art exhibition with second year undergraduate nursing students "a picture paints a thousand words", 16 February 2017

109. NMC, registering as a nurse or midwife in the UK – for applicants trained in the EU or EEA, 19 January 2016

110. Meeting with CPFs UHNM, 15 February 2017

111. Presentation and initial meeting and with academic team, 15 February 2017

112. Placement visit to UHNM midwifery birth centre meeting with students and mentors, example of ORA document, 15 February 2017

113. Placement visit to UHNM ward 205/206 and central delivery suite, meeting with mentors and students, 15 February 2017

114. Placement visit to UHMN ward 205/206, meeting with CPFs and trust education lead and review of practice audit document, mentor register and mentor student allocations, 15 February 2017

115. Placement visit UHNM, meeting with maternity unit ward managers, practice development lead, matrons and head of service, 15 February 2017

116. Placement visit to UHNM Bradwell Hospital, meeting with students, mentors, education lead, viewed ORA documents, mentor update plan, triennial review record and student allocations,16 February 2017

117. Placement visit to Wolstanton Primary Care Centre, meeting with midwifery service users, 16 February 2017

118. Keele University, school of nursing and midwifery, shared midwifery placements policy, April 2015

119. Completed ORA documents, copies of off duty for third year students, practice evaluations central delivery suite and midwifery birth centre, 16 February 2017

120. University Hospitals of North Midlands NHS Trust, mentor register, 15 February 2017

121. Meeting with faculty service user lead, 15 February 2017

122. Meeting with year three student midwives, 15 February 2017

123 Teleconference with service user, 16 February 2017

124. Meeting with year one child nursing field students, 15 February 2017

125. Meeting with midwifery programme team, 15 February 2017

126. NMC approval report, pre-registration MSc nursing (adult), 15 December 2015, NMC letter 20 January 2016

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 31 Jan 2017
Meetings with:
Keele University school of nursing and midwifery;   LME and quality lead for nursing and midwifery   Award lead pre-registration nursing programme   Award lead pre-registration midwifery programme   Practice placement and quality lead   Professional lead pre-registration nursing (child)
At monitoring event
Meetings with:
Pro-vice chancellor/dean of faculty medicine and health sciences   Head of school of nursing and midwifery   LME and quality lead for nursing and midwifery   School APL lead and early resolution officer   School admissions lead   Midwifery admissions lead   Director of undergraduate programmes   Practice placements quality lead   Award leader pre-registration nursing   Professional lead pre-registration nursing (child)   Child nursing programme team x10   Award leader pre-registration midwifery   Midwifery programme team x7

Meetings with:

Mentors / sign-off mentors	11
Practice teachers	

Service users / Carers (in university)	1
Service users / Carers (in practice)	1
Practice Education Facilitator	3
Director / manager nursing	11
Director / manager midwifery	7
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	1 Year three adult nursing student APL claimant

Meetings with students:

Student Type	Number met
Registered Nurse - Children	Year 1: 6 Year 2: 4 Year 3: 4 Year 4: 0
Registered Midwife - 36M	Year 1: 6 Year 2: 8 Year 3: 7 Year 4: 0