

2016-17

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

Programme provider	Middlesex University
Programmes monitored	Registered Nurse - Children; Registered Midwife - 18 & 36M
Date of monitoring event	23-24 Nov 2016
Managing Reviewer	Jo Benn
Lay Reviewer	Kate Taylor
Registrant Reviewer(s)	Christine Rhodes, Annie Powell
Placement partner visits undertaken during the review	<p>Pre-registration midwifery North Middlesex University Hospital NHS Trust Whittington Health NHS Trust Royal Free London NHS Foundation Trust</p> <p>Pre-registration nursing (child) North Middlesex University Hospital NHS Trust Riverside Special School, Haringey Whittington Health NHS Trust Stuart Crescent health visitors Central and North West London NHS Foundation Trust, Gospel Oak Health Centre school nurse team</p>
Date of Report	30 Nov 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

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

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

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

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

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

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

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

Summary of findings against key risks

Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

Introduction to Middlesex University's programmes

Middlesex University (MU) (the university) comprises of five schools and the institute of work-based learning with the main campus based in Hendon, north west London. The school of health and education (the school) provides programmes in nursing and midwifery, social work, integrative medicine, healthcare apprenticeship and assistant practitioner preparation. The school provides a pre-registration BSc (hons) nursing (adult, child, mental health) programme including a postgraduate route for adult and mental health. The BSc (hons) European nursing programme is approved for adult, child and mental health and is currently delivered primarily for adult nursing students. There is one child field student on the child route. The school also provides pre-registration midwifery programmes of three years and 18 month duration (25, 113).

The pre-registration BSc (hons) nursing programme was approved following completion of conditions for the fields of adult, child and mental health on 25 July 2011. The focus of this monitoring event is the field of child (54).

The pre-registration BSc (hons) midwifery three year and 18 month programmes were approved following completion of conditions on 4 April 2012 with a further major modification on 6 February 2015 and is the second programme being reviewed during this event (52-53, 55).

Both programmes have an extension to 2019 when the new NMC standards for nursing and midwifery will be available.

50 percent of pre-registration nursing and midwifery programmes are delivered in practice placements which cover central and north west London. The school works in partnership with five main NHS trusts and a variety of placements in the private, voluntary and independent sector (PVI). Four other NMC approved educational institutions (AEIs) share the same placement circuit and the assessment of practice uses a pan London assessment tool, developed with eight other AEIs (25, 113).

All three programmes have one intake of students per year in September and are delivered on the Hendon site. Pre-registration nursing (child) intakes are approximately 70 students. Pre-registration midwifery, three year programme, student numbers have increased over the last three years from 54-71 per intake. The 18 month midwifery programme takes approximately 20 students per intake. Attrition is variable and on occasion high, however this is considered a normal trend within the London area mostly due to financial pressures (25, 113, 118, 121).

The monitoring visit took place on the 23 and 24 November 2016 and involved visits to practice placements to meet a range of stakeholders. Practice placements visited covered central and north east London. The placements covered NHS trust provisions and a special school. These included two areas that had been subject to Care Quality Commission (CQC) reports.

Summary of public protection context and findings

Our findings demonstrate that one of the key risk themes; admissions and progression is not met and two of the key risk themes; resources and practice learning require improvement. These are described below in relation to the relevant theme. In relation to the not met key risk theme the university must identify and implement an action plan which will ensure that the NMC standards and requirements are met and that public protection is assured.

Following the monitoring review the university produced an action plan to address the unmet outcomes. Evidence provided by 28 February 2017 confirms that the action plan has been fully implemented and the identified risks are now controlled.

Resources: requires improvement

We conclude that the university has sufficient and appropriately qualified staff to deliver the programmes. There is a clear process to ensure staff hold a current registration, however at the time of the visit the database used to track staff registration and revalidation status was out of date.

We confirm that there are sufficient resources to mentor and support students in practice. There are robust processes in place to proactively sustain and develop this resource. The effectiveness of the support is closely monitored.

Admissions and progression: not met

We concluded that the university adopts an inclusive partnership approach to values based recruitment, which is valued by the commissioners. There is evidence that practice placement partners have undertaken appropriate training in equality and diversity to engage in the student selection process. There is however no evidence of a monitoring process by the university to ensure that practitioners have completed equality and diversity training prior to engagement in recruitment and selection activities and this requires improvement.

There is a robust university level policy regarding the admission of students under 18 years of age however the university does not have a risk assessment process to protect these vulnerable adults prior to going on practice placements.

Disclosure and barring service (DBS) checks and occupational health (OH) clearance are required prior to placement experience. There is an effective process in place for students to reaffirm this status, annually and on completion of their programme.

We confirm that there is a robust process in place to effectively manage poor performance in both theory and practice. There is a formal fitness to practice process that addresses issues of professional and academic misconduct/suitability. Examples of the proceedings confirm that the process effectively removes students from the programmes of study when required thus ensuring public protection. There is a strong culture of learning lessons from cases and sharing these with practice placement partners and commissioners.

When progressing students through the pre-registration nursing programme the university is using the 12-week post progression point for scheduled assessment attempts rather than solely for those with exceptional circumstances.

When using accreditation of prior learning (APL) to admit students to the pre-registration nursing programme the university have allowed 18 months APL followed by a non NMC approved transition module to complete stage two of the programme. Students therefore enter the programme at the beginning of the third year which does not meet the required standard of 18 months. This requires urgent attention to assure protection of the public.

The university implemented an action plan to ensure that students under 18 years of age are appropriately risk assessed prior to undertaking practice placements. The action plan also addressed the correct implementation of the 12-week rule to ensure students progress appropriately and students entering through APL can undertake an NMC approved transition module.

28 February 2017

A review of the evidence to support completion of the action plan confirms the university has a safeguarding policy in place for students under 18 years of age and have introduced a risk assessment tool. The standard now requires improvement to effectively ensure practice placement partners have completed equality and diversity training prior to engagement in recruitment and selection activities.

The university has revised the assessment schedule to ensure all scheduled assessments are taken prior to progressing to the next stage of the pre-registration nursing programme.

The university has undertaken a major modification to the pre-registration nursing programme and the NMC have approved the transitions modules with one recommendation.

Practice learning: requires improvement

We found that the university has well established and effective working relationships with the commissioners from Health Education England North Central and East London (HEE NCEL). Relationships with practice placement partners are open and honest leading to robust joint decision making, action planning and highly effective working practices.

There are effective mechanisms in place to address issues arising from adverse CQC reporting. The university effectively escalate concerns to the NMC and work efficiently to address the issues arising, providing updates to the NMC where necessary.

The university clearly values the input of service users and carers in the development and delivery of its programmes. There are well established systems in place to support this activity.

Students and practitioners are clear in their professional responsibility to escalate concerns. There are clear and transparent processes in place to support this activity; lessons learned are appropriately shared. We are confident that issues raised are appropriately investigated and actioned to safeguard the public.

All students we spoke to report that they are well supported by academic staff whilst on placements. The practice placement partners highly value the input and support gained from the academic staff.

We found considerable investment in the preparation and support of mentors/sign-off mentors, the completion of annual updates and engagement with triennial review is robust. Records are well maintained for NHS provision however the mentor register for the PVI sector requires attention to detail to ensure accuracy and currency.

Fitness for practice: met

Our findings conclude that the learning and teaching strategies in the pre-registration nursing (child) and midwifery programmes enables students to meet the required programme learning outcomes, NMC standards and competencies in theory and practice.

Quality assurance: met

The university operate a cohesive approach to assuring the quality of the provision, including external examiner input. The student voice is valued and all complaints processes are robust, including feedback to the complainant and dissemination of lessons learnt.

Summary of areas that require improvement

Evidence presented by the university by 28 February 2017 to support completion of the action plan confirmed that systems and processes are now in place to address all of the 'not met' issues identified below.

The following areas are not met and require urgent attention:

- The university does not have a risk assessment process to protect students under 18 years of age prior to going to practice placements.
- When progressing students through the pre-registration nursing programme the university is using the 12-week post progression point for scheduled assessment attempts rather than solely for those with exceptional circumstances.
- When using APL in the pre-registration nursing programme the university have allowed 18 months APL followed by a non NMC approved transition module to complete stage two of the programme. Students therefore enter the programme at the beginning of the third year which does not meet the required standard of 18 months. This requires urgent attention to assure public protection.

The following areas require improvement:

- The monitoring of the registration status of academic staff is out of date and requires development to ensure accuracy and currency.
- The monitoring of practice placement partners' equality and diversity training prior to involvement in recruitment activities.

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

Summary of areas for future monitoring

- The academic staff registration database for accuracy and currency
- The university monitoring process of the equality and diversity training for practice placement partners involved in the selection process
- The accuracy and currency of the PVI mentor register
- Application of APL processes in the pre-registration nursing programme for compliance with the standard
- Application of the students under 18 years of age risk assessment prior to practice placement
- Application of the 12-week rule in pre-registration nursing programme
- The ongoing management of the issues raised by midwifery students at North Middlesex Hospital

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

E-book, free to students initiative is a notable practice example of promoting effective learning by widening access to resources.

Students are offered a free e-book for each module they undertake to download and keep; 12 in total on a three year programme. This increases the access to materials to support student learning and is particularly beneficial when students are on placement (113).

The SANDs project is a notable practice example of working effectively with service users to promote and develop practice.

The university have undertaken a joint project with the Stillbirth and Neonatal Death (SANDs) charity. A teaching resource has been developed for midwifery teachers to use in preparing student midwives to care for women and families where pregnancy may lead to or has resulted in the death of a baby. This is available to all UK universities and is accredited by the Royal College of Midwives (113).

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found the programme teams have a close working partnership with practice placement providers. They told us about effective systems which are in place to support students in relation to theory and practice learning, to ensure that the relevant NMC standards and requirements are met. We were told by all academic staff members that the students successfully completing the programme are fit for practice and sought after by employers.

The teams confirm there are sufficient resources from the programmes to support student learning and recent restructuring within the department are having a positive impact on academic staff role development.

Pre-registration midwifery

Staff are committed to the integration of midwifery theory and practice and confirm their involvement in innovative partnerships to improve education and practice in some specific aspects, for example female genital mutilation and the care of bereaved parents.

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

All mentors/sign-off mentors, clinical placement facilitators and employers express confidence in the programmes. Mentors told us that they receive good preparation for their role and support from the programme teams and link lecturers. Clinical placement facilitators (CPFs) maintain the live databases of mentors and educational audits and work closely with staff in the practice based learning unit at the university. We found mentors/sign-off mentors are enthusiastic and committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet NMC standards and competencies on completion of the programme.

The pan London approach to assessment of practice ensures a consistent approach to assessment which is effectively monitored by the university. The assessment of practice includes service user feedback on student performance.

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

Students

A number of students from each cohort were interviewed. They are very positive about their experiences, and told us that they are well supported in both the academic and practice settings. They are knowledgeable about the systems and support available for raising concerns and told us they are confident to use them. They are

satisfied that they have the opportunity and encouragement to relate theory to practice. They reported feeling that assessments were fair. They also told us that they received feedback in different formats that enables them to understand their results and improve where appropriate. Students told us they are enjoying studying at Middlesex University.

Service users and carers

The voice of service users and carers is valued by the university and the students. They told us that they are actively involved in programme recruitment, development and delivery. Their input into assessment, through feedback testimonies is highly valued by the students. Remuneration is available to support user and carer involvement.

Relevant issues from external quality assurance reports

CQC reports were considered for practice placements used by the university to support students' learning. These external quality assurance reports provide the reviewing team with context and background to inform the monitoring review (56-66).

We found 11 practice areas with CQC reports indicating a need for improvement across a range of issues as follows:

North Middlesex University Hospital, Sterling Way, London. There were two CQC reports for this NHS trust.

Date of report: 6 July 2016

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. The two core services reviewed were urgent and emergency treatment which was found to be inadequate and medical care which required improvement, The CQC required the trust to address issues relating to risk management, staffing, leadership, audit and use of data.

The university response: Concerns were escalated regarding North Middlesex University Hospital NHS Trust (the trust), in particular the emergency department and alleged bullying of midwifery students within the Labour Ward. University staff met with the head of midwifery services and key members of the midwifery team to discuss the complaints made by students. There was immediate action from the senior team; all midwives have been reminded of their responsibilities to students and students have since reported a significant improvement. The trust has been very supportive to the students and are now undertaking a full investigation into the conduct of the midwives concerned. Further complaints about another member of staff are now being addressed. Regular meetings and monitoring are in place. Additional support has been available for students placed in the emergency department since the initial CQC reports were published. They are well supported by trust staff, despite the challenges under which they are operating. The university told us that both nursing and midwifery students are in a safe practice learning environment and that any emerging risks and concerns are being managed. The university continue to work closely with the trust and are delivering, on behalf of

Health Education England, additional education and support to clinical staff. These issues were exceptionally reported to the NMC and confirmed during discussion at the monitoring event (56, 67-68, 132, 146).

Date of report: 21 August 2014

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. All areas were met with the exception of safety, responsiveness and leadership, which required improvement. The trust was required to submit a report identifying how the one compliance order that was issued for staffing, mandatory training and dementia training had been addressed.

The university response: The provision was reviewed, students were well supported and effectively learning in those areas (67, 146).

The trust was visited as part of this monitoring visit on 23 November 2016 for pre-registration midwifery and pre-registration nursing child field.

Barking Havering and Redbridge University Hospital Trust, Romford, Essex. Date of report: 2 July 2015

The CQC undertook a re-inspection follow up visit to review improvements since special measures were imposed in 2013. The trust was judged to require improvement as five of the six key areas reviewed required improvement, with responsiveness deemed to be inadequate. The trust were advised to address, safety, serious incident reporting, risk assessment and management, ensure responsiveness to neonate, children and young persons' needs, staffing and record keeping.

The university response: The university withdrew midwifery students from the trust. The university maintained contact with the trust and has worked to re-establishing the areas for student learning. Students have recently been reintroduced to placements in the trust. Pan London educational audits for these areas are undertaken by another university. Mentors have been effectively supported for the reintroduction of students and students report a smooth transition (57, 67, 124-126, 146).

Barnett Enfield and Haringey MH Trust, London. Date of report: 24 March 2016

Four of the five key areas reviewed required improvement in safety, effectiveness, responsiveness and leadership. The CQC required the trust to submit a report indicating how they were addressing the six requirement notices that were issued for: person centred care, safe care and treatment, premises and equipment, good governance, staffing and dignity and respect.

The university response: the university are working closely with this practice placement provider in delivering their improvement plan, and a large-scale improvement in the physical environment is underway. There is a strong team of link lecturers who have been providing educational input to improve record-keeping and patient safety. The issues were exceptionally reported to the NMC (58, 67, 146).

Camden and Islington NHS Foundation Trust, St Pancras Hospital, London. Date of report: 21 June 2016

The trust was inspected as part of the ongoing CQC comprehensive mental health inspection programme. The CQC found the trust to be in breach of three regulations.

The CQC issued three requirement notices which outline the breaches and require the trust to take action to address: safety including risk assessment, safeguarding, record keeping to ensure confidentiality, compliance with mandatory training, improvement of waiting times, governance and performance management.

The university response: The areas were reviewed and students remain in the areas with additional support. The university have supported the trust in delivering their improvement plan and have a strong team of link tutors supporting staff and students. They are also providing educational input to improve record-keeping and patient safety. The issues were exceptionally reported to the NMC (66- 67, 146).

Central and NW London NHS Foundation Trust MH, trust headquarters, London. Date of report: 19 June 2015

The CQC undertook a routine inspection to check that essential standards of quality and safety were being met. Standards were met in all but two areas, safety and responsiveness. The trust was required to submit a report indicating how they are addressing the 14 requirement notices issued at the time of the visit. These addressed, assessing and monitoring the quality of service provision, safeguarding people who use services from abuse, care and welfare of people who use services, records, staffing, care and welfare of people, respecting and involving people who use services, safety, availability and suitability of equipment, complaints, safety and suitability of premises and management of medicines.

The university response: The placement areas were reviewed, students were being well supported by practice staff and learning effectively. There are only a small number of placements provided for students (59, 67, 146).

Marie Curie Hospice, Hampstead London Date of report: September 2014

The CQC undertook a routine inspection to check that essential standards of quality and safety were being met. Four of the five standards were met with consent to care and treatment requiring action. The provider was required to submit a report indicating how they were addressing the compliance action for ensuring suitable arrangements are in place to obtain, and act in accordance with the consent of service users in relation to the care and treatment provided for them.

The university response: The hospice was reviewed, students were being well supported by practice staff and learning effectively. There were only a small number of placements provided for students (60, 67, 146).

The Royal National Orthopaedic Hospital – Stanmore, Date of report: 15 August 2014

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. Two of the five core services required improvement, services for children and young people and outpatients. The CQC found essential standards of quality and safety that were not being met. The provider was required to submit a report indicating what actions were being taken to address the deficits in the six compliance orders issued. These orders related to safety and suitability of premises, safety, availability and suitability of equipment, care and welfare of people using the services, assessing and monitoring the quality of the service provider, supporting staff.

The university response: The area was reviewed, students were being well supported by practice staff and learning effectively in areas not specifically targeted in the report (61, 67, 146).

The Royal National Orthopaedic Hospital, Bolsover Street, Outpatients. Date of report: 15 August 2014

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. The services in outpatients were judged to require improvement for cleanliness and infection control.

The university response: The area was reviewed, the university was satisfied that students are supported well and learning effectively (62, 67, 146).

BMI, The Clementine Churchill Hospital, Harrow, Middlesex. Date of report: 7 March 2016

The CQC undertook a comprehensive announced inspection across three days, and a further unannounced one day visit following an earlier CQC visit in January 2014 identified a number of areas of concern. The outcome of the visits was an overall rating of requires improvement. Two of the five core services reviewed required improvements namely, critical carer and urgent and emergency services. These services were required to address issues relating to cleanliness and infection control, staffing levels and record keeping.

The university response: The areas were reviewed, additional support was provided to the placement provider, students are being well supported by practice staff and learning effectively in areas not specifically targeted in the report (63, 67, 146).

The Whittington Hospital, London. Date of report: 8 July 2016

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. All areas were found to be met with the exception of two of the eight core services reviewed, which required improvement. The hospital was required to address issues relating to staffing, record keeping and disposal to ensure confidentiality, promote a culture of risk reporting and issues relating to mixed sex accommodation.

The university response: The university reviewed the provision; immediate action was taken by the placement provider. Students were being well supported in practice and learning effectively. The hospital was visited as part of this monitoring visit on 23 November 2016 for pre-registration midwifery and 24 November 2016 for pre-registration nursing (child) (64, 67, 146).

Whipps Cross University Hospital, Leytonstone, London. Date of report: 17 March 2015

The CQC undertook a five day inspection in response to concerns raised from a number of sources. The CQC deemed the service to be inadequate. Four compliance notices were issued relating to safeguarding, consent to care and treatment, record keeping and safety of equipment. Four enforcement actions with warning notices were also issued covering the care and welfare of people using the services, assessing and monitoring the quality of service providers, staffing and complaints.

The university response: The university reviewed the provision; there were a small number of students in the maternity services who were receiving a good level of support and progressing well. The issues were exceptionally reported to the NMC by London South Bank University (65, 67, 146).

What we found at the monitoring visit:

The university continues to work closely with all practice placement providers to monitor the outcomes of external monitoring reports. There is an effective two-way communication process in place between university senior management, nurse directors and midwifery leads in placement provider organisations. During the monitoring visit we found that all clinical governance issues are controlled and are well managed and the practice learning environments are suitable for student learning (124-125, 127, 131, 146).

Follow up on recommendations from approval events within the last year

Endorsement of the following two programmes was approved on 29 July 2016; The BSc (hons) nursing (adult) and the mentorship preparation programme at the Institute of Health and Social Studies and the Health, Social Services Department (HSSD), States of Guernsey.

Two recommendations were made.

- To facilitate opportunities for networking of mentors across Middlesex University and the Institute.
- To extend the Middlesex University service user and carer strategy to Guernsey.

Update on these recommendations are scheduled to be provided in the forthcoming 2016-17 self-assessment report.

Specific issues to follow up from self-report

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

Academic staff resource is reported as an ongoing issue (49)

See section 1.1.1

There is a high staff turnover in midwifery which may compromise the number of available mentors and placement availability (49-50)

See section 1.2.1

National student survey scores are improving in some aspects of midwifery (49)

See section 4.1.1 and 4.2.1 which illustrates the improving student experience.

There are a number of students who are delayed completers on the nursing and midwifery programmes (49)

See section 2.1.2

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

All nursing and midwifery academics are required to maintain their current registration with the NMC and there is a tracking mechanism in place to ensure currency. This includes the requirements for revalidation. The university has a staff development policy. Those in significant roles also hold teaching qualifications (1, 17-21, 25).

What we found at the event

We found the staff resource is sufficient to teach and support students on the programmes. Academic staff confirm they are actively encouraged to engage in academic and research skills development and have protected time for this activity. New staff are required to undertake teacher preparation programmes. The permanent academic staff are supplemented by alumni students acting as graduate teaching assistants to facilitate student development. There is clear policy directing staff to ensure they maintain registration and revalidation. At the time of the visit the academic staff registration database was out of date. The lead midwife for education (LME) and programme leads are registrants with due regard and hold NMC recordable teaching qualifications (1, 17-21, 25, 47, 84, 108, 120, 145).

Pre-registration nursing (child)

The programme leader acts with due regard and teachers supporting the application of specialist theory for children's nursing have due regard (110, 116).

Pre-registration midwifery

Teachers supporting the application of theory to midwifery practice have due regard and the LME is enabled to ensure she is fulfilling the NMC requirements of the lead midwife for education (LME) role. The LME confirms that midwifery staff teaching

<p>recruitment has been undertaken in response to staff shortages and national student survey (NSS) outcomes in relation to staffing (47, 49, 97, 101, 114, 125-126).</p> <p>We conclude there are sufficient registrant teachers who have experience/qualifications commensurate with their role to deliver the programmes under review. However, the monitoring of registrant status of academic staff requires improvement.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>Pre-registration nursing (child)</p> <p>Students are allocated mentors and co-mentors who support their learning in practice. Mentors are identified as having undertaken additional training and students may have another professional who has been appropriately prepared as their mentor (1, 14-15).</p> <p>Pre-registration midwifery</p> <p>Students are allocated sign-off mentors and are further supported by midwifery clinical practice facilitators (MCPF). These MCPFs are employed by the local NHS trusts and work in partnership with the university to support students and mentors in practice (16).</p>
<p>What we found at the event</p>
<p>The university has a central system for the allocation of placements that is effectively managed by a dedicated placement learning unit. There is comprehensive evidence of a strong and highly effective working relationship with practice placement partners who proactively plan to sustain and develop the number of available mentors and sign-off mentors, two years in advance of need. All stakeholders confirmed there are sufficient mentors and sign-off mentors to support student learning (48, 73, 91, 119, 127-131).</p> <p>Pre-registration nursing (child)</p> <p>Final sign-off mentors confirm they have protected time for undertaking the role and are satisfied this provides assurance of the student's fitness to practice. Evidenced by the number of staff employed on completion of the programme (129-131).</p> <p>Mentors and students confirm a one to one student mentor ratio and that they work together a minimum of 40 percent of the time. It is common practice to allocate students a deputy when they are not working; this is often a qualified mentor. The off duty in the placement areas visited reflects that students are supernumerary. Hours</p>

and shifts are recorded and monitored appropriately (117, 127-131).

Mentors told us they are responsible for students whilst in short or spoke placements with mechanisms for support and feedback. Whilst students did not describe short placements as 'hub and spoke' they confirmed that mentor support is effective (117, 127-131).

Pre-registration midwifery

Midwife managers confirm that allocated mentors act with due regard. It has been agreed between the university and the practice placement providers that there is a need to increase the numbers of midwife mentors and this measure is clearly underway. Students confirm they work with their sign-off mentors for at least 40 percent of their time in practice. During the second year when students undertake out of midwifery practice experience, they are supported by practice staff in those areas and have regular contact with their sign-off mentor, the clinical practice facilitator and the university link lecturer (31, 103, 114, 124).

Our findings confirm that there are sufficient appropriately qualified mentors/sign-off mentors available to support numbers of students allocated to placement at all times and that the university and placement partners are active in monitoring and developing this resource.

Outcome: Standard requires improvement

Comments:

1.1.1

- The monitoring of the registration status of academic staff is out of date and requires development to ensure accuracy and currency.

Areas for future monitoring:

- The academic staff registration database for accuracy and currency.

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 university has a clear recruitment policy including measures taken to ensure good character and health (1, 5, 8, 12, 15).

The university has a comprehensive equality and diversity policy. Practice placement partners and service users are actively involved in the decision making for admission to the programmes (1, 11, 32).

What we found at the event

There is comprehensive partnership working, including practice placement providers and service users ensuring recruitment processes have a strong values based approach. This approach is highly valued by the commissioners. Service users are viewed as full members of the student selection panel and told us their views are respected. Selection involves a three stage process including face to face interviews and testing for literacy and numeracy. Good character and health is robustly addressed through the disclosure and barring service (DBS), occupational health screening and anti-fraud processes. The contracts operations manager effectively ensures all students are cleared prior to attending their first practice placement. Where clearance has not been achieved student placements are deferred or the student steps off the programme to ensure public safety. This approach was also strongly affirmed by practice placement partners (1, 5, 8, 12, 15, 77, 92, 99, 124-132, 143).

Evidence was presented that those involved in the recruitment process had undertaken appropriate equity and diversity training and the university accepts informal NHS trust assurance of this rather than using their own assurance mechanism. The university monitoring of individual practitioner training for equality and diversity requires improvement (81-82, 114, 124-131).

The university admissions policy has a general statement regarding the admission to the programmes of students under 18 years of age which involves the consideration of the individual's needs to ensure appropriate measures are in place. However, there is no specific risk assessment for students under 18 years of age to ensure this vulnerable group and the public is appropriately protected prior to undertaking practice placements (6, 91, 121).

Pre-registration nursing (child)

The frequency that practitioners are released for recruitment activity is variable due to the need to prioritise patient care. We are told that service users and carers involved were suitably prepared and that this included equality and diversity training. Children and young people from a local school have participated in the development of the questions that candidates are asked; this supports a values based approach to recruitment (112, 116-117, 127-131).

Pre-registration midwifery

The LME confirms that the programme team always aim to have maternity service representatives attend for recruitment although this is not always possible due to health service needs. NHS trust MCPFs, mentors and managers confirm that they are

<p>invited to participate in the selection and recruitment of student midwives and expressed enthusiasm for this role (114, 124-126).</p> <p>We conclude that entry requirements meet NMC standards. Whilst there is clear evidence that practice placement providers have undertaken equality and diversity training, monitoring by the university requires improvement to assure that practitioners have been adequately prepared before engaging in the recruitment and selection process. We found that there is a university policy for the admission to the programmes of individuals under 18 years of age however there is no policy relating to the risk assessment of these students prior to commencing placement. This requires action to protect the students and the public.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The university has clear processes in place to address fitness for practice and disciplinary issues in theory and practice. These processes adopt a partnership approach to resolution (1, 4-5, 7, 15-16, 37).</p> <p>Progression rates vary; there are recorded episodes of high student attrition in the third year of the pre-registration midwifery three year programme. There are also a number of students who are delayed completers on the pre-registration midwifery three year and pre-registration nursing (child) programmes (9, 49).</p> <p>Pre-registration nursing (child)</p> <p>There is no indication in the documentation as to how the 12-week rule is being applied.</p>
<p>What we found at the event</p>
<p>There is a clear and transparent fitness to practise policy with strong governance achieved through strategic and operational partnership working. Practice placement partners are actively encouraged to report any cause for concern with a student's practice performance and details of this process is effectively communicated to mentors and students. Students confirm the process is transparent and they understand the consequences of poor performance. Mentors describe situations where they have escalated concerns and are very complimentary about the support received from the university. Students told us they affirm their DBS and health status annually and at the completion of the programme and escalate any change in circumstances as they occur. The completion and sign-off process for entry to the register meets the NMC requirements and was confirmed by the programme teams and mentors. Fitness for practice panels are conducted effectively and in a timely manner and include representation from placement providers, service users and supervisors of midwives where indicated. We were informed that in some cases this</p>

has led to students discontinuing from the programme. There is a particularly strong and commendable culture of partnership sharing to learn from lessons arising from the incidents (1, 4-5, 7,15-16, 37, 95-96, 105, 114, 116-117, 121, 124-131, 140-142).

The commissioner, academic staff and practice placement providers confirm that high student attrition rates are a typical feature of all London provision in these programmes. There are no identifiable trends other than financial and personal reasons. The university makes significant investment in this area with mechanisms in place to identify students at risk and a project currently exploring the issue (9, 118, 121).

Pre-registration nursing (child)

Academic staff, mentors and students told us they understood the need to complete theory and practice requirements at each progression point in the programme. Mentors and students informed us that the practice components are clearly identified in the practice assessment document (PAD) (116-117, 127-131).

The 12-week rule relating to progression on the pre-registration nursing programme is not being accurately applied. The NMC standard is intended to be applied for students with exceptional circumstances. However students are continuing into the next part of the programme beyond the progression point having not successfully completed all assessments (93, 121).

Pre-registration midwifery

In practice, progression of students is clearly documented in student midwifery practice assessment documents (MPADs). Several mentors cited examples of student performance and attitude/behaviour concerns that they had experienced. All mentors confirm that the processes for ensuring that issues are addressed, and that students are supported to progress where possible, are undertaken in close partnership between themselves, the MCPFs and the university link lecturers (114-115, 124-126).

There are high levels of student attrition from year three of the pre-registration midwifery three year programme largely due to interruptions and assessments deferrals, for mostly personal reasons. The LME told us there are currently two members of the midwifery team undertaking research and postgraduate study in the area of student attrition to investigate it, and the monitoring of attrition is undertaken through appropriate mechanisms (114).

Our findings confirm that the university has effective fitness for practice policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected. Pre-registration nursing students without exceptional circumstances are however taking further scheduled assessment attempts in the 12 weeks following a progression point. This requires attention to ensure the public is protected.

Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

<p>What we found before the event</p>
<p>There is clear guidance on the process to follow where concerns are raised. What is less transparent is how the practice placement providers are made aware of this information and how lessons learned are shared to address poor student performance in practice (5, 7, 15-16, 37).</p>
<p>What we found at the event</p>
<p>There is a strong culture of willingness to escalate concerns regarding poor performance of students evidenced among the practice placement providers. Managers, mentors and sign-off mentors are able to demonstrate an understanding of, and lessons learned from implementing university procedures for managing poor performance and for students failing in practice. The link lecturer role and the role of clinical practice facilitators (CPFs) are effective in ensuring partnership working and the support for mentors and students, including when performance is of concern (114, 124-131).</p> <p>Pre-registration nursing (child)</p> <p>The progression and assessment process in the PAD is understood, with recognition that early identification and development of an action plan to address poor performance enables the student the best opportunity to make good their performance. Mentors were clear about their responsibility to take action and feel supported and able to do so by the CPF and link lecturer (127-131).</p> <p>Pre-registration midwifery</p> <p>The MCPF and mentors confirm that effective use of the MPAD is essential in communicating student performance and progression between placement areas, between mentors and over the period of the students' programme, including where student performance is of concern (114, 124-126).</p> <p>Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>Pre-registration nursing (child)</p> <p>The recruitment policy clearly indicates that students accessing the PGDiploma route</p>

are required to successfully undertake APL. Students who have completed the assistant practitioner programme can APL from 18 months of the pre-registration nursing programme and complete a transitions module to address any deficit prior to entering the programme in year three (8, 15, 25, 42).

Pre-registration midwifery

APL is not permitted on pre-registration midwifery programmes.

What we found at the event

Pre-registration nursing (child)

We are told by academic staff that the APL process has been devolved to a school level, claims are mapped to the university and NMC requirements and then reported to the accreditation panel. External examiners consider all APL claims. The application of the APL for students accessing the pre-registration nursing programme, undergraduate three year route however, does not meet the required standard. The diploma of higher education assistant practitioner programme is mapped to the first two years of the pre-registration nursing programme. Students then address any deficiencies by undertaking a non NMC approved transition module. The module involves an assessment of practice against NMC progression point two competencies. The students then join year three of the pre-registration programme. To date this is applied to adult, mental health and overseas students applying for the programme. The pre-registration nursing programme does not have an exemption from the university APL policy to comply with NMC requirements where students can only APL up to two thirds of a programme (8, 15, 25, 42, 76, 78-80, 87-88, 116, 150).

We conclude that the university is not complying with the APL requirements for the pre-registration nursing programme. It is in breach of pre-registration nursing standard R3.5 (NMC 2010) and action is required to ensure the public are protected.

Outcome: Standard not met

Comments:

2.1.1

There is evidence that practice placement partners have undertaken appropriate training in equality and diversity. The monitoring process by the university requires development to ensure that practitioners have completed equality and diversity training prior to engagement in recruitment and selection activities.

The university does not have a practice risk assessment policy and process for students under 18 years of age to protect these vulnerable adults prior to going on practice placements. This requires action to provide assurance that these vulnerable students are appropriately protected.

2.1.2

When progressing students through the pre-registration nursing programme the university is using the 12-week post progression point for further scheduled attempts of assessments rather than solely for those with exceptional circumstances. This requires action to provide assurance that the pre-registration standard R 3.10

(NMC 2010) is met.

2.1.4

When using APL to admit students to the pre-registration nursing programme the university have allowed 18 months APL followed by a non NMC approved transition module to complete stage two of the programme. Students therefore enter the programme at the beginning of the third year. This requires action to provide assurance that pre-registration standard R 3. 5 (NMC 2010) is met.

28 February 2017: Follow up Documentary Evidence from Middlesex University. Standard now requires improvement

28 February 2017

Following review of the evidence to support completion of the action plan, the standard continues to require improvement with regards to the monitoring of practice placement partners' training for equality and diversity.

The university has submitted the policy for supporting students under 18 years of age and a risk assessment tool to be completed prior to practice placement.

The university has amended the assessment schedules to ensure students undertake all scheduled assessment prior to progressing to the next stage of the programme. The 12- week rule is only to be used in exceptional cases. This change has been effectively communicated to the students.

The university has undertaken a major modification of the pre-registration nursing programme and the transition modules have now been approved with one recommendation: To make the module descriptors more explicit in relation to the transitional nature; the focus for contextualising the nursing context; and, for meeting the particular needs of students in relation to any shortfalls that exist in their knowledge and practice experience. (Standard 5 R5.6)

Evidence to support the standard requires improvement includes:

- MU General policy statement GP53 safeguarding, October 2015
- MU Risk assessment tool for safeguarding under 18s on placement, undated
- MU Proposed amendments to BSc (hons) nursing assessment calendar 2016-2017, including communication strategy, undated
- MU communication to students regarding changes to assessment submissions, undated
- Email from NMC/Mott MacDonald reviewer to MU professor of nursing education confirming approval of the major modification with one recommendation, 23 February 2017
- Email from Mott MacDonald project officer to managing reviewer confirming NMC advice regarding the approval and confirming the major modification approval, 23 February 2017

Areas for future monitoring:

- The university monitoring process of the equality and diversity training for practice placement partners involved in the selection process.
- Application of APL processes in the pre-registration nursing programme for compliance with the standard.
- Application of the students under 18 years of age risk assessment prior to practice placement.
- Application of the 12-week rule in pre-registration nursing programme.

Findings against key risks

Key risk 3 - Practice Learning

3.1 Inadequate governance of and in practice learning

3.2 Programme providers fail to provide learning opportunities of suitable quality for students

3.3 Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations

What we found before the event

There is evidence of partnership working at strategic and operational levels which incorporates partnership working with other educational providers. This has resulted in the production of pan London assessment of practice documentation which is used by students from 11 universities (1-2, 15-16, 25, 55).

There is a governance structure for the commissioning of programmes (1, 22, 26-27, 30).

What we found at the event

Commissioning of the programmes is with the HEE NCEL, formalised through a contract quality performance management process. As part of the London education contract the university has placement agreements with all areas that supply placements for student experience. Governance structures are in place to monitor the effectiveness of the provision (1, 22, 26-28, 30, 74-75, 90, 118-119).

There is a particularly strong and effective approach to monitoring the quality of the practice experience achieved through the long standing partnership board which has been operational since 2004. For each programme there is an operational framework management team (FMT) who meet on a bimonthly basis. This group draw on partners from practice and service user representation and includes membership

representatives from learning resources, recruitment and fitness to practise teams. Maintenance of the NMC standards to support learning and assess in practice (SLAiP) is considered at this meeting. Equality of assessment between practice areas is picked up by the FMT who meet regularly and discuss areas of good practice. The quality monitoring panel for practice assessments audit a sample of PADs and practice grading to ensure all placements are working to the same criteria. Educational audits meet NMC requirements and a pan London approach is adopted for this activity (1, 22, 26-27, 30, 70-73, 119).

The university has worked effectively with eight other local universities to develop a pan London approach to the practice assessment in all pre-registration programmes. We found the pan London educational audit tool and arrangements for shared educational audits in all practice environments are effective and that the timing of audits meet the NMC requirements. The pan London educational audit approach effectively streamlines the process of quality assuring placement areas and enhances students' learning (1-2, 15-16, 25, 28, 31, 55, 114, 118, 124-131).

Placement capacity falls within the remit of the bespoke placement management system, including the practice based learning unit in the university and the placement, contracts and compliance team. This provides oversight of placement processes and capacity including quality and enhancement. There is evidence of proactive planning for the forthcoming academic year. All information is shared with the other educational providers and placement partners. Where necessary the university holds placement summits to focus on specific issues requiring a targeted response (1, 26, 36, 38-41, 48, 73, 118-119).

Practice placement providers effectively inform the university of any adverse CQC reports or practice issues impacting on the student experience in a timely manner. Placements are removed from the circuit where learning is being compromised. The university work constructively with placement providers to develop action plans to guide improvement with a view to reallocating students following educational auditing (1, 25, 68, 119, 146).

There is a strong culture of promoting the escalation of concerns. A raising and escalating concerns policy is in place in the university and placement areas. Academic staff, CPFs, mentors and students were able to discuss the process for raising and escalating concerns, stating they felt confident they would feel able to do so and that their concerns would be investigated and supported (7, 14, 29, 94, 116-117, 119, 124-131).

The university effectively escalate concerns to the NMC and works efficiently to address the issues arising, providing updates to the NMC where necessary (65, 6, 146).

Pre-registration nursing (child)

Managers and mentors told us a partnership approach is adopted to completion of the educational audit which is led by the CPF and includes mentors and the link lecturer. We viewed live databases of placements in an acute and a community setting that demonstrates a robust process for ensuring audits are completed every two years.

<p>The audits reviewed for the practice placement areas visited were in date. The audits also identified actions that were followed up appropriately (116, 127-131).</p> <p>Pre-registration midwifery</p> <p>Practice managers and the LME confirmed that where students from more than one university are accommodated in practice areas, this is effectively managed through partnership arrangements and the educational audit processes. The LME confirmed that one midwifery placement area with previous identified practice problems was not used as a placement for a period for Middlesex student midwives. The problems have been resolved, and following an educational risk assessment process including audit, the placement is now being utilised. One student who had been allocated into this area confirmed that she was effectively supported prior to, and during, the placement by the university link lecturer, the LME and by practice mentors and managers (28, 31, 114-115, 124-126).</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>There is clear evidence of partnership working. Practice placement partners and service users are involved in a partnership approach to programme development and delivery including the assessment of students in practice. The university have a dedicated service user co-ordinator and the service user strategic group meet four times a year (2-3, 15-16).</p>
<p>What we found at the event</p>
<p>Practitioners attend university to input directly into simulation and the assessment of observed structured clinical examinations (OSCE) where service needs allow. They confirm they are actively encouraged to engage in programme development and delivery (104, 111, 123-131).</p> <p>Service users and carers confirm they are actively involved in all aspects of the programme recruitment, development and delivery. They are respected for their unique insights and input and feel valued by the university. There is a dedicated service user and carer group that meets on a regular basis and a sample of minutes from these meeting was viewed. The programme team reported that all service users and carers are invited to attend these meetings, however, not all service users and carers we spoke to were aware of this group (83).</p> <p>There is a new service user and carer co-ordinator appointed who shared with us preliminary plans to expand the use of service users and carers in many aspects of the provision (3, 35, 83, 123, 143-144).</p>

<p>The students told us about the active engagement of service users and carers in their programmes in theory and in practice. Their input was praised and valued by the students (124-131).</p> <p>Pre-registration nursing (child)</p> <p>Students and mentors confirmed that service users provide written comments in the pan London PAD about the care that they receive from students. The comments contribute to assessment of practice (117, 127-131).</p> <p>Students also told us that service users and carers are involved during development days that are held each year for all students, including a parent and child with a long term condition (117).</p> <p>Pre-registration midwifery</p> <p>The LME and programme leader told us that occasionally there are difficulties in developing direct teaching input from individual maternity service users, usually due to the commitment involved when looking after a baby or small child. However, the midwifery team are committed to ensuring user input to the curriculum in a wide variety of alternative ways. An example is of the midwifery team’s innovative work with the SANDS user-led charity around improvement of pregnancy loss bereavement education and care by students and midwives (16, 37, 100, 114, 132).</p> <p>Members of the team are also involved in ensuring user perspectives on aspects of the curriculum during their ‘out of midwifery’ placements and wider context modules, for example user-based organisations supporting women who have experienced genital mutilation. Students confirm that there is an emphasis within the curriculum on maternity service users and their families which they value, and through the MPAD are encouraged to seek the views of women on the care they have received from the students, to support their own educational and practice development and contribute to their practice assessment (115, 124-126, 132).</p> <p>From our findings we conclude that the university adopts a structured approach to ensuring the engagement of service users, carers and practitioners in all aspects of the student journey.</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>The academic workload plans incorporate 20 percent of a lecturer’s time to be spent maintaining their professional practice requirements. They undertake a link lecturer role the purpose of which is to support the mentors who are supporting students in practice placements. Lecturers also act as a response agent for students experiencing difficulties (18-20, 46).</p>
<p>What we found at the event</p>

<p>As with other aspects of the provision there is a strong element of partnership working and a reciprocal respect between practice placement providers and the academic staff undertaking linking activities in the practice placements. There is dedicated time in the workload allowance of 20 percent to enable academic staff to undertake this link role effectively. Whilst the primary aim of the role is to provide support for the mentors there is strong evidence of student satisfaction with the support offered by these lecturers in linking theory to practice and providing support to enable progression. Effectiveness of the role is considered as part of the ongoing evaluation of the programmes which feeds into a variety of operational meetings (14, 28, 114-116, 124-131).</p> <p>Pre-registration nursing (child)</p> <p>Link lecturers were known by CPFs, mentors and students in all practice placement areas that were visited. The link lecturer details are displayed in practice areas. Mentors and students confirmed that the link lecturer visits regularly and provides good support that includes advising on the development of actions plans for students where performance is identified as a concern (127-131).</p> <p>Pre-registration midwifery</p> <p>Mentors agree that link lecturers provide support for students in practice and participate in tripartite meetings for student assessment when required if there are concerns with a student's progress. Planned link lecturer visiting schedules to practice for reflective sessions in some placement areas is visible on notice boards. (14, 28, 114, 124-126).</p> <p>We conclude that the academic support of students in practice is effective.</p>
<p>Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date</p>
<p>What we found before the event</p>
<p>The programme approval documentation clearly indicates that a live register of mentors is operational and that annual updating takes place. There is no specific information in the AEI requirements section of the portal relating to the records for the PVI sector database. The team told us that the register is held at the university for the PVI sectors (1, 25, 52-54)</p>
<p>What we found at the event</p>
<p>The university maintains the mentor register for the PVI sector. There are a limited number of providers. The system for updating the register lies with the link lecturer responsible for individual areas. On inspection we found that there are various omissions in the records around the initial preparation undertaken by some of the</p>

<p>mentors. The register also fails to identify who is active or inactive. As such the register lacks accuracy and currency (25, 147).</p> <p>We conclude that the PVI mentor register is neither up to date nor accurate and requires improvement to ensure students are allocated appropriate support.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The university offers programmes for the preparation of mentors and inputs into annual updating processes (1, 15-16, 37).</p>
<p>What we found at the event</p>
<p>The university run mentorship preparation programmes at academic levels six, seven and non-accredited. Due to staff turnover in practice there is a need to constantly review the number of available mentors to ensure sufficient supply. Programmes for mentor preparation are scheduled on a regular basis and the university has responded positively to requests for additional programmes. The proposed introduction of the non-accredited route of the mentor programme, subject to NMC approval, is positively received by placement providers for increasing flexibility and promoting accessibility (119, 124-131).</p> <p>The university effectively support the updating of mentors to ensure currency and mentors told us there are regular mentor updates offering flexibility in attendance. The updates are viewed as useful and enable mentors to reflect on their role and maintain competence. Mentors interviewed are enthusiastic about their roles in student education and told us the updates are an opportunity for face to face discussion and reflection with mentors/sign-off mentors from a range of practice areas (119, 124-131).</p> <p>Mentors demonstrate clear understanding of the requirements of practice assessment, including progression points, and the associated documentation (124-131).</p> <p>Pre-registration nursing (child)</p> <p>We spoke to four sign-off mentors who confirm they were effectively prepared and are supported and fully understand their sign-off responsibility at the point of registration. The individual nurse mentorship record developed by one NHS trust provides a useful document for recording evidence to support triennial review and gather evidence for revalidation (127-131, 137).</p> <p>Pre-registration midwifery</p> <p>Mentors confirm that mentor updates are undertaken as part of their mandatory</p>

<p>training events and contribute to their triennial reviews, and that the updates are essential for them in maintaining their effectiveness as mentors (124-126).</p> <p>Our findings confirm that mentor preparation and updating is effective in ensuring mentors and sign-off mentors are able to effectively undertake their role in supporting learning and assessing students and clearly meet the SLAiP standards.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>The university tells us that mentors have opportunities for updating and networking. This information is effectively housed on a database to ensure currency of the mentors and sign-off mentors (1, 44).</p>
<p>What we found at the event</p>
<p>Compliance with the SLAiP standards is effectively reviewed quarterly in a meeting involving clinical placement facilitators; the practice based learning team and university link lecturers. A partnership agreement is in place for the recording of triennial reviews. Mentors confirmed that the requirements for triennial review are understood and achieved, facilitated by the nurse mentorship record. Review of the 'live' mentor databases confirms triennial reviews are appropriately recorded (1, 44, 124-131, 137).</p> <p>Pre-registration nursing (child)</p> <p>The mentors reported that they are reminded to book annual mentor updates via the electronic system. Updates are arranged at a variety of times and places to enable attendance (127-131).</p> <p>Pre-registration midwifery</p> <p>The CPF role is deemed by mentors and managers to be valuable in supporting mentors to maintain their mentor status, through annual updates, the maintenance of effective mentor records, and liaison with managers and individual mentors (124-126).</p> <p>We conclude that mentors are appropriately released for updating activities which contribute effectively to ongoing reflection on the role by the mentor and to the triennial review processes.</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>

<p>The programme approval documentation clearly indicates that a live register of mentors is operational and that annual updating takes place (52-54).</p>
<p>What we found at the event</p>
<p>We found that live mentor registers in all placement areas visited are effectively maintained and are up to date. Registers are secure password protected databases and are accessible to appropriate academic staff when required, in practice areas. There is effective partnership working between the university and placement providers to ensure that changes in service configuration is communicated and audits remain accurate, thus enabling allocation of students to mentors and ensuring mentor capacity (114 ,119, 124-126, 132).</p> <p>Pre-registration nursing (child)</p> <p>A colour coding system is used to indicate if the mentor is up to date, will need an update in the near future or is no longer 'live', for example if on sick or maternity leave. One mentor is inactive whilst undertaking practice teacher training. The CPF maintains and regularly updates the password protected mentor register and ensures it is accessible to appropriate academic staff (129, 131).</p> <p>Pre-registration midwifery</p> <p>In areas where midwives are undertaking the mentor preparation course, this is clearly annotated on the database to ensure that they are allocated a student midwife only with an additional sign-off mentor (114, 124-126, 132).</p>
<p>Outcome: Standard requires improvement</p>
<p>Comments:</p> <p>3.2.3</p> <p>The PVI mentor register requires further development to ensure currency and accuracy.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> The accuracy and currency of the PVI mentor register.

<p>Findings against key risks</p>
<p>Key risk 4 - Fitness for Practice</p> <p>4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards</p>

<p>4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards</p>
<p>Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The programme handbooks and approval reports indicate that the programmes support students in the achievement of the learning outcomes and competencies and proficiencies at the progression points and on completion (15-16, 52-54).</p> <p>Pre-registration nursing (child)</p> <p>The external examiner indicates that students appear to find the anatomy and physiology a challenge (43).</p>
<p>What we found at the event</p>
<p>Pre-registration nursing (child)</p> <p>Students told us that they are provided with effective teaching and learning strategies that include lectures and practical sessions. Supporting information is also available via the virtual learning environment with e-books and videos (117).</p> <p>Students told us they undertake formative and summative assessment and consider the assessment strategies employed to be useful. The students commented that they receive detailed feedback that includes how they could improve, which they find useful (117, 127-131).</p> <p>Students confirm they undertake mandatory training prior to going in practice placements and one of the practice module leaders told us that there is a process for verification of this preparation (116-117, 127-131).</p> <p>Student told us that learning does take place in simulated learning environments that includes mandatory training and clinical skills. The sessions provide the opportunity for students to rehearse and develop caring skills as well as link theory to practice. Optional additional evening simulations sessions have just been developed. The programme is approved for 225 simulated practice hours however, the university confirm this is not currently being used to replace practice experience but as an approach to learning and teaching (104, 117, 127-131).</p> <p>Theory and practice hours are recorded and there are systems in place to monitor accuracy. The hours comply with the European Union (EU) directive (112, 117, 127-131).</p> <p>The two third year students we spoke to in the practice placements reported that they</p>

are gaining confidence and will feel competent to enter the professional register on completion of the programme (127, 130).

The external examiner report confirms that the pre-registration nursing (child) programme enables students to achieve NMC outcomes and competencies. There is a clear link between theory and practice and this is reinforced through a spread of assessments. External examiners review theory and practice (13, 122).

The programme leader informed us that there is one pre-registration (child) student on the BSc (hons) European nursing programme. The programme is now closed to child nursing however there is one trailing student in the final year. For six months in the third year students undertake study in Finland; students are taught in English and arrangements for overseas assessment in practice comply with the standard R5.3.7 and 5.3.8 (NMC 2010). Students are well supported by appropriately prepared mentors using pan London educational audits, assessment processes and documentation. Students working abroad are effectively supported by an academic link who visits and uses Skype to maintain communication (113, 148).

Pre-registration midwifery

Student midwives confirm that they have a clear understanding, through the programme documents, of what they need to achieve regarding all NMC outcomes and the EU directive. Students told us that the formative feedback from academic staff and from their mentors is effective in ensuring that they achieve the programme outcomes. The students express enthusiasm for the range of learning opportunities available to them, and mentors agree that the students currently on both the programmes make the most of all practice learning opportunities (115, 124-126).

MPADs and student journey documentation confirms that all practice and theory learning hours are monitored, recorded and verified. The LME confirms the modification to the 18 months programme has been undertaken to ensure compliance with EU requirements regarding hours undertaken by students on the programme (55, 102, 114, 133).

Students confirm that the variety of learning and teaching on the programmes is beneficial for their learning and highly valued, including simulation sessions and access to online resources. Students confirm that teaching staff and resources are readily accessible and that they are able to give feedback to staff to influence the resources made available to them, for example additional information technology (IT) resources and additional teaching sessions on specific topics. Students commend their personal tutors on the level of support given to them and in their accessibility. The formative feedback given to students on their written assignments was described by some students as excellent in helping them achieve their learning outcomes (115, 124, 126).

Students, academic staff and practice staff confirm that students undertake mandatory training prior to undertaking placements and this is recorded in MPADs (114-115, 124-126, 133).

Our findings confirm that students are well supported to achieve all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register.

<p>Risk indicator 4.2.1 – documentary evidence to support students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The programme handbooks and approval reports indicate that the programmes support students in the achievement of the practice learning outcomes and competencies and proficiencies at the progression points and on completion (52-55). Pre-registration nursing (child) Simulation is utilised for practice hours, 75 hours per year totalling 225 hours across the three years of the programme (54). The external examiner identifies the grading of practice as good practice (43).</p>
<p>What we found at the event</p>
<p>Students are well prepared for their practice experience. The commissioner confirms that students completing the programme are fit for practice and are highly employable; he told us that service providers are willing to wait for a late completer from Middlesex University rather than fill a vacancy earlier (118, 124-131, 138). Pre-registration nursing (child) The respective module leaders prepare students for their practice learning experience where the documentation and policies and procedures are explained to them. Students undergo a half day preparation prior to placement and a half day consolidation at the end of each placement (116). We found the essential skills and competencies are identified in the assessment of practice documents. A third year PAD was viewed as an example to confirm that students achieve the required outcomes at progression points and at the end of the programme (130). Mentors and sign-off mentors confirmed a clear understanding of practice assessment documentation, including the grading of practice, facilitated by the use of the pan London documents. Mentors report that students are clear about the documentation and are proactive in the assessment process (127-131). Students told us they are satisfied with the range of practice learning opportunities and that these enable them to achieve the required skills and competencies. Students confirm that the pan London assessment document provides documentary evidence that competencies are achieved, they understand the grading of practice and are motivated to achieve good grades in recognition of their practice performance. Students are aware of the progression points throughout the programme and the need to complete all aspects before moving on to the next stage. Students recognised</p>

their role in ensuring that competencies are achieved and take ownership of the practice documents (117, 127-131).

The 75 hours simulation identified as available for simulated learning hours in the programme specification are not currently used to support practice hours as there are sufficient practice hours in the programme. The allowance will be used if placement availability reduces and there is a clear educational audit of the clinical skills facilities (15, 69, 112, 149).

Placement providers confirm students are safe, competent and fit for practice at the end of the programme, evidenced by the number of students that are employed in their areas on completion (127-131).

Pre-registration midwifery

We found that the NMC midwifery practice outcomes and essential skills clusters are embedded in the curriculum and evident in the MPADs to demonstrate each student's achievement and progression (102, 133).

Student midwives and mentors confirm that the breadth of experience available to students ensures that they are able to practise and complete all skills at each level of the programme. MPADs considered during the review demonstrate effective use by mentors in giving student feedback to enable development, and in the effective grading of practice for assessment. Mentors agree that they are effectively supported through the transition from the previous PAD to the 'new' MPAD by CPFs and by university link lecturers. The external examiner confirms effective use of the MPAD by mentors for the practice assessment process (10, 124-126).

Practice placement providers are confident that any issues of poor performance in student midwives' practice is always addressed. Midwife mentors and managers confirm that students exiting the Middlesex University midwifery programmes are safe, competent and fit for practice (124-126).

Our findings confirm that students are well supported to achieve all NMC practice learning outcomes, competencies and proficiencies at progression points and/or entry to the register.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

The university has a governance structure and associated policies and processes. The university underwent a higher education Quality Assurance Agency (QAA) review in 2016 and confirmed confidence in the quality of this provision, being compliant with the QAA quality code. There is an external examiner system in place. NMC annual self-reports are completed and actions taken to address issues from previous years are transparent. AEI requirements are up to date on the NMC portal (1, 10, 13, 23-24, 34, 45, 49-51).

There is a process for programme evaluation (2, 15-16, 37).

Pre-registration midwifery

The university annual NMC self-report indicated NSS scores are improving in some aspects of midwifery, however the report identified this as an area for future monitoring (49).

What we found at the event

We found evidence of strong and effective working relationships between the university and its practice placement partners which exists at strategic and operational levels. This is recognised, praised and valued by the commissioners who describe the university as being fully engaged and flexible. The university is fully accountable to the commissioners for the provision and is transparent in providing qualitative and quantitative information to support the contract requirements. There is a formal annual cycle of quality assurance that incorporates quarterly review meetings, including consideration of escalated concerns and complaints. There is a strong culture of sharing lessons learnt across all stakeholders. These meetings have a strong partnership emphasis and include representation from the commissioners, the university, service providers, representatives from the PVI sector and service users. Students are also invited to evaluate the provision. The commissioner describes the relationship between the university and the service partners as strong and highly effective. The university is praised for their willingness to engage in a range of external projects to promote the student experience (1, 22, 26-27, 30, 71, 86,

118, 122).

There is a clear and comprehensive governance structure at school level and clear lines of responsibility for approval and review processes. The programme teams are highly committed to assuring and enhancing a quality provision and actively seek to provide an excellent student experience. Formal committee structures, many of which adopt a partnership approach, ensure a systematic review of the provision including evaluations and external examiner reports and there is a high level of accountability at university level for the standard of delivery and achievement of locally set key performance indicators (85-86, 89, 109, 122).

The university operates effective assessment board processes where marks are considered at module and award levels. Progression within and completion of programmes is dependent on results being presented and discussed at these boards. External examiners effectively contribute to this process. Significant issues are fed forward to the relevant board of studies (86, 89, 107, 122).

The student voice is valued and students are openly invited to feedback on theory and practice. All programmes have 'student voice leaders' who are active in seeking feedback from peers to escalate to the programme teams via appropriate evaluation processes. Students undertake formal assessment of theory and practice and are encouraged to do so in a professional and constructive manner. Students are invited to complete module evaluations and there is dedicated time for module leaders to meet with students and discuss their experience face to face. This approach encourages professional engagement in feedback and is highly effective in ensuring all students' views are considered (2, 15-16, 37, 106, 115-116, 122, 124-131, 134).

The external examiners have due regard, their registration is monitored and they have commented on both theory and practice learning. The programme teams effectively respond to external examiners' comments. Students and mentors are aware of the role of the external examiner. (1, 10, 13, 23, 34, 45, 71, 89, 122).

Pre-registration nursing (child)

Students confirmed that they provided feedback to practice through the online evaluation and in some practice areas additional paper evaluations were completed (117, 127-131).

CPFs told us that feedback from practice comments are collated and reported to practice placement areas with appropriate actions. Examples of feedback are included with the audit information (127-131).

Students told us they complete evaluations of both theory and practice and feel that feedback is acted upon. A second year student gave the example of additional online resources for anatomy and physiology following student feedback (116).

The external examiner report comments on links between theory and practice. The report is for the first year of his appointment and no practice visits were undertaken. Arrangements are being made for the external examiner to visit practice areas and to attend OSCE assessments in this academic year (13, 139).

Pre-registration midwifery

Student midwives agree that practice and module evaluation data is used to enhance

<p>programme delivery and this is confirmed through the minutes of programme and quality meetings (28, 103, 115, 124-126).</p> <p>From our findings we are able to confirm that student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery of the programmes.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>Students are advised of their right to complain and raise concerns. There is a clear complaints and grievance procedure to support this (15-16, 33).</p>
<p>What we found at the event</p>
<p>The university have a positive and inclusive approach to addressing student complaints and are prepared to address complaints from family members. Students told us that they are well informed about their right to complain and are fully aware of the complaints processes. Students report that they were confident that they would be supported if they had any cause for concern. They said that both tutors and mentors stressed the importance of raising concerns. Mentors and educators stressed the philosophy of raising concerns early so that issues did not escalate unnecessarily. The lessons learnt from the complaints are considered at the board of studies and shared with service providers to enhance the student experience (15, 33, 114-115, 117, 122, 124-131).</p> <p>Pre-registration nursing (child)</p> <p>None of the students we met had initiated a concern though they are aware of other students on the programme who had. The students report that the individuals concerned had received support and the situation had been dealt with appropriately (117, 127-131).</p> <p>Pre-registration midwifery</p> <p>Information from the LME, programme team and practice managers we met around issues raised in one trust concerning a bullying allegation demonstrates that timely and appropriate actions have been taken to resolve issues using a comprehensive action plan. Practice managers confirm the effectiveness of the processes in this case, and students who have raised the concerns agree that the matter has been addressed. Students emphasise the excellent level of support they experienced during the time following their complaint (including their reallocation to an alternative placement) and that this support is ongoing during a period of change in the practice area identified. The NHS trust head of midwifery confirms that there has been a thorough investigation and ensuing actions to ensure midwives and students involved</p>

are supported and that where required, midwives have been brought to account through trust disciplinary processes, although these processes have yet to be completed. Within the placement provider's processes, and within this case it is evident that there is effective partnership working at strategic and operational levels, to support students and to protect the public (98, 103, 114-115, 124-126, 135).

The recent local supervising authority (LSA) report shows a green rating in midwifery learning environments and therefore LSA standards are achieved (114, 136).

We conclude that there are effective processes in place to ensure concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: Standard met

Comments:

The management of risk for the midwifery student concerns raised at North Middlesex Hospital is currently effective, however the action plan is ongoing and therefore subject to monitoring.

Areas for future monitoring:

- The ongoing management of the issues raised by midwifery students at North Middlesex Hospital.

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99. *MU Midwifery interview sheets including questions, undated*
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117. *Meeting with nursing (child) students on site, 23 November 2016*
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Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 01 Nov 2016
Meetings with:
<p>Deputy dean, Middlesex University</p> <p>Assistant director of nurse education and workforce, Whittington Health</p> <p>Professor of nurse education, Middlesex University</p> <p>Head of department, adult, child and midwifery, Middlesex University</p> <p>Director of programmes, midwifery, lead midwife for education, Middlesex University</p> <p>Programme leader BSc (hons) re-registration nursing (child), Middlesex University</p> <p>Head of practice based learning, Middlesex University</p> <p>Director of programmes (nursing - outgoing child) and Director of learning and teaching, adult, child and midwifery, Middlesex University</p> <p>Director of programmes BSc (hons) nursing (child), Middlesex University</p>
At monitoring event
Meetings with:
<p>Head of clinical and specialist placements</p> <p>Senior lecturer in child nursing, programme leader</p> <p>Head of recruitment (professional programmes)</p> <p>Director of programmes, midwifery</p> <p>HENCEL, Senior commissioning manager</p> <p>Director of programmes, child health nursing</p> <p>Senior lecturer in midwifery, programme leader</p> <p>Associate professor, head of practice-based learning unit</p> <p>Professor of nurse education</p> <p>Placement provider representative, Whittington Hospital NHS Trust</p> <p>Placement provider representative, North Middlesex University Hospital NHS Trust</p> <p>Head of department adult, child and midwifery</p> <p>Deputy dean for health and education</p> <p>Director of programmes, post qualifying nursing</p>

Meetings with:

Mentors / sign-off mentors	27
Practice teachers	
Service users / Carers (in university)	3
Service users / Carers (in practice)	3
Practice Education Facilitator	7
Director / manager nursing	6
Director / manager midwifery	2
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Children	Year 1: 6 Year 2: 4 Year 3: 3 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 11 Year 2: 10 Year 3: 7 Year 4: 0

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Protecting the public through quality assurance
of education and supervision of midwives



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