

**2013-14**

**Annual monitoring report of performance in mitigating  
key risks identified in the NMC Quality Assurance  
framework for nursing and midwifery education**

Programme provider	University of Cumbria (Lancaster Campus)
Programmes monitored	Registered Midwife – three years; Registered Specialist Community Public Health Nursing – HV (With Optional Integrated Nurse Prescribing)
Date of monitoring event	22 -23 January 2014
Managing Reviewer	Judith Porch
Lay Reviewer	Sarah Fishburn
Registrant Reviewer(s)	Diane Fraser, Sean Mackay
Placement partner visits undertaken during the review	Maternity services, Cumberland Infirmary, Carlisle Maternity services, Furness General Hospital, Barrow Maternity services, Royal Lancaster Infirmary Carlisle HV Office, Hilltop Heights Penrith HV Office Carnforth Clinic Moor Park Health and Leisure Centre, Blackpool Workington Community Hospital (telephone conference)
Date of Report Publication	4 July 2014

## Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation. We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care.

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

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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 Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review

cycle. Standards are judged as “met”, “not met” or “requires improvement” When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

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

## Introduction to University of Cumbria's programmes

The University of Cumbria was established in 2007 and is located on two main sites: Lancaster and Carlisle. In September 2010 the faculty was realigned as the new Faculty of health and wellbeing, one of three faculties. There has been further restructuring and from August 2013 the existing three faculties merged to become two. Nursing and midwifery education is now delivered within the Faculty of health and science.

The BSc (Hons) Midwifery three year programme was approved in 2008 and re-approved in 2013. The programme is delivered from the Carlisle campus with some inter-professional learning sessions (IPL) at Lancaster campus.

The BSc (Hons)/Grad Dip/PgDip in Specialist Community Public Health Nursing (SCPHN) with pathways in health visiting (HV), school nursing, occupational health nursing and sexual health advisor were approved in March 2013. The programmes are provided full-time or part-time with some shared learning between the students studying other professional programmes. All health visitors (HVs) and school nurses (SNs) also undertake the V100 Community practitioner nurse prescribing qualification.

The number of HV students has increased as a result of the Department of Health initiatives and the final year of increased commissions for HVs by Health Education North West (HENW) is the 2013-14 financial year. There are September and January intakes with the last January intake in 2014. Students are either salaried or receive a local non-means tested bursary. Placements for HV students are in Cumbria Partnership NHS Foundation Trust (CPFT) and Blackpool Teaching Hospitals NHS Foundation Trust (BHFT).

Previous adverse Care Quality Commission (CQC) reports have been closely monitored with increased levels of scrutiny. The university has a very good and effective working relationship with HENW, the Local supervising authority (LSA) and its partner NHS Trusts and practice placement providers at both strategic and operational levels. A protocol of information exchange between the trusts and the university has been established to strengthen communication about external monitoring. Both University Hospitals of Morecambe Bay NHS Trust (UHMBT) and North Cumbria University Hospitals NHS Trust (NCUHT) midwifery practice learning environments continue to be monitored using university quality assurance (QA) processes.

Clinical governance issues are effectively communicated to the Lead Midwife for Education (LME) and Heads of Midwifery (HoMs) are integral to this process. There has been on-going work to provide a contingency plan in UHMBT should placements prove to be unacceptable for student learning. All NMC key risks are currently controlled.

The AEI monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements which have been subject to adverse concerns as a result of Keogh and CQC reviews.

## Summary of public protection context and findings

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the midwifery and health visiting programmes meet NMC standards and requirements which is fundamental to protection of the public.

There is a robust procedure in place to manage the learning experiences of students less than eighteen years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

We did not find any evidence to suggest there have been any adverse effects on students' learning as a result of CQC and Keogh reviews in NHS trusts specifically UHMBT and NCUHT. The university has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students learning in the practice environment. There are effective quality assurance processes in place to manage risks, address areas for development and enhance programme delivery.

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice. A robust fitness to practise (FtP) procedure and decision making process manages issues of concern about a student whether academic or behavioural. Mentors and practice teachers were all confident that the university procedures are robust and an incompetent student would be removed from the programme.

We found there is considerable investment in the preparation and support of mentors and the completion of mentor annual updates is good. All mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by practice teachers, and mentors about who has the ultimate responsibility for assessing and signing off competence to ensure students are fit for practice to protect the public.

Overall mentors and students confirm that there is an appropriate range of practice learning experiences in all programmes to achieve NMC competencies and proficiencies. Students' learning is enhanced by the effective involvement of practitioners and service users and carers in programme development and delivery albeit the university needs to continue to enhance service user engagement.

The HV programme implemented in 2013 introduced safeguarding competencies for students to achieve in practice which is well received by employers as an example of programme enhancement to protect the public.

Student midwives are allocated a named supervisor of midwives (SoM) in the maternity service for the duration of the programme. The SoM provides support and experience of the important contribution of midwifery supervision for public protection.

We conclude from our findings that programme learning strategies, experience and support in practice placements, enable students to meet programme and NMC competencies and proficiencies. Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register.

Mentors and employers describe students completing the programmes as fit for practice and purpose.

### Summary of areas that require improvement

None noted.

### Summary of areas for future monitoring

- Midwife lecturer staffing level and opportunities for academic development
- Recording of NMC teacher qualification by HV pathway leader.
- Effectiveness of the examination of the new born module in midwifery curriculum.
- On-going changes to placement viability in the Morecambe Bay NHS Trust and North Cumbria.
- Proposed future increase to adult nurse student numbers in view of the nursing workforce shortage in North Cumbria.
- Review progress in broadening the clinical experience for student midwives.
- Further development of service user involvement in programme delivery.

### Summary of notable practice

#### Admissions and Progression

An example of notable practice in the HV programme is a community zoo event organised by BHFT. This was a proactive approach to elicit valuable information about service users' views of health visiting and involved students in organising the day. Feedback from service users at the event has been used by the programme team to formulate a question used in recent HV interviews.

### Summary of feedback from groups involved in the review

#### Academic team

We found the academic teams have close working partnerships with practice placement providers. There are systems in place to support both midwifery and HV students in relation to both theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

There are currently 3.5wte midwife lecturers, one of whom is also a SoM. Given the large geographical area for practice placements, the small midwifery team and staff changes last year, professional development time has proved difficult. However a

midwife practitioner from UHMBT will be seconded to the university for 0.6wte from February 2014 and the team believe this will enable them to take up some of the 25 days professional development time allowed per annum.

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

All practice teachers, mentors and service managers expressed confidence in the programmes, and that they receive sufficient preparation and support from the programme teams. Practice education facilitators (PEFs) maintain the live databases of mentors and placement audits.

We found university staff, mentors and practice teachers are committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet the standards of proficiency HV and competencies (midwifery) on completion of the programme. In HV the national move to long arm mentoring is providing some challenges, but these are being managed by the mentors/practice teachers and service managers appropriately.

### **Students**

Students are positive about their choice of university which is mainly because of its proximity to home. Most students gave us positive feedback about the programmes and identified good support from the university, mentors and practice teachers.

### **Service users and carers**

There was one maternity service user available to interview who has recently gained a place on the September 2014 midwifery programme. We were informed that midwifery service users participate in the admission process for entry to the midwifery programmes and this has potential to be developed. There is contact with service user representatives through the Maternity Service Liaison Committee (MSLC) meetings which provides potential for future service user involvement in midwifery education. The LME and a student representative are involved in the MSLC in the south of the placement circuit although there is no MSLC in the north circuit.

## **Relevant issues from external quality assurance reports**

### **Keogh reviews and Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning.**

Previous adverse CQC reports have been closely monitored with increased levels of scrutiny.

UHMBT has been subject to ongoing concerns and responses to the issues since 2011. In January 2013 it was announced that Cumbria constabulary was to investigate 30 maternity cases in one of the maternity providers in UHMBT. In addition, maternity service and neonatal service changes proposed by the trust had potential risks to midwifery (and some nursing) students' placement learning experiences. Communication between the NHS Executive trust team, the LME and faculty managers



was effective and a three part contingency plan was devised with input from a range of stakeholders. The plan was implemented in February 2013 to ensure close monitoring of the quality of the practice learning environment for the university's student midwives and student nurses.

The contingency plan was reviewed by LME in June 2013 and the outcomes and future actions disseminated to key stakeholders, including the NMC and education commissioners. The university has robust processes through which it scrutinises and monitors progress in relation to the implementation plan and other external reports related to practice placements. In July 2013, government announced a forthcoming independent enquiry in UHMBT to cover the period 2004-2013, to commence October 2013 and be completed mid-2014.

There have been adverse concerns from CQC and Keogh review in NCUHT specifically in West Cumberland hospital and Cumberland infirmary. Standards were not met in three areas including staffing levels.

Maternity services in NCUHT are subject to significant change through a maternity services review and the proposed acquisition of the trust by Northumbria NHS Trust. The midwifery practice learning environments at UHMBT and NCUHT continue to be monitored using the university's quality assurance (QA) processes, which includes effective partnership arrangements with trust representatives at strategic and operational levels.

Findings from the most recent students' evaluations of practice learning environments (covering the period May to August 2013 in all maternity service areas) were disseminated in November 2013 to heads of midwifery, PEF and relevant local midwifery staff, for discussion and action, as appropriate. Overall, students reported feeling well supported by their midwife mentors. The LSA audits for both trusts have been attended by midwifery link lecturers and the LME (November 2013).

The outcomes of the CQC survey of women's views of the maternity services (2013) in BHFT, NCUHT and UHMBT found that the scores and findings are comparable with other trusts.

During the monitoring visit we were provided with evidence that both UHMBT and NCUHT midwifery practice learning environments continue to be monitored using university governance and quality assurance processes which include effective partnership arrangements with both trusts representatives at strategic and operational levels.

Midwifery students confirmed that overall they are well supported by midwife mentors in maternity placements which endorses the findings from students' evaluations of practice environment evaluations (May- August 2013).

The LSA audit reports and communication with North West LSA Midwifery officer (LSA MO) confirmed there are no current concerns about the provision of maternity care in Cumbria. However, some midwives expressed concern about the high proportion of agency midwives, the rotation of midwives across units in Morecambe Bay and the intention of Northumbria NHS Trust to take over the north part of Cumbria. We were informed by the Head of Midwifery (HoM) at UHMBT that although a large number of agency midwives have been employed in Cumbria, many have worked locally for a

considerable period of time and there is no evidence to suggest there has been any adverse effects on either students' placement learning experiences or the care of women and babies. The HoM for each of the two trusts (UHMBT in the south and NCUHT in the north) and the LSA MO meet regularly with the LME to discuss and action any issues which arise in maternity areas.

At the time of the monitoring visit there has not been any feedback from the independent enquiry but the trust provides weekly drop-in sessions with SoMs for midwives who feel the need for additional support.

There have been adverse concerns from CQC and Keogh review in NCUHT specifically in West Cumberland hospital and Cumberland infirmary. Standards were not met in three areas including staffing levels. The maternity services in NCUHT are subject to significant change through a maternity services review and the proposed acquisition of the trust by Northumbria NHS Trust.

At the monitoring visit we were informed that a protocol of information exchange has been established between the trusts, West Cumberland Hospital and Cumberland Infirmary in NCUHT and the university. Immediate and long term issues regarding students in placements are managed in partnership using an educational risk assessment. We found the concerns identified in CQC and Keogh reviews do not appear to be having a negative impact on students' placement learning experience.

This process is strengthened through the north west deans' forum involving representatives from HENW and also via quality surveillance groups set up by regional teams.

The nursing workforce shortage in North Cumbria is closely monitored by HENW who propose a future increase to adult nurse student numbers. This would inevitably pose challenges for mentorship and supervision. The proposed future increase to adult nurse student numbers should be considered at a future monitoring visit.

The requirement for exceptional reporting of information to NMC as identified in new NMC QA framework (Annexe 3) was emphasised to the university senior management team.

All CQC compliance reports relevant to placement areas used by the university for approved nursing and midwifery programmes were considered but did not require further discussion as part of this review.

### **Evidence / Reference Source**

1. CQC report: University Hospitals Morecambe Bay NHS Foundation Trust, Furness General Hospital, June 2012.
2. CQC report: University Hospitals Morecambe Bay NHS Foundation Trust,, Royal Lancaster Infirmary, July 2012
3. CQC review of compliance following unannounced visits to Lancaster Royal Infirmary and Furness General
4. CQC report: Westmorland General Hospital, August 2012
5. CQC report Furness General Inspection, April 2013

6. CQC report: Royal Lancaster Infirmary, July 2013.
7. CQC report: West Cumberland Hospital May 2013.
8. CQC report West Cumberland Hospital unannounced visit September 2013.
9. Keogh review: West Cumberland Hospital, May 2013.
10. Keogh visit report: NCUHT West Cumberland Hospital, November 2013.
11. UHMBT three part contingency plan for midwifery, nursing: children's nursing and return to practice, February 2013.
12. Report to NMC: midwifery practice learning environments for student midwives, January 2012.
13. Review of contingency plan: midwifery practice learning environment at UHMBT, June 2013.
14. CQC: Women's survey of maternity services, December 2013.
15. Placement learning unit, protocol for information between NHS Trusts and the University of Cumbria, December 2013.
16. Telephone discussion with LSA MO 23 January 2014.
17. Telephone with educational commissioner, NWHE.
18. Interviews with students 22- 23 January 2014.
19. Interviews with mentors 22 - 23 January 2014.
20. Interview with university senior management 22 January 2014.

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

Pre-registration midwifery approved April 2013

Recommendations include:

- Review midwifery lecturer staffing level.
- Evaluate the on-going changes to placement viability in Morecambe Bay NHS Trust.
- Evaluate the impact of IPL modules in the programme.

Findings at the monitoring visit related to midwifery lecturer staffing are discussed in section 1.1.1.

At the monitoring visit we were informed that it is too early to fully evaluate the impact of IPL modules as students are only six months into year one of the programme. However, some students told us shared learning in the new curriculum is working well but at the present time they are unconvinced as to its value in enhancing inter-professional working and learning together.

The examination of the new born module has not yet been delivered in the new curriculum.

These two recommendations will be considered at a future monitoring visit and reported in the university's self report 2014/15.

SCPHN: health visiting, school nursing, occupational health nursing, sexual health

advisor at undergraduate and post graduate level approved in March 2013.

Recommendations include:

- Consider revising module learning outcomes to better reflect the QAA post graduate benchmarks at level 7.
- Development of authentic involvement of users and carers in course development and activity.
- Map in the new Society of Sexual Health Advisor (SSHA) competencies (2012) to the programme outcomes (Sexual health pathway only).
- Explore the possibility of using Pebblepad as a learning tool in its wider context.
- Recording of NMC teacher qualification by HV pathway leader.
- Effectiveness of practice teacher supervision in the use of long arm mentoring to cope with increased student numbers.

The findings at the monitoring visit related to recording of NMC teacher qualification by the HV pathway leader is discussed in section 1.1.1.

The effectiveness of practice teacher supervision in the use of long arm mentoring to cope with increased student numbers is discussed in section 1.1.2.

The use of Pebblepad as a learning tool is discussed in section 4.2.1.

All other recommendations from approval events are achieved.

### Evidence / Reference Source

1. University of Cumbria annual self report, 2013/14
2. NMC Approval report: Multi-professional support of learning and assessment in practice, May 2012
3. NMC Approval report: BSc (Hons) Midwifery, pre-registration midwifery, April 2013
4. NMC Approval report: Return to practice(midwifery), March 2013
5. NMC Approval report: Community Specialist practice district nursing/general practice nursing/community LD nursing (BSc (Hons)/Grad Dip/PgDip), May 2013
6. NMC Approval report: Specialist Community Public Health Nursing: Health visiting/school nursing/occupational health nursing/sexual health advisor,(BSc (Hons)/Grad Dip/PgDip), March 2013

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

All actions highlighted in the self- report are complete. Specific issues followed up include:

- In pre-registration adult nursing there is a reduction of 1.5 wte staff.

At the monitoring visit we found there has been the appointment of a 1.0 wte lecturer. To manage the 0.5wte vacancy the workload and practice placement links are divided

amongst staff to ensure temporary cover until recruitment and induction of new staff.

- In pre-registration midwifery there is a delay in recruitment of an additional 0.6 wte.

Midwifery staffing levels are discussed in section 1.1.1.

- Develop processes for more timely reporting of CQC visits/actions by the private, voluntary and independent (PVI) sector to the university.

The process for timelier reporting of CQC visits and actions are discussed in section 3.1.1.

### Evidence / Reference Source

1. University of Cumbria annual self report, 2013/14

## Findings against key risks

### Key risk 1 – Resources

- 1.1 **Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.2 **Inadequate resources available in practice settings to enable students to achieve learning outcomes**

Risk indicator 1.1.1 - registrant teachers hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role

What we found before the event

Health visiting:

The curriculum vitae (CV) for the HV programme leader includes a NMC teacher qualification but this is not evident on the NMC website. NMC monitoring report 2012 confirmed the programme leader is on the approved teaching course. To manage any risk and meet NMC requirements the programme leader role is overseen by the lead for SCPHN programmes, who has a recorded teaching qualification.

Midwifery:

LME undertakes the role and responsibilities required by the NMC. The LME recently

accepted a senior lecturer role which has reduced her line manager responsibilities by 0.5wte which she had as a Principal lecturer. This enables her to have more midwifery involvement. The midwifery team is small.

A newly appointed senior lecturer and SoM joined the team as a 1.0 wte on 1st August 2013. There is a 0.6 wte vacancy which is currently being advertised as a secondment post in conjunction with UHMBT.

A research and scholarship policy is in place whereby academic staff are entitled to twenty five days for scholarship and research.

#### What we found at the event

We found the majority of teachers hold NMC recordable teaching qualifications or are working towards one and have experience commensurate with their role. Processes are in place to monitor academic staff active registration and for due regard.

#### Midwifery:

The current midwifery lecturers' academic profile is weak as they have been unable to take professional development time due to staff changes last year. We were told the midwifery team is currently 3.5 wte and they cover a large geographical area. During the re-structuring in the faculty the LME did not re-apply for a principal lecturer/ management role, preferring to remain totally responsible for midwifery education. As a senior lecturer she continues to be consulted on all issues concerning midwifery. Two recent appointees have extensive midwifery practice experience which supports their clinical midwifery teaching role. One of the lecturers is also a SoM.

Midwifery lecturers state the secondment of a 0.6wte from clinical practice in February 2014 will enable them to undertake staff development which includes the LME commencing the preparation of SoMs programme.

#### Health visiting:

The process for recording the teaching qualification for the HV programme leader with the NMC is not complete. Therefore the programme leader role will continue to be overseen by the lead for SCPHN programmes, who has a recorded teaching qualification.

There are variations in the presentation of academic staff curriculum vitae (CVs). The faculty may wish to consider reviewing the proforma for presentation of CVs to ensure a standardised approach.

#### Evidence / Reference Source

1. NMC Monitoring report, December 2012
2. University of Cumbria, annual self report, 2013/14

3. Academic staff CVs
4. NMC website registration check
5. University of Cumbria: Process for ensuring checks for monitoring academic staff active registration and for due regard (AEI requirements 109) accessed January 2014
6. University of Cumbria: Policies and processes to enable nursing and midwifery teachers to achieve the outcomes of stage 4 of the NMC Standards for learning and assessing in practice developmental framework (AEI requirements 58a-c), accessed January 2014
7. University of Cumbria: Midwifery AER report 2012/13
8. University of Cumbria: Health visiting AER 2012/13
9. University of Cumbria: Non-Medical education commissioning annual report 2012/13
10. Interviews with lecturers, 22 January 2014

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

#### What we found before the event

The allocation of students to practice placements is the responsibility of the university and NHS trust partners and is managed by the faculty placement learning unit.

Practice placement learning environments are monitored by PEFs and link lecturers to ensure that mentor levels are adequate.

Link lecturers make frequent visits to practice placements.

#### Midwifery:

Midwifery students are assigned a sign off mentor plus one other mentor to ensure they are well supported and work 40% of the time with the mentor. They are also allocated a named SoM.

#### Health visiting:

Practice teacher supervision is managed with the use of long arm mentoring to manage the increased HV student numbers.

#### What we found at the event

#### Midwifery:

Midwifery mentors told us that they are well prepared for their role as sign off mentors.

Midwifery students informed us that there are adequate numbers of mentors to support them in practice placements. For a few students there have been problems when the shift rotas do not always link them with their named mentor. However these students told us they know the importance of working with their mentor and change their shifts

accordingly. The university could monitor this more closely to enhance the experience for students.

Health visiting:

We found there are sufficient appropriately qualified practice teachers, with some use of long arm mentor arrangements, to effectively supervise HV students. In some areas the practice teacher is supporting their own student, and two students with long arm mentoring. However, they have carefully planned their work load to ensure they have enough time to work alongside each student. In some areas practice teachers have a reduced caseload to support students.

Our findings confirm that all mentors and practice teachers act with due regard.

We conclude from our findings that there are sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students.

#### Evidence / Reference Source

1. University of Cumbria: annual self report 2013/14
2. Procedure for allocating nursing and midwifery students to placement, September 2012
3. Protocol for information exchange management and monitoring of the 'live' mentor/practice teacher database, 2013
4. Interviews with mentors 22- 23 January 2014
5. Teleconference with mentors in Workington, 22 January 2014
6. Interviews with PEFs 22- 23 January 2014
7. Live mentor / practice teacher databases at both Trusts viewed 22- 23 January 2014

**Outcome: Standard met**

Comments:

- The process for recording the teaching qualification for the HV pathway leader with the NMC is not complete. Therefore the lead for SCPHN programmes, who has a recorded teaching qualification, will continue to oversee the SCPHN HV pathway.
- Midwifery lecturers have been unable to take professional development time due to staff changes last year.

Areas for future monitoring:

- Recording of NMC teacher qualification by HV pathway leader.
- Midwife lecturer staffing level and opportunities for academic development.



Findings against key risks
<p><b>Key risk 2 – Admissions &amp; Progression</b></p> <p><b>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</b></p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>Heath Education North West (HENW) is currently developing a values based situational judgement tool which is to be piloted this year. The University of Cumbria will be part of the pilot.</p> <p>There is a university under 18 years student admissions process but there is no evidence of a policy for students under 18 years going into practice placements.</p> <p>Midwifery:</p> <p>Midwifery recruitment and selection procedures are in the process of being reviewed to involve a maternity service user during interviews.</p> <p>Health visiting:</p> <p>The programme team work closely with trust partners to ensure robust recruitment processes are in place for both traditionally funded and bursary students.</p> <p>In partnership with trusts, the university piloted a new recruitment and selection process for the September 2012 HV cohort. This process incorporated changes made following discussions with the trusts and now includes a group discussion, literacy assessment and a fifteen minute individual interview.</p> <p>In preparation for September 2012 HV intake the recruitment and selection process has been revised taking into account the NMC Circular 06/2011 which relates to accepting students straight from a pre-registration programme.</p>
<p>What we found at the event</p>
<p>We found that recruitment and admissions processes comply with NMC standards and requirements. Academic staff and practitioners receive equality and diversity training prior to participation in the recruitment of students.</p> <p>There are robust processes in place for obtaining Disclosure barring service (DBS) checks, health screening and references. Mechanisms are in place for sharing information and joint decision making takes place between the university and practice</p>

placement providers if issues arise.

Midwifery:

Midwifery lecturers informed us there are a varied means of assessing potential students through interviews, group work and presentations. Current students told us they had not had any service users engaged in their interview process. However the maternity service user and programme leader reported service users are involved in the interviews for 2014 applicants.

We found there is a robust procedure in place to manage the learning experiences of students less than eighteen years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

Health visiting:

Our findings confirm the HV interview panel consists of academic staff, trust managers and practice teachers, the latter attend on a rotational basis. The process involves group discussion which enables the panel to observe applicants' values and beliefs which both university and trust staff reporting this is a useful tool in assessing applicants' suitability for the HV programme.

A community zoo event by Blackpool Teaching Hospitals NHS Foundation Trust is an example of notable practice. This was a proactive approach to elicit valuable information about service users' views about health visiting and HV students were involved in organising the day. Feedback from service users at the event has been used by the programme team to formulate a question used in recent HV interviews.

Currently, students who successfully complete their pre-registration nursing programme in September can join the January intake of the HV programme. If there was a delay in a student receiving their NMC PIN or DBS declaration, the student would be allowed to commence the programme and attend the trust induction. However, they would not be allowed to visit clients or have any client contact until these are received and confirmed as satisfactory.

Midwifery students sign a declaration of good health and good character annually which ensures the university's responsibility for public protection and also NMC requirements.

HV students sign a declaration of good health and good character at the start of the programme and there is a checking process at the end of the programme. However, the faculty may wish to introduce a formal process at the end of the HV programme, before the university official signatory completes the declaration of good health and good character leading to registration on part 3 of the NMC professional register.

All admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the midwifery and health visiting programmes meet NMC standards and requirements which is fundamental to protection of the public.

Evidence / Reference Source

1. University of Cumbria NMC Monitoring Report 2012
2. University of Cumbria annual self report, 2013/14
3. University of Cumbria under18 years policy and guidance for practice placements
4. University of Cumbria DBS policy, November 2013
5. University of Cumbria, Equality and diversity policy 2013.
6. University of Cumbria: Equality, diversity and inclusion briefing paper – good practice in student recruitment
7. Selection and recruitment policy and procedures for pre-reg nursing, pre-reg midwifery and HVs
8. Interviews with students 22- 23 January 2014
9. Interviews mentors 22 -23 January 2014
10. Interviews with programme leaders, LME, consultant midwife 22 - 23 January 2014

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

What we found before the event

Midwifery students sign a declaration of good health and good character annually. There is a robust fitness to practise process to manage incidences of concern whether academic or behavioural.

What we found at the event

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice. A robust FtP procedure and decision making process manages issues of concern about a student whether academic or behavioural. This process involves a progress review and we were informed that this occurred for one HV student and five midwifery students in 2012/13. There were formal FtP cases for two nursing students and they were subsequently discontinued from the programme. This gives reassurance that concerns are investigated and dealt with effectively and the public is protected.

Academic staff, mentors, practice teachers and students clearly understand the processes to address poor performance in both theory and practice. A SoM contributes to the decision making process as a FtP panel member if the issue relates to a student midwife's performance in practice.

Mentors and practice teachers were all confident that the university procedures are robust and an incompetent student would be removed from the programme.

Evidence / Reference Source

1. University of Cumbria AEI requirements 2013
2. University of Cumbria self report 2013
3. University of Cumbria AER report: midwifery 2012/13
4. University of Cumbria AER Report: health visiting 2013
5. University of Cumbria Fitness to practise policies and procedures
6. Interviews with students, 22-23 January 2014
7. Interviews with mentors, 22- 23 January 2014
8. Interviews with LME and heads of midwifery 22 - 23 January 2014

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

What we found before the event

Midwifery:

There are processes for managing failing students in practice which involve both mentor and link tutor who construct an action plan with input from the PEF. The procedure to follow is outlined in the students 'My Pad' midwifery practice assessment documentation. If necessary, the formal FtP process can be initiated.

Health visiting:

Progress reviews are successfully utilised to support students who are failing to achieve in practice. Reviews can be initiated by the student, the university or the placement practice teacher or mentor. Action plans are drawn up in partnership with the student to provide them with support and guidance to facilitate achievement of set goals.

What we found at the event

We were told by mentors, practice teachers and students that they have a clear understanding about the procedures that will be followed if poor performance in practice is claimed. They confirmed that issues are identified early and acted upon with the involvement of the link lecturer. A tripartite meeting is convened which results in an action plan and review meetings.

Midwifery and health visiting students told us they are able and confident to seek help when necessary. They reported being able to discuss concerns and were supported by university staff, mentors and practice teachers.

We conclude from our findings that the formal fitness to practise process may be initiated following failure to comply with the progress review action plan or following a significant concern relating to a student's behaviour in practice. This process, whilst

<p>supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. University of Cumbria, Fitness to practise policies and procedures.</li> <li>2. Pre-registration midwifery placement handbooks, 2013</li> <li>3. Health visiting placement handbooks, 2013</li> <li>4. MyPad assessment document.</li> <li>5. Interviews with students 22- 23 January 2014</li> <li>6. Interviews with mentors 22 - 23 January 2014</li> </ol>
<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>Systems for the accreditation of prior learning (APL) are in place. There are two identified APL officers who deal with APL applicants from initial queries through to acceptance.</p> <p>Joint meetings with programme leaders and the APL team have produced clear processes and timelines which ensure that NMC requirements are adhered to. Standard letters and offers contain requirements set out clearly in relation to mapping of theory and practice hours. Requirements regarding DBS, occupational health and good health and character match those required of new applicants.</p>
<p>What we found at the event</p>
<p>We found systems for the accreditation of prior learning and achievement are robust and well managed within the faculty.</p> <p>There is no AP(E)L permitted within the pre-registration midwifery programme which complies with NMC standards.</p> <p>We reviewed midwifery documentation which was produced to facilitate transfer of a student midwife from another university and this adhered to NMC requirements.</p> <p>APL arrangements for HV students already holding NMC prescribing qualifications are robust and clearly understood by the programme team.</p>

Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. University of Cumbria, Accreditation and prior learning policy and procedures.</li> <li>2. Sample of midwifery student's documentation for transfer from another university.</li> <li>3. Procedure and guidance for HV students with existing prescribing qualification</li> </ol>
<b>Outcome: Standard met</b>
Comments: No further comment
Areas for future monitoring: None.

<b>Findings against key risks</b>
<p><b>Key risk 3- Practice Learning</b></p> <p><b>3.1 Inadequate governance of and in practice learning</b></p> <p><b>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</b></p> <p><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></p>
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
<p>Clinical governance frameworks are in place within partner NHS Trusts and have been strengthened over the past two years in response to concerns from CQC reports. Communication processes at trust and executive level are effective and well developed following issues raised by CQC and other external monitoring. There are clear processes for communicating and managing clinical governance issues with the university in the event of any untoward incidents occurring. Private, voluntary and independent (PVI) placement providers have less well developed procedures in place which is evident when the university often hears about CQC outcomes following publication of the CQC report.</p>

Placement allocation is the responsibility of the university and NHS trust partners and is managed by the faculty placement learning unit. The placement unit records all details of placements, the status of each placement area and does not allocate a student to a non-audited area. Educational audits are scheduled within a two year cycle. Named link tutors carry out audits with the PEF.

The University of Cumbria shares some placements with the University of Central Lancashire (UCLAN).

#### What we found at the event

Our findings demonstrate that the university has well established and effective working relationships with NHS north west, the LSA and its partner NHS trusts and placement providers.

All partners and practice placement providers told us that they have effective partnership working at both a strategic as well as operational level. A protocol of information exchange between the trusts and the university is established to strengthen communication about external monitoring.

We were informed that clinical governance issues are effectively communicated to the LME and HoMs and there has been on-going work to provide a contingency plan in UHMBT should maternity placements prove to be unacceptable for student learning. The addition of a midwife lecturer who is also a SoM facilitates the prompt communication of adverse incidents should they arise in the placement circuit in the north.

PVI placement communication processes are less well developed. We found that direct questions about external monitoring are included in the educational audit tool and the link lecturer is pivotal in gaining and sharing information. The university does regular mail shots to PVI placements to emphasise the importance of communicating immediate notification of unsatisfactory outcomes of external monitoring.

The PEFs support the completion of educational placement audits, which are completed on a biannual basis by trust staff in the location, and normally with the link lecturer from the university. We viewed a live database of placements, within the faculty placement learning unit at the university which has a robust process for initiating the completion of audits when due. We found that all audits reviewed were in date.

A multi-professional audit document, developed for use across the north west is in place which facilitates a streamlined approach to managing the quality assurance of practice placements and to enhance students' learning. In addition this ensures audit information is shared more easily with all universities.

The faculty placement learning unit at the university has an effective on-line system (CAS) which records all details of placements, administers allocations and sends out information to practice placement areas.

There is a joint process for withdrawing students and reintroducing placements utilising an educational risk assessment process. We reviewed evidence of the use of the risk

assessment process although we were told the process has not been employed in recent times. The faculty may wish to formalise an educational risk assessment tool.

Each HV placement has a practice learning experience document (PLED) which sets out the available learning opportunities at a particular HV base/clinic and at other services which could be visited. These have been developed by the practice teachers and arranged into the four domains of health visiting.

In midwifery, we found student evaluations reported that the PLED is not always available in the placement area. However the practice assessment documentation clearly identifies the learning outcomes to be achieved in the practice placement.

#### Evidence / Reference Source

1. NMC monitoring report, University of Cumbria, 2012
2. University of Cumbria annual self report, 2013/14
3. Procedure for allocating nursing and midwifery students to placement, September 2012
4. Protocol for information exchange, management and monitoring of the 'live' mentor/practice teacher database, 2013
5. Faculty of health science, Placement learning unit, Protocol for information between NHS trusts and the University of Cumbria, December 2013
6. NHS Provider: Independent Sector and AEI Monitoring: Communication networks exchange, undated

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

#### What we found before the event

The university uses the term 'expert by experience' for service users and carers. Evidence of service user and carer strategies include: service user/carer feedback sheet within student's practice assessment document in all pre-registration and SCPHN programmes for service user/carers to feedback on students' participation in their care. This is new and therefore students and mentors need to be reminded of the importance of using these opportunities. Midwifery mentors are incorporating these into student feedback and assessment.

In the new midwifery curriculum involvement of maternity service users in contributing to student recruitment and formative assessments has been formalised.

In response to midwifery students requests practitioners have been invited to deliver clinical skills sessions. Practitioners are keen to participate in the new OSCE examination.

The HV approval report 2013 states the development of the new curriculum was guided by the requirements of providers and commissioners but there is limited evidence of



direct service user/carer involvement. A recommendation from the approval event is the development of authentic involvement of users and carers in course development and delivery.

#### What we found at the event

We found that practitioners and service users and carers have been involved in development of the 2013 curriculum in both midwifery and health visiting programmes. However, input from service users was more indirect for the health visiting programme.

#### Midwifery:

Midwifery students told us supervisors of midwives are involved in the midwifery programme which contributes to their understanding of their understanding of public protection of mothers and babies. In addition, the Stillbirth and Neonatal Death Society (SANDS) representatives have contributed to their learning.

Students are aware of the new initiative for service users to complete a proforma giving them feedback about their performance. However, to date no students have received this feedback.

There is a MSLC in the south placement circuit and service users, the LME, a student representative and SoMs are represented. However, there is no MSLC in the north circuit.

#### Health visiting:

In the health visiting programme practitioners and service users are involved in the delivery of theory sessions, which include for example; breast feeding support, vulnerable groups including domestic abuse and migrant workers.

Students have participated in the community zoo event which evaluated the current HV service provision to enhance future service delivery and elicited interview questions for new HVs (see 1.1.2).

As a result of feedback from practice teachers and employers the 2013 HV programme has introduced safeguarding competencies for the students to demonstrate in practice to enhance protection of the public.

We found the new process for service users to provide written feedback about students' contribution to care is not yet implemented. However, practice teachers gain informal feedback by contacting the service user after a contact with the student (for example following up on a home visit). The practice teacher will record this with the service user's permission, and this documentation is included in the student's portfolio of practice evidence.

We conclude from our findings that practitioners and service users are involved in the delivery of the programmes albeit the faculty needs to continue to enhance service user engagement.

Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Experts by experience:-action plan, values statement, terms of reference and strategy document</li> <li>2. SCPHN HV AER report 2012/13</li> <li>3. NMC Approval report: midwifery 2013</li> <li>4. NMC Approval report: HV 2013</li> <li>5. Interviews with managers, mentors and students 22 - 23 January 2014</li> </ol>
Risk indicator 3.2.2 - academic staff support students in practice
What we found before the event
<p>The university has a draft framework Placement learning policy which specifies the university expectations for the quality assurance of placements and the support for students, mentors and practice teachers.</p> <p>Academic staff who maintain live professional registration and qualification, are normally expected to undertake and actively develop a link lecturer role.</p> <p>Midwifery:</p> <p>The link lecturer contributes to all tri-partite interviews to support students and mentors in relation to learning and assessment in practice.</p> <p>Health visiting:</p> <p>The pathway tutor visits the student and practice teacher in clinical placement on at least one occasion during the programme to assess and review the student's progress, facilitate learning in the clinical setting and provide support.</p>
What we found at the event
<p>Midwifery:</p> <p>Midwifery students and mentors told us that they are well supported in relation to learning and assessment in practice by the link lecturer through tripartite meetings. Students reported that lecturers are easily accessed by email should they have an issue of concern.</p> <p>Link lecturers participate in the education audits of practice placements with the PEFs and use findings from these and student feedback to inform mentor updates.</p> <p>Health visiting:</p> <p>Two link lecturers for the health visiting programme have named responsibility for the</p>

placement areas, which are divided on a geographical basis.

The first formative practice assessment is discussed during a visit to the practice setting by the HV visiting link lecturer, the mentor / practice teacher and student. Further visits are arranged if necessary, for example if an action plan is implemented. The large geographical spread of the practice placements creates some practical difficulties for the link lecturers, so telephone or skype discussions may be used for follow up.

We were told by students that the programme teams are responsive and supportive despite the geographical challenges.

#### Evidence / Reference Source

1. University of Cumbria AEI requirements, 2013.
2. Principles of the link lecturer role, April 2013
3. NMC Approval report: HV, 2013
4. HV Placement handbook 2013
5. NMC Approval report; midwifery, 2013
6. Midwifery Placement handbook 2013
7. Interviews with Students 22 - 23 January 2014
8. LME and programme lead discussions 22 - 23 January 2014
9. Mentor and HoM meetings 22 - 23 January 2014

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

#### What we found before the event

Mentor and practice teacher preparation is approved by the NMC and prepares participants, especially those in sign-off role, to meet the requirements of NMC Standards for learning and assessing in practice (SLAiP) (NMC, 2008). Mentor and practice teacher updates allow individuals to maintain competence in assessing student performance.

Mentors are prepared for their role through initial training and annual updates delivered in partnership by PEFs and academic staff.

#### Midwifery:

'My Pad' is used in the assessment of midwifery students. Changes to practice assessment in the new midwifery curriculum have been positively received by mentors, and they had found a grading of practice workshop helpful.

Mentor updates have given mentors opportunities to reflect on their own grading of

students' practice through the use of anonymised practice assessment documents. All mentor updates have had very positive evaluations this academic year (2012/13).

Health visiting:

The PLED is written by the practice teacher/mentor to support the student within placement. All practice teacher/mentors are encouraged to identify partner agencies with whom students can expand their practice knowledge and experience thus providing a holistic learning environment.

Students use Pebblepad, an on-line system, to create their practice portfolio but practice teachers are not yet involved in this approach.

What we found at the event

Our findings confirm that mentors, sign-off mentors and practice teachers are prepared for their role to support and assess students through the initial training and annual updates. They confirmed the training and updates are relevant and helpful.

Midwifery:

In preparation for the implementation of the new midwifery programme, the new assessment documentation was included in the updates.

Midwifery mentors told us the scenarios they had to work through were invaluable in developing their understanding of their role and responsibilities. The tripartite meetings are also seen as important in clarifying dilemmas and using evidence to justify decision making.

Health visiting:

In health visiting practice teachers and mentors told us they have a clear understanding of the standards of proficiency, and the level of achievement required at each of the assessment stages.

PEFs provide action learning sets for practice teachers and mentors and these provide additional support and exploration of issues pertaining to their role in supporting and assessing students.

Our findings confirm there is a clear understanding held by practice teachers, mentors, and students of the roles and responsibilities of practice teachers and mentors in supporting students learning. All were clear about who has the ultimate responsibility for assessing and signing off competence to ensure students are fit for practice to protect the public.

Evidence / Reference Source

1. NMC Approval report: midwifery, 2013
2. Midwifery Placement handbook, 2013

3. My PAD midwifery assessment documentation.
4. External Examiner report: midwifery 2012/13
5. Interviews with mentors and PEFs 22- 23 January 2014
6. Interviews with students 22- 23 January 2014
7. Interviews with LME and programme leaders, 22 - 23 January 2014
8. Guidelines for Long arm mentoring of HV students 2012
9. Learner raising and escalating concerns (Blackpool Teaching Hospitals NHS Foundation Trust, no date)

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

#### What we found before the event

Triennial reviews are included with the annual staff appraisal process in most trusts and are recorded on the mentor/practice teacher registers.

##### Midwifery:

Mentor updates are available in a variety of formats including face to face.

##### Health visiting:

Mentors/practice teachers are provided with a dedicated virtual learning site (Blackboard) and two full day updates are available per year. Mentors/practice teachers who are allocated a student are invited to a preparation day prior to the commencement of the programme.

#### What we found at the event

We found that mentor updates are provided in a number of formats and attendance is recorded in a 'live' mentor register held in each trust.

##### Midwifery:

Mentors and employers told us a new rolling programme of updates for midwifery mentors is more effective in enabling the release of mentors to attend. They confirmed their understanding of triennial review.

##### Health visiting:

Practice teacher / mentor updates specific to health visiting are provided on an annual basis at the university. In addition, two half day workshops are provided on subjects relevant to health visiting which we were told by practice teachers / mentors are interesting and significant for their role in supporting and assessing HV students.

We concluded that mentors, sign off mentors and practice teachers are able to attend

annual updates sufficient to meet requirements for triennial review
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. University of Cumbria AEI Requirements 2013</li> <li>2. University of Cumbria, Self report 2013/14</li> <li>3. NMC Monitoring report 2013</li> <li>4. Interviews with mentors and employers 22- 23 January 2014</li> <li>5. Live mentor/practice teacher databases viewed at each trust 22- 23 January 2014</li> <li>6. Interviews with PEFs 22 - 23 January 2014</li> <li>7. Triennial review of mentors, sign off mentors and practice teachers checklist (Blackpool Teaching Hospitals NHS Foundation Trust, no date)</li> </ol>
Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
<p>The faculty placement learning unit keeps a mentor data base for the PVI sector. All trust 'live' mentor/practice teacher databases are updated weekly by the PEF.</p>
What we found at the event
<p>The trust held 'live' mentor and practice teacher databases which we viewed were up to date and provide colour coding to indicate when a mentor is: current, needs an update in the next three months or has missed the time limit and is no longer 'live'. PEFs communicate this information to the practice placements so that students are only allocated to a mentor/practice teacher who is on the 'live' database.</p> <p>We found triennial reviews are recorded on the databases in the trusts by the PEFs. The faculty placement learning unit keep an electronic mentor database for the PVI sector which includes the triennial review date and samples seen by us were up to date.</p> <p>Our findings conclude that records of mentors / practice teachers are accurate and up to date and meet NMC requirements.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. NMC Monitoring report, 2013</li> </ol>

2. Mentor databases viewed in trusts, 22 - 23 January 2014
3. Faculty mentor database for PVI sector , 22 January 2014

**Outcome: Standard met**

Comments:

- We conclude from our findings that practitioners and service users are involved in the delivery of the programmes although the faculty needs to continue to enhance service user engagement.

Areas for future monitoring:

- Further development of service user involvement in programme delivery.

**Findings against key risks**

**Key risk 4 - Fitness to Practice**

**4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for**

**4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for**

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

**Midwifery:**

There is a longitudinal practice module in each year of the programme incorporating a variety of relevant placements. Sign off mentors support students in their learning and development of skills. They ensure the student's on-going achievement record is completed at the end of each placement and record student competence as specified for each year of the programme.

Midwifery students undertake medicines management, numerical assessments and each year they are required to demonstrate completion of all specific skills training and achievement of all NMC competencies and essential skills clusters (ESCs) to the specified level. Essential skills clusters are required at appropriate progression points. Students successfully achieve the NMC requirements of the programme and meet the

relevant requirements of the EU Directive. Simulation of practice is now a feature of the programme and the new curriculum includes the summative assessment of obstetric emergency skills and the inclusion of the examination of the new born.

Health visiting:

Core and specialist principles are integrated throughout programme, with inter-professional learning with SPQ students in some modules. The V100 prescribing programme is approved as part of SPQ programme and is integrated in SCPHN HV programme at the request of employers to ensure HVs are fit for purpose.

What we found at the event

Midwifery:

Students and lecturers told us that there are sufficient learning opportunities for students to achieve all NMC competencies and requirements. However, whilst mentors report students obtain a sound depth and breadth of experience because of the diversity of care needs of women in the catchment areas, the absence of a neonatal intensive care unit in Cumbria, no high dependency provision in the maternity units and no epidural service at Cumberland Infirmary may limit learning opportunities for some students.

We found the inclusion of mandatory placements in gynaecology and on the special care baby unit (SCBU) are considered by mentors and employers as a positive improvement to develop students' knowledge and skills. However some mentors told us ward management experience is still potentially lacking and the amount of experience gained caring for women with medical and surgical problems is variable. The programme team informed us that work is in progress to identify details of specialist attachment possibilities for students during the summer period with flexible placements to address these potential difficulties and broaden students' experiences.

The shared learning (IPL) in the new curriculum is confirmed by students as an improvement but they remain unconvinced as to its value in enhancing inter-professional working and learning together.

We were told that third year students had evaluated they required more preparation in clinical skills in the university. Whilst they appreciate the programme team's response by the inclusion of more skills drills and OSCEs in year three this has been at the expense of study time in the final year. First and second year students are undertaking OSCEs as a planned part of the programme and evaluate them positively.

An additional source of support for the professional and personal development of student midwives is the allocation of a named SoM in the maternity service for the duration of the programme. The SoM provides support and experience of midwifery supervision and the important contribution of midwifery supervision for public protection.

External examiners' reports confirm students are successful and able to move through programme progression points.



#### Health visiting:

HV students and practice teachers / mentors report the theory elements of the programme are integral to practice learning. Inter-professional learning within theory occurs with the September cohorts, as students learn alongside SPQ students.

Students told us they are able to access practice experience in a range of settings both related to their central responsibilities and much wider. The practice teacher and PLED provide information on a range of learning experiences, and how these link to achieving health visiting competences. Reflection on practice facilitates learning from the range of placements.

The final 10 weeks of the HV programme is a period of consolidation in the student's main placement setting, with clients that are central to the responsibilities for their specialist area of practice and for the achievement of NMC competencies and proficiencies. The programme meets NMC requirements for theory and practice hours.

The timetable provides the flexibility which would allow the student to be in practice when key events are taking place. However, the faculty may wish to state explicitly on the timetable documentation that regardless of this flexibility, students must complete the 10 weeks consolidation period in full.

Our findings conclude that programme learning strategies and learning opportunities in practice placements enable students to meet programme and NMC competencies and proficiencies.

#### Evidence / Reference Source

1. NMC Monitoring Report 2012
2. University of Cumbria annual self report, 2013
3. External examiner report: midwifery 2012/13
4. Student MyPad assessment document
5. Interviews with students, 22 - 23 January 2014
6. Interviews with mentors, and practice teachers, 22 -23 January 2014
7. Interviews with employers and lecturers, 22-23 January 2014
8. SCPHN HV BSc (Hons) / Graduate Diploma Full Timetable 2013-14
9. Midwifery Sept 2013 cohort placement allocations year one, Carlisle and Lancaster
10. Practice learning environment profile: University Hospitals Morecambe Bay NHS Trust, Royal Lancaster infirmary maternity services.

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Midwifery:

Midwifery practice is graded as part of the tripartite system and is generally well understood by both students and mentors.

Health visiting:

Assessment of practice is through the completion of the practice profile document which demonstrates the achievement of the NMC (2004) standards of proficiency. Students use Pebblepad, an online system, to create their practice portfolio.

A recommendation from the approval event 2013 is to explore the possibility of using Pebblepad as a learning tool in its wider context.

What we found at the event

Midwifery:

Midwife sign-off mentors facilitate students to achieve all NMC competencies and requirements. Mentors told us the revised assessment documentation has been improved and enables them to direct students' learning to achieve NMC competencies, essential skills clusters and EU requirements.

We found the tripartite approach to assessment of practice is important for the reliability of assessment judgements, as well as identifying any cause for concern and implementing action plans.

HoMs confirmed they are satisfied with the calibre of students completing the programme and would employ those who apply for midwife posts.

Health visiting:

HV students, practice teachers and mentors confirmed their understanding of the standards of proficiency, and the levels required at each stage of practice assessment.

We found the exploration of the possibility of using Pebblepad as a learning tool has resulted in the use of Webfolio as an online learning resource for practice teachers / mentors to access course documentation and recent government policies is still undergoing IT development.

The 2013 programme approval introduced safeguarding competencies for the students to demonstrate in practice which is well received by service managers and is an example of programme enhancement to protect the public.

Our findings conclude that students are confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors, practice teachers and employers confirm students are fit for practice and purpose at the end of the programme.

Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. University of Cumbria annual self report 2013</li> <li>2. External examiner report: midwifery 2012/13</li> <li>3. External examiner report: HV 2012/13</li> <li>4. Midwifery AER Report 2012/13</li> <li>5. HV AER Report 2012/13</li> <li>6. Student MyPad assessment document</li> <li>7. Interviews with students, 22- 23 January 2014</li> <li>8. Interviews with mentors, and practice teachers, 22- 23 January 2014</li> <li>9. Interviews with employers and lecturers, 22- 23 January 2014</li> </ol>
<b>Outcome: Standard met</b>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• There is evidence that the university is managing risk to ensure midwifery students experience a sufficient and broad range of practice learning opportunities to achieve all NMC competencies and requirements.</li> </ul>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• To review progress made in broadening the clinical experience for student midwives.</li> </ul>

Findings against key risks
<p><b>Key risk 5- Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>

Whilst the current evaluation and reporting system works well the university and practice placement partners have identified the need to enhance the process in light of the Francis report (2013) and Keogh (2013) reviews and to meet the greater expectations from commissioners and NMC. In addition, a review of the educational audit tool will require inclusion of more direct questions about the quality of care as well as the educational environment. These enhancements are planned to be developed during 2014.

#### What we found at the event

We found the university has comprehensive systems for student feedback and evaluation to enhance programme delivery. Faculty Quality committees are attended by representatives from practice placement providers and student cohorts to discuss any issues raised and report on actions taken. Student representatives from HV and midwifery programmes told us they are encouraged to attend and feed into the programme quality meetings where any specific issues can be voiced and responded to in a timely manner. Students reported the 2013 midwifery curriculum has been responsive to past student evaluations for improvement.

Students confirmed they are regularly consulted about the programme, both informally and through written evaluations and academic staff respond to their suggestions and concerns.

Our findings demonstrate there are effective quality assurance processes in place to manage risks, address areas for development and enhance programme delivery.

#### Evidence / Reference Source

1. University of Cumbria annual self report, 2013
2. NSS 2013 data
3. AEI requirements: Terms of reference of Quality Committee
4. Midwifery students practice placement evaluations:
  - Sept 2012 Intrapartum care placement evaluations (collated December 2013)
  - Sept 2013 First community placement evaluations (collated December 2013)
5. Interviews with students, 22- 23 January 2014
6. HV students practice placement evaluations, January 2013 cohort, six respondents.  
September 2012 cohort, 16 respondents

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

#### What we found before the event

As part of each practice placement induction students are informed of the importance of, and process for, raising and escalating concerns when on practice placements.

The safeguarding and escalating concerns guidelines document is viewed as good practice and being adopted by other AEIs via the LME network.

In response to the external examiner report (2012/13) mentor updates now give mentors opportunities to reflect on their own grading of students' practice through the use of anonymised practice assessment documents. All mentor updates have had very positive evaluations this academic year (Programme team response 2012/13).

#### What we found at the event

All students mentors/practice teachers and practice placement providers report being aware of how to raise concerns and complaints in practice settings.

We found that midwifery students' evaluations are responded to effectively. They are collated and fed back to practice placement managers and to PEFs. Some midwives in placement areas reported they do not always receive placement evaluations. However, it was confirmed that evaluations are used to construct scenarios for discussion during mentor updates and mentors confirmed this strategy assisted their learning and to enable them to support students.

In addition to university evaluations, PEFS in Blackpool Trust have set up a survey monkey tool to enable HV visitor students to provide feedback about practice placements. This is collated by the PEFs and the feedback disseminated to placement areas and the university.

External examiner reports are clear and detailed and confirm they have the opportunity to visit students and mentors/practice teachers in practice. Our findings confirm that programme leaders are responsive to external examiner comments. We were told that in response to external examiner comments about grading of midwifery practice mentor updates now give mentors opportunities to reflect on their own grading of students' practice through the use of anonymised practice assessment documents. This was reported by mentors and the programme team as very effective.

#### Evidence / Reference Source

1. Midwifery student practice placement evaluations:
  - i. Sept 2012 Intrapartum care placement evaluations (collated December 2013)
  - ii. Sept 2013 First community placement evaluations (collated December 2013)
2. Interviews with students, 22- 23 January 2014

- i. HV students practice placement evaluations, January 2013 cohort, six respondents.
- ii. Sept 2012 cohort, 16 respondents
3. Interviews with mentors, 22- 23 January 2014
4. Interviews with programme leaders and LME, 22- 23 January 2014
5. External examiner report: midwifery 2012/13
6. Programme team response to External examiner reports 2012/13
7. External examiner report: HV 2012/13

**Outcome: Standard met**

Comments: no further comments

Areas for future monitoring: none

Personnel supporting programme monitoring	
<b>Prior to monitoring event.</b>	
Date of initial visit on 17 December 2013	
<b>Meetings with:</b>	
Executive Dean, Faculty of Health & Science Professional Practice Manager Lead Midwife for Education / Senior Lecturer, Midwifery Head of Department: Lifelong & Inter-professional Learning / Strategic Lead for the SCPHN Programmes Programme Leader for SCPHN /Pathway Leader: Health Visiting	
<b>At monitoring event.</b>	
<b>Meetings with:</b>	
Executive Dean, Faculty of Health & Science Associate Dean, Faculty of Health & Science Admissions Manager Professional Practice Manager, Head of Department: Lifelong & Inter-professional Learning and Lead for SCPHN Programmes Lead Midwife for Education / Senior Lecturer, Midwifery Faculty Placement Manager Associate Head of Education & Commissioning, HENW (by telephone)	

Meetings with:

Mentors / sign-off mentors	17
Practice teachers	4

Service users / Carers	1
Practice Education Facilitator	5
Director / manager nursing	2
Director / manager midwifery	2
Education commissioners or equivalent	1
Designated Medical Practitioners	0
Other:	5 Consultant midwife Acting Practice development manager North West LSA MO (phone) Health visitor manager Midwifery service user

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
SCPHN HV	6
Nurse prescriber (V100)	6
Midwifery 3yr	Year 1: 15 Year 2: 9 Year 3: 14