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

NMC Nursing & Midwifery Council

2014-15
Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Staffordshire University
Programmes monitored	Registered Nurse - Mental Health; Registered Midwife - 18 & 36M
Date of monitoring event	04-05 Mar 2015
Managing Reviewer	Peter Thompson
Lay Reviewer	Carol Rowe
Registrant Reviewer(s)	Angela Poat, Niall McLaughlin
Placement partner visits undertaken during the review	Princess Royal Hospital, Telford Delivery Suite; Neonatal unit: Ante Natal ward; Post natal ward: Wrekin MLU. Royal Stoke University Hospital Postnatal Wards 205 and 206; Delivery Suite Neonatal Intensive Care Unit Telford and Wrekin Memory Service in Dawley Telford; Assertive Outreach team in Wellington Telford; Crisis Resolution and Home Treatment team at Redwoods Shrewsbury; Combat Stress in Newport Shropshire; Stafford Community: Mental Health team at St Georges Stafford; Norbury House at St Georges Stafford; Chebsey House at St Georges Stafford; Radford House at St Georges Stafford; Baswich at St Georges Stafford
Date of Report	18 Mar 2015

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. 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 Quality assurance (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 monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. 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

	Key Risk				
Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience /qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes 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 Staffordshire University's programmes

The School of nursing and midwifery is one of three schools within the Faculty of health sciences at Staffordshire University. It operates from two campuses: BlackHealth Lane, Stafford and onsite at the Royal Shrewsbury Hospital site.

This monitoring review focuses on pre-registration nursing (mental health) and pre-registration midwifery (both the 18 month and three year programmes). Pre-registration nursing (mental health) was approved in 2012 and is one of three fields of nursing (the others being adult and child). The theory for pre-registration nursing (mental health, adult and child) is delivered on both the Stafford and Shrewsbury sites, with equal distribution of students. There are two intakes a year in March and September. Intakes are allocated to each site, with each site having two intakes every alternate year. Refurbishment plans at the Blackheath Lane and Shrewsbury sites are due to commence in 2015 and in view of this the school will review the location of intakes to ensure minimum disruption to the students.

The 18 month and three year pre-registration midwifery programmes were approved in 2013. The theoretical component is delivered at the Stafford campus; a strong e-learning component avoids unnecessary travel for students within what is a rural catchment area.

Major service reconfigurations in Heath Education West Midlands' catchment area are creating challenges for the School, in terms of having to develop new partnerships with other AEIs and service providers. To ensure continued access to appropriate quality placements for the students. This work is ongoing and was considered as part of the review agenda.

There were no CQC adverse reports that related to placements used to support pre-registration nursing (mental health) and pre-registration midwifery. Adverse reports relating to Shrewsbury and Telford NHS Trust did not relate to midwifery services.

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

Summary of public protection context and findings

We found that all teaching staff either have an NMC recorded teaching qualification or are currently studying towards this. Our findings indicate that the school has adequate appropriately qualified and experienced academic staff to deliver the pre-registration nursing (mental health) programme and the pre-registration midwifery programmes to meet the NMC standards. This ensures both protection of the students as well as protection of the public.

We found that there are sufficient appropriately qualified mentors/sign-off mentors with due regard available to support the number of students in practice placements. All nursing students are clearly allocated to a mentor or sign-off mentor throughout the period of their programme. There is a clear understanding held by sign-off mentors about assessing and signing off competence to ensure students are fit for practice to protect the public.

We found that the admission processes fail to comply in full with NMC standards and requirements. The requirement that all individuals involved in the selection processes have received equality and diversity training is not met. Academic staff and practitioners undertake this training but service users and carers do not receive any formal preparation for their participation as members of the selection panel and, in particular equality, diversity training is not provided. This fails to ensure that the public is protected.

11 September 2015 - a review of the evidence against the action plan under the risk area admissions and progression confirmed that all service users and carers involved in the selection and recruitment process have completed equality and diversity training.

The university has a policy in place to manage students who are under 18 years old at commencement and work with placement providers to formulate support mechanisms for practice learning as and when such students are recruited.

Literacy and numeracy are checked through the selection process. There are robust processes in place for the management of occupational health clearance and disclosure and barring service (DBS) checks before a student can proceed to placement. All candidates have a face-to-face interview conducted by academics, practitioners and service users and a strong values-based approach to selection is used in all pre-registration nursing (mental health) and midwifery programmes.

There is a robust fitness to practise (FtP) procedure that addresses and manages concerns about students' behaviour for public protection. Our findings indicate that the school has effective policies and procedures in place to address students' poor performance in both theory and practice. The rigour of the process ensures public protection.

We determine that practice placement providers are confident in managing students' poor performance in practice. Students, mentors/sign-off mentors and clinical placement facilitators confirmed their understanding of procedures in addressing issues of poor performance in practice. Clear guidance on the expectations of students' behaviour and performance is detailed in the student handbook and practice skills book. These measures are taken for the protection of the public.

We found that the systems for the accreditation of prior learning (APL) and achievements are sound and well-managed. The system of mapping prior learning against the learning outcomes for both theory and practice is clearly defined.

Employers support all mentors in the successful completion of the NMC approved mentorship module offered by the university. Students are very positive about their experience of working with their mentors and sign-off mentors. The mentor databases verified that there are sufficient sign-off mentors to assess and sign-off competence to ensure students are fit for practice to protect the public.

We found that the learning, teaching and assessment strategies enable students to successfully meet NMC learning outcomes and competencies. Students reported positive learning experiences from stimulating learning and teaching strategies. Employers expressed confidence in employing students who had successfully completed the programme as they considered them to be fit for practice and purpose.

We found that the practice placements enable students to achieve NMC practice

learning outcomes and competencies at progression points and meet the NMC standards for entry to the register. Mentors and sign-off mentors check and confirm students' successful completion of practice assessment at each progression point and in midwifery each student has a designated supervisor of midwives. The European directive requirements are identified in the practice skills book. These robust procedures are undertaken in order to protect the public.

We conclude that the university fails to ensure that effective quality assurance systems are in place to provide assurance against the NMC standards. There was no evidence that external examiners engage in all aspects of programme implementation, in that they do not continually examine students' achievement in practice. Partnership working ensures that all placement areas are risk assessed following adverse CQC reporting and, where necessary, students have been removed from areas where their learning could be affected. The school and university's quality assurance processes have not recognised this and have failed to address this in order to put measures in place to ensure that students are prepared for entry onto the register and are fit to practise for public protection.

11 September 2015 - a review of the evidence against the action plan confirmed a revised contract for external examiners explicitly specifies their responsibilities for engaging in all aspects of programme delivery and that they are continually involved in the scrutiny of the processes for assessing achievement in practice. A revision in quality assurance policies and procedures ensures that the findings of external examiners are reported at operational and strategic levels within the university and with practice placement partners.

Summary of areas that require improvement

A review of the evidence on 11 September 2015 confirmed that systems and processes are now in place to address the issues identified below:

Formal training, including equality and diversity for service user and carer involvement in the selection of students onto all NMC approved programmes.

Policies and procedures, including the reporting methodologies, required to ensure that external examiners are engaged in all practice learning and the assessment of judgements made about a student's achievement of proficiencies and competences in practice.

Summary of areas for future monitoring

Review staff resources available to deliver the midwifery programmes.

Monitor the equality and diversity training provided for service users and carers prior to engagement with selection processes for NMC approved programmes.

Monitor the new system for information management (SITS) to ensure that data integrity is assured.

Monitor the implementation of online evaluation processes and the effectiveness of methods to disseminate students' evaluation to practice partners.

Review the external examiner engagement with students and mentors in all aspects of practice learning for NMC approved programmes.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found that the programme teams are highly enthusiastic and knowledgeable, and have close working partnerships with practice placement providers. We found effective systems are in place to support both nursing and midwifery students in relation to theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

We were informed of the challenges of staffing levels in the midwifery team over the past year as a result of sickness, but that action taken to address staff resource met with faculty requirements. There is currently a temporary lecturer in post and recruitment to a 0.8 whole time equivalent (WTE) post is in progress to re-establish staffing levels. The academic team is confident that they are able to support the number of students effectively.

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

We found that mentors and sign-off mentors are well prepared for their roles and that there is excellent provision of locally based annual mentor updating occurring on a monthly basis.

Clinical placement facilitators (CPFs) are highly visible in placement settings offering support and clinical education. Students, mentors and service managers value their role.

High numbers of local applicants are recruited to the programme and on successful completion are employed in the local trusts. Managers and employers experience very sound partnership arrangements with the university and the academic staff benefit from

having close contact with experienced practitioners and educators.

The commissioner confirmed that Staffordshire University can be relied upon to respond to concerns and escalations from practice placements and continually demonstrates that it produces high quality nurses and midwives who are fit for practice and are employable.

Students

We found that students at all levels within the programmes are positive and complimentary about the quality of their programmes, the level of support provided in practice areas and the provision of pastoral care.

Third year midwifery students confirmed they are well prepared for, and confident in their future roles as registered midwives.

Nursing (mental health) students are enjoying their programme and report that it is offering a range of high quality learning opportunities that help them to demonstrate competency. They feel supported in practice and in university and that the theoretical skills components of their learning in university is compatible with their practice experience. Concerns and feedback are responded to and additional support needs to be put in place.

Service users and carers

We found evidence of service user and carer involvement in all areas of the programme. Service users and carers informed us of their contributions to recruitment and selection through attendance at initial interview, active involvement in classroom teaching and learning and participation in programme boards. We saw service user feedback in thank you letters and examples of completed evaluations of follow-through care were evidenced in assessment of practice documentation.

Relevant issues from external quality assurance reports

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

The following reports require action(s):

CQC inspection Shrewsbury and Telford NHS Trust, January 2015 following an inspection visit in October 2014. (3)

A comprehensive inspection was held in October 2014, because the trust had been flagged as a potential risk on CQC's intelligent monitoring system. Inspections were made to the Royal Shrewsbury Hospital and to the Princess Royal Hospital. The inspection identified areas that required improvements within urgent and emergency services, medical care, surgical care, critical care, and end of life care. Following the inspection the hospital was issued with five compliance actions relating to staffing levels, incident reporting, access to mandatory training, review of care pathways in surgery to reflect good practice guidelines, and maintenance of the mortuary area. In addition, nine areas were identified for attention and these related to safeguarding within accident and emergency; review of visiting arrangements within labour wards;

improved dashboard reporting; sustainability and budgetary support and end of life care; review of staffing and management structures within healthcare; review of the strategy for end of life care; review of seven day working within pharmacy and therapy departments; medicines management within surgical departments and a recommendation to implement the butterfly scheme for dementia care within medicine. (179)

The school managers confirmed that this hospital provides placement opportunities for pre-registration adult nursing students. They are, at the time of the initial visit, in contact with the trust managers to carry out a full risk-assessment and following their policies relating to raised concerns. It is their intention to escalate this report to the NMC. It was confirmed that mental health nursing students do not have placement provision at this trust. (71)

This trust provides placements for pre-registration midwifery students; however the CQC report confirmed that there had been no concerns relating to midwifery services.

At the time of the monitoring visit the school provided an update on their response to this CQC inspection (177):

Placements at Shrewsbury and Telford NHS Trust - CQC 15 January report and management of issues arising.

Staffordshire University was made aware of the announced CQC visit that occurred 16 October 2014 and the follow up unannounced visit on 27 October 2014 prior to the publication date of the report, through information shared by the director of nursing. The university was given assurances that while there were areas of concern actions were being carried out to rectify these.

Following publication of the CQC report on 21 January 2015 an educational audit of the whole trust was undertaken during the week of the 9-13 February 2015. Findings indicated that the trust did have appropriate controls in place and that the standards of student learning experiences were not significantly compromised. Placement areas where deficits were found have associated action plans in place in line with the school policies. These will be followed up and signed off at the six month review.

The trust have shared their CQC action plan with the university, however this is under embargo until 26 February 2015 and thus cannot be uploaded to the NMC portal at the time of reporting.

Regular placement learning support group meetings (bi-monthly) will continue to monitor placement learning. The trust and educational review meetings will update on progress towards achieving both educational audit and CQC action plans by the trusts.

Other CQC compliance reports relevant to placement areas used by Staffordshire University for adult nursing and midwifery programmes were considered but did not require further discussion as part of this review.

The school reported that pre-registration students from across the three fields have raised four serious issues regarding standards of patient care delivered while on placement in 2013-2014, these incidents have occurred in four separate placement providers. In each case the trust/area had acted appropriately by suspending clinical staff and referring the incidents to the safeguarding team and informing the NMC.

Students were supported during the investigatory process, the numbers of students were reduced in the placement areas effected and one placement area was withdrawn. In these areas investigations and action plans were completed by the organisation. All issues raised were discussed and reviewed by the senior trust managers and at academic staff meetings and education review meetings. No pattern or systemic issues were identified by the review. At education review meetings CQC activity applicable to stakeholders was discussed and the responses, with action plans and outcomes relating to identified impact on students' learning were also discussed. (1, 2)

Evidence / Reference Source

1. Staffordshire University self-assessment report, 2013-2014

2. Staffordshire University self-assessment report, 2014-2015

3. CQC inspection Shrewsbury and Telford NHS Trust, January 2015 following an inspection visit in October 2014.

71. Initial visit, managing reviewer (MR), 10 February 2014

177. Update from head of school, 20 February 2015

179. CQC: Princess Royal Hospital NHS Trust, quality report, 20 January 2015

Follow up on recommendations from approval events within the last year

There was no approval activity to report within the last year. (2)

However, approval events relating to pre-registration nursing (mental health), February 2013, and the pre-registration midwifery programme, April 2013, identified conditions that had been met but recommendations made at each respective approval event were not included in the reporting. It was confirmed that recommendations had not been formally reported to the NMC at the time of the initial visit (1, 2, 4, 5, 71).

The NMC report for the approval of pre-registration nursing (mental health), February 2013, made recommendations relating to improvements in guidance for students' assessments, an increase in study skills texts, a review of the strategy for inter-professional education and a review of the time periods between first and second practice assessment attempts. (4)

The NMC report for the approval of the registered midwife (three year programme), April 2013, made recommendations relating to providing students placement within more than one setting; facilitation of annual meetings with mentors and clinical midwifery staff to focus on staff development and sharing of good practice; to develop a more user-friendly training plan; to include more tutor input into assessment and feedback within the e-learning components of the programme; and to implement service user evaluation of follow-through care pro-forma and availability in different languages. (5)

The school provided a full report on the recommendations and confirmed that all have been addressed. (84, 85)

Evidence / Reference Source

1. Staffordshire University self-assessment report, 2013-2014

2. Staffordshire University self-assessment report, 2014-2015

4. The NMC approval report, pre-registration nursing, mental health, February 2013

5. The NMC approval report registered midwife (36 month and three year programmes), April 2013

71. Initial visit, managing reviewer, 10 February 2015

84. Response to recommendations stated in NMC approval report, pre-registration nursing (mental health), February 2013

85. Responses to recommendations stated in the NMC approval report registered midwife (36 month and three year programmes), April 2013

Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self-report are complete. (2)

Specific issues followed up include:

Academic Staffing

Academic staffing levels to reflect the number of students enrolled in the programme. The school has worked with the university to ensure that additional roles and responsibilities that NMC staff have in order to meet the NMC standards for programme delivery are understood and factored into the staffing establishment. The faculty has reported that adequate staffing levels have been maintained and intends to augment the existing academic staffing by use of lecturers, clinicians, and service users and carers in order to enhance students' learning experience. The school continues to monitor the staffing resources and has identified this as a key issue for ongoing monitoring. (see section 1.1.1) (2, 73)

Refurbishment of the campus at Shrewsbury and Blackheath Lane

Students and staff have been involved in the consultation period, have actively engaged in the development of ideas for the refurbished campus, and have been involved in the planning committee for the project. Refurbishment of the school building at the Royal Shrewsbury Hospital site was due to be completed by August 2014 and finances are agreed but ongoing lease issues with the NHS have prevented this from being achieved. The revised plan is for the refurbishment to be carried out by the autumn of 2015. Work at the Blackheath Lane university campus is going ahead as planned. (72, 178)

Placement Capacity

Re-organisation of a local NHS trust (Mid-Staffordshire Hospital) and the availability of suitable placements for pre-registration nursing (adult) and midwifery students is a current challenge. The school is maintaining open lines of communication with the new trust and with all partner trusts in order to ensure that it is kept informed about intelligence relating to developments in placement capacity. In addition it is liaising with

new partner organisations to establish new placement circuits.

Upgrading of student record and placement systems

This is monitored closely to ensure that information necessary to comply with NMC standards is recorded and is available as and when required. There are appropriate back up systems in place to manage the data and maintain its integrity. (72)

Evidence / Reference Source
2. Staffordshire University self-assessment report, 2014-2015 *72. School introduction and presentation, 4 March 2015* *73. Meeting with the Dean, 4 March 2015* *178. Architectural plans for refurbishment, 2014*

Findings against key risks
Key risk 1 – Resources **1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC** **1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes**
Risk indicator 1.1.1 - Registrant teachers have experience / qualifications commensurate with role.
What we found before the event
There are 50 members of staff, 48 of whom are NMC registrants with 90 per cent of staff having NMC qualified teacher status. Staff have experience and qualifications commensurate with their role. (21-26)
What we found at the event
We confirmed that registrant teachers have experience and qualifications that are commensurate with their role. (21-26, 80 86-88,116, 180) The academic staff employment policy requires that all new appointments to the nursing and midwifery teams must be registered with the NMC, and have a recorded teaching qualification or undertake an educational programme leading to a NMC recordable

teaching qualification. A member of the administration team checks academic staff NMC registration to ensure current registration is maintained. Staff resources are confirmed annually with commissioners and form part of the performance quality assurance framework (PQAF) annual review. (21, 25, 26, 78, 80, 86, 87, 180)

We were able to confirm that the university's workload allocation system provides clear guidance to staff about workload, which defines time for teaching, practice-related work and scholarly activity. Academic staff research activity is demonstrated through a range of publications and conference presentations. The academic teams are small in numbers but are supported by staff from practice placements which serves to enhance the delivery of programmes. (22, 25, 72, 80, 86, 89, 180)

Nursing (mental health)

We confirmed that the programme lead for pre-registration nursing (mental health) has due regard and is registered with the NMC for stage four standards to support learning and assessment in practice settings (SLAiP) NMC standards. (88, 116, 185)

We found that within the mental health team 80 per cent hold academic qualifications at master level; 20 per cent are currently registered for PhD studies and 80 per cent have completed NMC stage four SLAiP standards that are recorded with the NMC. (86, 88)

Midwifery

We were able to confirm that the lead midwife for education (LME) is supported by the university to fulfil the role and responsibilities required by the NMC. (135)

We found that within the midwifery team 83 per cent hold academic qualifications at master's level; and 83 per cent have completed NMC stage four SLAiP standards that are recorded with the NMC. (86, 88)

We were informed that the school had been particularly challenged by significant sickness and absence within the midwifery academic team during 2013-2014. The school managers supported the midwifery team with a range of measures that included; increasing administrative support, involving practitioners as appropriate in university teaching and commissioning external markers with commensurate experience and subject expertise to carry out first stage marking with the proviso that all marking was subject to internal moderation. (80, 89, 135, 138, 180)

The external markers were not members of module delivery teams but the decision to utilise them was decided as part of emergency contingency arrangements. In response to this situation, which was managed without detriment to the students' learning experience, the management team has developed a clear action plan. This sets out clear contingencies to ensure that the midwifery academic team have additional resources to enable; opportunities to further enhance service user and practitioner involvement in the programmes, effective administrative support and involvement of staff from other healthcare professionals to augment existing inter-professional learning. Issues with midwifery staffing are now resolved. (24, 80, 86, 89, 138, 139, 180)

We conclude from our findings that the university has adequate appropriately qualified and experienced teaching staff to deliver pre-registration nursing (mental health) and midwifery programmes to meet the NMC standards.

Evidence / Reference Source

21. Faculty of health science (FOHS) staff NMC field of practice and expiry date, 2014

22. Nursing and midwifery qualifications and conferences, August 2014 – October 2014

23. Policy for research sabbatical leave, 2014

24. School of nursing and midwifery structure as of 31 October 2014

25. Staff development strategy, 2014-2015

26. Training for approved qualifications policy, undated

72. School staff introduction and presentation 4 March 2015

78. MR meeting with commissioner, Health Education West Midlands, 4 March 2015

80. Reviewer's meeting with programme leader mental health and midwifery, 4 March 2015

86. Associate Dean's staffing update, 4 March 2015

87. Staffordshire University education for commissioning (education provider self-assessment) report, 2014-2015

88. Staff CVs (mental health and midwifery), 2014-2015

89. Midwifery contingency plan – evidence of support and meetings for midwifery team and action plan, undated

116. Reviewer meeting with mental health field team, 4 March 2015

135. Reviewer meeting with LME, 5 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

180. MR meeting with senior academic staff - resources meeting, 4 March 2015

185. MR online checks with NMC register 4 March 2015

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

Availability of appropriate mentors and sign-off mentors is checked at placement partner meetings and during educational review meetings. Mentor qualifications and evidence of updating is captured on the educational audit and stored on the mentor database. (28, 47, 57, 58)

Minutes of education review committee confirm that mentor registers are accurate and that there are adequate numbers of mentors to meet the requirements of the programmes. (57, 58)

What we found at the event

We found that there are sufficient mentors and sign-off mentors available to support pre-registration nursing (mental health) and midwifery students with a 1:1 ratio being maintained. All students (nursing and midwifery) confirmed they are aware of their allocated mentors in advance of the placement and work a minimum of 40 per cent of the time with them. (87, 119-125, 138-141)

Off duty schedules reflect that all students (nursing and midwifery) are supernumery. (124, 125, 147)

A strong team approach to mentorship is evident through allocation of an associate mentor for cover when the named mentor is unavailable. Students appreciate the experience of working with other mentors in the units. A supportive learning environment was identified with mentors being readily accessible and providing good and effective support during practice placements. (119-125, 135, 138-141, 144, 145)

Students are only allocated to mentors/sign-off mentors who are shown to be 'live' on the mentor database. (121, 122, 124, 146, 147)

We saw on-going achievement records documenting the hours of completed practice (126, 127, 148)

Nursing (mental health)

Accommodating other learners in practice placements e.g. occupational therapy and social work students is pre-planned and in accordance with capacity. (81,117, 118)

Midwifery

Student midwives confirmed that they have a named supervisor of midwives (SoM) during practice placements and are aware of how to contact them. (138, 139, 142, 143)

We conclude from our findings that there are sufficient appropriately qualified sign-off mentors available to support the number of commissioned students. All sign-off mentors act with due regard.

Evidence / Reference Source

28. Educational review meetings - standard agenda, undated

47. Educational audit tool v7, 2014

57. Minutes of the education review meeting, 29 October, 2013

58. Minutes of the education review meeting, 14 October, 2014

81. MR meeting with practice placement leads for mental health (MH), 5 March 2015

87. Staffordshire University evaluation of school quality (ESQ) report, 2014-2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

121. Live MH mentor database viewed on 4 March 2015 at South Shropshire

122. Live MH mentor database viewed on 5 March 2015 at St Georges Stafford

124. MH nursing duty rotas, 4 March 2015

125. MH nursing duty rotas, 5 March 2015

126. On-going achievement record mental health viewed, 4 March 2015

127. On-going achievement record mental health viewed, 5 March 2015

135. Reviewer meeting with LME, 5 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with midwifery sign-off mentors, 4 March 2015

142. Meeting with midwifery managers, 4 March.2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and clinical placement facilitator (CPF), 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

146. Mentor databases midwifery, 4 March 2015

147. Off duty schedules midwifery, 4 March 2015

148. On-going achievement record midwifery viewed, 4 March 2015

Outcome: Standard met

Comments:

Key risks are controlled in these areas.

Contingency plans are in place to ensure that staff sickness and absence does not impact adversely upon the midwifery students' learning experiences.

Areas for future monitoring:

- Monitor staff resources available to deliver midwifery programmes.

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Once students are shortlisted from the universities and colleges admissions service (UCAS) application system they are invited to attend the selection process at the university. This selection process includes face-to-face activities and an individual interview with a panel consisting of a mixture of academic staff, service users and carers and clinical staff. Service users and carers are involved at every stage in the selection process. They are part of the interview and selection group where policy and process is reviewed and developed. (2)

Third year students are actively involved in the recruitment and selection processes of future student midwives. Nursing and midwifery teams have reviewed the selection process and operate from a values based recruitment process. (29, 32)

The Faculty of health sciences has developed a new service user and carer (SUC) strategy. (2, 32-35, 183)

There is a clear policy for recruiting and supporting students under the age of 18. There is a disability policy in place that allows for students with a disability to be accommodated (16, 38, 40)

Raising and escalating concerns policy and processes are in place. In addition Staffordshire University is required to report any serious incident to Health Education West Midlands (HEWM). (10, 70)

In the academic year 2013-2014 all staff completed online training to update on the issues of equality and diversity. The induction programme for all new academic staff includes equality and diversity training. (16, 17)

What we found at the event

All students confirmed that face-to-face interviews are conducted which include group activities. An academic, service user and practitioner constitute the selection panel. Students commented favourably that whilst academic achievement is explored at interview this is balanced by the values based interview approach exploring the necessary personal attributes to work appropriately with service users. (2, 29, 75, 76, 117,118, 119, 120, 138, 139)

Processes for numeracy, literacy, enhanced DBS checks and occupational health screening are evident in recruitment and selection processes. (29, 75, 78, 80, 115)

All students confirmed that they sign an annual self-declaration of good health and character which ensures the university's responsibility for public protection and meets the NMC requirements. (115, 117, 118, 119, 120,138, 139)

Practitioners confirmed that they are invited to participate in interviews and are supported by their employers to attend. Academic staff, practitioners and student midwives informed us they had completed equality and diversity training prior to participation in the recruitment of students. Equality and diversity training is part of the university induction process and a mandatory training requirement for practitioners. (16,

Service users and carers reported that they had not received formal training in recruitment and selection, specifically equality and diversity training prior to interviewing candidates for pre-registration nursing (mental health) and midwifery programmes. They had also not received a copy of Staffordshire University's equality, diversity and inclusion policy although the SUC contract suggests that they may wish to request a copy. (32, 33, 70, 76, 79, 52, 131)

Midwifery

We found that the midwifery team had devised a screening tool for shortlisting within which seeks out 'buzz word' within candidates' personal statements. The midwifery team report that they find this a useful additional tool in shortlisting so many candidates for so few placements and it adds consistency to the shortlisting process. (80)

Student midwives also reported positively on their involvement in the 2015 selection process, through observation and feedback of group activities and participation in final selection. (138, 139)

Our findings lead us to conclude that admissions procedures are not robust and are not effectively implemented to ensure students entering the nursing (mental health) and midwifery programmes meet NMC standards and requirements which is fundamental to protection of the public. Equality and diversity training needs to be provided for service users and carers involved in the admission process for nursing and midwifery programmes.

Evidence / Reference Source

2. Staffordshire University self-assessment report, 2014-2015

10. PL804 HEI patient safety concern report form, 2013

16. Equality, diversity and inclusion policy, 2013

17. Staff induction: equality and diversity highlighted, 2014

29. http://www.staffs.ac.uk/assets/admissions_policy_tcm44-18835.pdf

32. Service user and carer strategy and implementation plan, undated

33. SUC Strategy, August 2014 (final version)

34. Service user and carer payment policy, August 2014

35. Service user and carer code of conduct, August 2014

38. Under 18 student admissions policy, 2014

40. Completion form for checking that all requirements have been met for academic and professional award, undated

70. Raising and escalating concerns policy and processes, 2013 guidelines

75. MR meeting with admissions, APL and progression, 4 March 2015

76. Managing reviewer meeting with service users and carers, 4 March 2015

78. MR meeting with commissioner HEWM, 4 March 2015

79. MR meeting with employers, 5 March 2015

80. Meetings with programme leads, 5 March 2014

115. Selection of students' progression files, undated

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

131. MH reviewer meeting with service user, 5 March, 2015

135. Reviewer meeting with LME, 5 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with midwifery sign-off mentors, 4 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

152. Midwifery reviewers meeting with service user, 4 March 2015

183. Clinician - SUC involvement payments academic year (2013-2014)

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

What we found before the event

There are clear policies and procedures in place within academic regulations for the management of assessment of theory and practice, for example no compensation criteria for assessment. The school uses a system of double checking, with the award lead taking responsibility for making final checks to ensure that all requirements have been met before granting the academic award, and notifying the NMC regarding eligibility for registration (39, 40).

A new policy for fitness to practise (FtP) was introduced with associated staff training during 2013-14. Students are required to sign and adhere to a clear contract that defines acceptable professional conduct in theory and in practice situations. (2, 8, 36, 37)

We can confirm that in the 2013-2014 academic year 34 students from across all professional healthcare programmes were referred to the suitability panels as a result of disclosures/issues raised to the university. Academic and senior clinicians who represented partner trusts and organisations investigated all of the issues raised. The decisions taken by the panel were informed by a risk-based approach. Of those referred, 33 were allowed to continue with their application or remain on the course and one student withdrew their application. The suitability panel met on 14 occasions to

consider cases relating to all professions within the faculty of which seven related to nursing. (2)

What we found at the event

We found that students, practitioners and academics are aware of the procedures in place to address issues of poor performance in both theory and practice. (78, 80, 117-120, 138-145)

We confirmed that programme handbooks provide clear details of the requirements for students to progress at the three stages, including completion. Personal tutors support students with this. Students are allowed two attempts at each of the module assessments and can, if they demonstrate extenuating circumstances or are successful in appeal, secure a third attempt. All modules are core, with no compensation, and the 12-week rule is exercised when deciding on students' progression. Students' achievement is monitored closely through personal tutor meetings. Programme leads oversee progression and achievements are confirmed at each progression point by a progression board. (11, 30, 31, 39, 75, 80, 94, 115)

Students are aware that there is a reassessment policy should they fail an assessed component and that removal from the programme can occur should they fail to meet programme requirements. (11, 117, 118, 138, 139)

We found that there is a robust FtP procedure that addresses and manages issues of concern about students' behaviour. The FtP panel is chaired by the associate dean for learning and teaching and the panel membership includes an external head of school as well as practice and academic staff. (2, 8, 75, 79, 135)

Mentors work closely with CPFs and personal academic tutors if they identify a cause for concern and need to address issues of poor performance in practice. Mentors effectively use the mid-point interview within the practice assessment process to provide feedback to students on their performance and facilitate their formative development. (81, 117-120, 138-145)

Students are aware of expectations about their behaviour and the sanctions which can be applied. A signed contract of professional behaviour was observed in a student's portfolio. (36, 115, 127)

Evidence of students' interruptions as a result of academic referral gives confidence that progression of students is closely monitored. (75, 80, 92, 163, 164)

We conclude from our findings that the university has effective policies and procedures in place for the management of poor performance in theory and practice. We are confident that concerns are investigated and dealt with appropriately ensuring protection of the public.

Evidence / Reference Source

2. Staffordshire University self-assessment report, 2014-2015

8. Fitness to practise procedure, 2014-2015

11. Practice learning handbook, 2013 curriculum, academic year, 2014-2015

30. Programme specifications pre-registration nursing (MH), 2012 curriculum

31. Programme specifications pre-registration midwifery (18 month and three year), undated

36. Contract of professional behaviour, 2014-2015

37. FtP training session presentation, undated

39. http://www.staffs.ac.uk/assets/academic_award_regs_1-3_tcm44-50984.pdf

40. Completion form for checking that all requirements have been met for academic and professional award, undated

75. MR meeting with admissions, APL and progression, 4 March 2015

78. MR meeting with commissioner HEWM, 4 March 2015

79. MR meeting with employers, 5 March 2015

80. Meetings with programme leads, 5 March 2014

81. MR meeting with practice support lead and lecturers, 5 March 2015

92. Attrition figures, 2013-2014 (MH and midwifery)

94. MH and midwifery programme handbooks, 2014-2015

115. Student progression files, undated

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

127. On-going achievement record mental health viewed, 5 March 2015

135. Reviewer meeting with LME, 5 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with Midwifery managers 4 March.2015

143. Meeting with Midwifery managers 5 March 2015

144. Meeting with clinical placement lead and CPFs, 4 March 2015

145. Meeting with clinical placement lead and CPFs, 5 March 2015

163. Annual monitoring review pre-registration nursing, 2013-2014

164. Annual monitoring review pre-registration midwifery, 2013-2014

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

We were informed that there are processes for managing failing students in practice, which involve both mentor and personal tutor. If necessary, the formal fitness to practise process can be initiated. (8,36, 55)

Student information systems are used to record learning achievement and hours completed for award and eligibility to register. (55)

What we found at the event

We confirmed that clear processes for managing failing students are in place in pre-registration midwifery and nursing (mental health) practice placements. Students have clear guidelines provided within placement handbooks, which make these processes clear. (78, 79, 163-166)

Students are encouraged to contact their personal tutor for pastoral support and advice if there are personal matters contributing to their poor performance. (75, 80, 117-120, 138, 139)

Mentors and CPFs provided examples to illustrate how the process is implemented. They expressed confidence that issues are thoroughly addressed and remedial action instigated and monitored to the conclusion of the event. (19, 120, 140-145)

Nursing (mental health)

Employers, mentors and sign-off mentors confirmed that they follow procedures to address issues of poor performance by students. (79, 117, 118)

A tripartite approach in dealing with areas of practice concern is implemented at an early stage and a suitable action plan is formulated. The CPF plays a key role in supporting both mentors and students. (56, 75, 116, 119, 120)

Midwifery

The SoM is seen to be valuable when dealing with failing midwifery students as they can provide added student support. (81, 135, 140-145)

We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate processes to address issues of students' poor performance in practice. Whilst the process is supportive it also ensures that students are competent and fit to practise in accordance with both the university and the NMC.

Evidence / Reference Source

2. Staffordshire University self-assessment report, 2014-2015

8. Fitness to practise procedure, 2014-2015

36. Contract of professional behaviour 2014-2015

55. AEI requirements, section 2.5, 2015

75. Meeting to discuss progression, 4 March 2015

78. MR meeting with educational commissioner HEWM, 4 March 2015

79. Managing reviewer meeting with employers, 5 March 2015

80. Meetings with programme teams, 4 March 2014

81. MR meeting with practice support lead and lecturers, 5 March 2015

116. Reviewer meeting with mental health field team, 4 March 2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

135. Reviewer meeting with LME, 5 March, 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery 5 March 2015

142. Meeting with Midwifery managers 4 March.2015

143. Meeting with Midwifery managers 5 March 2015

144. Meeting with clinical practice lead and CPFs, 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

163. Annual monitoring review: pre-registration nursing, 2013-2014

164. Annual monitoring review pre-registration midwifery, 2013-2014

165. Placement handbook (2012 curriculum), academic year 2014-2015

166. Service user evaluations of midwifery students follow through care, 2015

Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

A robust system for the APL and achievement is in place and requires that claims be supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency. A variety of students use the process to claim appropriate academic and practice-based credit. (2, 42)

APL is not permitted within the three year midwifery programme. Advanced standing recognises the pre-registration nursing qualification for entry to the 18 month programme. (2)

What we found at the event

We found that the school has clear procedures for the management of APL applications, verification of credit claims and quality assurance systems in place and that APL limits are not exceeded. A policy on the APL is in place and the systems of mapping against the learning outcomes of theory and practice are clearly defined. APL claims are considered by an independent APL panel which maintains the rigour of the system and upholds university and NMC standards. (2, 42)

Examples of APL claims confirm that APL of up to 50 per cent is provided and claims show clear evidence trails provided by students which involve transcripts and reflections in pursuance of claims of prior theoretical and practice hours.

There is a clear breakdown of the skills and knowledge base that the foundation degree student has achieved and these are mapped against the learning outcomes of theory and practice within the BSc nursing programme. Clear mapping of theory and skills is conducted and this includes reconciliation with hours left to undertake. All agreed APL claims are approved at the appropriate assessment boards. (75, 99-101)

We conclude that the systems for the accreditation of prior learning and achievement are sound and well-managed.

Evidence / Reference Source

2. Staffordshire University self-assessment report, 2014-2015

42. http://www.staffs.ac.uk/assets/apel_policy_tcm44-26828.pdf

75. Meeting with admissions, APL and progression, 4 March 2015

99. APL claims (n=2), 2014

100. Assessment of board minutes (ratifying APL credits awarded), September 2014

101. APL minutes, September 2014

Outcome: Standard not met

Comments:

2.1.1

Formal training, including equality and diversity is not provided for service user and carer involvement in the selection of students onto all NMC approved programmes.

11 September 2015: Follow Up Documentary Evidence from Staffordshire University. Standard now met

Updated 11 September 2015

Staffordshire University identified and implemented an action plan to ensure that

systems and processes are in place to ensure the pre-registration nursing (mental health) and pre-registration midwifery programmes meet NMC standards to protect the public.

A review of the evidence against the action plan on the 11 September 2015 confirmed that the following actions have all been met:

Staffordshire University database of service users and carers and details of membership of selection panels demonstrates that all participants have undertaken E&D training within the last 12 months. New service users and carers are recruited and appointed on condition that they have completed E & D training. The training consists of an information booklet which is augmented by well formulated selection scenarios and opportunities to raise concerns or identify training needs in relation to selection and recruitment with the designated newly appointed service user and carer involvement officer.

The service user and carer involvement officer will monitor all activities of service users and carers which will be reported via an annual report completed by the Academic Quality manager. This report will be tabled at the Faculty Management Team/ Learning Teaching and Assessment Committee and Quality Assurance Committee.

2.1.1 Admissions and progression – risk theme confirmed as met - 11 September 2015.

Evidence:

Equality and Diversity SUC Booklet, 2015

Revised SUC Involvement Claim Form, 2015

Data base reviewed and E&D training is identified (last entry June, 2015).

Scenarios to ensure E&D issues are raised with regard to selection and interview process

Annual report on SUC activity and review of training , 2014-2015

School statement confirming the SUC report will be included as part of annual NMC report, 2015

Confirmation of appointment of Service User and Carer Involvement Officer (16 July 2015)

FMT minutes (4 December 2014) confirms support and funding for the appointment of a SUC involvement officer

Revised job description for service users and carers involvement officer (November 2014)

Role Description and Code of Conduct for members of the Service User & Carer Group involved in activities at

Staffordshire University

Interview panel members 2015: mental health nursing selection panel membership; adult selection panel

Membership; child selection panel membership

Values based recruitment strategy for midwifery.

Areas for future monitoring:

- Monitor the equality and diversity training provided for service users and carers prior to engagement with selection processes for NMC approved programmes.

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

Service level agreements/learning development agreements are in place between the university and each trust and partnership. These ensure safe and supportive practice learning are provided that demonstrates the professional values and behaviours of nurses and midwives. (61)

Quarterly meetings with HEWM and additional meetings with the local education and training council and NHS England area team ensure a strategic knowledge of workplace planning and service needs are understood. (51, 78, 79)

Programme committee meetings are held bi-annually for all awards which include representatives from practice partners, commissioners, and students They consider all aspects of programme delivery and evaluation. (2, 107, 110)

Practice learning support committee meetings are held bi-monthly and consider issues relating to the governance of placements. (54, 56)

The allocations team at Blackheath Lane, Stafford, hold the database of placements. In light of the changed functions of Mid-Staffordshire NHS Foundation Trust and the distribution of services to neighbouring NHS providers, the school is actively meeting with Keele University and the University of Wolverhampton to agree access to their placement providers. (2, 45, 46, 71, 73)

HEWM representatives attend these meetings and the forum is considering shared working practices for placements that include an assessment tool for removal and reinstatement of placements, educational audits and formulating a common practice assessment document. The school works closely with University Hospital of North Staffordshire to discuss new ways of working in relation to identifying placements in light

of the reorganisations. (46, 78)

A tripartite agreement with the University of Wolverhampton, Keele University and Staffordshire University is in place to ensure all practice placements are audited every two years. There is no shared audit tool but completed audits are discussed and agreed before students are allocated. (47-49, 51)

Processes for undertaking educational audits in accordance with the NMC requirements are in place. The school works closely with practice partners and implements the audit, which involves teams from outside the area(s) to be audited. The teams consist of academic staff and clinicians and their approach relies on intelligence from student evaluations. (47, 48)

There is a strategic and operational approach to SLAiP (2008) compliance. Clear policies and processes for escalating concerns of student performance, as well as escalation and responding to adverse clinical governance concerns, are in place. (11, 17, 25-27, 49, 51, 55, 70)

What we found at the event

We found that there is effective partnership working arrangements between education and NHS and private, voluntary and independent sector service providers in place. (43, 44, 50, 79)

We were informed of strong partnership engagement with directors of nursing, HEWM and with Keele University who use the same practice placement locations for midwifery students. The lead midwife for education (LME) from both Staffordshire and Keele universities are jointly engaged in the development of mentorship preparation, and further collaboration in developing a joint clinical assessment document is envisaged. (72, 78, 79)

Clinical governance frameworks are in place within partner NHS trusts and private, voluntary and independent sector partners with assurance reporting mapped against CQC domains. A raising and escalating concerns policy is in place in placement provider organisations and senior staff reported a pro-active approach to issues of concern arising in practice placements. One mental health nursing student recalled where a concern had been raised and reported that their concerns were effectively investigated and supported by the university. (2, 72, 74, 75, 78, 79, 119)

Educational audits showed that all the placements visited follow the procedure for reporting clinical governance issues to the university within two working days. Mentors recognize and understand this responsibility in relation to patient and student safety. (117, 118)

Service managers confirmed that incidents reported through datex are notified to the clinical placement facilitator and feedback on the outcome is communicated to all parties involved in the incident. (142)

An educational audit tool is used across practice areas, which standardises the approach to the audit process. Audits are undertaken by a clinician and academic, and are completed every two years but with greater frequency should concerns arise. We

viewed examples of audits for midwifery and nursing (mental health) where details of mentors and student capacity in each placement area are clearly shown. All audits were found to be in date. (102)

We found that the students' experience of practice placements was supportive in enabling them to inform the CPFs and academic staff of any concerns should they arise. (117-120, 138, 139, 140-145)

Commissioners and employers are confident that the partnership arrangements and ensured governance for placements is effective. (78, 79)

We conclude that there are well established and effective partnerships between education and service providers at all levels and NMC risks are effectively managed.

Evidence / Reference Source

2. Staffordshire University self-assessment report, 2014-2015

11. Practice learning handbook, 2013 curriculum, academic year 2014 – 2015

17. Staff induction: equality and diversity highlighted , 2014

25. Staff development strategy, 2014- 2015

26. Training for approved qualifications policy undated

27. Policy to enable academic nurses and midwives to engage with clinical practice, 2014

43. Practice learning support committee terms of reference, undated

44. Placement allocation strategy, July 2014

45. Meeting with UHNS discussion on new ways of working, 30 September 2014

46. Splitting of Mid Staffs Trust - Keele, Wolverhampton and Staffordshire AEI Meeting), 13 October 2014

47. Educational audit tool v7, 2014

48. Dates of audit for 2015 academic year

49. Algorithm/risk assessment tool for the removal of a placement area from the clinical circuit, 2014

50. Schedule of educational review meetings, 2014

51. 2014-15 dates NHS contract meeting, LETC and NHS area team

54. Practice support committee (nursing and midwifery), terms of reference, undated

55. AEI requirements, ,section 2.5, 2015

56. Practice support committee minutes, 12 September 2014

61. AEI requirements, 2014

70. Raising and escalating concerns policy and processes, 2013 guidelines.

71. Initial pre-monitoring visit, meeting with senior staff, 10 February, 2015

72. School staff introduction and presentation, 4 March 2015

73. Meeting with the Dean, 4 March 2015

78. MR meeting with educational commissioner HEWM, 4 March 2015

79. MR meeting with employers, 5 March 2015

102. Audits, 2013-2015

107. Programme committee meeting minutes -2008 curriculum pre-registration nursing awards 29 October 2014

110. Complete list of programme committee membership with job title, undated

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 201

140. Reviewer meetings with sign-off mentors midwifery 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery 5 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs, 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

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

---

What we found before the event

We are informed that practitioners and service users are involved in all aspects of programme provision that include selection, delivery and assessment. The approval reports for nursing (mental health) and midwifery programmes confirmed that practitioners and service users and carers were involved in programme development and in presenting programmes for approval. (4, 5, 33-35)

What we found at the event

We confirm that practitioners and service users and carers are involved in all aspects of programme development and delivery. (4, 5, 76, 109, 119, 120, 129, 130, 140-145)

Nursing (mental health)

Students informed us that service users are involved in sharing their experiences within a classroom context and valued their contribution. Users and carers reported involvement in selection and teaching of students and the service user confirmed that mentors sought his opinion on students he encountered in clinical situations. Mentors and students confirmed that serviced users are encouraged to comment on students' approaches and care within practice placements. (117-120, 132, 153)

Midwifery

We found evidence that sign-off mentors, clinical placement leads and service users are involved in the design, delivery and evaluation of the pre-registration midwifery programmes. (140-145, 138, 139, 152)

Midwifery students confirmed that midwives, supervisors of midwives and other health

care practitioners deliver some teaching sessions on the programme. (137, 138-140)

Sign-off mentors, midwifery students and midwifery lecturers confirmed that service users provide student evaluation, which allows students to reflect on the care they give to women and babies. Mentors identified that any feedback from service users on care received is communicated back to the student. Copies of thank you letters and friends and family comment cards are assimilated into the students' practice documents. (138-140)

Service user involvement in formative assessments is evidenced in evaluation forms of follow through care within the students' practice documents. (166)

Our findings confirm that practitioners and service users and carers are involved in programme development and delivery of the pre-registration nursing (mental health) and midwifery programmes.

Evidence / Reference Source

4. NMC approval report, pre-registration nursing (mental health), 4 February 2013

5. NMC approval report, pre-registration midwifery (18 month and three year), 17 April 2013

33. SUCI strategy, August 2014 (final version)

34. SUCI payment policy, August 2014.

35. SUCI code of conduct, August 2014

109. Timetables (mental health) showing SUC involvement, 2012-2013

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

129. MH students clinical assessment documentation seen in practice 4 March 2015

130. MH students clinical assessment documentation seen in practice 5 March 2015

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery 5 March 2015

142. Meeting with Midwifery managers 4 March.2015

143. Meeting with Midwifery managers 5 March 2015

144. Meeting with clinical practice lead and CPFs 4 March 2015

145. Meeting with clinical practice lead and CPFs 5 March 2015

152. MidwiferyW reviewers meeting with service user, 4 March 2015

153. Academic year 2013-14 clinician/service user carer payments (breakdown of teaching inputs)

166. Service user evaluations of midwifery students follow through care, 2015

Risk indicator 3.2.2 - academic staff support students in practice placement settings
What we found before the event
The school's approach to academic support in practice is to designate a practice support lead for each trust (also one for the independent sector). In addition each trust has a small team of academics identified as the practice support lecturers to work alongside the practice support lead. Each team would be responsible for identifying with the trust those key areas that require educational support to enhance their quality of learning experience for students and/or improve standards of care for patients. (27) This is reviewed four times per year at the education review meetings to ensure progress on agreed actions. Policy and processes are in place to enable academic nurses and midwives to meet the NMC requirements for 20 per cent of time in practice through link lecturing, research or practice/policy development activities. (25-27, 43)
What we found at the event
We found evidence that academic staff support students in practice placement settings. Students informed us that lecturers are easily accessed by email should they have an issue of concern. Mentors told us that visibility of academic links to support students in practice was not always evident but this was not an area of concern to both mentors and students. The CPFs have a strong placement presence and compensate for link lecturer visits. (117-120, 138, 139, 140-145) Nursing (mental health) We found that the practice support team is clearly identified for pre-registration nursing (mental health) and were able to articulate the nature of their role in practice which includes; supporting the CPFs, participating in remedial support for failing students and organising key staff development opportunities in practice such as understanding the FtP process, dementia care and physical assessment skills. The team members confirmed that students were always included in these placement-based events. (78-81, 115, 116) Students confirm that they are supported through their personal tutorial system and that practice placement periods include academic teaching sessions, not included in placement hours, but giving them the opportunity to get support from academic staff and peers. These include a series of workshops delivered in placements relating to raising awareness of dementia. (119, 155) Midwifery Midwifery students and sign-off mentors confirmed that the link lecturers supported them in relation to learning and assessments. The sign-off mentors, CPFs and clinical placement leads stated that the midwifery link lecturers participate in mentor update sessions either as part of the mandatory timetabled days, specific mentor update group sessions or on an individual bespoke basis as required, and work with CPFs and clinical

placement leads in the management of placement capacity. (135, 138-145)

Our findings confirm that academic staff support students in practice placement settings.

Evidence / Reference Source

25. Staff development strategy, 2014-2015

26. Training for approved qualifications policy, undated

27. Policy to enable academic nurses and midwives to engage with clinical practice, 2014

43. Practice learning support committee terms of reference, undated

78. MR meeting with educational commissioner HEWM, 4 March 2015

79. MR meeting with employers 5 March 2015

80. MR meetings with programme leads, MH and midwifery, 5 March 2015

81. MR meeting with practice support lead and lecturers, 5 March 2015

115. Student progression files, undated

116. Reviewer meeting with mental health field team, 4 March 2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

129. MH students clinical assessment documentation seen in practice, 4 March 2015

130. MH students clinical assessment documentation seen in practice, 5 March 2015

135. Reviewer meeting with LME, 5 March 2015

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs, 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

146. Mentor databases midwifery, 4 March 2015

147. Off duty schedules midwifery, 4 March 2015

148. On-going achievement record midwifery viewed, 4 March 2015

154. Implementation of a new academic practice engagement model for healthcare professions, 2014

155. Schedules and attendances at FtP and dementia awareness raising workshops, 2014

156. Contact notes from practice visits, 2014

157. Records of placement visits from mental health lecturers, September 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
The university had a NMC mentor module approved in 2012 to prepare mentors and midwifery sign-off mentors to meet the standards for learning and assessing in practice (NMC, 2008). Regular mentor updates/briefing sessions are held at sites within the university's catchment area. (53-58) Availability of appropriate mentors and sign-off mentors is checked at placement partner meetings and during quarterly educational review meetings. The practice support committee (nursing and midwifery) meets between four and six times per year and includes in its objectives a commitment to monitor and facilitate mentors support through annual updating and mentor development. (53-58) Annual mentor updates include requirements for practice assessment. The content of these updates is reviewed annually with all partner trusts. (55)
What we found at the event
We found CPFs and employers support mentors to successfully complete the university's NMC approved mentor module to enable them to support and assess student nurses and student midwives. (79, 144, 145) Mentors and sign-off mentors supporting nursing students (mental health) and midwifery pre-registration programmes confirmed they are well prepared for their role in assessing practice. All students confirmed that the standard of mentorship was good and that mentors and sign-off mentors seemed well prepared. (117-120, 138-145) We viewed mentor databases and verified that all listed mentors hold a mentor qualification and that there are adequate numbers of sign–off mentors. (121,122,146) Midwifery sign-off mentors in Stoke University Hospital confirmed that there had been special updates to introduce them to the practice documentation for students because they were used to a different document from another university. The practice areas had instigated a system of champions, those who knew the new documentation, to be available in each area to assist sign-off mentors with any questions on the new documents in this initial period. (140-145) Sign-off mentors and supervisors of midwives are involved in grading midwifery practice (oral examination) and during the changes to practice placements following the reduction in placements at County Hospital. Supervisors of midwives confirmed that they supported student assessment by travelling outside of their usual trust to assess students during their oral examination. (137, 140-145)
Evidence / Reference Source

53. Mentor briefing schedule, 2014

54. Practice support committee (nursing and midwifery), terms of reference, undated

55. AEI requirements, section 2.5, 2015

56. Practice support committee minutes, 12 September 2014

57. Minutes of the education review meeting, 29 October 2013

58. Minutes of the education review meeting, 14 October 2014

79. MR meeting with employers, 5 March 2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

121. Live MH mentor database viewed on 4 March 2015 at South Shropshire

122. Live MH mentor database viewed on 5 March 2015 at St Georges Stafford

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs 4 March 2015

145. Meeting with clinical practice lead and CPFs 5 March 2015

146. Mentor databases midwifery, 4 March 2015

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

---

What we found before the event

Regular mentor updates/briefing sessions are held at sites within the university's catchment area. (53-58)

What we found at the event

We found that all mentors and sign-off mentors have attended annual updates and meet the requirements for triennial reviews. This is clearly documented on live mentor databases which also flag up mentors who are approaching their annual and triennial reviews in addition to annual appraisals. (117-118, 121, 122, 140-146)

Nursing (mental health)

Mentors told us that they were able to attend annual updates which are conducted by the clinical placement facilitator. All updates are delivered face-to-face and there are frequent opportunities to attend updates. (117,118,120,121)

Midwifery

Sign-off mentors told us that they were able to attend annual updates which are offered on a monthly basis. Annual updates are generally conducted in small groups but one-to-one meetings are organised if required. It was confirmed that updates are conducted by the academic placement lead and triennial reviews are completed by the ward manager. (81, 140-145, 147)

Sign-off mentors, clinical placement leads and CPFs confirmed there are rolling programmes of midwifery mentor updates either at the annual mandatory days or on monthly mentor update days. We confirmed that midwifery students are supported by sign-off mentors who worked with them a minimum of 40 per cent of the time in practice. (81, 137-147)

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

Evidence / Reference Source

53. Mentors briefing schedule, 2014

54. Practice support committee (nursing and midwifery), terms of reference, undated

55. AEI requirements, section 2.5, 2015

56. Practice support committee minutes, 12 September 2014

57. Minutes of the education review meeting, 29 October 2013

58. Minutes of the education review meeting, 14 October 2014

81. MR meeting with practice support lead and lecturers, 5 March 2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

121. Live MH mentor database viewed on 4 March 2015 at South Shropshire

122. Live MH mentor database viewed on 5 March 2015 at St Georges Stafford

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 201

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with midwifery managers, 4 March.2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs 4 March 2015

145. Meeting with clinical practice lead and CPFs 5 March 2015

146. Mentor databases midwifery viewed on 4 March 2015 at Princess Royal, and 5 March 2015 at Stoke

147. Off duty schedules midwifery, 4 March 2015

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
Systems are in place to ensure accurate updating of live mentor registers. Minutes of education review committee meeting confirm that mentor registers are accurate, and that there are adequate numbers of mentors to meet requirements. (54, 57-58)
What we found at the event
We viewed 'live' mentor databases and found the records of mentors and sign-off mentors were up-to-date. Records clearly indicate through colour coded RAG (red, amber, green) entries when a mentor is current, needs an update or has missed the time limit and is no longer 'live'. Mentor databases provide clear evidence that risks are very well controlled in these areas with the current status of all mentors being known. (121, 122, 146) Databases relating to the private, voluntary and independent sectors are accurate and up to date. They are maintained at the AEI, by the placement team and monitored by the respective clinical placement leads. (80, 81, 186) Our findings conclude that records of mentors and sign-off mentors are accurate and up-to-date and meet NMC requirements.
Evidence / Reference Source
54. Practice support committee (nursing and midwifery), terms of reference, undated *57. Minutes of the education review meeting, 29 October 2013* *58. Minutes of the education review meeting, 14 October 2014* *80. MR meetings with programme leads, MH and midwifery, 5 March 2015* *81. MR meeting with practice support lead and lecturers, 5 March 2015* *121. Live MH mentor database viewed on 4 March 2015 at South Shropshire* *122. Live MH mentor database viewed on 5 March 2015 at St Georges Stafford* *146. Mentor databases midwifery viewed on 4 March 2015 at Princess Royal, and 5 March 2015 at Stoke* *186. PVI mentor database, viewed and discussed, 5 March 2015*
Outcome: Standard met
Comments: Key risks are controlled in these areas.

Areas for future monitoring:
None identified

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

Pre-registration nursing (mental health) and pre-registration midwifery programme documentation confirm that students work towards achieving NMC learning outcomes and competencies at progression points and for entry to the register. (30, 31, 94)

What we found at the event

We found that all students' learning is enhanced by a wide range of teaching and learning approaches including simulated learning and inter-professional learning. Access to library and IT resources to support learning is readily available in academic and practice placement settings. All students reported on varied and challenging assessment methods which accommodated the range of preferred learning styles. (72, 80, 119, 120, 138, 139) We confirmed that the tracking of students' hours in theory and practice is managed through the school's administration team and is checked by the respective academic leads. Information management within the university is being migrated to a new computerised system (SITS) which, as reported in the self-assessment report, is creating some challenges in its commissioning and data migration. (2, 72, 82) The school is demonstrating rigour in maintaining integrity of data during this transition phase by keeping the existing system in commission while the new system 'beds in'. Data analysis during the review demonstrated that data within the two systems were entirely reconcilable, such that confidence in the integrity of information produced for

progression and NMC registration purposes is assured. (82, 159)

Theory hours are monitored via class registers and shortfalls in attendance are made up through self-directed learning and reflection, submitted to the academic staff. We saw practice hours recorded in on-going achievement records and made up time forms confirm deficits are addressed within the students practice documents. At completion all criteria for the academic award and for professional award are checked before the award board by using a comprehensive completion check list. (40, 75, 80-82, 95, 96, 98, 119, 120, 126, 128, 138, 139, 148, 150)

All students' achievement in theory is confirmed by external examiners. All students are confident that they will be fit to practise at the end of their programme. (117, 118, 138, 139, 169-171)

All stakeholders confirmed that students exiting the programmes are safe, competent and fit for purpose at the point of professional registration. (76, 78, 79, 81, 135, 140-145)

Nursing (mental health)

Students interviewed told us that they receive appropriate theoretical preparation for practice. Positive feedback was expressed on the opportunities given to rehearse and develop caring and practical skills prior to practice placements. Attainment of requirements at progression points is evidenced in practice portfolios. Students are clear that progression requires practice and academic modules to have been passed. (96, 98, 119,120, 126, 127, 129, 130, 164)

Midwifery

Simulated learning using Sims Mom and Sims Baby are an integral part of teaching and highly rated by students interviewed in developing skills and confidence. (81, 135, 137-139, 164)

Third year students are confident that by the end of the programme they would be fit to practise and confident to be able to enter the professional register. (138)

Our findings conclude that learning, teaching and assessment strategies in the approved programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Evidence / Reference Source

2. Staffordshire University self-assessment report, 2014-2015

30. Programme specifications pre-registration nursing (MH), 2012 curriculum

31. Programme specifications pre-registration midwifery (18 month and three year), undated

40. Completion form for checking that all requirements have been met for academic and professional award, undated

72. School staff introduction and presentation, 4 March 2015

75. Managing reviewer meeting with admissions, APL and progression, 4 March 2015

76. Managing reviewer meeting with service users and carers, 4 March 2015

78. MR meeting with educational commissioner HEWM, 4 March 2015

79. MR meeting with employers, 5 March 2015

80. MR meetings with programme leads, MH and midwifery, 5 March 2015

81. MR meeting with practice support lead and lecturers, 5 March 2015

82. MR Meeting with school operations manager, 5 March 2015

94. MH and midwifery programme handbooks, 2014-2015

95. Clinical assessment documents for pre-registration midwifery, 2014-2015

96. Clinical assessment documents for pre-registration nursing (mental health), 2014-2015

98. Programme handbooks, 2014-2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

126. On-going achievement record mental health viewed 4 March 2015

128. Make up time forms, mental health, 5 March 2015

129. MH students clinical assessment documentation seen in practice 4 March 2015

130. MH students clinical assessment documentation seen in practice 5 March 2015

135. Reviewer meeting with LME, 5 March 2015

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs, 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

148. On-going achievement record midwifery viewed, 4 March 2015

150. Make up time forms , midwifery, 5 March 2015

159. Comparison reports from System 1 and SITS, March 2015

164. Annual monitoring report midwifery, 2013-2014

164. Annual monitoring review pre-registration midwifery, 2013-2014

169. External examiners report, midwifery, 12 October 2014

170. External examiners report mental health, 2012-2013

171. External examiners report mental health, 2013-2014

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

Practice competencies and essential skills are incorporated into the pre-registration nursing (mental health) and pre-registration midwifery skills book and on-going records of achievement, and are integral to the assessment strategy. All EU requirements are clearly mapped for midwifery and the nursing (mental health) programme has adopted an EU approach which is achieved through focussed workbooks relating to the various client groups. (30, 31, 98, 164, 172)

What we found at the event

Placement learning outcomes are achieved under the supervision of mentors/sign-off mentors. Students and mentors confirmed that preliminary, mid-point and final interviews are held at the required times to record progress against the intended learning outcomes. (75, 80, 116-120, 127, 128, 138, 139, 140-145, 148)

The mechanisms used to assess clinical practice allows students to develop skills and achieve competence with opportunities to receive formative feedback from mentors. (75, 80, 116-120, 127, 128, 138-145, 148)

All stakeholders confirmed that students exiting the programmes are safe, competent and fit for purpose at the point of professional registration. (76, 78, 79, 81, 135, 140-145)

Nursing (mental health)

Students in nursing (mental health) told us that they attend university for teaching whilst on placement. This does not count as placement time and is not simulated practice but is skills focused and applicable to the practice setting. (119, 120)

Students are very positive about the support for learning and the range of learning opportunities available to them across their three year placement pattern, which enable them to achieve the required competencies in practice. (117, 118)

We found that essential skills are assessed in student documentation and feedback is written for formative assessment at the halfway point in each placement. (126, 127, 129, 130)

Mentors, in their role as practitioners and service managers recruit and work alongside new registrants from the programme and are confident that the programme is providing safe and effective new registrants. (117, 118)

Midwifery

We found that a wide range of different practice placement opportunities enables students to achieve practice learning outcomes, proficiencies and competencies. Students and mentors told us that there is clear progression of experience from normal

to complex births and high risk care over the period of training. There are excellent opportunities due to the geographical spread for experience in midwife led units which is valued by the students. (72, 80, 135, 138-145)

Grading in practice is achieved by portfolio evidence and an oral examination which are assessed by a supervisor of midwives and sign-off mentor. Personal tutors monitor achievements in practice at each of the progression points. Critical appraisal of a policy as a summative theoretical assessment with feedback of the marked critique to a supervisor of midwives is highlighted as a strength of the midwifery programme. (72, 80, 137, 140-145)

Samples of completed documents confirmed that students achieve the required outcomes at progression points. (134, 148)

Service users and birth partners interviewed in practice settings expressed confidence in the level of supervision and monitoring of students. They expressed high levels of satisfaction in the level of professionalism students demonstrate. (152)

We conclude that students achieve NMC practice learning outcomes and competencies at progression points and for entry to the relevant part of the register.

Evidence / Reference Source

---

30. *Programme specifications pre-registration nursing (MH), 2012 curriculum*

31. *Programme specifications pre-registration midwifery (18 month and three year), undated*

72. *School introduction and presentation, 4 March, 2015*

75. *Managing reviewer meeting with admissions, APL and progression, 4 March 2015*

76. *Managing reviewer meeting with service users and carers, 4 March 2015*

78. *MR meeting with educational commissioner HEWM, 4 March 2015*

79. *MR meeting with employers, 5 March 2015*

80. *MR meetings with programme leads, MH and midwifery, 5 March 2015*

81. *MR meeting with practice support lead and lecturers, 5 March 2015*

98. *Programme handbooks, 2014-2015*

116. *Reviewer meeting with mental health field team, 4 March 2015*

117. *Reviewer meetings with MH mentors, 4 March 2015*

118. *Reviewer meetings with MH mentors, 5 March 2015*

119. *Reviewer meetings with student nurses in practice (MH), 4 March 2015*

120. *Reviewer meetings with student nurses in practice (MH), 5 March 2015*

126. *On-going achievement record mental health viewed, 4 March 2015*

128. *Make up time forms, mental health, 5 March 2015*

129. *MH students clinical assessment documentation seen in practice 4 March 2015*

130. *MH students clinical assessment documentation seen in practice 5 March 2015*

134. *Annual monitoring report pre-registration nursing, 2013-2014*

135. Reviewer meeting with LME, 5 March 2015

137. Reviewer meeting midwifery lecturers, 4March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141.Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs, 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

148. On-going achievement record midwifery viewed, 4 March 2015

152. Midwifery reviewers meeting with service user, 4 March 2015

164. Annual monitoring report midwifery, 2013-2014

172. EU workbooks for pre-registration nursing (mental health), 2014-2015

Outcome: Standard met

Comments:

Key risks are controlled in these areas.

Information is needed to track students' progress. This is currently being migrated to a new computerised system which may impact upon timely release of allocation schedules and the logging of theory and practice hours.

Areas for future monitoring:

- The monitoring of key information management processes to ensure that data integrity is assured and students access to information facilitated.

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 school managers reported that students evaluate practice after each placement and, when collated, it is disseminated via the CPF back to the placement. Midwifery evaluations are carried out but student engagement is variable. (2) External examiners are appointed and perform the duties associated with their post. (65)
What we found at the event
Pre-registration nursing (mental health and midwifery) students are provided with a variety of methods to evaluate their experiences and feedback to the university. These include evaluation of theory modules, evaluation of programmes, evaluation of placements and engaging with the national student survey (NSS). All evaluation summaries, action plans and outcomes are reported via the annual monitoring review (AMR), which has student representation. Annual monitoring reviews are considered at the faculty quality committee, which has an external academic from another faculty who has a role to ensure objectivity. (74, 80, 82, 134, 164) The education commissioners also conduct annual quality assurance monitoring through its PQAF process and the commissioner confirmed that no major issues have been raised. The faculty completes an annual self-assessment for the HEWM and summarises students' evaluations and action plans. (74, 78) Students reported the benefits of timetabled evaluations and the opportunity to raise any concerns. Students informed us that changes have been made in response to their evaluations both at university and in placement areas. Evaluations are considered, collated and reported by the respective module or academic programme. Feedback is provided to students via the staff students' liaison committee, (students' council) and through 'you said we did' posters. (74, 119, 120, 138, 139) Practice evaluation questionnaires are completed at the university and are then collated by the academic lead before being passed on to the CPFs. Evaluations are used to inform audits and are also considered by the practice learning support committee. The university is in the process of introducing an online system for evaluations and this is resulting in some delays in returning feedback to placements. The midwifery lead is aware of delays but confirmed she ensures that timely feedback to placements is facilitated by holding debriefing meetings with students on their first day back from placement allocation. She carries out a verbal evaluation in order to detect any immediate concerns with practice which are then fed directly to the clinical placement facilitator via the practice placement leads. (43, 72, 74, 80) External examiner reports do not prompt examiners to visit practice or to report upon students' achievement in practice. Responses to external examiner reports, the current review of the role of the external examiner within the university, and quality reporting all fail to recognise that external examiners are not centrally engaged in all aspects of the

students' experience. (74, 79, 80, 83, 134, 135, 137, 164, 173)

Nursing (mental health)

Students report that they are all required to complete annual evaluations of their modules and placements. Mentors confirmed that they receive summaries of placement feedback. Students confirm that modules are delivered in ways that are responsive to ongoing as well as previous cohort's feedback. (116-120)

Within nursing (mental health) there is limited evidence that the external examiner is involved in practice learning. External examiner reports relating to nursing (mental health) students' achievement in practice were not available. The standard university external examiner template does not provide a section for examiners to complete that relates to the review of practice placement learning. (65, 66)

Midwifery

Students confirmed they are regularly consulted about the programme, both informally and through written evaluations of specific modules, and midwifery lecturers respond to their suggestions and concerns. An example was given of change in response to midwifery students' evaluations in relation to the assessment of the vive voce. Midwifery lecturers and midwifery students reported that the midwifery curriculum has been responsive to past student evaluations and midwifery lecturers' evaluation of modules for improvement. Changes made in response to students' evaluations are included for information when handbooks are updated annually. (13, 74, 135, 137-139)

Our findings conclude there are not effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (mental health) and midwifery pre-registration programmes.

Evidence / Reference Source

2. Staffordshire University self-assessment, 2014-2015

43. Practice learning support committee terms of reference, undated

65. http://www.staffs.ac.uk/support_depts/quality/external_examiners/index.jsp

66. List of school nursing and midwifery external examiners, 2014-15

72. School staff introduction and presentation, 4 March 2015

74. Meeting with school managers to discuss quality assurance mechanisms, 4 March 2015

78. Managing reviewer meeting with educational commissioner, 4 March 2015

79. Managing reviewer meeting with employers, 5 March 2015

80. Meetings with programme leads, 5 March 2014

82. MR Meeting with school operations manager, 5 March 2015

83. Managing reviewer meeting with senior staff to discuss external examiner engagement in programmes, 5 March 2015

116. Reviewer meeting with mental health field team, 4 March 2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

129. MH students clinical assessment documentation seen in practice 4 March 2015

130. MH students clinical assessment documentation seen in practice 5 March 2015

134. Annual monitoring report pre-registration nursing, 2013-2014

135. Reviewer meeting with LME, 5 March 2015

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

164. Annual monitoring review pre-registration midwifery, 2013-2014

173. University external examiner proposals, February 2015

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

Policies and procedures are in place to manage complaints. (2, 55, 69, 71)

The university in collaboration with practice placement providers, have a raising and escalating concerns policy. Students are made aware of how to escalate concerns in practice placement handbooks and clinical assessment documentation. (70, 129, 130, 173)

What we found at the event

We found that all students and mentors are aware of policies and processes for raising and escalating concerns in practice settings. (78, 79, 117-120, 138-145)

Information about the procedures for raising concerns is clearly articulated within practice documentation and programme handbooks. The issue is emphasised at each mentor update. Students feel that placements are supportive and would feel able to raise a concern should the need arise. They show clear understanding of their professional responsibility to engage in raising concerns. (78-81, 98, 117-120,129, 130, 138-145, 147)

It was confirmed that three students made complaints in 2013-2014 relating to NMC approved programmes regarding the performance of the AEI. Fourteen complaints were made regarding practice learning which included concerns relating to safeguarding, staff attitudes and a range of clinical incidents. In each case the trust investigated and the school put remedial action in place to support student learning in the areas identified.

(2)

External examiners' reports are constructive with respect to academic modules but fail to confirm achievement in practice. (83, 169-171)

Students and mentors confirmed that external examiners had not been visible in practice at any time. (117-120, 138-145)

Commissioners and employers are confident that the university emphasises the importance of raising concerns and provides clear mechanisms that allow this to happen providing good support. (78)

Nursing (mental health)

One student reported that they had expressed concern about practice in a placement and that this had been dealt with supportively and effectively by the university in collaboration with the placement. All students agreed that they were familiar with the options available to them if concerns needed to be raised and that there was a policy to support this. They are confident that concerns will be responded to positively. (119, 120)

Midwifery

Managers informed us that raising concerns is covered during placement induction. Student midwives confirmed that, in addition to having mentor support, they also have 24-hour contact numbers for supervisors of midwives should they need to raise concerns. (137, 140-145, 135)

We conclude from our findings that the university does not have processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Evidence / Reference Source

2. Staffordshire University self-assessment, 2014-2015

55. AEI requirements, 2015

69. Email confirming external examiner planned visits, 2014-2015

70. Raising and escalating concerns policy and processes, in appendices practice learning handbook. Mapped to NMC 2013 guidelines

71. Initial visit, managing reviewer, 10 February 2015

78. Managing reviewer meeting with educational commissioner, 4 March 2015

79. Managing Reviewer meeting with employers, 5 March 2015

80. Meetings with programme leads, 5 March 2014

81. MR meeting with practice support lead and lecturers, 5 March 2015

83. Managing reviewer meeting with senior staff to discuss external examiner engagement in programmes, 5 March 2015

98. Programme handbooks, 2014-2015

117. Reviewer meetings with MH mentors, 4 March 2015

118. Reviewer meetings with MH mentors, 5 March 2015

119. Reviewer meetings with student nurses in practice (MH), 4 March 2015

120. Reviewer meetings with student nurses in practice (MH), 5 March 2015

137. Reviewer meeting midwifery lecturers, 4 March 2015

138. Reviewer meetings with students midwives in practice, 4 March 2015

139. Reviewer meetings with student midwives in practice, 5 March 2015

140. Reviewer meetings with sign-off mentors midwifery, 4 March 2015

141. Reviewer meetings with sign-off mentors midwifery, 5 March 2015

142. Meeting with midwifery managers, 4 March 2015

143. Meeting with midwifery managers, 5 March 2015

144. Meeting with clinical practice lead and CPFs, 4 March 2015

145. Meeting with clinical practice lead and CPFs, 5 March 2015

147. Off duty schedules midwifery, 4 March 2015

169. External examiners report, midwifery, 12 October 2014

170. External examiners report mental health, 2012-2013

171. External examiners report mental health, 2013-2014

173. University external examiner proposals, February 2015

Outcome: Standard not met

Comments:

Dissemination of student evaluations to practice placements is delayed because of the transition from paper-based to online systems of capturing students' feedback of development.

Risk controls for 5.1.1 require that the programme providers' internal QA systems need to provide assurance against NMC standards. There is no realisation of the issue that standard 5.1.2 is unmet and there are no indications that this had been considered and rectified within existing quality assurance processes and procedures. The university is required to review the arrangements for external examiner involvement in the scrutiny of assessment of practice and to ensure that students' achievement of learning outcomes and competencies in practice are confirmed explicitly by the external examiner with due regard.

11 September 2015: Follow Up Documentary Evidence from Staffordshire University. Standard now met

Updated 11 September 2015

Staffordshire University identified and implemented an action plan to ensure that systems and processes are in place to continually monitor the involvement of external examiners in pre-registration nursing and midwifery programmes in order to meet NMC standards.

A review of the evidence against the action plan under the risk area quality assurance (5.1.1) on the 11 September 2015 confirmed the following actions have been

completed:

The activities of external examiners are monitored and their views are captured in a revised external examiner report template.

There are enhanced reporting mechanisms that include practice reporting documentation and annual monitoring review of programmes.

External examiners reports are circulated and discussed at all operational and strategic levels and practice placement providers receive feedback in relation to the quality of assessment of practice and any issues arising from external examiners scrutiny of practice.

Risk theme 5.1.1 confirmed as met 11 September 2015.

Risk controls for 5.1.2 require that external examiners "continually engage with both theory and practice to assess validity and reliability of judgements." There is no evidence of mental health external examiners or midwifery external examiners engaging in practice learning or commenting on the judgements made therein.

A review of the evidence against the action plan under the risk area quality assurance (5.1.2), on the 11 September 2015, confirmed the following actions have been completed:

All external examiners for nursing and midwifery have been contacted and reminded that their role must give equal weighting to the scrutiny of both the assessment of theory and of practice.

External examiners have received a detailed briefing , have organised schedules in which they visit practice, planned meetings with students and mentors and time to scrutinise samples of practice assessment documentation.

External examiners for the pre-registration midwifery programme have demonstrated frequent involvement in the viva voce elements of assessment of competencies in practice.

Risk theme 5.1.2 is confirmed as met 11 September 2015.

Evidence:

Briefing letter to EEs (17 April 2015)

External examiners' participation – clinical practice assessments 2015-2016

External examiners reports confirming participation in clinical visits participation in the viva voce (midwifery), and

assessment of clinical documentation (nursing and midwifery), January 2015 to August 2015

Minutes of prequalifying health science awards – assessment board 21 July 2015 (confirming external examiners

scrutiny of assessment practice and clinical visits

External examiners verification of audit through observation, March 2015

External examiners reports following clinical visits March – May, 2015

Annual monitoring reporting guidance and reporting templates (revised 2015)

Minutes of Educational Review meetings, April, July, August 2015

Minutes of Health Education West Midlands Contract Review Meeting (6 May 2015)

Areas for future monitoring:

- Monitor that policies and procedures, including the reporting methodologies, ensure that external examiners are engaged in all practice learning and the assessment of judgements made about a student's achievement of proficiencies and competences in practice.

- Monitor the implementation of online evaluation processes and the effectiveness of methods to disseminate students' evaluation to practice partners.

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 10 Feb 2015
Meetings with:
Dean of faculty of health sciences Head of school, the school of nursing and midwifery Placement lead for mental health Lead midwife for education Academic group lead for child and mental health Academic group lead for midwifery
At monitoring event
Meetings with:
Dean of faculty of health sciences Associate Dean for learning and teaching Associate Dean for partnership and recruitment Placement lead for mental health Lead midwife for education (EM) Field lead for mental health Academic group lead for child and mental health Academic group lead for midwifery Operations manager, school of nursing and midwifery Director of nursing, mental health, South Staffordshire and Shropshire NHS Foundation

Trust	
Manager of midwifery-led community unit	

Meetings with:

Mentors / sign-off mentors	21
Practice teachers	
Service users / Carers	7
Practice Education Facilitator	2
Director / manager nursing	3
Director / manager midwifery	5
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Mental Health	Year 1: 6 Year 2: 3 Year 3: 1 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 2 Year 2: 6 Year 3: 5 Year 4: 0