

2014-15

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

Programme provider	University of Plymouth
Programmes monitored	Registered Nurse - Adult; Registered Midwife - 36M
Date of monitoring event	04-05 Mar 2015
Managing Reviewer	Shirley Cutts
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Gibson D'Cruz, Heather Bower
Placement partner visits undertaken during the review	Royal Cornwall Hospitals Trust (RCHT) Truro, (gynaecology ward) Duchy Hospital Treliske, (adult surgical ward) Clay Area Health Centre, (district nursing team) Torbay District General Hospital, Cheetham Hill Elderly care services, Taunton Maternity Unit, Bridgwater Birth Centre, Torbay Hospital Maternity Unit
Date of Report	12 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					
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 University of Plymouth's programmes

The school of nursing and midwifery is one of three schools within the faculty of health and human sciences at Plymouth University. The school has two campuses, one in Plymouth and the Knowledge Spa campus which is on the Royal Cornwall Hospitals Trust (RCHT) site. All programmes are delivered on the Plymouth campus, with the pre-registration nursing (adult) programme also being delivered at the Knowledge Spa campus.

The school was reapproved to deliver the pre-registration nursing (adult, mental health, child) programme in 2011 and pre-registration midwifery programme in 2013. This review focused on the pre-registration nursing (adult) programme and the three year pre-registration midwifery programme.

Students are very positive about their experiences on the programmes and the support received from academic staff and practice placement providers.

The commissioner and employers confirm that the programmes prepare nurses and midwives who are fit for practice at the point of registration.

All NMC key risks are currently controlled, apart from practice learning which is not met. The mentor registers are not accurate and up-to-date, there is a lack of understanding regarding triennial review on the part of some mentors/sign-off mentors for both pre-registration nursing (adult) and midwifery programmes and there is no private, voluntary and independent sector mentor register held by the university.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in RCHT where concerns had been raised by pre-registration midwifery students in November 2013 and the care quality commission (CQC) in 2014.

Summary of public protection context and findings

We found that admissions and progression procedures are robust, ensuring that students who complete the programme meet the NMC standards and requirements and are fit for practice and purpose.

Disclosure and barring service (DBS) checks, occupational health clearance and mandatory training are completed before a student can proceed to practice placement. These compulsory procedures are undertaken in order to protect the public.

The faculty of health and human sciences has sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP) procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures and examples of where students have been subject to remedial action or their programme terminated, which demonstrates the rigour of the process in ensuring public protection.

We found there is considerable investment in the preparation and support of mentors, with a flexible approach being taken to delivery of both the preparation of mentors

programme and mentor updating. Monitoring of attendance of mentors at update sessions and updating of the mentor register was found to be incomplete at one of the trusts visited. The live register showed that 180 of the 613 mentors on the register have not attended an update session within the last 12 months. These 180 mentors were classified as inactive and would not be used to mentor pre-registration nursing students. However, we did not receive assurance that the RAG rated (red, amber, green) tracking mechanism used on the database to activate or deactivate mentors to prevent pre-registration nursing (adult) students being allocated to an out-of-date mentor was sufficiently robust to prevent this occurring.

We did find that the updated mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by sign-off mentors about assessing and signing off competence to ensure students are fit for practice to protect the public. We also found that triennial review is not recorded on all mentor registers. Many of the mentors we met for both pre-registration nursing (adult) and midwifery students are not clear about triennial review and how they meet this NMC requirement. Mentors from the private, voluntary and independent (PVI) sector are invited to all mentor updates, but there is no complete register of mentors for this sector or record of their attendance at a mentor update.

The university and all practice partners developed an action plan to address the inconsistencies, inaccuracies and incompleteness of the mentor registers and ensure that no student could be supported by a mentor who has not received an annual update or triennial review. A return visit to the university on the 13 and 14 May 2015 confirmed that this standard is met.

We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. We also found evidence that the school and their practice placement partners are responsive and supportive when students raise concerns about issues in practice. These processes are supportive, while ensuring that students are competent and fit to practise and that practice learning environments are appropriate in accordance with both the university and the NMC requirements to protect the public.

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

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and apply for entry to the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

We found that the school and their practice partners act swiftly in response to student concerns. Our evidence demonstrates the partnership works effectively to investigate and ensure that developments occur to improve both the patient and student learning experience.

We found the university has good partnership working and governance arrangements at a strategic and operational level aimed at ensuring shared responsibility for students

learning in the practice environments. There are effective quality assurance processes in place to manage risks, to address areas for development and enhance the delivery of pre-registration nursing (adult) and pre-registration midwifery programmes.

Summary of areas that require improvement

There must be a robust system in place to demonstrate mentor records are accurate and up-to-date to ensure that mentors/sign-off mentors who are non-compliant with the NMC standards for learning and assessing in practice (SLAiP) (NMC, 2008) are identified and suspended from the live mentor register.

A mentor database for PVI placements must be developed to ensure a reliable process is in place to make sure that mentors meet SLAiP.

A system for ensuring that triennial reviews are conducted and recorded on the mentor registers in all areas must be implemented.

The university must address these issues as a matter of urgency to ensure that students on the pre-registration nursing (adult) and midwifery programmes are supported and assessed by compliant mentors and sign-off mentors.

Summary of areas for future monitoring

Monitor nursing and midwifery mentors and sign-off mentors to ensure that they attend annual mentorship updates, and understand and complete triennial reviews.

Monitor the accuracy of the mentor databases in relation to mentor updates and triennial reviews.

Review external examiner engagement with practice on the pre-registration nursing (adult) programme.

Monitor student engagement with practice placement evaluations and ensure the feedback mechanism to mentors is clearly understood.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic teams are enthusiastic and committed to the programmes they deliver. Lecturers from both the nursing and midwifery programmes undertake practice, with most holding honorary contracts in the trust. They are seen by students as having clinical currency and as excellent role models. Lecturers report efficient and supportive working relationships with practice placement partners. The teams acknowledge the challenges created by the geographical distance of many of the placement areas. The pre-registration nursing (adult) programme manages this through the practice development teams which consist of academic and practice staff. They are well established, contributing to a shared ownership of the practice learning environments. The midwifery lecturers are committed to the link lecturer (LL) role, attending the tripartite meeting at the summative assessment point for each student.

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

Midwifery

There are close working relationships between heads of midwifery (HoM), managers and the university midwifery lecturers. HoMs meet both link lecturers and the lead midwife for education (LME) at regular intervals throughout the year. HoMs and other key midwives e.g. practice development midwives (PDM) are also invited to the programme board meetings which are held at the university.

All sign-off mentors report that they are well supported by the university, and by LLs in particular. There is evidence of close working relationships between mentors and LLs. All sign-off mentors are clear about lines of communication with the university.

Pre-registration nursing - adult

Mentors/sign-off mentors, the placement development team (PDT) clinical lead and managers report a good working relationship with the university. Mentors and sign-off mentors are confident and very committed in their role. Mentors/sign-off mentors are well-prepared for their role and receive good levels of support from the university. The PDT clinical leads maintain the live databases of mentors and work closely with staff in the university in many aspects related to practice learning.

Students

Midwifery

Students are extremely positive about the programme, and third year student midwives report that they are well prepared for practice prior to qualification. Evidence from all meetings shows that students are given the appropriate experience to meet all requirements for the programme. There is also good cross-cohort support within trusts.

Pre-registration nursing - adult

We found the student nurses (adult) are confident and objective and spoke in positive

terms about the university and practice placement providers. They value their teaching and placement experiences, finding them to be instrumental for their learning. They confirm that they are acquiring the knowledge, skills and attributes to become competent registered nurses.

Service users and carers

Midwifery

One service user we met reported that she had been cared for by a third year student midwife as part of the student's caseload experience. She was extremely happy with the care she had received from the student in the antenatal period and is planning to contact the student for her postnatal care.

Pre-registration nursing (adult)

Service users and carers we met during the visit reported that the students they have met were competent, kind and caring and good representatives of the profession they wished to enter. A positive comment was "the right people are being selected".

Relevant issues from external quality assurance reports

CQC inspection at North Devon District Hospital (NDHT) 2-4 July 2014 followed by an unannounced visit 14 July 2014 (1)

The following areas require improvement:

- Accident and emergency
- End of life care

As a result of the adverse outcomes from the CQC inspection, the associate dean for practice quality development informed the NMC and Health Education South West (HESW). Five student nurses were in Tiverton Hospital on placement. The associate dean for practice quality development agreed with NDHT that students were not removed as this was their final week of placements. The students were supported by the PDT. They worked with the qualified personnel as usual to improve the situation while enhancing their knowledge of external quality assurance mechanisms. (7)

CQC inspection at Langdon Hospital 4-6 February 2014 (2)

Improvements must be made in the following areas:

- The use of seclusion and restraint must be correctly recognised and recorded to ensure its use is effectively monitored.
- The use of governance processes to improve services in the hospital must be embedded further so that staff working in the secure services fully understand their purpose and the actions needed.
- The plans to improve the food for people using the service must be fully implemented.

Improvements should be made in the following areas:

- Single-use equipment for administering medication should only be used once.
- People should have a copy of their care plan.
- Lead staff roles should be reviewed so that all staff feel supported and able to exchange ideas, reflection and research with fellow colleagues.
- There are excellent facilities available for patients to use as part of their recovery, such as a gym and workshops, but the use of these could be further improved.
- Listening in action should progress and connect to staff teams that are less engaged with the work of the trust.

CQC inspection at Royal Cornwall Hospitals NHS Trust (RCHT) in March 2014 (3)

The following areas require improvement:

- The safety of acute services
- The responsiveness of acute services

We visited RCHT during the monitoring review. We found that the school staff had worked with their practice partners to ensure that the learning environment was suitable for students. We found evidence of development of new resources for students and positive student evaluations. (5, 7, 97-104)

Evidence / Reference Source

1. CQC inspection report, North Devon District Hospital, July 2014
2. CQC inspection at Langdon Hospital 4-6 February 2014
3. CQC inspection report: Royal Cornwall Hospitals NHS Trust, March 2014
5. Plymouth University self-assessment report, 2013/14
7. Plymouth University self-assessment report, 2014/15
97. Royal Cornwall Hospitals NHS Trust, critical incident report, undated
98. Evaluation of gynaecology placement, Tolgus ward, undated
99. Letter from LSA midwifery officer, NHS England South, regarding student midwife feedback, Tolgus Ward, 22 August 2014
100. Letter from nurse executive and deputy chief executive, Royal Cornwall Hospitals NHS Trust, 11 August 2014– letter to director of placements as trust not responded quickly enough to student midwife concerns
101. Notes of meeting to consider the action plan developed for Tolgus ward following concerns raised by student midwives – LME, Plymouth University, midwifery link lecturer to RCHT, Plymouth University, matron gynaecology services, RCHT, midwifery manager RCHT, undated
102. Royal Cornwall Hospitals NHS Trust, Tolgus ward induction pack, student midwives, 2014
103. Royal Cornwall Hospitals NHS Trust, Tolgus ward – students values based evaluation of placement experience, January 2015
104. Royal Cornwall Hospitals NHS Trust, Tolgus ward induction pack, student nurses, 2014

Follow up on recommendations from approval events within the last year

NMC approval for community practitioner nurse prescribing (V150) – level six and Independent and supplementary nurse prescribing (V300) – level six and level seven, May 2014

Recommendations:

- To enhance the discussion of inter-professional and multi-disciplinary learning within the programme.
- To review the designated medical practitioner (DMP) handbook to simplify it.
- To continue to enhance the role of service users and carers within the programme, specifically in terms of design and delivery of the programme and feedback on student practice.
- To review the documentation for signing off competencies to reduce the number of signatures required.

The recommendations have been addressed. (117, 118)

NMC approval for: preparation of supervisor of midwives – level six and level seven, July 2014

Recommendations:

- To use opportunities presented by Pebble Pad to share completed practice portfolios between mentors to support the development of consistent professional judgement.
- To monitor the activities that students undertake within other trusts which enable the team to ensure an appropriate range of learning opportunities take place. The panel strongly encouraged this was made a programme requirement.
- To consider use of alumni to assist new applicants in managing expectations of the programme.

The recommendations have been addressed by the programme team [119]:

- The programme team now share examples of completed practice portfolios with mentors via Pebble Pad to support the development of consistent professional judgement.
- Students have the opportunity to experience midwifery supervision in other maternity providers.
- Past students are invited to meet with new students to provide support and advice to manage expectations of the programme.

Evidence / Reference Source

117. Non-medical prescribing with Plymouth University, faculty of health and human sciences, school of nursing

and midwifery, programme handbook, 2015

118. Faculty of health and human sciences, school of nursing and midwifery prescribing from the community practitioners formulary for nurses and midwives without a specialist practice qualification at level six, approval document, May 2014

119 Plymouth University, School of nursing and midwifery. Review of the recommendations made following the re-approval of the Preparation of Supervisor of Midwives (POSOM) programme on the 10 July 2015.

Specific issues to follow up from self-report

- Service and user care involvement in the curriculum

Service users and carers are involved in both the pre-registration nursing (adult) programmes. The teaching teams confirm that these involvements need reviewing and a more strategic approach taken. Meetings with the director of the patients association took place in January 2015 and an action plan was developed. (105, 106)

- Re-approval of undergraduate nursing programmes

The pre-registration nursing programme is due for re-approval in 2016. The school recognises that a number of significant reports have been published since the original approval and have made changes to the existing programme to reflect the report's recommendations. These developments will prepare the way for re-approval in 2016. (5)

- Review of return to practice programme

The programme was reviewed in response to a request from the commissioners HESW. The academic level of the programme was reviewed. The programme is a pilot for an employer led recruitment model. (119)

- Review of serious and untoward incident policy

This policy was reviewed in response to the Francis Report (2013). Guidance clearly explains the process and the roles and responsibilities of staff and students. (120)

Evidence / Reference Source

5. Plymouth University self-assessment report, 2014/15

68. Meeting with adult nursing lecturers, 5 March 2015

87. Meeting with health dean, HESW, 5 March 2015

105. Faculty of health and human sciences, school of nursing and midwifery, service user meeting (Plymouth), 16 January 2015

105a. Faculty of health and human sciences, Internal policy for acting on untoward incidents or safeguarding issues from practice (SUI) or other serious incidents requiring investigation (SIRI) and including 'never events' undated

106. Midwifery with Plymouth University, faculty of health and human sciences, midwifery expert users group, February 2015

111. Meeting with deputy head of the school of nursing and midwifery, 4 March 2015

119. University of Plymouth learning and teaching committee, report of the conclusions of the meeting which was held on Thursday 30 October 2014, to consider the proposal from the faculty of health and human sciences for the approval of return to practice nursing

120. Faculty of health and human sciences, internal policy for acting on untoward incidents or safeguarding issues from practice (SUI) or other serious incident requiring investigation (SIRI) and including 'never events', March 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

Pre-registration nursing – adult

Since the approval event in 2011 there have been a number of staff changes to the programme team. Since July 2014 one senior lecturer/associate professor, four lecturers and four 0.5 whole time equivalent (WTE) lecturer practitioners (LP) have been appointed. (4, 5)

Recruitment of three LP is now underway. The teaching team is now approximately 70 per cent experienced staff and 30 per cent new staff. (6)

What we found at the event

The programme leaders for both programmes have the appropriate professional qualifications and a teaching qualification recorded with the NMC, and act with due regard. (64, 65)

Lecturers have appropriate professional registration and either have, or are working towards, a teaching qualification. The school policy supports professional development, allocating 35 days for study annually. (64, 66)

New members of academic staff are mentored by more experienced lecturers and there

<p>is evidence of succession planning within the midwifery teaching team. (64)</p> <p>Both the pre-registration nursing (adult) and midwifery teaching teams provided evidence of the support they receive for pursuing innovative ideas for inclusion in the development of teaching strategies and methods. The problem based learning approach for the research module in year two and the development of the use of FaceTime, Skype and Twitter are examples. (67, 68) (See section 4.1)</p> <p>Midwifery</p> <p>The midwifery teaching team consists of a mix of both experienced and inexperienced lecturers. The LME is an active member of the teaching team and fulfils all NMC requirements of the LME role. Four of the team are actively engaged as supervisors of midwives (SoMs). The LME is due to retire in July 2015 and recruitment for her successor is due to commence. (15, 16)</p>
<p>Evidence / Reference Source</p>
<ul style="list-style-type: none"> 4. NMC/Mott MacDonald approval report, pre-registration nursing (adult), 2011 5. Plymouth University self-assessment report, 2014/15 6. Initial visit meeting, 4 February 2015 15. Midwifery programme handbook, 2014-15 16. Presentation by midwifery academic team, 4 March 2015 64. Staff CVs 65. NMC register check, 2 March 2015 66. Professional development plan, school of nursing and midwifery 67. Meeting with midwifery lecturers, 4 March 2015 68. Meeting with adult nursing lecturers, 5 March 2015
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>Pre-registration nursing - adult</p> <p>The local education and training board (LETB) is proactive in planning for the increased commissions for this programme, commissioning an additional 300 mentorship places for the academic year 2013-2014. (5)</p> <p>The university monitors the allocation of students to mentors in practice and uses the educational audit process to ensure there are sufficient mentors to support the number of students on placement. (4)</p> <p>Placements are planned in advance with practice partners; usually for the whole three</p>

<p>years of the programme. This change has enabled forward planning in terms of placement capacity and mentor numbers required. (7)</p>
<p>What we found at the event</p>
<p>All students we met confirm that they are supported by an up-to-date mentor and that they work with this mentor for the required 40 per cent of the time. (18, 31, 39, 44, 46, 50)</p> <p>Midwifery</p> <p>There are sufficient qualified sign-off mentors to support midwifery students in placement. However, the currency of sign-off mentors is not evident from the mentor databases (see section 3.3.2). The two trusts visited demonstrate a commitment to ensuring midwives undertake the mentorship module in sufficient numbers to sustain an adequate number of sign-off mentors (21, 25, 26, 32, 34, 35).</p> <p>HoMs stated that placements are at capacity, particularly as placements are arranged on a block system, but that the university is responsive to feedback to accommodate service needs when negotiating the placement pattern. (21, 27, 32)</p> <p>Pre-registration nursing – adult</p> <p>There are sufficient qualified mentors/sign-off mentors to support student nurses (adult). Students state that they all have a named mentor and a ‘buddy’ mentor for the duration of their placement and work on the same shift as their mentor for more than 40 per cent of the time. Students complete an attendance record for their placement hours and this is confirmed by their mentor. (36, 39, 42-46, 50, 52, 127)</p> <p>The pre-registration nursing (adult) programme is mapped across all available placements to ensure that there are sufficient sign-off mentors available. If problems arise due to service reconfiguration or staff sickness, practice education leads contact the university to arrange alternative placements. (35, 36, 40)</p>
<p>Evidence / Reference Source</p>
<p>4. NMC/Mott MacDonald approval report, pre-registration (adult), 2011</p> <p>5. Plymouth University self-assessment report, 2014/15</p> <p>7. Plymouth University self-assessment report, 2013/14</p> <p>18. Meeting with midwifery students, Taunton, 4 March 2015</p> <p>21. Meeting with midwifery managers, Taunton, 4 March 2015</p> <p>25. Midwifery placement audits, Taunton, 4 March 2015</p> <p>26. Midwifery mentor database, Taunton, 4 March 2015</p> <p>27. Three year clinical allocations grid, Taunton, 2014-15</p> <p>31. Meeting with midwifery students, Torbay, 5 March 2015</p>

- 32. Meeting with head of midwifery, Torbay, 5 March 2015
- 34. Midwifery placement audits, Torbay, 5 March 2015
- 35. Midwifery mentor database, Torbay, 5 March 2015
- 36. Meeting with education placement lead, Peninsula placement lead, 4 March 2015
- 39. Meeting with student nurses, 4 March 2015
- 40. Observation of mentor database with learning development team lead, Knowledge Spa, RCHT, 4 March 2015
- 42. Meeting with ward sister, Tolgus Ward, Royal Cornwall Hospitals NHS Trust, 4 March 2015
- 43. Meeting with ward sister, Duchy Hospital, 4 March 2015
- 44. Meeting with student nurses, 4 March 2015
- 45. Meeting with community nursing team, 4 March 2015
- 46. Meeting with student nurses, 4 March 2015
- 50. Meeting with student nurses, 5 March 2015
- 52. Meeting with managers, Torbay District General Hospital, 5 March 2015
- 127. Meeting with manager, Royal Cornwall Hospitals NHS Trust, 4 March 2015

Outcome: Standard met

Comments:
No further comments

Areas for future monitoring:
None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

The interview process for the pre-registration nursing (adult) and midwifery programmes meet the NMC requirements. All candidates who meet the programme entry requirements are invited for interview. Practice placement partners are involved in the

interviews, with release from practice areas sometimes being challenging. Consideration is being given to holding interviews on the trust sites to facilitate the release of placement providers to attend interviews.

The school participated in a regional group which developed interview questions based on the chief nurse's 6Cs. Service users/carers have also been involved in developing questions for use in the interviews. Links have been made with the local branch of the patients association with a view to filming vignettes for use in student interviews for both programmes. (5, 6, 7)

Students who have additional needs or occupational health requirements are supported as appropriate, prior to going into practice, where a risk assessment will have been undertaken. (13)

What we found at the event

We found that the admissions process meets the NMC standards. Literacy and numeracy testing is now included in the interview day for all applicants. The literacy tests are based on the 6Cs. (71–79)

Academic staff and practice placement partners are prepared for the interview process, with equality and diversity training being provided for all involved. Briefing notes are available for staff prior to the interviews. DBS checks and occupational health screening are included in interview record ensuring that they are complete before students begin their practice placements. Managers of practice placement areas reported confidence that the interview process enables the recruitment of suitable candidates. (38, 70).

The school is cognisant of the challenges posed for students by the geographical distances of practice placement areas. Efforts are made during the admissions process to inform students of the practicalities, especially financial, of undertaking their programme at Plymouth University. (80)

The deputy head of the school closely monitors attrition rates, which are currently just below the national average. Exit interviews are performed to ascertain the reasons for nursing students leaving the programme. These include the distance of practice placements and financial difficulties. The school has implemented a host trust for students to reduce the amount of travelling. Academic staff also encourage students to access financial services provided by the university. (68, 81, 82)

Service users are involved in the admissions process for applicants to the midwifery programme, although this is not yet happening on the pre-registration nursing (adult) programme. (74)

The school has a position statement regarding the support of students under the age of 18. (122)

Midwifery

Recruitment to the midwifery programme is healthy, with 700 applicants for the 46 places in 2014. All shortlisted candidates are invited for interview. All interviews are conducted by both academic and trust staff, ensuring joint decisions are made about the recruitment of each student. Students are assessed against pre-determined criteria at

each stage of the recruitment process and scored against these criteria. The recruitment and admissions processes comply with NMC standards and requirements. Equality and diversity training is provided for all involved in the interview process. Practitioners reported that they complete equality and diversity training within their trusts prior to participation in the recruitment of students. (15, 16a, 74, 128)

Students state that their DBS checks and health screening is completed before they commence placements and academic staff confirm that character references for student nurses are obtained and scrutinised. (39, 46, 50, 130)

There is a self-declaration of good health and good character by midwifery students at the start of the second and third years. It is the responsibility of the LME at the end of the programme to declare students fit for registration. (9)

Pre-registration nursing - adult

Prospective students attend a recruitment day held at the university, at which they are given information on the programme and the practice learning environments where they would be undertaking their placements. Applicants also undertake a range of interactive activities where their communication skills are observed and assessed by academic and placement staff. The final part of this day is an individual interview with either a member of academic staff or a representative from the placement provider. Service users have contributed to the agenda of questions that could be asked by the interviewers although they are not directly involved in the interviews. (39, 130)

The university is currently piloting the use of literacy and numeracy tests as part of the admission process. (130)

Nursing students (adult) confirm that they declare their health and character status annually and this ensures that the NMC requirements are met. (39, 46, 50)

The evidence confirms that the school meets the NMC requirements for pre-registration nursing (adult) and pre-registration midwifery students admitted to the programmes. The academic staff reviews the process regularly to ensure that all standards are met.

Evidence / Reference Source

5. *Plymouth University self-assessment report, 2014/15*
6. *Initial visit meeting, 4 February 2015*
7. *Plymouth University self-assessment report, 2013/14*
13. *Plymouth University - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14*
15. *Midwifery programme handbook, 2014-15*
- 16a. *Conversation with admissions tutor*
39. *Meeting with student nurses, 4 March 2015*
46. *Meeting with student nurses, 4 March 2015*
50. *Meeting with student nurses, 5 March 2015*
68. *Meeting with adult nursing lecturers, 5 March 2015*

- 70. Briefing notes, nurse recruitment days, undated
- 71. Literacy exercise, 2014
- 72. Numeracy test, 2014
- 73. Written response marking grid, 2014
- 74. Admissions process for midwifery, 2014/15
- 75. Marking criteria for written element, BSc (Hons) Midwifery interviews, 2014/15
- 76. Midwifery interviews interview task (English), 2014/15
- 77. Midwifery interviews maths test, 2014/15
- 79. Nursing and midwifery with Plymouth University, faculty of health and human sciences, school of nursing and midwifery, teaching, learning and quality committee, 14 July 2014
- 80. Open day PowerPoint presentation
- 81. Nursing and midwifery with Plymouth University, school of nursing and midwifery, retention and attrition strategy, 9 August 2014
- 82. Summary report on attrition from BSc(Hons) nursing – adult programme – cohort September 2013
- 122. University of Plymouth, faculty of health and human sciences, school of nursing and midwifery, position statement regarding students under 18, undated
- 128. Meeting with managers and practice development team, Knowledge Spa, RCHT, 4 March 2015
- 130. Meeting with nursing lecturers, 4 March 2015

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

What we found before the event

Fitness to practise (FtP) procedures clearly identify the university's expectations of student behaviour in respect of their academic and professional behaviour.
The stages of the FtP process are explained. Students and practice partners are members of the fitness to practise committee at stage three of the process. (121, 123)

What we found at the event

We found that the university has robust procedures in place to address poor performance in both theory and practice. Students, academic staff and practice placement providers are all familiar with the procedures. (123)

Midwifery

The close relationship between LLs, practice development midwives (PDMs) and sign-off mentors enables practice issues to be addressed promptly. Action plans are put into place, using a tripartite meeting to agree objectives. LLs are present at tripartite meetings for all summative grading of practice assessments. Where students require

extra support or are failing in practice, mentors report they are well supported by academic staff. Action plans are put in place, agreed by the LL and the mentor and student, and are reviewed at regular intervals (19, 22, 30, 33).

Six of the midwifery programme team are SoMs, although only four are currently practising as SoMs. This enables midwifery lecturers to be involved in shaping and developing the maternity services, as well as providing supervisory support for midwives in practice. (16)

Pre-registration nursing – adult

Mentors and service managers in the practice setting are aware of the procedures to address issues of poor performance in practice and who to contact in such instances (36-38, 42, 43, 45, 52, 53).

The students are aware of the fitness to practise procedure used within the university and express confidence in the system. The students are also familiar with the academic regulations of their programme and the level of performance expected of them in order to successfully complete the programme. (39, 44, 46, 50)

In the academic year 2013/14, 23 pre-registration students were referred to the FtP process. Four reached stage three and were excluded from the programme. Nineteen reached stage one. Outcomes ranged from informal warnings to repeating a practice placement.

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Evidence / Reference Source

16. Presentation by midwifery academic team, 4 March 2015
19. Meeting with midwifery mentors, Taunton, 4 March 2015
22. Meeting with mentor, Bridgewater Birth Centre, 4 March 2015
30. Midwifery ongoing achievement record (practice assessment document), undated
33. Meeting with midwifery mentors, Torbay, 5 March 2015
36. Meeting with education placement lead, Peninsula placement lead, 4 March 2015
37. Meeting with mentors and sign-off mentors, 4 March 2015
38. Meeting with practice development team and managers, 4 March 2015
39. Meeting with student nurses, 4 March 2015
42. Meeting with ward sister, Tolgus Ward, Royal Cornwall Hospitals NHS Trust, 4 March 2015
43. Meeting with ward sister, Duchy Hospital, 4 March 2015
44. Meeting with student nurses, 4 March 2015
45. Meeting with community nursing team, 4 March 2015
46. Meeting with student nurses, 4 March 2015

50. Meeting with student nurses, 5 March 2015

52. Meeting with managers, Torbay District General Hospital, 5 March 2015

53. Meeting with practice development team, 5 March 2015

121. Plymouth University school of nursing and midwifery, fitness to practise panels, academic year 2013/14

123. Plymouth University, faculty of health, education and society, fitness to practise procedures for students, 2009

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

The FtP process works effectively with school staff and practice partners being familiar with the process. The inappropriate use of social media is the most common reason for FtP procedures to be instigated, with concerns often raised by practice partners or other students. Other issues raised in the last year included signatures and fraudulently completed timesheets, competence and failing to follow processes in relation to medicines management. (5, 6)

Ward managers who have identified areas of concern or supported a student are informed of the outcomes. This year two workshops have been held on failing to fail and FtP with clinicians. (5, 6)

What we found at the event

We found that procedures are implemented by practice partners who are supported by their academic colleagues. If there are concerns the mentor will contact either the PDT academic lead for the pre-registration nursing (adult) programme, the LL for the midwifery programme or the personal tutor. The field lead may also be involved, and an informal meeting will take place to discuss the issues and develop an action plan. If these measures are not successful then the formal FtP procedures will be implemented. (115, 116, 134)

Midwifery

There are explicit mechanisms to address FtP issues where students have not observed their code of conduct. It is clear that practice partners are involved in the process. (29)

The HoM at Torbay identified that she has been an FtP panel member at the university where this was required recently. (32)

Where students have been out of practice for a period of time through illness, a risk assessment is undertaken by the LL in collaboration with the occupational health department before the student returns to work. Examples of risk assessment forms were viewed by the reviewer. (28)

Pre-registration nursing – adult

All mentors, PDT clinical leads and students state that they have a good understanding of the process to address a student who is not performing at the required level. When mentors notice or are made aware that a student's performance is poor, they seek the advice from the PDT clinical leads. These concerns are then escalated and made known to the academic staff. PDT clinical leads are very clear about the process that is to be followed, and are confident that the academic staff will respond to their concerns of a student's poor performance in a professional manner and in accordance to the regulations of the programme. The PDT clinical leads also state that advice and support from the university is always available in ensuring these concerns are addressed. (36-39, 42-46, 50, 52, 53)

Evidence / Reference Source

- 5. *Plymouth University self-assessment report, 2014/15*
- 6. *Initial visit meeting, 4 February 2015*
- 28. *Risk assessment form, dated 11 April 2014*
- 29. *Fitness to practise letter, dated 22 February 2012*
- 32. *Meeting with head of midwifery, Torbay, 5 March 2015*
- 36. *Meeting with education placement lead, Peninsula placement lead, 4 March 2015*
- 37. *Meeting with mentors and sign-off mentors, 4 March 2015*
- 38. *Meeting with practice development team and managers, 4 March 2015*
- 39. *Meeting with student nurses, 4 March 2015*
- 42. *Meeting with ward sister, Tolgus Ward, Royal Cornwall Hospitals NHS Trust, 4 March 2015*
- 43. *Meeting with ward sister, Duchy Hospital, 4 March 2015*
- 44. *Meeting with student nurses, 4 March 2015*
- 45. *Meeting with community nursing team, 4 March 2015*
- 46. *Meeting with student nurses, 4 March 2015*
- 50. *Meeting with student nurses, 5 March 2015*
- 52. *Meeting with managers, Torbay District General Hospital, 5 March 2015*
- 53. *Meeting with practice development team, 5 March 2015*
- 115. *Action plan student nurse, September 2013 cohort, 17 November 2014*
- 116. *Notes of informal meeting with student nurse, 27 January 2014*
- 134. *Example of midwifery action plan for follow up of poor student engagement*

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

<p>What we found before the event</p> <p>Accreditation of prior (experiential) learning AP(E)L procedures are in place and are clearly explained for prospective students. (10)</p> <p>The AP(E)L process has been applied for students entering the pre-registration nursing programmes but has not been used for entry to the midwifery programme. The process has been implemented at a modular level in year two of the programme. Work is underway with practice placement providers to expand the use of AP(E)L to include mapping of the foundation degree against the pre-registration programme and health care assistants undertaking the 'year to care' project. (6)</p>
<p>What we found at the event</p>
<p>The university has clear procedures for the assessment of AP(E)L claims and an AP(E)L assessor is in post. (83)</p> <p>Although AP(E)L guidance has been developed specifically for pre-registration nursing students, the process is not widely used. (84, 85)</p> <p>Midwifery</p> <p>AP(E)L is not applicable for the three year midwifery programme and no evidence was seen of transfers from other AELs.</p> <p>Pre-registration nursing - adult</p> <p>None of the students we met had used the AP(E)L process to gain entry to the programme. (39, 46, 50)</p>
<p>Evidence / Reference Source</p>
<p>6. Initial visit meeting, 4 February 2015</p> <p>10. Plymouth University: School of health and social care: Recognition of previous academic study or experience (AP(E)L), 2013</p> <p>39. Meeting with student nurses, 4 March 2015</p> <p>46. Meeting with student nurses, 4 March 2015</p> <p>50. Meeting with student nurses, 5 March 2015</p> <p>83. Plymouth University accreditation of prior learning, March 2012</p> <p>84. Health, education and society with Plymouth University, innovate with Plymouth University, accreditation of prior learning (AP(E)L) case studies, undated</p> <p>85. Succeed with Plymouth University, faculty of health and human sciences, recognition of previous academic study or experience (AP(E)L), undated</p>
<p style="text-align: center;">Outcome: Standard met</p>

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 3- Practice Learning

- 3.1 Inadequate governance of and in practice learning**
- 3.2 Programme providers fail to provide learning opportunities of suitable quality for students**
- 3.3 Assurance and confirmation of student achievement is unreliable or invalid**

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

What we found before the event

There is evidence of strong partnership working and shared activities and responsibilities both operationally and strategically. Placement capacity meetings were held in November 2014 in all the trusts with stakeholders. Annual placement capacity is agreed with the placement provider each year in a face-to-face meeting with education leads and workforce planners. (11, 12)

Midwifery

The LME is involved at a strategic level with a number of committees. She works closely with HoMs and there is a bi-annual education/HoM forum. There is a close working relationship with the local supervising authority (LSA) and maternity placement providers. (9)

An educational audit is undertaken collegiately with the NHS every two years and an action plan formed, where appropriate, prior to student attendance.

If the education audit is not up-to-date or satisfactory then the student will not attend the placement. If the placement has students from more than one AEI the capacity is agreed for the placement and placement numbers shared across the AEIs. Student allocation and staff information about the student is all managed online through ARC, a web-based platform. ARC provides a profile of the placement for the students to engage with prior to attendance. This includes policies and procedures to be read, understood and adhered to. The university chairs the south west partnership for placements (SWAPP). This forum feeds into multiple layers of the NHS at strategic and operational

level and includes all AEs who have contracts with HESW. Commissioners attend both SWAPP and south west education group (SWEG) at each meeting. (13)

Students understand and use the school's raising concerns procedures. There is evidence that their concerns are responded to by academic staff in the school and practice placement partners. For example, the associate dean for practice worked with the deputy director of nursing in a trust to resolve issues raised by a student. One investigation led to the removal of a placement area. Another investigation into a complaint made by a student led to the NMC and HESW being informed, and students being removed from the placement area. (7)

The local supervising authority midwifery officer (LSA MO) has met with the deputy director for education and quality at HESW to investigate a complaint made by midwifery students. An action plan was agreed. This will be followed through by the LME working in partnership with trust colleagues, link lecturer and programme lead. (7)

What we found at the event

We found that partnership working occurs at both strategic and operational levels. The teaching teams for both programmes are increasingly developing their communication technology to facilitate communication around the large geographical area.

The appointment of a new dean of the faculty in 2014 is viewed positively by HESW. Communication channels are being developed and enhanced and it is anticipated that future programme developments will meet the needs of the health community. (67, 68, 87)

It is anticipated that student numbers for both the midwifery and pre-registration nursing (adult) programmes will increase this year. The programme teams and the placement team are exploring the impact on placement capacity and actively looking for additional placement opportunities such as GP practices. (86, 87, 89)

The completion of educational audits has recently changed from annual to biennial. Arrangements are in place to share educational audits with other AEs who have students in the same practice placement area. Formal meetings are held with stakeholders to strategically manage student numbers in all practice placements. (110)

We found that educational audits for all areas visited for both programmes monitored were up-to-date. In addition, a random sample was selected from the database and all were up-to-date. (89)

We confirm that the students' raising concern procedure is robust and supportive. Examples of issues from across the geographical area were presented, detailing concerns, actions and outcomes. (90-96)

We visited the placement area which had a concern raised by midwifery students following the raising and escalating concerns policy. The area supports both pre-registration nursing (adult) and midwifery students. A clear action plan was provided, which had been agreed by the manager of the area and the LME. We are assured that academic staff and practice placement partners have worked together to ensure that the ward provides a positive learning environment for all students and students' individual

learning needs are recognised. (54, 97-103)

We found that processes are in place to ensure that the management of placements meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. The academic director of placements takes responsibility for monitoring CQC activity in the placement areas and responds appropriately, as and when required. (32, 36, 38, 89)

Midwifery

There is very strong evidence of midwifery partnership working at both of the trusts visited. There are excellent relationships between the LLs and all staff, including the HoM and midwifery managers, as well as with individual mentors. LLs maintain a high profile in the maternity units that were visited and are accessible to, and supportive of, staff who support students. (17, 19, 21, 22, 32, 33)

The PDMs were not available during the visits, but placement education audits indicate that these are conducted as a joint assessment between the LL and the PDM for each placement area. (25, 34)

Midwifery students in one of the trusts raised concerns relating to the behaviour and attitude of midwives in one placement area. This has been taken seriously by midwifery management, and the HoM has worked with the LME to formulate an action plan. This has now been incorporated into the trust's 'ongoing improvement plan' and is regularly reviewed. The HoM has met with the students on a regular basis for feedback. (17)

Pre-registration nursing – adult

The model for educational audits of practice placements involves two members of the placement team who are dedicated to monitoring and completing educational audits with the placement provider. Educational audits in the PVI sector are completed using the same process. The number of mentors is recorded in the audit document and this is referred to when placing students in these areas. Few students are placed in the PVI sector – only one was on placement in a nursing home at the time of the visit.

The educational audits are uploaded onto the Plymouth online practice placement information portal system (POPPI) which is accessible by academic staff and placement providers. The PDT is then informed that the audit has been completed and it is the responsibility of the academic lead to scrutinise the audit. (89)

The placement team are able to demonstrate that they can identify when each audit is accessed but there is no clear mechanism to monitor this. For new placement areas a member of academic staff will visit to discuss the requirements and expectations of supporting and assessing student nurses and assess the suitability of the area. The placement team will then conduct the formal educational audit (89). In addition to the educational audit, placement areas inform the university if the nature of the learning environment has changed and if necessary, the placement pattern for a student nurse is changed to ensure that students are able to meet their learning outcomes. (36, 38, 39, 42, 43, 46, 52, 53, 89)

There is an effective relationship between practice placement providers, individual departments within these providers and the university, and this was evident at many levels. Mentors and managers note that there are many different ways they can engage

with staff at the university. This strong relationship ensures that capacity for student placements is under constant review and can be adjusted to meet any changes in commissioned numbers. (36, 38, 39, 42, 43, 46, 52, 53)

PDTs are a team of academic and practice staff whose role is to manage student learning in practice areas and support students and mentors. Each team has a named academic lead and clinical lead. When this model of support was introduced eight years ago the teams were based in the trusts, with academics devoting a significant amount of time to the role. The model has now changed slightly with teams responsible for a larger geographical area which includes partners from the PVI sector. In addition, the time academics devote to this role has been reduced, the explanation being that other systems are also in place. Staff in the trusts comment that academic staff are less visible but always respond if there is a problem and support is required. (66, 86, 88, 89)

Evidence / Reference Source

7. *Plymouth University self-assessment report, 2013/14*
9. *NMC/Mott MacDonald approval report, midwifery, 2013*
11. *South west education group: notes of meeting, August 2014*
12. *Proposed arrangements for 2015/16 placement capacity meetings, autumn 2014*
13. *Plymouth University - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14*
17. *Meeting with head of midwifery, assistant director of nursing, learning adviser and matron, Taunton, 4 March 2015*
19. *Meeting with midwifery mentors, Taunton, 4 March 2015*
21. *Meeting with midwifery managers, Taunton, 4 March 2015*
22. *Meeting with midwifery mentor, Bridgewater Birth Centre, 4 March 2015*
25. *Midwifery placement audits, Taunton, undated*
32. *Meeting with head of midwifery, Torbay, 5 March 2015*
33. *Meeting with midwifery mentors, Torbay, 5 March 2015*
34. *Midwifery placement audits, Torbay, 5 March 2015*
36. *Meeting with education placement lead, Peninsula placement lead, 4 March 2015*
38. *Meeting with practice development team and managers, 4 March 2015*
39. *Meeting with student nurses, 4 March 2015*
42. *Meeting with ward sister, Tolgus Ward, Royal Cornwall Hospitals NHS Trust, 4 March 2015*
43. *Meeting with ward sister, Duchy Hospital, 4 March 2015*
46. *Meeting with student nurses, 4 March 2015*
52. *Meeting with managers, Torbay District General Hospital, 5 March 2015*
53. *Meeting with practice development team, 5 March 2015*
54. *Action plan for midwifery students, Tolgus ward, 2014, undated*
66. *Professional development plan, school of nursing and midwifery*
67. *Meeting with midwifery lecturers, 4 March 2015*
68. *Meeting with adult nursing lecturers, 5 March 2015*

- 86. Presentation by deputy dean of school of nursing and midwifery, 4 March 2015
- 87. Meeting with health dean, HESW, 5 March 2015
- 88. Monitoring team meeting, 4 March 2015
- 89. Meeting with academic director of placements and partnerships and placements systems manager, 4 March 2015
- 90. Internal faculty of health and human sciences, flow chart for guidance in support of policy for student or staff reporting a SUI/SIRI to staff member, undated
- 91. Faculty of health and human sciences, Internal policy for acting on untoward incidents or safeguarding issues from practice (SUI) or other serious incidents requiring investigation (SIRI) and including 'never events', undated
- 92. BSc (Hons) nursing – adult field, Managing escalation of concerns – case study, undated
- 93. North Devon healthcare, NHS trust, chief executive bulletin, 19 August 2014
- 94. Coombehaven ward, brief summary of actions and outcome following student statement regarding their placement on Coombehaven ward, undated
- 95. South Devon healthcare NHS foundation trust, south west heads of midwifery forum, minutes of meeting 2 October 2014, 15 December 2014
- 96. Telephone interview with deputy director of nursing, Northern Devon healthcare, 4 March 2015
- 97. Royal Cornwall Hospitals NHS Trust, critical incident report, undated
- 98. Evaluation of gynaecology placement, Tolgus ward, undated
- 99. Letter from LSA midwifery officer, NHS England South, regarding student midwife feedback Tolgus Ward, 22 August 2014
- 100. Letter from nurse executive and deputy chief executive, Royal Cornwall Hospitals NHS Trust, 11 August 2014
- 101. Notes of meeting to consider the action plan developed for Tolgus ward following concerns raised by student midwives – LME, Plymouth University, midwifery link lecturer to RCHT, Plymouth University, matron gynaecology services, RCHT, midwifery manager RCHT, undated
- 102. Royal Cornwall Hospitals NHS Trust, Tolgus ward induction pack, student midwives, 2014
- 103. Royal Cornwall Hospitals NHS Trust, Tolgus ward – students values based evaluation of placement experience, January 2015
- 110. Proposed arrangements for 2015/16 placement capacity meetings, autumn 2014

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

What we found before the event

The school involves service users/carers in a number of activities and has accessed a faculty-wide service user forum for involvement in nursing and midwifery programmes. This group consists of experienced service users who have been educated to consider a range of processes where their views are crucial. There are over 100 members of this group. (5, 7)

Service users and carers are integral to the delivery of some modules. This is particularly successful in the pre-registration nursing (mental health) programme where service users co-deliver part of a module. It is also effective in midwifery where service users contribute to the ongoing achievement record (OAR) document, as well as participating in module delivery. Service users are an integral part of the approval process and this was commended at the preparation of supervisors of midwives

programme approval in 2014. (5, 7)

The school intends to develop involvement further through membership of programme committees and the further education of service users to participate in activities specifically for nursing and midwifery. (5, 7)

Pre-registration nursing – adult

The service users contributed to the design and delivery of the curriculum. (4)

Midwifery

Service users provide evidence in the OAR, and through evaluation of the case loading experience. This evaluates positively by both service users and students. (7)

What we found at the event

We found that practice partners and service users/carers are involved in many aspects of programme development and delivery, and that developments are underway to streamline this involvement. Honorary contracts are awarded to practice partners who are regularly involved in delivering the curriculum, either in the classroom setting or in skills teaching. (68, 69)

Service users/carers were involved in curriculum development and delivery, but a significant number of the group are no longer able to participate. Recognising the need to re-generate their involvement an introductory meeting was held in January 2015. The aim of the meeting was to discuss the development of a strategy for the involvement of service users in the curriculum for all pre-registration nursing and midwifery programmes. Present at the meeting were all field leads, midwifery lecturer, administrators and director of the patients association. The minutes confirm that involvement is happening but that it is disorganised and a more strategic approach will be useful. An action plan is in place. (68, 105)

Midwifery

The midwifery team are also establishing a 'midwifery expert users group' to provide a forum for consultation and to advise midwifery programme committees. (106)

A service user interviewed during the review has experienced student case loading as she was part of the caseload of one of the third year students. She was positive regarding the student who had seen her throughout her antenatal care. Boundaries for case loading practice were made clear for students and mentors through the Case loading handbook for mentors. (24)

Service users are invited to give students feedback in the midwifery OAR and several examples of very positive feedback were demonstrated in the meetings with students. Students also request feedback from their case load women in their OAR (18, 30, 31).

The OAR has been simplified in response to practitioner feedback, ensuring that feedback from mentors is rationalised and therefore more manageable in the timeframe. Responses to this change are mixed, with some mentors declaring this a huge improvement and others commenting that there is little room for mentor comments,

particularly if students were failing in practice. (19,30, 33)

Pre-registration nursing - adult

Practice placement providers are engaged in many aspects of the curriculum, including module development, teaching, assessing at objective structured clinical examinations (OSCEs), participation in open days and recruitment events and participation in validation/approval events. A community nurse spoke about a lecture that she delivers to adult field student nurses prior to the commencement of the community placements. This lecture provides students with information about community nursing and the professional behaviour that is expected of a nurse when visiting a client in their own home. (38, 45)

In the OAR students are required to include a 'report from other' and service users sometimes complete this to express a view on a student nurse's performance. (39)

Evidence / Reference Source

- 4. NMC/Mott MacDonald approval report , pre-registration nursing (adult), 2011
- 5. Plymouth University self-assessment report, 2014/15
- 7. Plymouth University self-assessment report, 2003/14
- 18. Meeting with midwifery students, Taunton, 4 March 2015
- 19. Meeting with midwifery mentors, Taunton, 4 March 2015
- 24. Case loading handbook for mentors, 2014-15
- 30. Midwifery ongoing achievement record (practice assessment document), undated
- 31. Meeting with midwifery students, Torbay, 5 March 2015
- 33. Meeting with midwifery mentors, Torbay, 5 March 2015
- 38. Meeting with practice development team and managers, 4 March 2015
- 39. Meeting with student nurses, 4 March 2015
- 45. Meeting with community mentors, 5 March 2015
- 68. Meeting with adult nursing lecturers, 5 March 2015
- 69. Honorary contract details, undated
- 105. Faculty of health and human sciences, school of nursing and midwifery, service user meeting (Plymouth), 16 January 2015
- 106. Midwifery with Plymouth University, faculty of health and human sciences, midwifery expert users group, February 2015

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

What we found before the event

A structured system of support for mentors and students is facilitated through PDTs. These are teams of academic staff and clinicians who work together to ensure the well-

being of patients, students and mentors.

PDTs include all nursing and midwifery lecturers who are also personal tutors. The associate dean for practice quality development also practices as part of the Torbay PDT. There are four PDTs arranged geographically across the three counties and each has an identified lead.

All lead PDT personnel across the south west meet together formally three times a year at an event planned and led by the associate dean for practice. The purpose of this event is to share good practice, address concerns, enhance communications and to be appraised of information, e.g. regarding planned changes. Commissioners occasionally attend this meeting. Staff from the PVI sectors are also invited to attend. To complement this activity a portal (POPPI) holds a catalogue of information to support the student and mentor's journey. This includes this year a revised escalating concerns process which has been designed in conjunction with the NHS and other placement providers. (13)

What we found at the event

We found that the two different models of support implemented by the nursing and midwifery teams are well understood and valued across the area. (68, 96, 107, 109)

Midwifery

All staff are expected to undertake 12 days per year placement development team activity, alongside clinical practice hours with honorary contract for the trust they are working in. They undertake link teacher activities as well as tripartite visits and mentor development activities.

Midwifery LLs are visible and accessible to all practice staff. Regular visits to the maternity services are evident to support both students and mentors. Midwifery link lecturers are present at almost all tripartite meetings where practice grade is determined, although they play no part in awarding the grade. There are excellent relationships between practice staff and midwifery academics. In addition, four of the midwifery lecturers are also active supervisors of midwives, so meet with midwifery staff as part of the supervisor of midwives team. (15, 19, 22, 30, 33, 108)

The relationship between academic and practice staff and the PDT was less clear during the visits to the placement areas. In one trust, the learning adviser was the allocated trust midwife who attended the local PDT. (17)

Pre-registration nursing - adult

There are four PDTs across the geographical area where the practice placement providers are located and each team comprises of an academic and members of the local PDT. They meet once every two months and their main role is to provide support to mentors. The PDTs have a dedicated telephone number that mentors use to gain support and advice or to discuss issues of concern related to students. All four PDTs meet four times a year and this serves as a valuable forum to discuss issues that are particular to an area as well as issues that are common to all teams. These teams have been in existence for eight years and have made a significant contribution to the

learning experiences of student nurses. (53)

Mentors/sign-off mentors, the PDTs and managers of practice placement areas report that they are able to access academic staff for support and advice. The students also report that some academic staff are engaged in the delivery of patient care and will provide support if needed. (36-39, 42-46, 50, 52, 53)

Evidence / Reference Source

- 13. Plymouth University - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14
- 15. Midwifery programme handbook, 2014-15
- 17. Meeting with head of midwifery, assistant director of nursing, learning adviser and matron, Taunton, 4 March 2015
- 19. Meeting with midwifery mentors, Taunton, 4 March 2015
- 22. Meeting with midwifery mentor, Bridgewater Birth Centre, 4 March 2015
- 30. Midwifery ongoing achievement record (practice assessment document), undated
- 33. Meeting with midwifery mentors, Torbay, 5 March 2015
- 36. Meeting with education placement lead, Peninsula placement lead, 4 March 2015
- 37. Meeting with mentors and sign-off mentors, 4 March 2015
- 38. Meeting with practice development team and managers, 4 March 2015
- 39. Meeting with student nurses, 4 March 2015
- 42. Meeting with ward sister, 4 Tolgus Ward, Royal Cornwall Hospitals NHS Trust, March 2015
- 43. Meeting with ward sister, Duchy Hospital, 4 March 2015
- 44. Meeting with student nurses, 4 March 2015
- 45. Meeting with community nursing team, 4 March 2015
- 46. Meeting with student nurses, 4 March 2015
- 50. Meeting with student nurses, 5 March 2015
- 52. Meeting with managers, Torbay District General Hospital, 5 March 2015
- 53. Meeting with practice development team, 5 March 2015
- 68. Meeting with adult nursing lecturers, 5 March 2015
- 96. Telephone interview with deputy director of nursing, Northern Devon healthcare, 4 March 2015
- 107. Faculty of health and human sciences, school of nursing and midwifery, placement development teams - supporting our learners in practice, undated
- 108. Meeting with midwifery lecturers, 4 March 2015
- 109. Midwifery with Plymouth University, the role of the link lecturer in midwifery, February 2015

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

Mentors are prepared locally by the university through agreed contracts with HESW. (13)

Mentor updates are delivered on NHS trust sites as well as on the Plymouth and Truro campuses. They are open to staff from all NHS trusts and the PVI's within that locality. (13)

Mentor update materials are updated annually by the PDTs. An associate lecturer employed to support mentor updates in Royal Cornwall Hospitals NHS Trust. (7)

Mentors and practice managers confirm that there is good communication with the university and a partnership approach to support mentors in practice. (4)

What we found at the event

We found that mentors are well prepared for their role in practice.

Mentorship modules are commissioned from both Plymouth University and another AEI, according to the location of the trust. The university has a flexible approach to delivery of the mentor preparation programme, with three modes of delivery available – a taught programme, AP(E)L for those with suitable experience and a distance learning option. The LETB has increased mentor commissions and the programme is offered six times per year with a further 32 distance learning accredited sessions. (41, 111)

In Taunton, the head of learning development has input into commissioning numbers and determines placement capacity. The learning adviser for midwifery identifies the required numbers of sign-off mentors and arranges mentor module allocation accordingly. (17, 32)

An annual mentor conference is provided free of charge by the university, providing an additional opportunity for discussion across the geographical area. (133)

Midwifery

Mentorship modules are available to midwives post preceptorship at two local universities, including Plymouth University. In the 2013 curriculum students undertake the theoretical component of the mentorship module during the third year of their programme. This has been well received by the midwifery managers as they feel this kept the momentum of students' learning going so they were more motivated to complete the module at the end of their preceptorship period. (21)

Pre-registration nursing - adult

Registered nurses who wish to become mentors can undertake the mentor preparation module that is delivered by the university. The mentors report that it was easy to access this module as they are offered very frequently by the university. The placement managers' report that they encourage nurses to attend this module as part of their ongoing professional development (37, 38, 45, 52, 53)

Mentors and sign-off mentors confirmed that they are well prepared for their role in assessing practice and supporting students. (37, 45, 53)

<p>Evidence / Reference Source</p>
<p>4. NMC/Mott MacDonald approval report, pre-registration nursing (adult), 2011</p> <p>7. Plymouth University self-assessment report, 2013/14</p> <p>13. Plymouth university - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14</p> <p>17. Meeting with head of midwifery, assistant director of nursing, learning adviser and matron, Taunton, 4 March 2015</p> <p>19. Meeting with midwifery mentors, Taunton, 4 March 2015</p> <p>21. Meeting with midwifery managers, Taunton, 4 March 2015</p> <p>32. Meeting with head of midwifery, Torbay, 5 March 2015</p> <p>33. Meeting with midwifery mentors, Torbay, 5 March 2015</p> <p>37. Meeting with mentors and sign-off mentors, 4 March 2015</p> <p>38. Meeting with practice development team and managers, 4 March 2015</p> <p>41. Meeting with programme team - BSc (Hons) nursing, adult, Knowledge Spa, RCHT, 4 March 2015</p> <p>45. Meeting with community nursing team, 4 March 2015</p> <p>52. Meeting with managers, Torbay District General Hospital, 5 March 2015</p> <p>53. Meeting with practice development team 5 March 2015</p> <p>68. Meeting with adult nursing lecturers, 5 March 2015</p> <p>111. Meeting with deputy head of the school of nursing and midwifery, 5 March 2015</p> <p>112. Midwifery with Plymouth University, faculty of health and human sciences, school of nursing and midwifery, BSc (Hons) pre-registration midwifery, mentor handbook, academic year 2014/15</p> <p>133. Mentorship with Plymouth University, annual mentor conference, 25 November 2013, Cornwall, and 23 March 2015</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>A flexible approach is taken to the delivery of mentor updates. The mentor updates are delivered monthly in the NHS throughout the year. Staff from PVIs also attend. There is also an available online mentor update which mentors appreciate, and a webinar style mentor update aimed most specifically at the PVIs and GP nurses. (13)</p> <p>Mentors understand the requirement for annual updates and inclusion of this in annual performance reviews. In addition there is a process in place to meet the triennial review requirements. (4)</p>
<p>What we found at the event</p>

Mentor updates are locally designed and arranged between the LLs and the PDMs. LLs deliver all mentor update sessions. These had previously been a part of the mandatory update days but due to unavailability of LLs at the appointed times, these have recently become stand-alone mentor update sessions and attendance will be evaluated. (19, 33)

Mentors report that updates can also be undertaken online and that this is a useful delivery method. Mentor updates are the responsibility of the mentor to arrange to ensure that they attend once a year. In one trust, midwives report their attendance through the supervisory annual review. In another trust, it was less clear how mentors report their attendance for the purposes of the database, but this is generally through the practice development midwife. (19, 33)

We found that mentors and sign-off mentors are able to attend annual updates but that there is no reliable system for reminding mentors when an update is due. There is also a lack of understanding of the triennial review process, apparent across all practice placements visited during the review period. It is also unclear how records of attendance at mentor updates are maintained. In one trust, it was reported that the process of triennial review had recently been embraced by the supervisory annual review. However, it was unclear how the information from the triennial review was transferred to the database as this information was missing for the majority of mentors. Mentors were likewise unclear of the process, although one mentor was able to produce triennial review paperwork from Plymouth University. (33, 35, 37, 40, 45, 58)

It was confirmed during the placement visits that sign-off mentors who do not have a record of an up-to-date annual update or triennial review are being used as sign-off mentors. In one trust, a RAG rating system is used for the mentor database but it was not clear what the status of midwives who were coded 'red' or 'amber' was in relation to mentoring. It was unfortunate that in both trusts the practice development midwives were not available for discussion about the mentor databases as they were the people who hold and update the databases (17, 19, 26, 33, 35).

All students met were with an up-to-date mentor. However, we could not verify this for all pre-registration nursing (adult) and midwifery students as the register was not complete. Mentors and managers report that mentor update sessions are provided very frequently, at least once a month, in the various practice placement providers. Mentors from the PVI sector are also invited and encouraged to attend these updates. Information for mentors is available on POPPI. Dates are advertised widely and mentors are encouraged to attend these by their managers. (68, 122)

In addition to the face-to-face sessions, they are also provided online, although mentors are encouraged to attend at least one face-to-face session every two years as these give mentors an opportunity to share experiences with their peers and to learn from each other. The face-to-face sessions are facilitated by members of the PDT and supported by academic staff. (37, 38, 45, 52, 53)

The content of the mentor updates is updated annually.(68, 112)

We conclude that the NMC requirements are not met. We have significant concerns in relation to student progression and public protection if the current status of mentors and sign-off mentors is not clearly identified on the live mentor register. This could lead to the potential for non-compliant mentors being allocated students to supervise.

<p>The university must work in partnership with placement providers to ensure that systems are in place to make sure that nursing and midwifery mentors and sign-off mentors are reminded to and attend annual updates, and understand and complete triennial reviews.</p>
<p>Evidence / Reference Source</p>
<p>4. NMC/Mott MacDonald approval report, pre-registration nursing (adult), 2011</p> <p>13. Plymouth University - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14</p> <p>17. Meeting with head of midwifery, assistant director of nursing, learning adviser and matron, Taunton, 4 March 2015</p> <p>19. Meeting with midwifery mentors, Taunton, 4 March 2015</p> <p>26. Midwifery mentor database, Taunton, 4 March 2015</p> <p>33. Meeting with midwifery mentors, Torbay, 5 March 2015</p> <p>35. Midwifery mentor database, Torbay, 5 March 2015</p> <p>37. Meeting with mentors and sign-off mentors, 4 March 2015</p> <p>38. Meeting with practice development team and managers, 4 March 2015</p> <p>40. Observation of mentor database with learning development team lead, Knowledge Spa, RCHT, 4 March 2015</p> <p>45. Meeting with community nursing team, 4 March 2015</p> <p>52. Meeting with managers, Torbay District General Hospital, 5 March 2015</p> <p>53. Meeting with practice development team, 5 March 2015</p> <p>58. Triennial review record of mentor activity, University of Plymouth, November 2013</p> <p>68. Meeting with adult nursing lecturers, 5 March 2015</p> <p>112. Midwifery with Plymouth University, faculty of health and human sciences, school of nursing and midwifery, BSc (Hons) pre-registration midwifery, mentor handbook, academic year 2014/15</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>Collaboration between the university and practice ensures a robust system for the management of the live mentor register. (4)</p>
<p>What we found at the event</p>
<p>We found that the process of maintaining mentor databases does not provide assurance that all students are assessed by an updated mentor.</p> <p>The databases are maintained and populated by the local trust practice education lead/practice development midwife. During scrutiny of these databases it was noted that in one trust 180 mentors from a total of 613 on the register are not recorded as having</p>

attended an annual update. (35, 40)

There is no systematic database of mentors in the PVI sector. Reliance is currently placed on the mentor information recorded in the educational audit. The move to biennial educational audit inevitably means that this information is soon out of date. A random check indicates that there are mentors in the PVI sector who appear not to have attended an update. Reassurance was given that the PDT academic lead ensures that no student is placed with an out of date mentor, but there is no clear process in place to confirm this. It was confirmed during the visit that the small number of nursing students placed in the PVI sector are all supported by an updated mentor. (89, 131)

Midwifery

It was confirmed during the placement visits that sign-off mentors who do not have a record of an up-to-date annual update or triennial review are being used as sign-off mentors. In one trust, a RAG rating system is used for the mentor database but it was not clear what the status of midwives who were coded 'red' or 'amber' was in relation to mentoring. It was unfortunate that in both trusts the PDMs were not available for discussion about the mentor databases as they were the people who hold and update the databases. NMC requirements are not met and this requires immediate improvement. All students we met were with an updated sign-off mentor, however we could not be assured for all midwifery students due to the recording of updates being incomplete. (17, 19, 26, 33, 35)

Pre-registration nursing – adult

Three mentor databases were reviewed and two were found to be not up to date. In the first database, mentors were 'colour coded' according to their status as live mentors – there were 433 mentors who were 'live', i.e. had attended a mentor update session within the last 12 months; 92 mentors who were not live, i.e. had not attended a mentor update session in the last 18 months, and 88 whose last attendance at a mentor update session was more than 18 months ago. No assurance was provided that the mentors in the second or third colours described above were not currently acting as mentors to student nurses. All students we met were with an updated mentor however, we could not be assured for all nursing (adult) students due to the recording of updates being incomplete. (129)

In the second database reviewed, it was noted that the mentor register was updated only after an educational audit had been completed. The move to bi-annual audit means that this process will not maintain an accurate and current mentor database. It was difficult to establish through scrutiny of the registers if the mentors were 'live' at the time of the review as the mentors were not listed in a systematic manner. Again, no assurance was given that all the mentors that were mentoring student nurses were 'live'. (51, 89)

The third mentor database reviewed was found to be accurate; 463 mentors were listed and all were 'live'. (126)

We conclude that the NMC standards are not met. There is not a robust system in place to demonstrate mentor records are accurate and up-to-date to ensure that mentors/sign-off mentors who are non-compliant with the NMC standards for learning and assessing in practice (SLAiP) (NMC, 2008) are identified and suspended from the

live mentor register.

There is no mentor register for the PVI placements and no reliable process to ensure that mentors meet SLAiP.

Evidence / Reference Source

- 4. NMC/Mott MacDonald approval report, pre-registration nursing (adult), 2011
- 17. Meeting with head of midwifery, assistant director of nursing, learning adviser and matron, Taunton, 4 March 2015
- 19. Meeting with midwifery mentors, Taunton, 4 March 2015
- 26. Midwifery mentor database, Taunton, 4 March 2015
- 33. Meeting with midwifery mentors, Torbay, 5 March 2015
- 35. Midwifery mentor database, Torbay, 5 March 2015
- 51. Review of mentor register Torbay District General Hospital NHS Trust
- 89. Meeting with academic director of placements and partnerships and placement systems manager
- 126. Review of mentor register Peninsula Community Health
- 129. Review of mentor register Royal Cornwall Hospitals NHS Trust
- 131. Meeting with academic director of placements and placements systems manager, 4 March 2015

Outcome: Standard not met

Comments:

NMC requirements are not met and the university must work in partnership with placement providers to ensure that systems are in place to make sure that mentors and sign-off mentors are reminded to and attend annual updates, and understand and complete triennial reviews.

There is not a robust system in place to demonstrate mentor records are accurate and up-to-date to ensure that mentors/ sign-off mentors who are non-compliant with the NMC standards for learning and assessing in practice (SLAiP) (NMC, 2008) are identified and removed from the live mentor register.

There is no mentor register for the PVI placements and no reliable process to ensure that mentors meet SLAiP. The university must address these issues as a matter of urgency to ensure that students on pre-registration nursing (adult) and midwifery programmes are supported and assessed by compliant mentors and sign-off mentors.

13-14 May 2015 Follow up visit to Plymouth University. Standard now met

Effective action has been taken by the university and all practice placement partners to develop a consistent approach to the format and updating of the mentor registers. Extraordinary meetings were convened between the Deputy Head of the School of nursing and midwifery, Plymouth University, senior managers in the placement provider NHS Trusts, and lead members of the PDTs. They were informed that standards 3.3.2 and 3.3.3 were not met. Areas where immediate action was needed were identified and an action plan developed. It was agreed that review and revision of the processes surrounding the format, updating and maintenance of mentor registers was a priority. An

action plan was developed.

The actions taken have led to a consistent approach across the university and all practice placement partners regarding the maintenance of mentor registers. Robust systems are in place to manage notification of updates, attendance at updates, the 'active/inactive' status of mentors and date of triennial review. Mentors confirmed being better supported in meeting NMC SLAiP requirements.

A mentor register for the PVI sector has been developed and is held on the university placement database. A robust system is now in place to manage notification of updates, attendance at updates, the 'active/inactive' status of mentors and date of triennial review for the PVI sector.

Evidence to support the standard is met includes:

Return visit to Plymouth University 13 and 14 May 2015.

Meeting with placements systems manager and scrutiny of all mentor registers, 13 May 2015

Plymouth University, Annual mentor update presentation, 2014-15

Notes from PDT extraordinary meeting following NMC visit and outcome, 09 April 2015

Meeting with Clinical learning facilitator and Deputy director of HR and HD RCHT, 14 May 2015

Meeting with mentors RCHT, 14 May 2015

Meeting with Senior nurse manager Duchy hospital, Truro, 14 May 2015

Meeting with mentors, Duchy hospital, 14 May 2015

Meeting with DNS RCHT, 14 May 2015

Meeting with Practice development team members, 14 May 2015

Evaluation of annual mentor conference, 23 March 2015

PVI, PDT lead placement visits and contact log, March – May 2015

Plymouth University POPPI, mentor centre

Excerpts from notes of Healthcare practice placement development forum, 28 April 2015

Plymouth University, School of nursing and midwifery, Process for monthly review of live mentor registers

Areas for future monitoring:

- Monitor nursing and midwifery mentors and sign-off mentors to ensure that they attend annual mentorship updates, and understand and complete triennial reviews.
- Monitor the accuracy of the mentor databases in relation to mentor updates and triennial reviews.

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 – adult

The school is implementing a variety of teaching strategies, using a number of different professional groups.

A range of inter-professional learning activities have been developed with clinical psychology students, social work students and fifth year medical students. (5)

A previous school representative has worked with the school to co-ordinate a series of seminars for all undergraduate nursing and midwifery students, related to clinical topics of interest. This was trialled last year and proved very successful, and was well evaluated and attended by students from all fields and programmes. (5)

What we found at the event

We found that the lecturers on both programmes use a variety of teaching methods to deliver the curriculum. The use of information technology is increasing. We found examples of the use of Skype to enable students to access sessions when they are unable to attend in person. This was particularly helpful during the winter of 2013 when flooding caused travel problems across the area. This evaluates positively by both staff and students. (68, 86, 108)

The school has embraced the university 'curriculum enrichment project', which provides additional support for all students during the first year of the programme. (86)

A team based approach is taken to the development and implementation of problem based learning (PBL). One particular initiative is the teaching of research in year two. All pre-registration nursing students and midwifery students are involved in an exercise which takes place on both teaching sites. The exercise takes place over a number of days and is part of the assessed component of the programme. (108)

Midwifery

Midwifery students are encouraged to be innovative and to develop leadership skills. In one initiative they have recently formed a midwifery society which was due to have its first meeting on 6 March 2015. The society is arranging speakers and events relevant to midwifery students. This is an exciting initiative and has gained student union support and funding. (16, 18)

Students can apply to become peer assisted learning scheme (PALS) leaders for more junior students. There are a small number of PALS leaders per cohort and support has been extended to cover all aspects of the programme. Student PALS leaders report very positively about the scheme and feel that it had enhanced inter-cohort relationships. Midwifery staff report that the PALS scheme had been shortlisted for a Nursing Times award. (16, 18)

First year students use the skills laboratory to help prepare for their first practice placement. The time spent in the skills laboratory has been increased following student feedback. (108)

Second year students report that they had attended a recent homebirth study day arranged as part of one module. Women who had experienced homebirth were invited to speak to students about their experience and their choice of place of birth, which the students found extremely beneficial. (31)

Third year students report that they feel well prepared for registration and that case loading had enhanced their confidence and decision making. This view was also supported by mentors and managers. First year midwifery students attend an 'observation' day in their trust during the first few weeks of the programme, which is arranged and organised by the third year students in the same trust. (18, 19, 21, 22, 31, 32, 33)

Pre-registration nursing – adult

All students report that they gain a breadth and depth of knowledge from the different teaching strategies used in the university. They comment that the challenging environment facilitates their learning and helps them to develop their knowledge and skills. The university has been increasing the use of electronic media to diversify the range of teaching methods and this has met with the approval of many students. (68)

Students at one of the campuses experienced shared learning with students from other fields while the students at the other campus did not. (39, 46, 50)

Students state that they all complete the mandatory training sessions (health and safety, fire training, hand washing, resuscitation, etc.) prior to commencing their placements. The simulation opportunities for year one have been reviewed to enable students to have the opportunity to practice fundamental skills prior to the first practice placement. Peer to peer teaching has been included in year one activity for the nursing (adult) students for simulation activity, and related to the current research activity of the simulation lead and module leads for year one. (39, 46, 50)

All adult field students complete the requirements of the European directive and this includes a short placement in a midwifery setting. The personal tutor is responsible for monitoring the completion of these requirements. (39, 46, 50, 68)

The school is supportive of staff developing teaching methods and strategies. Students on both programmes are positive about this approach and confirm that they are enabled to achieve the programme learning outcomes and NMC competencies.

Evidence / Reference Source

- 5. Plymouth University self-assessment report, 2014/15
- 16. Presentation by midwifery academic team, 4 March 2015
- 18. Meeting with midwifery students, Taunton, 4 March 2015
- 19. Meeting with midwifery mentors, Taunton, 4 March 2015
- 21. Meeting with midwifery managers, Taunton, 4 March 2015
- 22. Meeting with midwifery mentor, Bridgewater Birth Centre, 4 March 2015
- 31. Meeting with midwifery students, Torbay, 5 March 2015
- 32. Meeting with head of midwifery, Torbay, 5 March 2015
- 33. Meeting with midwifery mentors, Torbay, 5 March 2015
- 39. Meeting with student nurses, 4 March 2015
- 46. Meeting with student nurses, 4 March 2015
- 50. Meeting with student nurses, 5 March 2015
- 68. Meeting with adult nursing lecturers, 5 March 2015
- 86. Presentation by deputy head of the school of nursing and midwifery, 4 March 2015
- 108. Meeting with midwifery lecturers, 4 March 2015

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 partners are confident that completing students are fit for purpose, with 98 per cent being employed locally. (7)

Pre-registration nursing - adult

A host trust model is used meaning that students know where their placements will be for the whole three years. It is reported that this has improved the confidence of the students and impacted on recruitment and attrition. Lines of practice experience have been developed and students are supported by a multi-professional team. (7)

The range of practice learning opportunities enables students to meet the programme outcomes. This is supported by a map of learning in practice opportunities and how these are situated throughout the programme. Mapping against the assessment strategy confirms that the NMC requirements for progression points in practice are met.

(4)

Student led master classes have been developed and facilitated by alumni. The nursing and midwifery society also run classes on dementia care and HIV. Peer to peer teaching is facilitated; third year students teach clinical skills to first years. (7)

Midwifery

Practice placements are offered over a wide geographical area. Hospital and community placements are included. Students experience a variety of patterns of care including free standing and co-located birth centres and traditional, integrated and case loading practice. There are short placements in gynaecology, newborn unit, emergency department and intensive care unit. Case loading with a small group of women occurs in the third year. (9)

A peer assisted learning scheme (PALS) has also been introduced into the midwifery programme. Seven second year students are supporting small groups of first years. (7)

What we found at the event

HESW commission both programmes, and student numbers are steadily increasing. Students are seen as fit for purpose by commissioners and managers in the trusts, with the majority being employed locally. (87, 96)

Peer assisted learning (PAL) is a component of both programmes. This is a structured approach which provides second year students with opportunities to teach first years. This scheme is popular, evaluates positively and has been shortlisted in the Nursing Times awards. Alumni are invited to provide clinical demonstrations and master classes each term. (86)

Mentors and sign-off mentors report clear understanding of the practice assessment documents and work with students to identify learning opportunities to ensure that they can meet all required outcomes. (37, 38, 45)

Senior managers confirm that students achieve the NMC practice learning outcomes and competencies at progression points and for entry to the register for both registered midwife and nursing (adult). (32, 38)

Midwifery

Students are able to experience the whole range of midwifery practice placements, including free standing birth centres in some trusts. There is a high homebirth rate in the area and almost all midwifery students report having attended a home birth. The non-midwifery placements are well evaluated by the students and students are well prepared and supported for these. (15, 18, 22, 23, 31)

The tripartite approach to the assessment of practice, between student, sign-off mentor and LL is valued by all involved. The reliability and consistency of assessing and grading practice is enhanced through this process. The tripartite interviews are also used as an opportunity for identifying any cause for concern and implementing action plans. (33)

Students report no difficulty in achieving their EU directive requirements, with many

students exceeding these during their three years. Both HoMs report satisfaction with students on registration, and employed as many graduates as they had vacancies. In one trust, there is a preceptorship scheme which has a commitment to employ three new preceptees each year on a fixed term contract. Although there is no guarantee of a job at the end of the year, vacancies have been found for all preceptees at the end of this period to date. So far, all three places have been filled by Plymouth University graduates each year. (17, 18, 31, 32)

Pre-registration nursing – adult

A review of the assessment of practice documents noted that all the essential skills and competencies are contained within it. Mentors and managers are confident that the practice learning environments provide sufficient learning opportunities for students to meet all the practice learning outcomes, and competencies at the key points in the programme. This view is echoed by service users and carers we met during the review period who report that the students are competent, kind and caring, and extremely good representatives of the profession they wished to enter. Service users confirm that they are confident in the standards of care provided by students on both programmes and this is consistent with the national drive to ensure that nurses and midwives are compassionate and caring. (36-38, 42, 43, 45, 48, 52, 53, 59, 60, 68)

The host trust model for practice placements has been well-received by students, mentors and managers of practice placement providers. This model provides continuity of learning and develops a sense of belonging amongst students. Students commented that on the whole, this model has been very useful for their learning. (36-39, 42-46, 50, 52, 53)

Student nurses report that they discuss their learning needs and the outcomes that they wish to achieve during a particular placement with their mentor at the commencement of the placement, and this is documented in the OARs. This document is made available to mentors in subsequent placements and this ensures that mentors are fully aware of a student's previous experience and levels of performance. (39, 46, 50)

Student nurses are encouraged to adopt a patient-journey approach to their learning by following a patient through the various interventions, investigations and care that they are receiving. This approach has enabled the students to gain a holistic view of nursing care and the importance of continuity of care. (38)

Students on both programmes are provided with a range of practice learning opportunities which enable them to achieve the NMC competencies and the programme learning outcomes. They are monitored and supported throughout the programme by trust and university staff. Stakeholders are confident that they are fit for practice on completion of the programme.

Evidence / Reference Source

- 4. NMC/Mott MacDonald approval report, pre-registration nursing (adult), 2011
- 7. Plymouth University self-assessment report, 2013/14
- 9. NMC/Mott MacDonald approval report, midwifery, 2013

- 15. *Midwifery programme handbook, 2014-15*
- 17. *Meeting with head of midwifery, assistant director of nursing, learning adviser and matron, Taunton, 4 March 2015*
- 18. *Meeting with midwifery students, Taunton, 4 March 2015*
- 22. *Meeting with midwifery mentor, Bridgewater Birth Centre, 4 March 2015*
- 23. *Making the most of your non-maternity placements handbook, 2014-15*
- 31. *Meeting with midwifery students, Torbay, 5 March 2015*
- 32. *Meeting with midwifery mentors, Torbay, 5 March 2015 .*
- 33. *Meeting with midwifery mentors, Torbay, 5 March 2015*
- 36. *Meeting with education placement lead, Peninsula placement lead, 4 March 2015*
- 37. *Meeting with mentors and sign-off mentors, 4 March 2015*
- 38. *Meeting with practice development team and managers, 4 March 2015*
- 39. *Meeting with student nurses, 4 March 2015*
- 42. *Meeting with ward sister, Tolgus Ward, Royal Cornwall Hospitals NHS Trust, 4 March 2015*
- 43. *Meeting with ward sister, Duchy Hospital, 4 March 2015*
- 45. *Meeting with community nursing team, 4 March 2015*
- 46. *Meeting with student nurses, 4 March 2015*
- 48. *Interview with mentor, Torbay General Hospital, 5 March 2015*
- 50. *Meeting with student nurses, 5 March 2015*
- 52. *Meeting with managers, Torbay District General Hospital, 5 March 2015*
- 53. *Meeting with practice development team, 5 March 2015*
- 59. *Meeting with service users, Tolgus ward, RCHT, 4 March 2015*
- 60. *Meeting with service users and carers, Duchy Hospital, Treliske, 4 March 2015*
- 68. *Meeting with adult nursing lecturers, 5 March 2015*
- 86. *Presentation by deputy dean of school of nursing and midwifery, 4 March 2015*
- 87. *Meeting with health dean, HESW, 5 March 2015*
- 96. *Telephone interview with deputy director of nursing, North Devon healthcare, 4 March 2015*

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks
<p>Key risk 5 - Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>During and on completion of the student placement the students are encouraged to feedback on their experiences. This results in a student evaluation which is web-based and therefore immediately accessible to the mentors and trust education leads. (13)</p> <p>Pre-registrations nursing - adult</p> <p>Student feedback in the national student survey (NSS, 2014) showed only 73 per cent satisfaction, although this has increased from 63 per cent in the previous year. School staff have developed and are implementing a more structured approach to encouraging engagement with the survey for 2015. (6, 7)</p> <p>Discussions with student representatives did not identify any particular issues of concern that had not been dealt with through student representative meetings. (7)</p>
<p>What we found at the event</p>
<p>We found that students are encouraged to provide feedback on both theory and practice, but response rates for practice are low. Module evaluations are hard copy and they inform the annual module reports and the annual programme monitoring within the university. (124)</p> <p>Practice evaluation forms are completed online, taking the form of 'yes/no' responses with no opportunity for making comments, which has been criticised by the students. The academic director of placements recognises the importance of commentary feedback and is working on the system to accommodate this. Results are posted on the POPPI website which is accessible by practice partners. (89, 124)</p> <p>The staff/student committee also provides a forum for feedback and discussion. Midwifery students and representatives from the three fields of pre-registration nursing are represented at the meeting and a variety of issues are discussed. Student representatives have recently been invited to the teaching and learning committee, providing further opportunities for feedback. (79, 132)</p> <p>Midwifery</p>

The midwifery team report that the new curriculum has been developed in direct response to student and other stakeholder feedback about the programme. In particular, changes have been made to the assessment load to reduce the burden of assessment for students. The first year now comprises only midwifery modules; shared modules form part of the second and third year of the programme. This was also in direct response to student feedback. Likewise, students commence in placement earlier in the programme in the new curriculum. (16)

Students report that they are actively listened to by the midwifery academic team and cite the new curriculum as an example of where they can see their feedback has been actioned. Students also give placement feedback at the end of each placement using the online evaluation on POPPI. (18, 31)

In response to feedback from trust colleagues, the theoretical content of both the mentor module and the examination of the newborn has been integrated into the third year of the programme. This is well evaluated in meetings with mentors and trust staff. (21, 33)

One student who was a cohort representative for her group states that she has been able to positively influence the new programme development through her role as a midwifery representative. She reiterated that she feels proactively listened to in her role at the midwifery meetings she attends. (31)

Feedback mechanisms to mentors are less clear and although there is a system for trust staff to access student placement feedback via POPPI, this requires mentors to proactively access the information. Most mentors are unaware of the feedback and had not accessed this information. One mentor identified that she received informal feedback via the link lecturer. This is an area which could be developed further. (19, 22, 33)

The midwifery NSS results demonstrated a 91 per cent student satisfaction rate, which was a significant difference from the nursing students.

Pre-registration nursing – adult

Representatives from each of the cohorts of the adult nursing field nursing attend meetings with the programme team to provide feedback and comments on their learning experience and were confident to raise specific issues at these meetings. (39, 46, 50)

Students state that evaluations of modules are conducted regularly and the data is used to make changes. Students gave an example of their feedback on the use of electronic media for the delivery of theory being acted upon by the university which led to a reduction in its use for subsequent cohorts. (39, 46, 50)

The school provides opportunities for student feedback in a variety of forms throughout the programmes. The staff are seen as being responsive to feedback. Feedback of placement evaluations to practice partners could be developed further.

Evidence / Reference Source

6. *Initial visit meeting, 4 February 2015*

- 7. *Plymouth University self-assessment report, 2014/15*
- 13. *Plymouth University - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14*
- 16. *Presentation by midwifery academic team, 4 March 2015*
- 18. *Meeting with midwifery students, Taunton, 4 March 15*
- 19. *Meeting with midwifery mentors, Taunton, 4 March 2015*
- 21. *Meeting with midwifery managers, Taunton, 4 march 2015*
- 22. *Meeting with midwifery mentor, Bridgewater Birth Centre, 4 March 2015*
- 31. *Meeting with midwifery students, Torbay, 5 March 2015*
- 33. *Meeting with midwifery mentors, Torbay, 5 March 2015*
- 39. *Meeting with student nurses, 4 March 2015*
- 46. *Meeting with student nurses, 4 March 2015*
- 50. *Meeting with student nurses, 5 March 2015*
- 79. *Nursing and midwifery with Plymouth University, faculty of health and human sciences, school of nursing and midwifery, teaching and learning committee, 14 July 2014, 6 November 2014*
- 89. *Meeting with academic director of placements and partnerships and placement systems manager, 4 March 2015*
- 124. *Nursing and midwifery with Plymouth University, periodic review self-assessment document, faculty of health, education and science, school of nursing and midwifery, March 2013*
- 132. *Faculty of health and human sciences, school of nursing and midwifery, student representative meeting, 23 July 2014*

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

Pre-registration nursing – adult

Students and mentors are met in placement by external examiners (EEs) where they are able to discuss their experiences in the context of learners and care providers. Evaluation processes encourage feedback for users and carers and this is well received. (13)

Midwifery

EEs engage with all elements of the assessment process, including attending OSCEs and meeting with students. They are positive about the quality of feedback to students. Lecturers respond to their comments and make changes accordingly. (14)

What we found at the event

The school has recently revised its serious untoward incident policy. We saw examples of students using this policy and of the AEI and practice partners responding. Examples are given in section 3.1.1.

We found that EEs are confident that students meet the academic standards and NMC competencies. They state that feedback to students is helpful and informative. They are well informed about the programme and consulted about assessment content.

Pre-registration nursing – adult

Two new external examiners were appointed in 2014. Their reports demonstrate their engagement with the team and the programme, but neither has met with students despite invitations being offered. Their role includes scrutiny of both theory assignments and OARs. The university expects that EEs will attend subject assessment panels at least once per year. The adult field lead intends to include meetings with students and mentors during this visit. (68, 113)

Midwifery

The EEs for midwifery have attended OSCEs, participated in the debriefing and met with students. Visits to practice placements have been requested by the EEs. (114)

The tripartite approach to the assessment of practice, between student, sign-off mentor and LL is valued by all involved. The reliability and consistency of assessing and grading practice is enhanced through this process. The tripartite interviews are also used as an opportunity for identifying any cause for concern and implementing action plans. (125)

Evidence / Reference Source

13. Plymouth University - Faculty of health and human science: Evidence offered for the practice placement process, updated 2013/14

14. Plymouth University: Faculty of health and human sciences award: external examiner's report from academic year 2013/14 x 2

68. Meeting with adult nursing lecturers, 5 March 2015

113. External examiner reports x 2, BSc (Hons) nursing (adult), 2013/14

114. External examiner reports x 2, BSc (Hons) midwifery, 2013/14

125. Meeting with sign-off mentors, maternity unit, Torbay hospital, 5 March 2015

Outcome: Standard met

Comments:

As the adult EEs are new we need to be confident that they are engaging with practice.

Practice placement evaluations by students are an area that the school could undertake further work on to ensure an increase in completion. In addition ensure that feedback mechanisms from the evaluations are clearly understood by all mentors.

Areas for future monitoring:

- Monitor student engagement with practice placement evaluations and ensure the feedback mechanism to mentors is clearly understood.
- Review external examiner engagement with practice on the pre-registration nursing (adult) programme.

Personnel supporting programme monitoring

Prior to monitoring event

Date of initial visit: 04 Feb 2015

Meetings with:

Deputy head of school of nursing and midwifery (learning and teaching)
Lead midwife for education (LME)
Midwifery lecturer x 2
Field lead, pre-registration nursing – adult
Senior quality administrator
Academic director of placements and partnerships
Mental health nursing lecturer

At monitoring event

Meetings with:

Deputy head of school of nursing and midwifery (learning and teaching)
LME
Executive dean of faculty of health and human sciences
Associate dean teaching and learning
Associate professor, head of school of nursing and midwifery, associate dean NHS health liaison
Associate professor/senior lecturer in midwifery – pre-registration midwifery programme lead
Professor in leadership nursing
Associate head of School of nursing and midwifery, innovation and internationalisation
Faculty registrar
Senior quality administrator
Midwifery lecturers x 7
Field lead, pre-registration nursing – adult

Nursing lecturers x4
 Academic director of placements and partnerships
 Placements systems manager
 Deputy director of nursing, North Devon healthcare
 Health dean, health education south west

Meetings with:

Mentors / sign-off mentors	27
Practice teachers	
Service users / Carers	5
Practice Education Facilitator	8
Director / manager nursing	4
Director / manager midwifery	5
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	2
	Link lecturers

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 6 Year 2: 8 Year 3: 5 Year 4: 0
Registered Midwife - 36M	Year 1: 1 Year 2: 4

	Year 3: 6 Year 4: 0
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