

2016-17

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

Programme provider	London South Bank University
Programmes monitored	Registered Nurse - Children; Registered Midwife - 18 & 36M
Date of monitoring event	01-02 Feb 2017
Managing Reviewer	Jo Benn
Lay Reviewer	Jane Suppiah
Registrant Reviewer(s)	Gibson D'Cruz, Annie Powell
Placement partner visits undertaken during the review	<p>Pre-registration nursing (child):</p> <p>Ward 6B, The Royal London University Hospital, Barts Health NHS Trust</p> <p>Ward 7D, The Royal London University Hospital, Barts Health NHS Trust</p> <p>Richard House children's hospice</p> <p>Savanah ward, Guys and St Thomas NHS Foundation Trust</p> <p>Snow Leopard ward, Guys and St Thomas NHS Foundation Trust</p> <p>Pre-registration midwifery:</p> <p>Barts Health NHS Trust - Royal London University Hospital Education Academy</p> <p>The Royal London University Hospital antenatal clinic, postnatal ward, alongside midwifery unit (AMU)</p> <p>Barking, Havering and Redbridge University Hospital NHS Trust - Queens Hospital birth centre (QBC), antenatal ward and postnatal ward</p>
Date of Report	10 Feb 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards. Due to unforeseen circumstances, a reviewer dropped out of the review at short notice. It was agreed with London South Bank University to use a different reviewer who was from the nursing part of the register but not the same sub-part. Although this was a change to usual practice, this still met the requirements of the Nursing and Midwifery Order (2001).

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

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

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to

ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

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

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

Summary of findings against key risks

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

Introduction to London South Bank University's programmes

London South Bank University (LSBU) comprises of seven schools across two campus sites at Havering and Southwark. The university has a long-standing reputation for professional education, training and research in the fields of: nursing; midwifery; social work; and, professions allied to health and medicine. The university is also a test site for the new nursing associate programmes. The school of health and social care (the school) is the largest school in the university and is organised into five departments and the institute of vocational studies (65, 100).

The school provides a pre-registration BSc (Hons) nursing (adult, child, mental health and learning disabilities) programme including a postgraduate route for all fields. The school also provides three year and 18 month pre-registration midwifery programmes.

The pre-registration BSc (Hons) nursing and the postgraduate diploma nursing programme was approved on 8 July 2016 (41).

The pre-registration midwifery programmes were approved on 15 November 2011 and have an extension until August 2019 (76).

Fifty percent of pre-registration nursing and midwifery programmes are delivered in practice placements which cover London and south east England. The school works in partnership with 20 NHS trusts and a variety of placements in the private, voluntary and independent (PVI) sector. Four other NMC approved education institutions (AEIs) share the same placement circuit and the assessment of practice is a Pan London approach, developed with eight AEIs (65).

This monitoring review focuses on the pre-registration nursing (child) programme and the pre-registration midwifery programmes (three year and 18 months). The pre-registration nursing and midwifery programmes have one intake of students per year in September, the average number of students per intake for pre-registration nursing (child) is approximately 200 at undergraduate level, including approximately 11 students who have accessed accreditation of prior learning (APL) against a first registration. There are approximately 28 students enrolled annually to the postgraduate route. The pre-registration midwifery programme has 51 students for the three year programme and 28 for the 18 month programme. All programmes are based at the Southwark campus (65, 72, 99).

The monitoring visit involved visits to practice placements to meet a range of stakeholders. Practice placement visits covered placements in London and Romford. The placements covered NHS trusts and a children's hospice. Particular consideration was given to practice learning in Guys and St Thomas NHS Foundation Trust; Queens Hospital Romford and Barts Health NHS Trust which had adverse findings from Care Quality Commission (CQC) inspections.

Summary of public protection context and findings

Our findings conclude that the university has processes and systems in place to monitor and control risks in three key risk areas: resources, fitness for practice and

quality assurance. The risk areas admissions and progression and practice learning require improvement. The key risk themes are described below.

Resources: met

We conclude that the university has sufficient and appropriately qualified staff to deliver the pre-registration nursing (child) and the pre-registration midwifery programmes. There is a clear process to ensure academic staff hold current NMC registration and engage in revalidation and professional development.

We confirm that there are sufficient appropriately qualified mentors and sign-off mentors to support the number of students studying the pre-registration nursing (child) and the pre-registration midwifery programmes.

Admissions and progression: requires improvement

We conclude that the university adopts an inclusive partnership approach to values based recruitment of pre-registration nursing and midwifery students. Service users are actively involved in the recruitment process and have equal decision making in the selection of students. There is evidence that academic staff and representatives from placement providers undertake appropriate training in equality and diversity to engage in the student selection process. However, there is insufficient evidence of training for service users and carers and this requires improvement.

There is a robust university level policy regarding the admission of students under 18 years of age. The school operates a clear risk assessment process to address the needs of the student in theoretical and practice settings to protect the student and the public.

Satisfactory disclosure and barring service (DBS) checks and occupational health clearance are required prior to students commencing placement. There is an effective process in place for students to reaffirm this status annually.

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

There is a comprehensive and robust approach to using APL to admit students to the pre-registration nursing programme, which meets NMC requirements.

Practice learning: requires improvement

We conclude that the university has well established and effective partnerships with placement providers at all levels to manage risks, including partnerships with multiple education institutions who use the same practice placement locations.

There are effective mechanisms in place to address issues arising from adverse CQC findings. The university escalates concerns to the NMC and works effectively to address any issues, providing updates to the NMC, where necessary. There is a

strong culture of sharing information to learn from the outcomes of such investigations.

The university has developed an innovative approach to service user and carer involvement; The People's Academy. This approach values service users and carers as equal partners in recruitment, development and delivery of programmes. This is notable practice.

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

We confirm that academic staff supported students during practice placements.

We found there is considerable investment in the preparation and support of mentors/sign-off mentors and the completion of annual updates. Mentors' and sign-off mentors' engagement with triennial review is robust. NHS placement providers maintain accurate and up to date mentor records. However, the mentor register for the PVI sectors requires improvement to ensure accuracy and currency of information.

Fitness for practice: met

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

Quality assurance: met

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

Summary of areas that require improvement

The following areas require improvement:

- Service users and carers are to complete equality and diversity training prior to their involvement in recruitment activities.
- The PVI mentor register requires development to ensure information held is accurate and current.

Summary of areas for future monitoring

- Service users and carers involved in recruitment and selection activities have completed equality and diversity training.
- The accuracy and currency of the PVI mentor register.

- Placement capacity including midwifery mentor availability at Barts Health NHS Trust.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

The Peoples Academy is innovative in its engagement of service users and carers. The People's Academy is an initiative launched in 2015 to integrate the voice and expertise of health service users and members of the wider community in the research and educational work of the university. The People's Academy has recruited approximately forty members who contribute to activities including: recruitment of academic staff and students; the design and delivery of lectures; and, specific projects in which members are community researchers or providers of expert input.

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

Pre-registration nursing (child)

We found that the programme team are enthusiastic and have active engagement in programme design and delivery. They are proud of, and value, the level of student support provided for theory and practice learning. They told us they have close working partnerships with practice placement providers. The programme team told us students are fit for practice and sought after by employers.

Pre-registration midwifery

The midwifery academic team told us that the teaching resource for the pre-registration midwifery programmes is sufficient, and that measures are in place to ensure succession planning to replace staff who are planning to leave or have left the university. Staff within the midwifery team are undertaking further study and/or research and are supported to develop professionally. They work with other staff in the school, with practice placement providers and service users, to ensure a broad and rich educational experience for student midwives. The lead midwife for education (LME) told us that she has regular meetings with LMEs from other AEIs and with

senior staff in placement providers. Academic staff have roles as personal tutors and link lecturers (LLs) as well as their teaching roles.

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

Mentors and sign-off mentors told us they are well-prepared for their roles and there is effective and flexible provision of annual mentor update opportunities. They expressed confidence in the university's systems and processes to manage poor performance and professional behaviour of students.

Mentors are supported by practice based colleagues known as practice education facilitators (PEFs) or clinical placement facilitators (CPFs). For the purposes of this report they will be collectively known as PEFs.

The PEFs are highly valued by students, mentors and service managers for their support and the clinical education which they offer. The PEFs told us of the close and effective working relationship that they have with the university to manage issues related to practice learning.

The employers told us they are very satisfied with the calibre of the students who successfully complete the pre-registration nursing (child) and midwifery programmes. They spoke positively of the working relationship they have with university academic staff and their responsiveness to any comments or concerns raised.

Pre-registration midwifery

Managers from the placement providers told us that they would support the development of even greater collaboration between themselves and the midwifery team at LSBU.

Students

The students that we met are professional, articulate and confident. All students told us that they are enjoying their studentship and were pleased to have selected this university as their place of study. Students feel well supported in theory and in practice learning and are satisfied with the overall quality of the programmes. They told us they are encouraged to take ownership of their student journey and as a result are pro-active in seeking out opportunities to enhance their experiences on clinical placements. They agreed that the LLs are accessible and provide support during practice visits and prompt responses via email. Some students told us that their LLs visit more frequently in some practice areas than in others, although none felt that they were unsupported. Students commented positively on the support they receive from mentors who encourage them to engage in learning opportunities to enhance their skills development.

Service users and carers

Service users in practice placements described student midwives and student nurses as caring and compassionate with time to care. Service users and carers involved directly with the university are engaged in activity ranging from the design and delivery of lectures to the recruitment of academic staff and students. The contract they receive from the university as members of the People's Academy enables them to access resources, learning and training opportunities and payment for their work on

a scale commensurate with their input and skills base. They told us that they are supported on the same level as academic staff and that members of the People's Academy are co-producing projects and educational content. They told us that this validates the service user's role from the viewpoint of students and promotes the understanding that patients are partners in the delivery of care.

Relevant issues from external quality assurance reports

CQC reports were considered for practice placements used by the university to support students' learning. These external quality assurance reports provide the reviewing team with context and background to inform the monitoring review (79-97).

We found 18 practice placement areas used by the university had CQC reports which required improvement for a range of issues as follows:

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

The CQC undertook a re-inspection follow up visit to review improvements since special measures were imposed in 2013. Overall the trust was rated as requires improvement as five of the six key areas required improvement with responsiveness rated as inadequate. The trust was advised to address safety, serious incident reporting, risk assessment and management, ensure responsiveness to neonate, children and young persons' needs, staffing and record keeping (79).

The university response: The university had been aware of ongoing staffing issues and were closely monitoring the provision prior to the CQC visit. They escalated their concerns in March 2015 to the NMC and an action plan was put in place for the midwifery students. The LL visits regularly to ensure students are well supported. Student feedback evidences a good learning experience and the university is effectively managing the risk (43, 157).

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

The trust was inspected as part of the ongoing CQC comprehensive mental health inspection programme. The CQC found the trust to be in breach of three regulations. The CQC issued three requirement notices the trust was required to address: safety including risk assessment, safeguarding, and record keeping ensuring confidentiality, compliance with mandatory training, improvement of waiting times, governance and performance management (80).

The university response: The placement provider has small numbers of students allocated from the pre-registration nursing (learning disabilities) programme. The service was reviewed by the university and no action was required (43).

Chelsea and Westminster Hospital NHS Foundation Trust, London. Date of report: 28 October 2014

The CQC carried out a routine inspection of eight core services. Overall the trust was rated as requires improvement. It was rated good for providing caring services, but it required improvement for safe, effective and responsive care and for services that are

well led. The trust was required to report to the CQC on improvements made to ensure essential standards of safety and quality are met (81).

Response by the university: The trust supplies placements for pre-registration nursing (child) students. A review of the placement was undertaken, including a risk assessment, and no concerns were identified. Students are well supported and evaluations are positive (43).

Croydon Health Services NHS Trust, Croydon, Surrey. Date of report: 7 October 2015

The CQC carried out a routine inspection and overall rated the trust requires improvement in three of the five key risk areas for safety, responsiveness and leadership. The trust is required to ensure: effective systems are in place to assess, monitor and improve quality and safety of the services provided, including the quality of the experience of service users (82).

Response by the university: When the report was published, the university was just starting to use the service as a placement area. A risk assessment was undertaken and discussed with the trust. Students have been placed in the area since autumn 2016 (43).

Great Ormond Street Hospital for Children NHS Trust, London. Date of report: 8 January 2016

The CQC carried out a routine announced visit. Overall the trust was rated good. However, it was rated as requires improvement for being responsive to patients needs and being well led (83).

Response by the university: The learning experience for students was reviewed and no issues were identified (43).

Guy's and St Thomas' NHS Foundation Trust, London. Date of report: 24 March 2016

The CQC undertook an announced visit and rated the trust overall good. However, safety of services required improvement particularly in the critical care and maternity and gynaecology services at St Thomas Hospital and surgical services at Guy's. The trust was required to: improve incident reporting; address issue relating to infection management and control; ensure accuracy of recording in patient records during transfer to electronic record keeping; and, fully implement the five steps of the World Health Organisation surgical safety checklist. In maternity services staffing levels are to be maintained, recording of advice offered to women redirected from the dedicated helpline, enhance awareness of venous thromboembolism assessment and record the assessments (84).

Response by the university: The learning experience for students was reviewed and no issues were identified (43).

King George Hospital, Ilford, Essex. Date of report: 2 July 2015

A CQC inspection in October 2013 found there were serious failings in the hospital. The hospital was placed in special measures in December 2013. The purpose of this visit was a re-inspection to check improvements, apply ratings and to make recommendation on the status of special measures. Overall, the hospital requires improvement. End of life services were rated as good. Outpatients and diagnostic

imaging services were rated as inadequate and all other services were rated as requires improvement. Of the five areas inspected the hospital was rated good for caring. Safe, effective, responsive and well led were all rated as requires improvement (85).

Response by the university: This hospital is part of the Barking Havering and Redbridge Trust. The university had been aware of ongoing staffing issues and were closely monitoring the provision prior to the CQC visit. They escalated their concerns about this provision in March 2015 to the NMC and an action plan was put in place to support practice learning for midwifery students. The LL visits regularly to ensure students are well supported. Students' feedback evidences a good learning experience and the university are effectively managing any risks (43).

King's College Hospital, Denmark Hill site, London. Date of report: 30 September 2015

The CQC carried out an announced inspection and found that overall the hospital requires improvement. Good grades were awarded to 50 percent of the core areas inspected, however surgery, critical care, maternity and gynaecology services and end of life care require improvement (86).

Response by the university: The university reviewed the placement provision. At the time of the report only pre-registration nursing (child) students were allocated to the practice placement area and those services were rated good in the CQC report (43).

Kingston Hospital NHS Trust, Kingston upon Thames, Surrey. Date of report: 14 July 2016

The CQC made an announced visit and overall graded the trust requires improvement. Caring was graded as good. However, safety, effectiveness, responsiveness and leadership all required improvement (87).

Response by the university: Pre-registration nursing (child) students were only placed at Kingston during the autumn 2015-summer 2016. No student has been placed since. However, this is a trust that the university is developing as a future placement provider from September 2017. Within the CQC report children and young people's services were identified as good (43).

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

Date of report: 6 July 2016

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. The two core services reviewed were urgent and emergency treatment, which was found to be inadequate, and medical care which required improvement. The trust was required to address issues relating to risk management, staffing, leadership, audit and use of data (88).

Response by the university: No students are currently placed at the trust (43).

Date of report: 21 August 2014

The CQC carried out a routine inspection to check the essential standards of quality and safety were met. All areas were met with the exception of safety, responsiveness

and leadership which required improvement. The trust was required to submit a report identifying how the one compliance order that was issued for staffing, mandatory training and dementia training had been addressed (89).

North East London NHS Foundation Trust, Ilford. Date of report: 27 September 2016

The CQC reviewed the provision as part of their ongoing comprehensive mental health inspection programme. The provision was graded good for caring. However, safety, effectiveness, responsiveness and leadership were all graded as requires improvement (90).

Response by the university: This placement provider is used for pre-registration nursing (mental health and learning disabilities) students, as well as being a community provider for adult and children's nursing students. The child and adolescent mental health service has not been supporting students due to low staffing levels. However, the staffing numbers have recently improved and the area is in the process of being re-audited with a view to allocating students (43).

Northwick Park Hospital, Harrow, Middlesex. Date of report: 21 June 2016

The CQC undertook an announced inspection and of the eight core services, with the exception of end of life care, all services required improvement (91).

Response by the university: No students currently have practice placements at this hospital (43).

Queen's Hospital, Romford, Essex. Date of report: 2 July 2015

A CQC inspection in October 2013 found significant failures in the quality of care and the hospital was placed in special measure in December 2013. The re-inspection was to check on improvements, apply ratings and to make a recommendation on the status of the special measures. The hospital was rated overall as requires improvement in seven of the eight core services. Of the five domains inspected, the trust was rated good for caring; safe and effective. Well led was rated requires improvement and an inadequate grade was given for responsive (92).

Response by the university: This hospital is part of the Barking Havering and Redbridge Trust. The university had been aware of ongoing staffing issues and were closely monitoring the provision prior to the CQC visit. They escalated their concerns about this provision in March 2015 to the NMC and an action plan was put in place to support the practice learning for midwifery students. The LL visits regularly to ensure students are well supported. Students' feedback evidences a good learning experience and the university are effectively managing the risk (43).

Royal Sussex County Hospital, Brighton, East Sussex. Date of report: 17 August 2016

The CQC inspected the service due to their concerns about the trust's ability to provide safe, effective responsive and well led care. The service was rated as inadequate overall. Of the eight core services, urgent and emergency care, critical care and outpatients and diagnostic imaging were rated as inadequate. Medical care, surgery and maternity and gynaecology required improvement. The CQC issued requirement notices for dignity and respect, staffing, self-care and treatment, safety and suitability of premises and good governance. In addition, the trust was issued

with a number of enforcement actions (93).

Response by the university: No students are currently allocated to this placement provider (43).

South London and Maudsley NHS Foundation Trust, London. Date of report: 22 January 2016

The CQC inspection rated the provision overall good however the safety of the service requires improvement. The trust was issued requirement notices to address: person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, safety and suitability of premises, good governance, staffing, dignity and respect (94).

Response by the university: The practice learning experience for pre-registration nursing (mental health and learning disabilities) students placed at the trust was reviewed. There were no issues identified for students' learning (43).

St George's Hospital, Tooting, London. Date of report: 1 November 2016

The CQC undertook an announced inspection. Overall this hospital was rated requires improvement. Of the eight core services inspected five required improvement and one was rated inadequate. The hospital also was given a requirement notice for premises and equipment and a number of enforcement actions (95).

Response by the university: Children's nursing students were placed at the hospital from November 2015 to August 2016. Students are not currently placed at the hospital (43).

The Children's Trust, Tadworth. Date of report: 8 November 2016

An unannounced inspection took place on 20, 21 and 27 September 2016. The trust was rated overall as requires improvement. Effective caring and responsiveness were rated good. However, safety and well led requires improvement (96).

Response by the university: A maximum of two students are periodically placed in the trust. The practice learning experience for students was reviewed and an action plan is in place. The placement area is due to be reviewed in February 2017 (43).

William Harvey Hospital. Date of report: 18 November 2017

The CQC undertook an announced visit with a further unannounced visit during July 2015. The hospital was rated overall as requires improvement. Of the eight core services inspected two were graded good, five require improvement and the urgent and emergency services were rated inadequate (97).

Response by the university: There are no students currently allocated to placements in this hospital (43).

What we found at the monitoring visit

We found effective processes are in place to review placement areas following adverse CQC reports and the outcome of these reports are fed back to students. Placements are removed from the circuit when practice learning is compromised. If concerns are raised about practice learning, the associate professor from the placement team at the university completes a full investigation of the capacity and

quality of the experience in partnership with the placement provider. Action plans are developed and implemented to guide improvement.

Follow up on recommendations from approval events within the last year

Registered specialist community public health nursing (SCPHN) health visiting (with optional integrated nurse prescribing) and SCPHN school nursing programmes were approved 4 March 2016 with four recommendations.

1. The programme team are advised to review their approach to the assignment of credit to the practice element of the course. It was suggested that they look at models in other institutions with similar courses. Currently, the practice element carries no credit, which is not standard practice across the sector (Standard 10).
2. The programme team continue to work closely with practice teachers to develop a more consistent approach to practice assessment (Standard 10).
3. The teaching and learning strategy that will be used to meet the requirements of the groups, school nursing and health visiting, should be made explicit (Standard four).
4. Learning outcomes statements should be reviewed to replace 'understand' with outcomes that could be measured more readily (university recommendation) (2, 69-70).

Response by the university:

1. The programme team has reviewed approaches taken across the country and find variable practice regarding the awarding of credit for practice. The current process is working well and there are no plans to change from a pass/fail approach at this time.
2. The programme team continue to work closely with the practice teachers and have six pre-planned study days per year, practice days also include discussion around the completion of the practice assessment process and documentation, and LLs visit to support the process. There are also four pre-planned managers' meetings a year.
3. Students have discipline specific seminar groups during taught modules and the theory and practice days are working well to contextualise the lecture content.
4. The learning outcomes were reviewed and amended (154).

Teacher, practice teacher, mentorship programmes approved 15 July 2016 with one recommendation.

- The programme team are to be more explicit in their definition of who may act as a competent observer/mentor and to clearly include this in the assessment section of the module descriptors (1-2).

Response by the university:

The definition has been clearly reworded and examples of suitable observers have also been included (153).
Pre-registration nursing (all fields) approved 8 July 2016.
The programme team addressed the recommendations at the time the conditions were met and this is fully recorded in the approval report (2, 41).

Specific issues to follow up from self-report

Issues identified in the 2016-17 self-assessment report include:

- Progression rates for pre-registration nursing and midwifery programmes (see section 2.1.2).

Pre-registration nursing

- Monitor the practice skills achievement and inter-professional learning in the pre-registration nursing programmes, re-approved in 2016 (2-3) (see section 4.1).

Pre-registration midwifery

- The university identified a cause for concern for the midwifery student learning experience at Newham General Hospital and the Royal London Hospital.

There are placement capacity issues which have the potential to impact on the student learning experience. The university has worked constructively with City and Greenwich universities and Barts Health NHS Trust to address these issues. Actions to address the issues include: students' annual leave has been staggered to reduce demand on placements; alternate placements have been sourced; the potential for first year students to be placed with health visitors for placements; and, Barts Health NHS Trust has employed a PEF to support band eight midwives (2) (see section 1.2.1).

Findings against key risks

Key risk 1 – Resources

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

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.

<p>What we found before the event</p>
<p>All nursing and midwifery academic staff maintain their current registration with the NMC and there is a central system to monitor this. The head of academic department retains responsibility for checking the system for due regard and recorded teacher status. The university has a staff development policy (16, 33, 38, 98).</p>
<p>What we found at the event</p>
<p>There is a robust and effective system in place that ensures the currency of NMC registration for academic staff and external examiners. Staff are actively supported in the process of revalidation and are encouraged to engage in academic research skills development. There is a dynamic research culture with academic staff undertaking a range of research projects often in association with practice placement providers. Staff are supported to engage in professional and academic development and there is dedicated time for this. The majority of staff and those in programme leader roles hold teaching qualifications. New academic staff are encouraged to undertake teacher preparation programmes (16, 33, 38, 65, 71, 98-99, 103, 131, 141, 148-149)</p> <p>Pre-registration nursing (child)</p> <p>The programme team confirm there are sufficient academic staff with due regard and qualifications and experience commensurate with their role to support the pre-registration nursing (child) programme (103).</p> <p>Pre-registration midwifery</p> <p>The LME has a teaching qualification recorded on the NMC register. The LME is currently co-leading the three year programme to enable the programme leader to develop into the role. The LME told us that the teaching resource for midwifery is good and vacancies are filled as necessary. Staff hold NMC registration and have due regard. Staff have a personal tutor role to support students' academic and personal development. The regular presence of LLs in all practice areas of both placement providers visited was confirmed by mentors, PEFs and midwifery managers (36, 40, 101, 111-112, 129).</p> <p>We conclude there are sufficient registrant teachers who have qualifications and experience commensurate with their role to deliver the programmes under review.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times</p>
<p>What we found before the event</p>

The numbers of available mentors and sign-off mentors are monitored through the annual quality monitoring process and review of practice learning opportunities through the educational audit (16, 49-50, 57).

The university has self-reported capacity issues at Newham General Hospital and the Royal London University Hospital (2).

What we found at the event

The university works in collaboration with practice placement providers to ensure that there are sufficient mentor/sign-off mentor resources to effectively support and assess students in practice. They have made significant investment in a bespoke electronic platform, 'In Place', to enable effective planning and monitoring of the placement provision and practice learning experiences. The platform is accessible to students and placement providers. There is effective management of the allocation of students from other AEs sharing the same placement areas to ensure student numbers match those identified in educational audits and students receive sufficient and effective support (104, 106, 109, 111-115)

We were told by practice placement providers that there are sufficient practice placement settings, mentors and sign-off mentors to support the students undertaking the pre-registration nursing (child) and midwifery programmes (111-115).

Students from the programmes reviewed confirmed that they are supernumerary and work with their mentors/sign-off mentors for a minimum of 40 percent of their practice learning time (111-115).

We found that the number of mentors in some areas is an ongoing concern. Barts Health NHS Trust placement capacity, including mentor availability, remains under ongoing review and is currently well managed through an action plan. The university works in close partnership with the placement partners to proactively address capacity concerns, and comprehensive action plans are in place to ensure students are appropriately supported. This work has also involved close liaison with the four AEs who use the same placements (43, 67, 106, 155-156).

Pre-registration nursing (child)

In one practice placement organisation, we were told that there are 440 mentors and 51 sign-off mentors who have been appropriately prepared to supervise and support students on the pre-registration nursing (child) programme. In another practice placement organisation, we were provided with evidence of sufficient mentors and sign-off mentors to support students (39, 113, 115).

We found evidence that the hub and spoke placement arrangement is approached proactively by students and is viewed as an opportunity to appreciate the patient's journey through healthcare and to engage with different members of the multidisciplinary team. Mentors reported that students are supervised by mentors during spoke placements. Mentors in the spoke placements provide feedback on a student's performance to the mentor in the hub. A review of a sample of assessment

of practice documentation verified this (104, 113-115).

Pre-registration midwifery

Sign-off mentors told us that the systems for the allocation of student midwives to sign-off mentors are effective and there are sufficient numbers to enable students to work with them on a one-to-one basis. PEFs demonstrated the recently developed electronic placement mapping tool which supports the appropriate allocation of students, and the identification of capacity issues prior to the student arriving in placement areas. Mentors, PEFs and student midwives told us that during non-midwifery placements, the students continue to have the support of their sign-off midwife mentor whilst receiving appropriate additional support from other relevant staff. Students and mentors told us that occasionally there is an unexpected shortage of mentors for example because of sickness absence, but that this is dealt with promptly by joint working between PEFs, LLs and mentors (102, 111-112, 124, 132, 156).

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

Outcome: Standard met

Comments:

Barts Health NHS Trust mentor availability and placement capacity remain under ongoing review and is currently well managed through an action plan

Areas for future monitoring:

Placement capacity including midwifery mentor availability at Barts Health NHS Trust.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation

Risk indicator 2.1.1- selection and admission processes follow NMC requirements

What we found before the event

<p>There is a well-documented admission policy, which includes anti-fraud and equality and diversity aspects which address NMC requirements, including literacy and numeracy testing (4, 15, 17-22).</p>
<p>What we found at the event</p>
<p>The university operates an effective and robust values based approach to student recruitment and selection. Candidates are required to undertake online tests in numeracy and literacy, and multiple mini interviews including a handwriting test. Overseas candidates require an international English language test score of seven. Face-to-face interviews are conducted with an academic staff member, service user and a practitioner. Candidates are required to self-declare at interview any criminal history and, where necessary, a virtual panel is held to consider admittance for individual cases. The panel includes service provider representation. Satisfactory DBS checks and occupational health clearance are required prior to students commencing placement (4, 9, 15-17, 21, 28, 73-74, 101, 103-104, 108, 111-115).</p> <p>There is a university admissions policy for students who are under the age of 18 years. However, we were told the university does not normally admit under 18 year olds due to accommodation issues. One student who was under 18 years of age was admitted to the pre-registration nursing (adult) programme. Prior to the placement the individual needs of the student were considered and a comprehensive risk assessment completed (17, 21, 108, 144).</p> <p>The university has a comprehensive equality and diversity policy, and diversity is valued across all dimensions. Academic staff complete equality and diversity training through mini workshops facilitated by an external agency. Representatives from practice placement providers also undertake appropriate training in equality and diversity in their organisations. The university check placement providers' equality and diversity preparation annually. However, there is insufficient evidence that service users and carers are appropriately prepared in equality and diversity for their decision-making role in the selection of students (16, 19-21, 103, 108, 118, 146, 152).</p> <p>We conclude that entry requirements meet NMC standards. There is clear evidence that academic staff and representatives from placement providers complete equality and diversity training. However, there is insufficient evidence of equality and diversity training for service users and carers who are equal partners in the decision making process for the selection of students.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>There is a clear and transparent fitness to practise policy which covers behaviours of students in and outside the university. There is also a disciplinary process to address</p>

non-professional issues (4, 6-8, 13-17, 29).

Progression rates on the programmes under review are variable and are reported in the university annual monitoring self-assessment report to the NMC as an area of concern (2, 72, 99).

There is an example training plan in the programme guide which indicates all assessment attempts are taken, including exceptional third attempts within the academic year (73).

What we found at the event

We found a robust fitness to practise procedure and decision-making process effectively manages issues of concern about a student's performance and conduct. Students' inappropriate behaviour on campus is governed by a clear disciplinary process which incorporates the ability to refer direct to the fitness to practise procedure, if required. The programme guides clearly define expected behaviours of students. Students told us that they understand this procedure and they are also aware of the process used to address concerns about their academic progress and the support available to them. We found that if a student is referred through the fitness to practise process they are appropriately supported and their case is reviewed by an objective panel, which includes a senior representative from a placement provider organisation. Students are removed from the programme of study if their behaviour is a risk to the public.

Students told us they are required annually, and on completion of the programme, to declare their good health and character and they understand the importance of this (6-9, 13, 31-32, 35, 37, 73-74, 103-104, 111-115, 117, 147).

Pre-registration nursing (child)

The programme team informed us that the criterion for progression from one year to the next is explicit and made aware to students in the ongoing record of achievement. We found the 12-week rule is applied in accordance with the NMC requirement (103, 108, 116).

The programme team told us about actions taken to manage attrition rates in the pre-registration nursing (child) programme. Some of these actions include increasing the academic requirements for admission to the programme, extra support from link teachers and the provision of drop-in sessions where students can discuss their concerns with an academic member of staff. They also told us that they are participating in a region-wide project to manage attrition more effectively (103).

The signatory for all end-of-programme documentation submitted to the NMC also acts with due regard and has current registration and a teacher qualification recorded with the NMC (103).

Pre-registration midwifery

Some students described their own experiences of requiring additional support to improve their performance or deal with personal situations, which they reported was

<p>conducted well by mentors, LLs, practice teachers and PEFs. The midwifery practice assessment document (MPAD) is used by students, sign-off mentors and LLs to document a student's progress, achievement and any action plans necessary. Mentors told us that when student midwives are on non-midwifery placements, nurse mentors are encouraged to use the MPADs to ensure that feedback from them on students' performance is recorded and shared as part of the ongoing achievement record (102, 111-112).</p> <p>Our findings confirm that the university has an effective fitness to practise policy and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>There is clear guidance on the process to follow where concerns are raised. What is less transparent is how the placement providers are made aware of this information and how lessons learned are shared to address poor student performance in practice (4, 6).</p>
<p>What we found at the event</p>
<p>There is an established culture of willingness and action to escalate concerns about poor performance demonstrated amongst the practice placement providers. Managers, mentors and sign-off mentors from all programmes reviewed are able to demonstrate an understanding of, and lessons learned from, implementing university procedures for managing poor performance and for students failing in practice. The LL role and the role of PEFs are effective in ensuring partnership working and the support for mentors and students including when performance is of concern (5, 13, 104, 111-115).</p> <p>Pre-registration nursing (child)</p> <p>One student provided an example of how a remedial action plan was developed jointly by the mentor and the LL and implemented to address concerns of poor performance. Mentors expressed confidence in awarding a fail grade to students who are not achieving the required learning outcomes (104, 113-115).</p> <p>Our findings confirm that programme providers' procedures are effectively implemented by practice placement providers in addressing issues of poor performance in practice.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement</p>

are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
What we found before the event
<p>The recruitment policy clearly indicates that students accessing the postgraduate diploma (Pg Dip) pre-registration nursing route are required to successfully undertake APL. Students are also able to APL from aspects of the undergraduate pre-registration nursing programmes to a maximum of fifty percent of the programme. APL claims presented in portfolios are internally moderated and reviewed by external examiners (2, 24-27).</p> <p>Pre-registration nursing (child)</p> <p>There were 34 APL claims for the Pg Dip pre-registration nursing programme, and following scrutiny, 34 students were admitted to the programme.</p> <p>There were 11 APL claims for the BSc (Hons) pre-registration nursing programme, and following scrutiny, 11 students were admitted to the programme in a cohort of 188 students (2).</p>
What we found at the event
<p>The university allows APL to be given for up to 50 percent of the programme and the department complies with this requirement. There is a robust and effective system in place to track students through their APL claim to ensure programme requirements are met. APL claims are considered on an individual basis. Students undertaking APL for the Pg Dip pre-registration nursing route who have a non-health first degree are required to undertake a life sciences workbook and provide evidence to support completion of the learning outcomes for the modules they are seeking to APL. Foundation degrees are mapped to 50 percent of the programme. Approximately 11 students per year enter the undergraduate pre-registration nursing child programme following successful APL of their first NMC registration against the current programme requirements. Students undertaking the APL process have a profiling interview with the course director and present a portfolio of evidence to the accreditation board, normally before commencement of the programme. All claims are subject to internal moderation and external examination thus ensuring the quality and suitability of the submission (2, 16, 24-27, 108, 138, 143).</p> <p>We confirm from our findings that the university's approach to APL is comprehensive and meets the NMC requirements.</p>
Outcome: Standard requires improvement
Comments:

2.1.1

We found that there is insufficient evidence of equality and diversity training for service users and carers who are equal partners in the decision-making process for the selection of students.

Areas for future monitoring:

Service users and carers complete equality and diversity training.

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 a working relationship between the university and practice placement providers which exists at strategic and operational levels. The university has worked effectively with eight other local AELs to develop a Pan London approach to the assessment of practice in nursing and midwifery. There is a complex placement provision covering a wide geographical area covering 20 NHS trusts in London and south east England (16, 65).

Issues arising from practice are appropriately escalated via a range of liaison points at operational and strategic level in a timely manner. Annual review through the quality contract performance management ensures the issues are addressed (16, 67).

The university submitted two exceptional reports to the NMC in the previous year (2).

What we found at the event

The university works constructively in partnership with commissioners from Health Education England (HEE), north, central, east London, who also contract for HEE south London and HEE north west London. There is one standard contract for non-medical education in London and part of this agreement covers the quality standards for practice learning provision and support. The university holds practice learning

agreements with NHS trusts and a separate one for PVI placements. These arrangements are reviewed annually through the HEE local office quality contract performance management process (16, 49-50, 54, 65, 105-106, 109, 126, 134).

The university responds effectively to reporting requirements and is accountable for commissions, progression, completions and the student learning experience in theory and practice. There are well established processes for reporting to, and sharing lessons learnt, with the commissioners and placement partners. In addition to the annual review there are bi-monthly meetings to review specific aspects of the provision which adopt a tripartite approach with the commissioner and practice placement providers. The commissioner told us that the university placement team has a very strong relationship with placement providers and provides effect support for mentors (16, 49-50, 54, 65, 105-106, 109).

Our findings demonstrate that the university has well established and effective working relationships with placement providers and other AElS that also use the same practice placements and utilise the same educational audits. This enables the sharing of data between AElS and reduces the duplication of work for practice placement providers. The commissioner told us that the university often provides effective leadership for joint project work. Feedback from placement partners is considered at strategic and operational levels during 'key account' meetings which are held between the university and the placement providers. At a local level the university promotes effective communication by adopting models of liaison that meet the needs of individual placement providers. We found these different models are valued by placement partners. Practice placement provider meetings are held six times a year. Trust based LL meetings are also used to address issues; mentors and mangers told us the LL role is effective (16, 49-50, 54, 65, 102, 104-106, 109, 111-115, 119, 130, 136,155).

The university has worked effectively with eight other local universities to develop a Pan London approach to the practice assessment in all pre-registration nursing and midwifery programmes. We found the Pan London educational audit tool and arrangements for shared educational audits in all practice environments are effective in streamlining the process of quality assuring placement areas and enhances students' learning. The educational audits we sampled during the placement visits confirm the frequency and validity of the audit process and meet the NMC requirements. Student numbers and types of students allocated to areas are transparent within the educational audits to ensure capacity is considered when allocating students (106, 111-115)

Effective processes are in place to review placement areas following CQC reports, and the outcome of these reports are fed back to students. Placements are removed from the circuit when practice learning is compromised. When potential concerns are raised about practice learning the associate professor from the placement team at the university completes a full investigation of the capacity and quality of the experience in partnership with the placement provider. Action plans are developed and implemented to guide improvement. We found there is a significant commitment on behalf of placement providers and the university to share and learn from lessons arising from concerns and this information is openly shared with other AElS using the same placements (5, 14, 16, 43, 56-57, 64-65, 75, 106).

<p>Pre-registration nursing (child)</p> <p>We found an example of partnership working which aims to address the difficulty in recruiting nurses to work in neonatal units. In response to this issue the university has worked with placement providers to enable student nurses (child), who have an interest in neonatal care, to complete one placement in a neonatal unit, of varying levels of patient dependency, in each year of the programme (60, 100, 103).</p> <p>We conclude that there are well established and effective partnerships between education and placement providers at all levels to manage risks, including partnerships with multiple education institutions who use the same practice placement locations.</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>The university has a strategic approach for the inclusion of service users through the People's Academy model, a social enterprise model, which was established in 2015 and commitment to the principles of inclusion and co-production. Service users are involved in recruitment, curriculum development and assessment (9-10).</p> <p>Pre-registration nursing (child)</p> <p>Following the pre-registration nursing (child) programme approval in 2016 the university addressed a condition of approval and developed a clear strategy to capture the children's voice in relation to programme development and delivery. The children's nursing team provided evidence that there is introductory collaboration taking place with children and young peoples' service user groups to develop links and ultimately capture the child and young persons' voice throughout the programme from admission to the point of registration (41, 63).</p>
<p>What we found at the event</p>
<p>Practitioners attend university to input directly into teaching and clinical skills development when service needs allow. They confirm they are actively encouraged to engage in programme development and delivery (111-115).</p> <p>There is evidence that academic staff are implementing innovative systems to bring user and carer experience into the design and delivery of the programme. Members of the People's Academy, established in 2015, told us that they are part of the university recruitment team. They design values based interview questions that they ask candidates during interview and have an equal part with programme staff and representatives from placement providers in the selection of students. They also told us they have worked alongside academic staff to plan and deliver the inter-professional module to first year nursing students in the academic year 2016/17.</p>

Members of the People's Academy told us that they have taken part in visits to observe good practice in service user engagement in health services delivered in the community, and have attended conferences and learning events. They have had the opportunity to share what they have learnt from these visits and events with students. (9-11, 110).

In addition to the involvement of the People's Academy members, students are also given the opportunity to hear testimonies from past or present health service users about their experiences. One service user told us that the university had provided him with the time and opportunity to engage with student nurses and they provided useful feedback on his input (110).

Pre-registration nursing (child)

The university has developed a comprehensive plan to address service user engagement in the pre-registration nursing (child) programme. Existing resources such as patient voices videos have been used in the programme. The school has developed a student ambassador programme through which students with long-term health conditions are given the opportunity to input their recent experience as a user of children's health services in to the nursing programme (30, 77).

Pre-registration midwifery

Service users or their representatives are involved in programme planning groups. Students undertake role play as part of their skills development which involves them taking a user perspective in an emergency scenario, which has been designed by maternity service users in partnership with academic staff. Students told us that this work is valuable for their development. Maternity service users' views of students' performance in practice are actively sought including, verbal feedback to mentors about students' performance and completion of feedback forms which are part of the MPADs. Service users or their representatives contribute to class sessions on both midwifery programmes, for example about perinatal mental health using user-led drama sessions (101, 111-112, 132, 160).

Practice managers and PEFs told us that if student midwives are named in feedback from the 'friends and family' survey of care, they are contacted directly and given the feedback which contributes to their assessment and development (101, 111-112, 132, 160).

One midwifery user representative whose community engagement role enables her to regularly hear the views of a diverse group of women told us:

'Student midwives are very appreciated by women using the maternity service. Women recognise that student midwives often have more time than midwives to offer support to them and their baby. Student midwives are described as very kind, compassionate and professional' (23).

We conclude that practitioners and service users and carers are involved in programme development and delivery. The university has developed the People's Academy which is an innovative approach to service user and carer involvement. We confirmed this is notable practice.

Risk indicator 3.2.2 - academic staff support students in practice placement settings
What we found before the event
There is a clear role expectation for academic staff to spend 20 percent of their time as LLs. The role supports students learning in practice and supporting students and mentors (16, 33, 36, 55).
What we found at the event
<p>We found the university actively supports the role of the LL and there is a clear expectation within the working guidelines that all academic staff will spend 20 percent of their time undertaking this role. There are many examples provided by representatives from practice placement providers of the value and visibility of academic staff in practice settings, mainly through their LL role. Mentors and sign-off mentors are able to name LLs and other university academic staff who support students and mentors in practice placements. Student nurses confirmed that LLs, in partnership with the PEFs provide them with good support and are involved in supporting the assessment of practice. Students told us that LLs are available, responsive and accessible to them via a variety of means (email, phone) during placements, as well as face-to-face visits. We were told by some students that the presence of LLs in some practice areas is variable (16, 33, 36, 55, 66, 101-102, 106, 111-115, 124-125, 141).</p> <p>We conclude that students are effectively supported by academic staff in practice placement settings.</p>
Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date
What we found before the event
The approval documentation clearly indicates that a live register of mentors is operational and that annual updating takes place. The PVI register is held by the university (16, 41, 76).
What we found at the event
The register for the PVI mentors/sign-off mentors is held and maintained by the school and is overseen by the associate professor for placement learning. We viewed the register and observed some deficits in the recording of information. This includes some missing dates for the original mentor qualification and some annual updates are

<p>out of date. We found there is a robust pre-placement process that ensures mentors/sign-off mentors in the PVI placements are updated prior to students going to placements and the associate professor for placement learning has personal oversight of this which ensures public safety (16, 41, 59, 76).</p> <p>We conclude that there are effective mechanisms in place to ensure students are allocated to appropriately prepared mentors in the PVI sector, however the PVI register requires improvement to ensure all data fields are current and accurate.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>Mentors and sign-off mentors are appropriately prepared for their role in assessing students (16, 41, 55, 76).</p>
<p>What we found at the event</p>
<p>Mentors told us that they are properly prepared for their role as mentors and value the support that they receive from their managers and the PEFs to undertake the role. New student mentors undertake the NMC approved mentor programme at one of the local AEs, and are supported in their mentoring role during the programme by a sign-off mentor in their workplace. We found, for all programmes reviewed, managers support nurse and midwife mentors to attend mentor update sessions. Mentors reported the value of these sessions in facilitating discussions among mentors and to share experiences of mentoring a student (77, 111-115).</p> <p>We found that mentor updates are provided in a number of formats and attendance is recorded in the 'live' mentor register held in the practice placement areas and managed by the PEFs. We were informed by mentors and PEFs that annual updates are facilitated by PEFs and LLs. We reviewed a sample of teaching materials used at the mentor update sessions which are jointly prepared by PEFs and academic staff (77, 111-115).</p> <p>PEFs and LLs also conduct bespoke update sessions for practitioners who have a heavy workload and are unable to attend the planned sessions. Mentors and sign-off mentors can also complete a mentor update workbook once in a three year period as an alternative method of updating. Students told us that mentors clearly understand what is expected of them in practice assessment processes, and effectively use the assessment of practice document. Mentors and students agree that it is often challenging to find available time for reflection and completion of practice assessment documentation in busy clinical areas (66, 77, 102, 111-115).</p> <p>Pre-registration midwifery</p> <p>Practice managers and PEFs confirm that becoming a sign-off mentor is part of the</p>

<p>workplace employment policy for all qualified midwives. In both practice placement providers that we visited, there is an expectation amongst mentors that all midwives will commit to become, and remain, as sign-off mentors (111-112).</p> <p>We conclude that mentors and sign-off mentors are properly prepared for their role in assessing students.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>The university reports compliance with NMC Standards to support learning and assessment in practice (SLAiP, 2008) including annual updates and the opportunity for group discussions on mentoring issues. Information and communication with placement providers is enhanced through a dedicated practice learning website and a practice learning newsletter (2-3, 42, 51-53, 55).</p>
<p>What we found at the event</p>
<p>In all practice placement providers that we visited, the managers support mentors and sign-off mentors to attend annual updates and to participate in triennial review. Mentors described annual updates as useful in helping them to become familiar with programme updates, and to have the opportunity to reflect on and share 'lessons learnt' from examples of assessment scenarios, including when students have failed in practice. Through cross-referencing the mentor register and off duty rotas we found that students are appropriately allocated to up to date mentors (48, 58, 66, 104, 111-115, 142).</p> <p>Pre-registration midwifery</p> <p>PEFs told us about the escalation process to managers if mentors do not respond to prompts for updating and triennial review (101, 111-112).</p> <p>We confirm that mentors and sign-off mentors are able to attend annual updates sufficient to meet requirements for triennial review and they understand, and can reflect on, the process they have engaged with.</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>

The approval documentation indicates that a live register of mentors is operational and that annual updating takes place (41, 76).

What we found at the event

We found that the mentor records in all practice placement areas we visited are accurate and up to date. The records are maintained on secure databases that include dates of; mentor preparation, updates undertaken and triennial review dates. PEFs maintain the currency of the data and the register is accessible via password protection to appropriate staff. LLs told us they have access to the database for mentors in their allocated placement areas. Educational audit records identify available mentors in the clinical areas to facilitate the allocation of students to mentors, and the placement mapping tool clearly shows capacity and mentor availability in clinical areas. If there are changes in placement capacity from service reconfiguration, the impact of this on the availability of live mentors and sign-off mentors is also communicated to the university (111-115, 160).

We conclude that records of mentors/practice teachers are accurate and up to date.

Outcome: Standard requires improvement

Comments:

The mentor register for the PVI sector requires enhancement to detail to ensure accuracy and currency.

Areas for future monitoring:

The accuracy and currency of the PVI register.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for

What we found before the event

The programme handbook and approval reports indicate that the programme supports students in the achievement of the learning outcomes and competencies at the progression points and on completion of the pre-registration nursing and midwifery programmes (41, 73-74, 76).

Simulation is used as a learning and teaching method and does not contribute to the practice hours in the pre-registration nursing programme. There has been significant investment in the clinical skills facilities on both university campus sites (2).

Pre-registration nursing (child)

An incremental approach is adopted to the development of skills through simulation. Each year has a specific focus, year one is 'developing', year two 'building' and year three 'enhancing', through simple to complex methods of simulation. The university annual self-report indicates a need to monitor the acquisition of clinical skills and inter-professional learning. Students have previously raised concerns regarding skills preparation for practice preparation (2-3).

Inter-professional learning opportunities are provided in campus and practice placements to enable students to engage with other healthcare professionals to promote quality care. In the second year of the pre-registration nursing programme, students undertake a project exploring the impact of inter-professional working on the service users' experience (16, 46).

Pre-registration midwifery

There was a minor modification to the pre-registration midwifery (18 month) programme to address the European Union (EU) programme hours requirement (78).

The key skills addressed through simulation on the pre-registration midwifery programme include neonatal resuscitation, shoulder dystocia, postpartum haemorrhage, breech birth and cord prolapse (2).

What we found at the event

We found the teaching on the programmes integrates and applies new knowledge emerging from ongoing research activity to improve the quality and relevance of the students' education (16, 44-45, 47).

Students on all programmes reviewed told us that they are assessed formatively and summatively and receive constructive feedback on their performance which helps them to develop and progress on their programme (102, 104, 111-115).

Pre-registration nursing (child)

The students told us that the content of the programme is contemporary and the range of learning opportunities available in the practice settings prepares them to meet NMC outcomes, to be competent practitioners and to be fit for practice on entry to the professional register (104, 113-115).

The students gave us positive feedback on the range of teaching and learning strategies used by the academic staff. They value the dividing of the cohort into

smaller groups as it enables more interaction and learning. The flipped classroom has been piloted recently as an addition to the teaching and learning strategy. Following students' evaluation of this pilot, the programme team has decided to only use the flipped classroom as a teaching and learning strategy in the final year of the programme (103-104, 113-115).

Some students on the postgraduate nursing route who are undertaking the programme for a second registration told us the programme is disjointed at times with some duplication of content from their first registration, and some of the placement learning experiences do not challenge them. The programme team are aware of these issues and are discussing them with the students on a monthly basis. The team explained that the content of the programme is delivered at a higher academic level to that in students' previous studies. Students also undertake placements in areas where they have not had any previous experience and these may be of a less acute nature and slower pace of working (103, 113).

Students told us they are required to complete all mandatory training in the university before they can commence a placement. They reported that this mandatory training and other skills sessions in the university prepares them very well for placements. The practice placement providers supplement this mandatory training with induction days; students attend a full induction day in the first year and half a day each in the next two years of the programme. The induction day introduces students to the practice placement providers' policies and procedures. One practice placement provider provides students with an induction pack which contains relevant information about the provider. Each placement area provides students with an induction pack that contains information on the learning opportunities available in the area. The students that we met are very complimentary of this range of mandatory training, skills and induction sessions (11-12, 103, 113-115).

One placement area provided us with a guidance document about nursing actions that student nurses, in different stages of the programme, can undertake under direct supervision. For example, only students in the third-year of the programme can prepare the equipment for use in an intravenous infusion. Mentors were complimentary about this information as it provides them with clarity and consistency when supervising student nurses (107, 151).

The programme team told us that simulation is used as a teaching and learning strategy as well as a method by which students can make up any shortfall in practice hours. Students are only allowed to make up a maximum of one week through simulated learning; any shortfall that exceeds a week must be completed in placement. We reviewed a programme for the use of simulation to make up time which demonstrates that practitioners are involved in the delivery and assessment of this learning (103, 139).

The students told us that they engage in learning with students studying the other fields of nursing. While they value this form of learning, they felt that this did not always promote inter-professional working as they said that it was very unlikely they would be working with nurses from the other fields of nursing in the practice setting (104, 113-115).

There is an inter-professional module in each year of the programme. During this

module, service users and carers as well as academic staff facilitate seminars (104, 113-115).

We found students' attendance at university sessions is recorded by an electronic register, as well as paper copies of the register. The programme team stated that this duplication is necessary as there is usually a delay in the course director being informed of a student's non-attendance. They told us that practice attendance and hours are recorded in the assessment of practice documents. Documentation confirms an individual student's hours of theory and practice comply with the EU directive (103, 138).

Pre-registration midwifery

Student midwives on both programmes told us they receive clear information about what they are expected to achieve during the programme, the resources, teaching methods and support available. Overall, students are very satisfied with the quality of the teaching on the programmes and value the learning experiences in the practice settings (102, 111-112)

A small number of students told us that there could be greater consistency in the quality of the feedback on written work provided by the programme team, and adherence to the university's policy of feedback turnaround time of 15 days. Students confirmed that they are well prepared for midwifery practice throughout the programmes. Student portfolios include documentation of theory and practice hours undertaken in accordance with the EU directive (102, 111-112).

Students and the programme team told us that simulated learning is a key part of the learning and teaching strategy for the midwifery programmes and involves a variety of methods including clinical skills teaching, medicines management and numeracy, using the virtual learning environment and face to face sessions. Students value the variety of opportunities for simulated learning that they encounter on their programmes and especially value the skills week which involves all midwifery students working together in mixed groups across cohort years, using scenarios and role play (101-102, 111-112).

Mentors told us that student midwives are pro-active in identifying learning opportunities and in linking theory to practice. Students on the 90 week programme had concerns about reaching their EU directive numbers of 40 personal deliveries and one had an action plan regarding this to ensure relevant opportunities were available for her to achieve what is required. MPADs viewed during the review visit confirm achievement of all outcomes. Programme staff and PEFs confirm that all students are able to achieve the requirements and some need additional support from themselves, LLs and mentors to ensure achievement. Some mentors commended student midwives for sharing their theory knowledge when in practice, which enhances the knowledge of peers and mentors (34, 64, 68, 78, 102, 111-112, 128, 160).

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

Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression

<p>points and upon entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The programme handbook and approval reports indicate that the programmes support students in the achievement of the practice learning outcomes and competencies (41, 76).</p> <p>Pre-registration nursing (child)</p> <p>The annual self-report suggests the development of additional neonatal theory and practice experience for interested students, to promote the development of future neonatal nurses is, in their opinion, notable practice (2).</p>
<p>What we found at the event</p>
<p>Pre-registration nursing (child)</p> <p>Mentors and sign-off mentors expressed familiarity with the assessment of practice document and the ongoing achievement record used by students. These documents are used Pan London by nursing students from other AEs who use the same placement providers. This ensures a consistent approach by mentors as they are using one practice assessment tool. Mentors reported that, despite their heavy workload, they are able to complete the documentation before the student completes their placement (48, 58, 113-115).</p> <p>A review of the assessment of practice document demonstrates students have to achieve the essential skills and the four domains of practice to meet requirements at progression points and to meet NMC standards. The students reported that they have sufficient learning opportunities to develop these skills and to be assessed at the mid-point of the placement (formative) as well as the end of the placement (summative). The requirements that must be met at progression and sign-off points are explicit in the documentation (48, 58, 104, 113-115).</p> <p>One student described the experience of failing a summative assessment of practice at the first attempt, and the academic and pastoral support mechanisms subsequently put in place which enabled success at second submission (48, 58, 104, 113-115).</p> <p>The programme team told us they are working with other AEs in the region to explore ways in which capacity in the community placement areas can be increased. This will involve using schools, children's centres, children's hospices, school nurses and health visitors within a hub and spoke model of placement learning. Students we spoke to stated that they are not currently experiencing any issues with allocation to community placements (103, 145).</p> <p>Service managers spoke highly of the students who graduate from the university, reporting that newly qualified nurses are competent on registration and made a significant contribution to the nursing and multi-disciplinary team. We met two newly</p>

qualified registered nurses (child). They spoke highly of the programme in preparing them for professional practice as registered nurses (113-115).

Pre-registration midwifery

We found that the NMC midwifery practice outcomes and essential skills clusters (ESCs) are embedded in the programme and evident in the MPADs to demonstrate students' achievement and progression. Student midwives, PEFs and sign-off mentors confirm that the breadth of experience available to students ensures that they are able to practise and complete all skills at each level of the programme (34, 68, 102, 111-112, 132).

MPAD exemplars demonstrate effective use by mentors in giving student feedback to enable development, and in effective grading of assessment of practice. Students and mentors told us that they understand the purpose of the MPAD and the ongoing record of achievement. Mentors told us they value the improved Pan London MPAD (34).

Midwife mentors and managers confirm that students exiting the midwifery programmes are safe, competent and fit for practice. Most graduating student midwives from the university are employed in their host trust. All students confirm that they are able to achieve the requirements of their programmes including ESCs and the EU directive requirements (68, 102, 111-112, 132).

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

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

There is a school governance structure and clear lines of responsibility for approval and review processes to ensure compliance with the Quality Assurance Agency UK quality code. The university welcomes feedback from students on all aspects of their experience to enhance the student experience (16, 62).

External examiners are appointed with due regard to review work from modules that contribute to the end award. It is unclear whether they engage with level four theory and practice assessment (16, 56, 61, 68).

What we found at the event

There is a comprehensive quality assurance and enhancement governance structure within the school. Programmes are closely monitored through programme management groups which are held monthly. These meetings enable programme teams for NMC approved programmes to share experience and lessons learnt to enhance the students' learning experience. Dependant on the nature of an issue which may arise, they are escalated to the relevant school level committees. The senior management board addresses issues of resource and finance and the school academic standards committee closely monitors the quality of the provision (16, 62, 105, 109).

The student voice is heard formally through the student course board which also has representation from academic staff and placement providers. The board receives student feedback, module evaluations and evaluations of practice experience. External examiner issues are addressed and the outcomes of the 'key account' meetings from practice are presented (109, 111-115, 135).

Students on all programmes reviewed reported that they engage in the evaluation of theory and practice. They receive an email which prompts them to complete the evaluation of theory. For the evaluation of practice, students complete an evaluation form and then meet with their personal tutor to discuss their placement experiences. Students confirm that the programme teams have responded positively to issues raised and changes have been made accordingly. Mentors and managers confirm that they receive timely feedback from the university on issues arising from student evaluations and take action where indicated to enhance the student experience (39-40, 102, 104, 111-115, 122-124, 127, 137, 158-159).

External examiners meet the university requirements for appointment and have due regard for the programmes they are examining. Their registration status is reviewed annually. We found, for all programmes reviewed, that external examiners engage in all aspects of programme assessment. This includes reviewing assessment guidance and marking criteria. External examiners also ensure the validity of the assessment processes. They review work from all academic levels of the programmes and examine both theory and practice. External examiners' annual reports demonstrate confidence in the provision and any comments made by external examiners receive

<p>appropriate responses from the university. Lessons learnt are appropriately shared by the programme teams with students and practice placement providers in a timely manner, to enhance the student experience (34, 109, 132-133, 138, 140, 158).</p> <p>The NMC official correspondent, and where appropriate the LME, respond to the NMC annual report requirements providing full and detailed reports. The AEI requirements are comprehensively addressed (2-4, 16, 109).</p> <p>Pre-registration nursing (child)</p> <p>The students gave us two examples of changes made in response to their evaluations; the shortening of the time interval between the mandatory training sessions in the university and the commencement of placement; and the anatomy and physiology sessions being more child than adult focussed. One of the students we met is the cohort representative and she told us she attends course committee meetings and will raise any concerns that have been expressed by the cohort (104, 113-115).</p> <p>The academic team also provided us with examples of their response to student evaluations. Some examples include more input from specialist nurses on adolescent mental health and an increase in the number of hours in skills teaching in the university (103).</p> <p>Our findings conclude that the university has effective improvement systems for student feedback and evaluation/programme evaluation to address weakness and enhance programme delivery.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>Students are advised of their right to complain and raise concerns. There is a clear complaints and grievance procedure to support this (16, 62).</p>
<p>What we found at the event</p>
<p>There is clear, transparent and accessible guidance for students to raise concerns or complaints about their learning experience in theory and practice. The school operates a two-stage process which aims to resolve student issues in a timely manner. Students are aware of, and are well supported through, the process. If students are dissatisfied with the outcome they can escalate their concern to the next stage in the process. Students informed us that the students' union in the university is very effective in handling concerns raised by students. The union acts as an advocate for students and provides them with support to ensure concerns are escalated to the relevant stakeholder. Appropriate actions are taken to address the concerns raised, and outcomes are openly shared across the department to ensure that lessons are learnt. Students are given a full rationale for the decisions made (16, 62, 104, 109,</p>

111-115, 150).

Pre-registration nursing (child)

We found several mechanisms by which concerns and complaints related to practice learning are made known and processed. In one practice placement provider, the chief nurse of the trust holds an open forum with student nurses once a term and the dates for this are widely advertised. We spoke to a manager in the same trust who reported receiving feedback from the chief nurse on the issues raised at the forum. Any urgent issues are fed back to the head of department for the pre-registration nursing (child) programme, general feedback is shared at operational liaison meetings with staff from the university (115).

Pre-registration midwifery

Service managers gave examples of the effectiveness of the partnership working in escalating and/or resolving issues. Issues described involved the challenges which present when students from multiple universities share practice placement areas. However, we found that the university has effective collaborative partnerships with the NHS trusts we visited, and with staff from other AEs, for example through the London LME group. Involving students in 'lessons learnt' activities from issues raised is viewed by managers PEFs and mentors as important and is facilitated. The PEF role is described as key in the communication of evaluation data between the placement providers and the university. Students told us that they are confident about the processes involved to raise concerns and complaints about the practice learning environment (13, 101-102, 111-112, 119-121, 155-156, 159).

We conclude there are effective and transparent mechanisms in place for students to raise concerns and complaints in practice learning settings and these are appropriately dealt with and communicated to relevant partners.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

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Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 10 Jan 2017
Meetings with:
<p>LSBU pro dean pre-registration provision and quality</p> <p>LSBU head of children's nursing, professor of children's nursing</p> <p>LSBU head of adult nursing and midwifery studies</p> <p>LSBU associate professor children's nursing</p> <p>LSBU associate professor practice learning</p> <p>LSBU LME, associate professor midwifery</p> <p>LSBU quality advisor</p>
At monitoring event
Meetings with:
<p>Reviewer meeting with programme team - pre-registration nursing child 1 February 2017</p> <p>LSBU head of department children's nursing</p> <p>LSBU course director children's nursing x2</p> <p>LSBU associate professor children's nursing</p> <p>LSBU senior lecturer children's nursing x4</p> <p>Reviewer meeting with programme team - pre-registration midwifery 1 February 2017</p> <p>LSBU lecturer clinical skills facilitator - midwifery</p> <p>LSBU senior lecturer midwifery x2</p> <p>LSBU associate professor midwifery and woman's health department</p> <p>LSBU midwifery placement facilitator</p> <p>LSBU head of department adult nursing and midwifery</p> <p>Practice learning meeting with managing reviewer, 1 February 2017</p> <p>LSBU Associate professor practice learning</p> <p>LSBU Programme manager and placement lead</p> <p>Lead practice educator, Great Ormond Street Hospital</p>

Practice educator Great Ormond Street Hospital
Practice educator child Central London community healthcare
Clinical practice facilitator, The Portland Hospital
Midwifery clinical placement facilitator, Barts Health NHS Trust
Midwifery placement facilitator, University College London Hospitals NHS Foundation Trust
Midwifery placement facilitator, Barking, Havering and Redbridge University Hospital NHS Trust
Midwifery placement facilitator, University College London Hospitals NHS Foundation Trust

Admissions and progression meeting with managing reviewer, 1 February 2017
LSBU pro dean pre-registration education and quality
LSBU senior quality and enhancement advisor
LSBU school executive administrator
LSBU senior lecturer children's nursing x2
LSBU senior lecturer adult nursing
LSBU senior lecturer midwifery
LSBU information and liaison team leader
LSBU course director children's nursing
LSBU associate professor student progression and achievement
LSBU associate professor midwifery and woman's health department
LSBU head of department children's nursing

Quality assurance meeting with managing reviewer, 2 February 2017
LSBU pro dean pre-registration education and quality
LSBU senior quality and enhancement advisor
LSBU associate professor student progression and achievement
LSBU associate professor midwifery and woman's health department
LSBU senior lecturer midwifery
LSBU course director children's nursing
LSBU head of department children's nursing
LSBU associate professor practice learning

CQC outcomes and NMC briefing paper meeting with managing reviewer, 2 February 2017

LSBU associate professor practice learning

LSBU pro dean pre-registration education and quality

Follow up lines of enquiry meeting nursing (child), 2 February 2017

LSBU head of department - children's nursing

LSBU course director - children's nursing

LSBU senior lecturer - children's nursing x3

Meetings with:

Mentors / sign-off mentors	40
Practice teachers	2
Service users / Carers (in university)	3
Service users / Carers (in practice)	3
Practice Education Facilitator	10
Director / manager nursing	7
Director / manager midwifery	9
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	8 Director of education x1 Deputy director of education x1 Midwifery education team leader x1

	<p>Consultant midwives x3</p> <p>Newly qualified children's nurse (within last six months) x2</p>
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Meetings with students:

Student Type	Number met
Registered Nurse - Children	Year 1: 6 Year 2: 8 Year 3: 6 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 2 Year 2: 2 Year 3: 0 Year 4: 0

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