

2016-17

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

Programme provider	University of Southampton
Programmes monitored	Registered Nurse - Children; Registered Midwife - 18 & 36M
Date of monitoring event	23-24 Nov 2016
Managing Reviewer	Shirley Cutts
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Ann Foley, Ann Kingscott
Placement partner visits undertaken during the review	<p>Placement partner visits undertaken during the review</p> <p>Midwifery</p> <p>Princess Anne Hospital, Southampton</p> <p>B'lands birth centre</p> <p>Basset Green clinic</p> <p>Child</p> <p>University Hospitals Southampton NHS Foundation Trust</p> <p>Adelaide health centre, Solent NHS Trust</p> <p>Southern Health NHS Trust</p> <p>Hampshire Hospitals NHS Trust, Basingstoke</p> <p>Queen Alexandra Hospital, Portsmouth Hospital NHS Trust</p>
Date of Report	05 Dec 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

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

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

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

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors

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

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

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

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks

Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers have experience / qualifications commensurate with role 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 University of Southampton's programmes

Pre-registration nursing and pre-registration midwifery programmes are delivered by the faculty of health sciences, one of eight faculties at the University of Southampton (UoS).

The focus of this monitoring review is the pre-registration nursing (child) programme and the pre-registration midwifery programmes.

The pre-registration nursing (child) programme has three routes: the three year bachelor (BN) of nursing (child) programme, the postgraduate diploma (PG Dip) and the four year dual award programme, which results in registration as both adult and children's nurse.

The pre-registration midwifery programme has two routes: the three year undergraduate programme and the three year postgraduate programme.

Academic study takes place on the Highfield university campus which is close to the centre of Southampton. The university works closely with practice placement providers to provide practice learning opportunities for pre-registration nursing and midwifery students. For the child field programmes, placement opportunities are offered in Portsmouth, the Isle of Wight, Winchester, Basingstoke and Southampton. Midwifery students undertake the majority of their placements at the Princess Anne Hospital in Southampton.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular attention is paid to student experiences in the trusts which had been subject to adverse outcomes from the Care Quality Commission (CQC) which included: University Hospitals Southampton NHS Foundation Trust, Solent NHS Trust, Southern Health NHS Trust and Queen Alexandra Hospital, Portsmouth Hospital NHS Trust.

Summary of public protection context and findings

Our findings demonstrate that the UoS has systems and processes in place to monitor key risks to assure protection of the public. The key risk practice learning requires improvement and is detailed below.

Resources: met

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (child) programme and the pre-registration midwifery programme to meet NMC standards.

There are sufficient appropriately qualified sign-off mentors available to support the number of students studying the pre-registration nursing (child) programme and the pre-registration midwifery programme.

Admission and progression: met

We conclude from our findings that selection and admission processes for the pre-registration nursing (child) programme and the pre-registration midwifery programmes meet NMC requirements.

We found that disclosure and barring service (DBS) checks and occupational health

clearance are completed prior to students enrolling on the programme and in each year of the programme to assure public protection.

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

We found that the accreditation of prior learning (APL) procedures and achievement are robust and supported by verifiable evidence and mapped against NMC outcomes and competencies.

Practice learning: requires improvement

We found that partnership working is active and robust at both strategic and operational levels. The university and practice placement providers work effectively to ensure that learning opportunities and support is provided to enable students to meet all NMC competencies.

We found that service users contribute to the planning, delivery and review of the pre-registration midwifery programme. However, the ongoing contribution of service users and carers in the pre-registration nursing (child) programme requires improvement to strengthen their voice in the programme and ensure consistency in their involvement.

We conclude that academic staff support students and mentors in practice in the pre-registration nursing (child) and pre-registration midwifery programme.

Our findings conclude that mentors and sign-off mentors undertake mentor preparation programmes and annual updates for their role in assessing practice. Sign-off mentors are prepared for their role in assessing practice. However, the process of moderating the grading of assessment of practice for the pre-registration nursing (child) programme requires improvement.

We conclude that the management of the mentor databases varies between the placement providers. In some areas there is a significant time lag between recording mentor updates on the mentor register in the pre-registration nursing (child) programme and this requires improvement. In addition, the mentor databases held in the private, voluntary and independent sector require improvement.

Fitness for practice: met

We conclude that the learning, teaching and assessment methods on the pre-registration nursing (child) and midwifery programmes support students' achievement of all learning outcomes and NMC competencies in both theory and practice at progression points and for entry to the NMC register.

Quality assurance: met

Our findings conclude that there are effective internal quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (child) programme and pre-registration midwifery programme.

We found that the university and practice placement providers work closely together to respond effectively to concerns and complaints raised in practice placement settings.

Summary of areas that require improvement

The following areas require improvement:

- The consistency and the involvement of service users and carers in the pre-registration nursing (child) programme.
- Moderation of the grading of practice in the pre-registration nursing (child) programme.
- The timeliness of updating of the mentor databases in the PVI sector and some of the NHS trusts.

Summary of areas for future monitoring

The involvement of service users and carers in the pre-registration nursing (child) programme.

- The moderation of the grading of practice in the pre-registration nursing (child) programme.
- Mentor databases in the PVI sector and the trusts.
- The effectiveness of the practice visitor role.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

All members of the academic teams expressed commitment to, and enthusiasm for, the programmes they deliver. They expressed pride in their locality, partnership working

and the calibre of the students they prepare for nursing and midwifery practice. Lecturers for the nursing and midwifery programmes visit practice and report effective and supportive working relationships with practice placement providers.

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

Mentors and sign-off mentors told us they are well prepared to undertake their role in supporting and assessing students. They are enthusiastic about the programmes delivered by the university. Mentors, sign-off mentors and senior managers confirmed that students successfully completing the pre-registration nursing and pre-registration midwifery programmes have the skills and knowledge to undertake the role of a registered nurse or registered midwife safely and competently.

Mentors and sign-off mentors expressed satisfaction with the effectiveness of the partnership working arrangements with the university. They told us they are supported and encouraged to carry out their role including when making the difficult decision that a student had not reached the required standard of practice. Mentors and sign-off mentors described how they are supported, by their managers, to participate in programme delivery.

They expressed knowledge of, and confidence in the university's processes and procedures to deal with professional issues in practice.

Students

Students are satisfied with their programmes of study and the learning opportunities they experience in the university and in practice placements. They confirmed that their learning in the university provides them with underpinning knowledge to successfully prepare them to undertake practice placements.

Students stated that they are well supported in practice placements by academic staff, lecturer practitioners, mentors and sign-off mentors in all aspects of their learning. Midwifery students described being well supported by the programme lead, the lead midwife for education LME and the practice educator, all of whom are visible in the university and practice placements. Nursing students described the support they receive in practice from academic staff who are undertaking the recently introduced academic visitor role.

Service users and carers

Service users and carers reported that the students they have met are competent, kind and caring. A notable comment for the nursing programme was "the student made us feel safe". A new mother described feeling safe and secure during her second birth experience when cared for by a qualified midwife who she had met as a student midwife during her first birth experience.

Relevant issues from external quality assurance reports

11 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 (1-11).

The following reports required actions:

Southern Health Foundation Trust: date of latest report, April 2016 (8)

CQC carried out a follow up visit to monitor actions taken as a result of a visit in October 2014. The outcome of the visit was the same as the previous inspection, an overall requires improvement for the domains: safe, effective and well-led services.

The university's response:

An independent review of the trust, commissioned by NHS England South, was undertaken in 2015 and the following actions taken. The faculty conducted a review of placement educational audits and found that all were in date. A spot check of the mentor database was conducted along with an evaluation of the quantity and quality of mentor updates. They found 34 mentor updates had been undertaken which were described as relevant and of good quality. A review of student evaluations of practice placements in the trust were largely positive. The trust is confirmed as a suitable learning environment for students (43).

Community Health Services, St Mary's Hospital, Isle of Wight: date of latest report: September 2014 (2)

CQC carried out the inspection because the Isle of Wight NHS Trust is an aspirant foundation trust, prioritised by Monitor. The announced inspection took place on the 4, 5 and 6 June 2014 with an unannounced visit on 21 June 2014 to check the essential standards of quality and safety were met. The community health services were rated as good for caring but the overall rating was requires improvement for the four domains: safe, effective, responsive and well-led.

The university response:

Following the inspection, there is now full delivery of the 'healthy child programme' (HCP) across the island - a training programme for all involved in care of pregnancy and the first five years of life. This training has benefitted the students when working with their mentors, particularly the health visitors. The school nursing team has increased the number of staff. Students have always evaluated the services positively and this has improved further as the extra training has been put into place. The university continues to monitor the quality of practice learning for students through educational audits and the most recent audits have included a student as part of the audit team (68).

The Priory Hospital, Southampton, date of latest report: March 2016 (11)

CQC inspected the hospital in October 2015 as part of their ongoing mental health inspection programme. The service is rated as requiring improvement in ensuring that the services are safe and well-led. Action is needed to improve and manage the assessment of risk and to improve the recording of incidents and the development of action plans.

The university response:

The placement evaluation data was reviewed and no concerns identified. Mentor updates are run four times a year and there have been and continue to be no issues of concern. No action required (68).

University Hospital Southampton NHS Foundation Trust, Southampton General Hospital: date of latest report: April 2015 (6)

CQC inspected the hospital between 9 and 11 December 2014, with unannounced visits between 5 and 15 January 2015. Seven services were inspected: urgent and emergency services, medical care and children and young people's services were rated as 'good'. Critical care, surgery, end of life care, outpatients and diagnostic imaging services were rated as requiring improvement.

The university response:

Following the CQC report, students' placement evaluations were reviewed and the report was discussed through the existing qualify processes. No specific actions were required (68).

Queen Alexandra Hospital, Portsmouth Hospital NHS Trust, 9 June 2016 (5)

CQC told the trust that it must operate a more effective system in the emergency department at the Queen Alexandra Hospital and ensure patients are assessed, treated and seen by a specialist in an appropriate and timely way to reduce the risk to patients. The trust must ensure that there is effective leadership within the emergency department, with the authority to ensure decisions were made and able to take swift and appropriate action in response to problems as they occurred. CQC also requested the trust to provide weekly reports regarding waiting times, breaches and identified incidents.

The university response:

The faculty responded quickly. On 20 June 2016 the faculty's practice co-ordinator met with students to discuss their experiences of mentorship and practice learning. Students were positive about their experiences and of mentorship. A spot check of the mentor database was also made. The faculty practice visitor has increased the number of visits to this area (43).

Follow up on recommendations from approval events within the last year

No approval events have taken place within the last year.

Specific issues to follow up from self-report

The 2015/16 self-report identified the two issues below related to students' behaviour and their fitness to practise which are discussed in section 2.1.2.

- Actions taken to support students presenting with suspected mental health problems.
- Collaborative working with occupational health department (43).

Findings against key risks

Key risk 1 – Resources

<p>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation</p>
<p>Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.</p>
<p>What we found before the event</p>
<p>Professional registration is monitored at annual appraisal and by the human resources (HR) department who maintain the information on a database. All academic staff members are supported to achieve teaching qualification as required by the NMC (14-15).</p> <p>A staff development policy is in place which encourages academic staff to access the professional development unit. The faculty sponsors and supports time for study and research (14-15).</p> <p>A personal academic tutor (PAT) system is in place which aims to promote consistency of support for the students. There is also a senior tutor role which is dedicated to pastoral support of students, when required. The academic tutor and elected student representatives play a key role in guiding students towards appropriate support provided by the university (12, 16-17).</p> <p>Midwifery</p> <p>The LME was appointed in 2011. She is a practising midwife and holds an NMC recorded teaching qualification. The LME is involved in strategic liaison activities associated with external agencies (13).</p>
<p>What we found at the event</p>
<p>We found that all academic staff are required to engage in professional development activities, with research being actively promoted by senior managers. A system is in place to monitor and support staff with NMC revalidation requirements (27, 30-32, 105).</p> <p>The management structure for the development and delivery of the pre-registration nursing programmes was revised in early 2016. The PG Dip and BN programmes each have a named programme leader supported by year leads who manage the operational running of the programme. Each field also has a named professional lead with due regard, who has specific responsibilities for student support, for example, fitness to practise (30).</p> <p>Nursing (child)</p> <p>There are sufficient suitably qualified lecturers to support the pre-registration nursing (child) programme. Due regard is maintained across the programme. The programme</p>

<p>leader has a relevant teaching qualification in addition to professional registration which is recorded on the NMC register (14-15, 28).</p> <p>Lecturers undertake the practice visitor role. All lecturers have 20 percent protected time to undertake practice based activities and are seen by students as having clinical currency and by practice partners as supportive and collegiate (27-28, 30, 97-105).</p> <p>Midwifery</p> <p>We found that there is an effective LME in post who contributes to university, faculty and clinical strategic developments. The programme leaders have a recorded teacher qualification and midwifery lecturers have, or are working towards, a teaching qualification that has to be completed within two years of appointment. There is evidence of continued professional development, demonstrating active midwifery research and clinical opportunities (1, 27, 69, 92, 107).</p> <p>We found that there is an established personal tutor system in place. A practice visitor visits each clinical area offering effective support to student and mentors. Students confirm that the contribution that lecturers make to active research and clinical teaching provides them with the opportunity of in-depth application of theory to practice to enhance their knowledge and confidence (70-73, 79-80).</p> <p>We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (child) programme and the pre-registration midwifery programme to meet NMC standards.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>All students are allocated to an identified mentor during practice placements. In children's nursing there is a 'hub and spoke' system of mentoring available and a student/mentor learning contract is used to support this arrangement (12).</p> <p>The placement provider trusts hold their own databases of mentors and monitor the numbers of mentors to ensure current levels are sufficient for the numbers of students (12, 16).</p>
<p>What we found at the event</p>
<p>We found that there are sufficient appropriately qualified mentors and sign-off mentors to support the students. Mentor information is gathered as part of the educational audit process. For the programmes we reviewed there is little demand from other universities to use the same placement areas (33).</p> <p>Nursing (child)</p> <p>The learning environment leads (LELs) have a good working relationship with the</p>

lecturers who support the child nursing programme. They work together to ensure that there are sufficient mentors to support the programme. Numbers of mentors available and maximum student numbers are recorded on the biennial educational audit document which is reviewed annually by the LEL. All allocations are checked against the database by the LEL to ensure that maximum numbers of students are not exceeded (98-105).

Nursing students confirm that they are assigned a named mentor with whom they work for a minimum of 40 percent of their time on placement. They also report that a mentor buddy system is in place in placement areas to further support their learning (98-105).

In one area a group model of mentoring is used. Both mentors and students state that this model helps to increase learning opportunities and enhance consistency in assessment processes (50).

Midwifery

Students have a sign-off mentor and buddy mentor during every placement. Mentors and students confirm that effective support and supervision of students is in place. All students report working at least 40 percent of their time with their mentor. Mentors and students confirm that they are only allocated one student at a time (70-71, 73-74, 76, 107).

Students are clear regarding their supernumerary status requirements and are confident in escalating any issues that may arise in relation to this not occurring. We conclude that there are sufficient sign-off mentors to support the number of students with due regard (70-75, 80, 84, 107).

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

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

<p>Risk indicator 2.1.1 - selection and admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>We found that selection and admission processes follow NMC requirements. All shortlisted candidates are invited to an interview day which involves a series of activities. These include numeracy testing, group activities and face to face interviews. Students and practice placement representatives are involved in the interview days. Service users and carers have been included in the development of the questions but do not attend the interview day (34-36).</p> <p>The offer of a place on the programme is not confirmed until the required occupational health checks and DBS clearance are confirmed (36-37).</p>
<p>What we found at the event</p>
<p>We found that selection and admission processes follow NMC requirements.</p> <p>The faculty has identified processes outlined within the programme specifications for students demonstrating disability within academic work and practice learning. Referral to the faculty's 'Enabling Services' provides assessment and individual support (79-80).</p> <p>Nursing (child)</p> <p>Students confirm that they complete a DBS disclosure and health check prior to enrolling on the programme and in each year of the programme (98-105). Service providers report confidence in this process (98-105).</p> <p>Admissions processes meet NMC requirements and all staff involved in interviews receive equality and diversity training (98-106).</p> <p>Students, managers and academic staff confirm that face to face selection interviews are carried out before a place on the programme is offered. The interview process includes group exercises and current students, practice representatives and academic staff are involved in the interview exercises and assessment of candidates (98-106).</p> <p>Whilst service users have participated in nursing interviews in the past, they now contribute to developing the questions and scenarios used in the interview assessment exercises for both nursing and midwifery. Equality and diversity training is provided to service users and carers through the experts by experience group (106).</p> <p>Midwifery</p> <p>All academic staff are directly involved in the recruitment and selection processes, which includes group and individual interviews involving practice representatives; students contribute to the group interviews. All participants complete equality and diversity training. We found that robust processes are in place to obtain DBS, health screening and references (70-78, 107).</p> <p>Service users are invited to attend interview events, however this is not always possible therefore the LME attends the maternity service liaison committee meetings to obtain</p>

<p>service user views and feedback (107).</p> <p>Midwifery students are invited to an optional pre course study day that offers a 'get to know each other' opportunity and a sample teaching and learning encounter session. Senior students also provide a tour of the campus. This has been evaluated positively by the students (70).</p> <p>We conclude from our findings that selection and admission processes for the pre-registration nursing (child) programme and the pre-registration midwifery programmes meet NMC requirements.</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>Practice placement providers and some students have raised issues regarding students displaying unprofessional and risky behaviour. These have resulted in a number of fitness to practise hearings. Work is ongoing with staff in the occupational health department to ensure that patient safety is not compromised (16).</p>
<p>What we found at the event</p>
<p>There is a university fitness to practise policy and procedure of which students and academic staff are cognisant. The policy provides clear definitions of what constitutes concerns and describes the responsibilities of academic staff and students (38).</p> <p>Academic staff and practice placement providers express confidence that fitness to practise concerns would be investigated and dealt with effectively to protect the public (98-105). Fitness to practise cases are closely monitored and reported to the faculty programmes committee. A review of fitness to practise cases in 2015/16 led to the conclusion that that there are no significant issues related to mental health or substance misuse within the student population (43).</p> <p>The university is working closely with the occupational health service, the students' general practitioner and placement providers to ensure that students receive support when required. The university has created two roles to support students who require additional help and support with theory and/or practice. The student learning co-ordinator works with academic staff to ensure that tailored support is provided when necessary. The faculty lead for inclusivity works with both academic and practice staff to promote support and inclusivity and includes raising awareness of current issues on the mentorship module (39-41, 43).</p> <p>Students confirmed they are required to make an annual declaration of good health and good character. They demonstrated understanding of their personal accountability and expected professional behaviour (42, 70, 79-81, 98-105, 107).</p> <p>We conclude from our findings that procedures to address issues of poor performance in both theory and practice for the pre-registration nursing (child) programme and the</p>

pre-registration midwifery programmes meet NMC requirements.
Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
Three concerns were raised about students by practice placement providers and each were escalated to fitness to practise panels (15, 18).
What we found at the event
<p>We found that practice placement providers understand and are willing and confident to implement the university's fitness to practise procedures. Information regarding the process is visible in the practice areas. Practice placement partners are supported by the programme lead and the faculty lead for practice learning to develop action plans to assist and support students (44-45, 71, 73, 75, 77, 98-106).</p> <p>Nursing (child)</p> <p>Mentors and practice teachers confirm that they are aware of the fitness to practise policy and procedures. They also confirm that effective lines of communication between practice and the university are used when issues of poor performance are raised (98-105).</p> <p>Placement providers have a clear understanding of procedures to address issues of students' poor performance in practice. These practices include student support, but also ensure that students are competent and fit to practise in accordance with NMC requirements to protect the public (98-106).</p> <p>Midwifery</p> <p>We found that students and sign-off mentors are aware of the faculty's fitness to practise policy and are able to describe when and how the procedure should be used (70-71, 73, 75, 77-78).</p> <p>Students attend tripartite meetings with their personal tutor and sign-off mentors; if concerns are raised, a personal action plan is devised that seeks to address deficits and progress is extensively monitored. We found that both mentors and managers are confident to report issues and concerns regarding a student's performance to the university (70-76).</p> <p>We conclude that practice placement providers understand and implement the university's fitness to practise policy and procedures to address issue of poor performance in practice for students on the pre-registration nursing (child) and midwifery programmes.</p>
Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are

robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

The university has an APL process, with information available on the university website. Each faculty is required to provide support for participants completing the process and academic staff are prepared for this role. APL claims are processed through the faculty programmes committee and the board of examiners. External examiners are required to engage with the process (14, 19).

Nursing (child)

The postgraduate diploma pathway is mapped against the validated three year BN (Hons) nursing programme. Within the programme the equivalent of one year of theoretical learning (part one of the programme) will be achieved through an APL claim representing 1000 hours of study. The remaining 1300 hours of theoretical learning required by the NMC will be achieved within parts two and three of the programme which is delivered over two years. All 2300 hours of practice learning required by the NMC are incorporated within the final two years of study (12, 24).

Midwifery

APL is not permitted for pre-registration midwifery programmes.

The university will consider transfer of students from other universities on an individual basis and in accordance with NMC requirements and university regulations (13).

What we found at the event

We found that APL is well established and managed by the recognition of prior learning (RPL) lead. The majority of applications are for the PG diploma nursing programme. There were 114 in 2015/16 across all nursing fields. The nursing programme teams recommend potential candidates to commence the APL process. The evidence provided for the APL claim must be current (less than five years old) and must be verified. The academic who supports the applicant through the process will not validate the submission. All APL claims are moderated by a team of academic staff, scrutinised by the external examiner and submitted to the board of examiners (46-47).

Midwifery

APL is not permitted for pre-registration midwifery programmes.

APL principles are applied to students requesting transfer onto the programme from another AEI. An extensive mapping exercise and review is undertaken by the LME in conjunction with the programme lead prior to accepting students (69).

From our findings we conclude that systems for APL and achievement are robust and supported by verifiable evidence and mapped against NMC outcomes and competencies.

Outcome: Standard met
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Findings against key risks
<p>Key risk 3 - Practice Learning</p> <p>3.1 Inadequate governance of and in practice learning</p> <p>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 Assurance and confirmation of student achievement is unreliable or invalid</p>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>The faculty has well-established structures to support working in partnership with key stakeholders. New developments, service configuration or review of existing processes are communicated with, or by, education commissioners and practice partners. Examples of formal processes include the practice learning committee, contract management group meetings and quarterly meetings with key placement providers. Agenda items include CQC visits, reconfigurations, and new appointments (16).</p> <p>The LME meets regularly with local maternity service leadership groups, at local trust level and also at regional forums, where practice developments and maternity trends are discussed and action plans agreed as appropriate that are beneficial to NHS trusts and universities (12-13, 16, 20, 22, 24).</p> <p>The faculty education, validation and approvals committee oversees all programme developments and notify changes to the NMC (14).</p>

A partnership agreement is held between the faculty and each organisation where students undertake practice placements. This agreement outlines the requirements of the organisation to ensure the practice learning environment meets the requirements of the professional body (14, 16).

The placement team works with the faculty lead for practice learning and programme leads to manage student placement allocation. The placement team has a well-established administrative process which ensures that student placement allocation is planned, reviewed and recorded. Placement providers are informed of student numbers in a timely manner. Students can submit special considerations in respect of placement allocations. Requests are managed in partnership with the placement provider. The university and placement providers formally review practice learning opportunities three times a year (14, 16).

A proactive approach is taken to identify new placements. Academic and/or placement providers who identify a potential placement liaise with the faculty lead for practice learning to initiate the process which will assure the quality of the placement. A partnership agreement must be signed and an educational audit completed (16).

The faculty has a well-established process for undertaking multi-professional educational audits every two years for NHS and non-NHS practice placements. It ensures that the outcomes of external monitoring of healthcare providers (for example, CQC reports) are integral to the process and any concerns that may impact on the quality of the student experience (3, 12, 16, 26).

In 2015 the national student survey (NSS) scores indicated that travel to placements for some students was impacting negatively on their practice experience. An action plan was put in place (16).

What we found at the event

We found that partnership working is active and robust at both strategic and operational levels. NHS Health Education (NHSHE) Wessex meet with the university three times per year to address operational and strategic issues identified through feedback from programme delivery. An annual review meeting is also held which is centred around the annual self-evaluation exercise (48).

The south central area practice partnership group (SCAPP) holds quarterly meetings. Membership includes senior representatives from all universities who hold healthcare contracts with Health Education England, including Thames Valley and NHSHE Wessex and other commissioners. One purpose of the group is to maximise placement capacity and quality. This process was described by one of the placement providers as a more effective approach than previously used (49-50).

Exceptional reporting to the NMC is the responsibility of the associate dean for education, who is also the official correspondent. During 2015/16 three exceptional reports were submitted to the NMC (43).

The practice learning committee attended by academic staff and practice placement providers meet quarterly and discussion includes placement issues, CQC feedback, new appointments, and student issues. The NHS trusts who provide student

placements are recruiting individuals to roles to support student learning which demonstrates their commitment to practice learning. We found that employers are keen to employ student nurses and midwives once they successfully complete the programmes (27, 33, 56, 71-73, 91, 98-105, 107).

The faculty has recently introduced the 'practice hub'. This is a working group which aims to facilitate a series of projects to enhance learning in practice. Membership includes the director of learning practice, placement provider representatives and students. The initial focus is on adult nursing, with the intention that successful initiatives will be introduced to the other fields of nursing. Current projects include the introduction of a placement management system and improving completion of placement evaluation (33, 67).

We confirmed that educational audits are completed biennially. An identified member of practice staff completes a self-assessment which is then submitted for discussion to a meeting held between academic staff and the LEL in the trust. Academic staff from other universities who use the placement area are also invited. Action plans arising from the audit are managed by the lecturer practitioner and the LEL. In midwifery the LME monitors the process. An annual review is undertaken to ensure that necessary actions identified are carried out in a timely and effective way. Managers, LELs, mentors and practice education facilitators express confidence and satisfaction in the partnership working arrangements in place. The completed audit documents we reviewed provide assurance that the process is robust (27, 33, 71-73, 91, 98-105, 107).

The placement department gives practice areas at least six weeks' notice of student allocations to placements. Mentors are allocated by the LEL (33).

Students have raised concerns about the distance involved in travelling to some placements. We were told that the placement team is reviewing their process for allocating students to practice placement areas and aim to be more sensitive and responsive to students' personal circumstances. We were informed that the installation of a university wide placement system will enhance this process. Accommodation is provided for students who have placements in the Isle of Wight and Basingstoke. The students we spoke to are satisfied with arrangements (33, 50, 56).

A raising concerns policy and procedure has been in place for seven years. We viewed flowcharts of the process in the placement areas we visited. Students on both programmes confirmed that the raising concerns flowchart is given to them in their first module and discussed on their placement induction day with the LEL. More detailed guidance about escalating concerns is also available for staff and students (27, 51-54, 56, 70, 98-104).

Students on both programmes told us they are confident to raise concerns and they would be supported during an investigation. We were given examples of when concerns had been raised. Students informed us that the lecturer practitioner role is pivotal in providing links between the university and practice environments (70, 98-104).

A specific process has been developed which details the responsibilities and follow up pathway resulting from incidents which have occurred in practice, which include patient welfare and drug errors (86).

The faculty lead for incidents in practice has contributed to regional and national conferences about her role and the faculty support processes. This has included work

<p>with the NMC to support students who have been witnesses at NMC professional hearings. This considerable level of expertise is being shared with local placement providers and to staff across the faculty, to disseminate best practice (14).</p> <p>Incidents are classified into three areas – the delivery of poor care, witnessing an adverse event or the student at the heart of an adverse event which can involve a student error. This final category will be escalated through the fitness to practise procedure, if necessary (14).</p> <p>A database is kept of raising concerns issues. It was noted by the faculty lead for incidents in practice that there were an increased number of concerns raised in one area where mentors were asking students to perform inappropriate clinical procedures. This was investigated and led to the LELs reviewing their induction of new mentors (54).</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>All the faculty’s professional programmes demonstrate partnership working with emphasis on working with service users/carers, partners and experts (16, 21, 24).</p> <p>Service users were involved in the development of the pre-registration nursing (child) programme, but their involvement in the development of the current midwifery programme was more challenging. The programme team were to develop an ongoing strategy to expand service user involvement and liaise with the experts by experience group (22-24, 90).</p>
<p>What we found at the event</p>
<p>We found that practitioners are involved at all stages of the pre-registration programmes at an operational and strategic level. This involvement includes programme governance, the interview process, programme planning and development and delivery and assessment of students (33, 50, 56).</p> <p>The faculty established an ‘experts by experience’ group in 2014 which meets quarterly. The identified goals for the group are strategic with achievement dates identified as ‘ongoing’. There is service user representation at the faculty education validation and approvals committee and the faculty programmes committee. We found that guidance has been developed which identifies the support required for service users attending meetings (57-61).</p> <p>Nursing (child)</p> <p>We found evidence that practitioners are involved in the recruitment of students and the design, delivery and evaluation of the pre-registration nursing programmes (98-105).</p> <p>Students confirm that practitioners provide specialist input to teaching sessions and skills sessions in practice in preparation for placement learning opportunities (98-105).</p> <p>Work is in progress to develop a new pre-registration nursing (child) programme. The</p>

programme team provided evidence of service users and carers' involvement in the design and proposed delivery of the programme. An example is a mandatory session in the long term conditions module and a young carers project which is discussed in a year two module. Students could not confirm the service users' involvement in the programme delivery or interview and selection process. However, the programme team informed us that service users and carers are involved in the formulation of interview questions and scenarios (29, 98-105).

Service user and carers are involved in the assessment of practice by recording their comments about their experience of a student's involvement in their care in the electronic assessment of practice placement (AoPP). Those we met during visits to child nursing placements report that the students are knowledgeable, kind and caring. They also told us about opportunities to provide feedback on the student's performance through written witness testimonies (103-104).

There was no available evidence of planned service user involvement in the teaching of the existing pre-registration nursing (child) programme.

We conclude that the ongoing contribution of service users and carers into the pre-registration nursing (child) programme requires improvement to strengthen their voice in the programme and ensure consistency in their involvement.

Midwifery

We found that service users contribute to the planning, delivery and review of the pre-registration midwifery programme. Their involvement in teaching includes 'talking heads' and short question and answer sessions with a client. Students described the sessions as thought provoking and valuable (70, 107).

Service users are invited to attend student selection interviews and contribute to the formulation of interview themes and questions via the LME's attendance at the maternity services liaison committee (107). (see 2.1.1)

The service users we met appreciate the student's interaction with their care and support. They also have opportunity to comment within the student's eAoPP which aids the student's reflection and consolidation. One new mother described feeling safe and secure at meeting a qualified midwife during her second delivery who had been a University of Southampton student during her first delivery (70, 80, 96).

The lecturer practitioner (LP) role is highly valued. The LP spends time as a clinical expert on the birth centre, as well as teaching within the university and practice placements. Students are allocated a named supervisor of midwives (SoM) at programme commencement; one academic lecturer is an appointed supervisor of midwives and students identify the significance of this role and the process to access a supervisor of midwives (70-71).

We conclude that practitioners are involved in the development and delivery of the pre-registration nursing (child) and the pre-registration midwifery programmes. We found that service users contribute to the planning, delivery and review of the pre-registration midwifery programme. However, the ongoing contribution of service users and carers in the pre-registration nursing (child) programme requires improvement to strengthen their voice in the programme and ensure consistency in their involvement.

<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>The university provides a range of opportunities for nurse teachers to remain up to date in practice. Students identify that teachers work as link lecturers and practice support teachers to support them and their mentors in practice. Some of the recently published research by lecturers demonstrates effective links with practice (23).</p> <p>A midwife is seconded on a part time basis to the university and is a key practice link for students, regularly working with them to develop their skills. There is a named SoM linked to the student groups. A seconded practice educator for student midwives is in place who has direct links between the practice learning environment and the university (13).</p>
<p>What we found at the event</p>
<p>There is a newly implemented practice visitor role which is intended to strengthen the support for students during their practice placements. To fulfil this role, lecturers must have contact with students, mentors and the PATs. It is expected that they will attend practice co-ordinator/practice visitor meetings and be involved in mentor updates. They will monitor student placement evaluations, provide feedback to practice providers and follow up areas of concern (62).</p> <p>Nursing (child)</p> <p>We found evidence that academic staff support students in practice placement settings. All students we met during the review expressed satisfaction at the level of support they receive. Lecturers visit practice and are seen by students as having clinical currency and as excellent role models. However, in some practice settings we found that some nursing students did not always know who the link lecturer was. Particular mention was made of the support provided to children’s nursing students by lecturer practitioners. The practice visitor will be undertaking a new role and the impact of the role should be assessed in future monitoring (98-105).</p> <p>Midwifery</p> <p>The support available for student midwives undertaking practice placements is clearly documented. Clinical teaching is provided within the placement areas and within classrooms at the placement site by academic staff (70-71, 79-80).</p> <p>We conclude that academic staff support students and mentors in practice in the pre-registration nursing (child) and pre-registration midwifery programme.</p>
<p>Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date</p>
<p>What we found before the event</p>

<p>The partnership placement trusts hold their own mentor databases and monitor numbers of mentors to determine if current levels are sufficient for the number of allocated students (12, 16).</p>
<p>What we found at the event</p>
<p>All private, voluntary and independent (PVI) sector areas used for practice placements maintain their own mentor records. They are available to the university practice co-ordinator on request. We were told there is huge variety in the format, consistency, and quality of these records. The university does not have regular viewing of the mentor registers in the PVI placement areas (69).</p> <p>We conclude that this area requires improvement. The university should have robust systems in place to be assured that the mentor databases held in the PVI sector meets NMC requirements.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The university has an approved mentor preparation programme (14, 16).</p>
<p>What we found at the event</p>
<p>Nursing (child)</p> <p>Mentors, sign-off mentors and managers confirm that the mentor preparation programme provided by the university prepares them for the role. Successful completion of the programme is recorded on the mentor/practice teacher database (98-105).</p> <p>We found that mentors are familiar with the requirements of the programme and the completion of the eAoPP. Sign-off mentors are clear about their role in assessing and signing off competence to ensure students are fit for practice to protect the public (98-105).</p> <p>Students did express concerns over the consistency of grading the assessment of practice (98-105). We found that there is no formal process to moderate and enhance consistency in the grading of practice. Grading issues are included for discussion in the mentor updates and personal academic tutors ensure that the comments made in the assessment of practice documentation match the grade awarded (33, 69).</p> <p>We conclude that a more rigorous system of moderation would enhance consistency of judgement regarding grading of the assessment of practice. This area requires improvement.</p> <p>Midwifery</p>

Sign-off mentors confirm that they are adequately prepared for and supported in their role by both the university and their managers. They value the support and contribution of the lecturer practitioner role (71).

Students illustrate caseloading interactions and seek feedback from clients on their performance. Sign-off mentors are supplied with guidance on its completion (82-84).

Mentor access to the eAoPP record is by invitation with password protection. It was confirmed that mentors must be on the trust register of sign-off mentors to gain a password protected ID (71, 73, 76, 82).

Students told us that if mentors and students do disagree about a grade awarded for the assessment of practice, a tripartite discussion is convened involving a lecturer in the discussion. Students and mentors confirm their understanding that the mentor's grade is the final decision (70-71, 73-74, 107).

We found that inter-rater reliability is continually addressed through mentor preparation and ongoing updating. We are confident that a range of partnership opportunities are utilised to address quality and enhancement of the assessment of practice. (70-71, 73-74, 76, 107).

We conclude that sign-off mentors for the pre-registration midwifery programme are prepared for their role in assessing practice. The process of moderating the grading of assessment of practice for the pre-registration nursing (child) programme requires improvement.

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

What we found before the event

All mentors have annual updates. The mentor database provides evidence that mentors are updated on an annual basis (12).

What we found at the event

We found that mentors and sign-off mentors are encouraged to attend mentor updates which are provided in the practice placement areas.

Nursing (child)

Mentors and sign-off mentors told us that they can attend annual mentor updates sufficient to meet NMC requirements and to maintain their inclusion on the locally held mentor databases. They have a clear understanding of triennial review requirements. Regular update sessions for mentors and sign-off mentors are provided in practice placement areas by practice education staff, and registers of attendance are kept. We found that there is inconsistency in the length of mentor updates. We viewed evidence of sessions lasting 45 minutes to half a day. Despite this, all the mentors we met state that update sessions provide an opportunity to discuss with their peers the process of

<p>assessment of practice and encountered difficulties (33, 98-105).</p> <p>Midwifery</p> <p>Sign-off mentors confirm that annual updates take place as part of mandatory training activities where they have the opportunity of discussing scenarios and working through challenging situations. An example of an appropriate mentor update session was viewed and confirmed the content is appropriate (73, 94).</p> <p>Students confirm that mentors are prepared and confident within their role (70).</p> <p>We conclude that mentors and sign-off mentors for the pre-registration nursing (child) and midwifery programmes are able to attend annual updates which enable them to meet the NMC requirements for triennial review. They are provided with opportunities to reflect on the assessment process.</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>Practice placement providers maintain mentor registers which records the mentorship qualifications, sign-off mentor status and the date of the last annual mentor update (24).</p>
<p>What we found at the event</p>
<p>Nursing (child)</p> <p>The live register of mentors/sign-off mentors is populated and maintained by the LELs. Registers are held, maintained, and updated locally by practice placement providers and are available to designated university staff for spot checking if necessary (98-105).</p> <p>We found that the live registers we viewed contain information about the initial mentor preparation programme, updating and the triennial review. Mentors who have not attended an update by the 12 month date are marked as inactive until the required update has been undertaken. We found some inconsistencies in the frequency of updating the databases. In some NHS trusts this happens quickly following mentor updates but in others there is a time lag before the database is updated. For example, the database in Southern Heath NHS Trust is updated promptly whereas the database in Solent NHS Trust is less timely in its completion (33, 98-105).</p> <p>The placement team in the faculty rely on the LELs to allocate students to an updated mentor and do not have automatic access to the mentor databases. Whilst we found that all the students we met had an updated mentor, the allocation of students to mentors relies heavily upon singular local knowledge and in addition there may be a time lag in recording appropriate updating. We conclude that this process requires improvement to ensure the mentor registers are continually up to date.</p> <p>Midwifery</p> <p>We found the mentor database is up to date in recording both annual updates and triennial reviews with colour coding used for tracking purposes (93, 95).</p>

We found meetings take place between the practice educators from the university and trust and the education learning environment quality lead, to ensure that a robust process is in place to confirm the mentor database is maintained and updated by the named responsible person from the trust. We viewed the mentor database and confirm it is up to date (73).

We conclude that the management of the mentor databases varies between the trusts. In some trusts there is a significant time lag between recording mentor updates on the mentor register in the pre-registration nursing (child) programme and this requires improvement.

Outcome: Standard requires improvement

Comments:

The role of service users in the delivery of the pre-registration nursing (child) programme is not visible to the students and requires improvement.

The inconsistency of the mentor registers maintained by the PVI sector presents a potential risk to the allocation of students to mentors who are not prepared for the role or up to date and requires improvement.

The time lag between recording mentor updates on the mentor register in the pre-registration nursing (child) programme presents a potential risk to public safety and this should be addressed by the university.

Areas for future monitoring:

- The timeliness of updating the mentor databases and the rigour of the system for allocating mentors to pre-registration nursing (child) students, in the trusts and the PVI sector.
- The visibility of the involvement of service users and carers in the pre-registration nursing (child) programme.
- The implementation of the practice visitor role in the pre-registration nursing programmes.

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

An integrated module of inter-professional learning (IPL) has been developed. Online resources and dedicated learning outcomes prompt students to engage in IPL activity in theory and practice and to reflect on its importance.

Online descriptive and explanatory IPL materials are used by programme and module leads for inclusion across modules on pre-registration nursing and midwifery programmes. At academic level five key IPL learning outcomes are embedded in professional development modules and practice portfolios. At academic level six there are opportunities for students to engage in open lectures, seminars, interdisciplinary modules and related activities. IPL activities in partnership with health and social care providers were being developed during 2015/16, for example compassion in care debates which are interdisciplinary, cross organisation and involve qualified personnel as well as students, and the success of this is being used to develop similar activities. The student representatives play a key role in organising and facilitating these activities (12-14, 16).

Nursing (child)

A range of teaching and learning methods are used to support teaching and learning. The use of technology enhanced learning (TEL) and the virtual learning environment 'blackboard' is used (12, 22).

The PG Diploma nursing (child) route offers learning opportunities that are consistent with the postgraduate diploma academic level. The route has incorporated and developed much of the BN (Hons) content and learning outcomes to develop study at postgraduate level (24).

Guided discovery learning is used to aid all students but is particularly helpful in assisting masters level students being taught in the same setting as BSc students. Research carried out by academic staff within the university also supports teaching at all levels (12).

Midwifery

The programme lead has worked in partnership with the local trust to develop a pathway to support third year pre-registration midwifery students through the transition to first post. This has been very well received and has been published in the British Journal of Midwifery (13).

The university has a flowchart procedure for notifying the NMC of successful students who have passed all required outcomes to meet NMC requirements. This includes identifying that it is the responsibility of the LME to sign the declaration of good health and character for students completing the programme (13).

The types of assessments adopted include: essays, protocols, unseen exams, multiple choice questions, short answer questions, case studies, viva/practical exams, creative/interactive use of media and technology, individual/group presentations, poster work/displays and teamwork activities (13).

A major modification of the pre-registration midwifery programme took place in 2013 to change the way inter-professional learning is delivered through the programme. IPL was delivered as shared blocks of learning but is threaded through individual modules. The midwifery team has extensively modified the practice learning modules to ensure that IPL opportunities are available. The focus is on IPL practice learning opportunities and

the academic team has worked closely with practice placement providers. A multi-professional task and finish group are still developing shared threads for the second and third year. The assessments have also been changed for some modules but changes are appropriate (25, 90).

What we found at the event

Nursing (child)

A range of teaching, learning and assessment methods are used within the pre-registration (child) programme. All NMC standards are evident in the theoretical outcomes for the pre-registration (child) programme documentation.

Students told us that they benefit from effective teaching and learning strategies which include simulated learning, although some students commented that they would like more simulated learning opportunities within their programme (99).

The curriculum and a range of assessments are appropriate to enable the NMC learning outcomes and competencies to be achieved (28).

Midwifery

The LME confirms that she takes responsibility for notifying the NMC of the students who have passed all NMC programme requirements including signing the declaration of good health and character on completion of the programme (107).

We found that the NMC competencies are mapped to each of the programme modules to demonstrate that all are addressed through an effective learning and teaching strategy (79-80, 83). We found that the EU directive outcomes are mapped within the assessment of practice ongoing record of achievement documentation (83).

Students evaluate the structure and organisation of the programme and assessment schedules positively. They appreciate being able to focus on practice without the distraction of an academic assessment. They told us they are well prepared for clinical placements through the use of skills workshop sessions and they especially value the sessions that take place at the trust site (70).

Mentors and managers confirm that the first year students are well prepared for their first clinical placement (70-71, 73).

We found that the students can identify IPL opportunities available to them especially within the community hub setting. They are able to describe how their role interfaces with other health professionals and their public health role (107).

We found the LME and programme lead have a well-established partnership with the local trust and continue to develop the transition pathway to support third year students through to the preceptorship period in conjunction with the trust processes (72-73, 78, 107).

All midwifery students are allocated to one acute trust where they experience both low and high risk care pathways. Placements are also available in both a co-located and a standalone birth centre. Students we met are enthusiastic about the range of opportunities available to them across the practice areas within the trust (70).

We conclude that the learning, teaching and assessment methods provide students on the pre-registration nursing (child) and midwifery programmes with opportunities to achieve the learning outcomes required by the NMC standards.

Risk indicator 4.2.1 – documentary evidence to support students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

In the pre-registration nursing programme students are monitored to ensure that they meet the EU directive across all fields of nursing. There are cross field conferences and seminars, many placements offer experiences to care for cross field and complex service users and their families and there is an opportunity for all nursing students to choose one personal development experience in any field (16).

Year three child field students teach skills to first year child field students which helps them consolidate their own learning whilst developing teaching skills. Third year child field students teach simulated skills to second year child field students, further enhancing their knowledge and teaching skills but also helping them develop their mentoring skills in preparation for qualification (16).

There are a small but significant number of students failing their final placement in pre-registration nursing. Practice partners have suggested that this may be due to mentors failing to fail in previous placements and the more experienced and confident sign-off mentors recognising and responding appropriately to levels of fitness and competence in final year students. It is intended to review content of mentor preparation programmes during 2015/16 and mentor updates with practice partners and continue to monitor incidents (5).

Nursing (child)

The required hours of learning are clearly articulated in the documentation and meet NMC standards and requirements (12, 22).

Children’s nursing students have access to a good range of practice learning opportunities across their programmes in both acute and community settings. The university has links with the Erasmus programme providing international student placements, however these are currently limited for children’s nursing students due to safeguarding issues. The programme team hope that children’s nursing students will have access to increasing international opportunities when management of risk can be assured (12).

The university introduced grading of nursing practice in 2013 which was welcomed by the trusts, mentors and students. Four whole time equivalent posts were introduced to support implementation of this initiative across seven placement sites using podcasts and other preparation materials (12).

Midwifery

At the programme approval event the midwifery manager confirmed that she was very

impressed with the students from the university and finds them fit for practice and employment (13).

Students record the hours they spend in practice in the eAoPP document which is verified by their mentor (13).

Skills sessions in practice placements are provided by academic staff as well as mentors. Students have the opportunity to work in a variety of settings, for example the community, midwifery-led birth centres, children's centres, health centres as well as within the local hospital. There are also some opportunities to gain an insight into other areas of healthcare, such as gynaecology, neonatal nursing, health visiting, and sexual health practice (13).

Some of the clinical practice modules are graded while others are pass/fail. In the pre-registration midwifery programme routes clinical practice contributes towards the final classification. In the BSc programme the grading of practice in years two and three contribute to the academic award but in the MSc programme it is only the year three practice grade which contributes to the final classification. This is due to the criteria for a masters award where only a limited number of level six credits can be counted to the final outcome grade (13).

There is a variety of assessments used to test the students' skills and knowledge throughout the programmes with reasonable adjustments for students with a disability (12).

What we found at the event

Nursing (child)

The NMC essential skills, competencies and EU requirements are identified in the eAoPP (99).

We found that mentors and sign-off mentors have a clear understanding of the practice assessment documentation and their role in supporting and assessing students (99).

Managers report confidence in the pre-registration nursing programmes provided by the university and confirm that students are well-prepared, fit for purpose and employable on successful completion of the programme (98).

Midwifery

The head of midwifery and service managers told us they are assured that students successfully completing the programme are competent, fit for practice and ready for employment in the NHS workforce (72, 77-78).

Students record the hours they spend in practice in the eAoPP document providing evidence of participation in the full range of shifts across a 24-hour period which is verified by the sign-off mentor (70-71, 82-83).

Skills teaching does occur within the university but the facilities at the hospital ensures that skills sessions in practice placement areas are practical and effective. These are delivered by academic staff as well as mentors (70-71).

Students and mentors understand the assessment of practice documentation and

<p>mentors confirmed that they are prepared for their role in assessing students. Students are confident that the mentors use the ongoing achievement reports at commencement of a placement (70-71).</p> <p>Students conduct a self-assessment and comment that they tend to award themselves lower marks for practice than their mentors. The agreement of the mark is discussed as part of the assessment process (70).</p> <p>Mentors describe activities during mentor training that focused on inter assessor reliability within exploration of scenarios, which they find are insightful (71).</p> <p>We conclude that the practice placements enable the pre-registration nursing (child) and midwifery students to achieve all practice learning outcomes and competencies to meet the NMC standards and requirements.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

<p>Findings against key risks</p>
<p>Key risk 5 - Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>
<p>Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>NSS scores in 2015/16 raised concerns regarding issues around programme management, predominantly focused on timetabling issues. The university is monitoring these concerns and an action plan is in place involving work with timetabling, programme teams and students to reduce issues and effectively communicate essential information related to timetabling (5).</p> <p>Senior students chair the staff student liaison committee where both students and academic staff are in attendance. Issues regarding the students' programme are discussed and action plans implemented (16).</p>

External examiners are required to attend module assessment boards and progression and award boards where all theoretical and practice modules are presented. They are consulted when any changes to the learning, teaching and assessment strategy are made within the pathway. The external examiners monitor practice assessment documentation and are encouraged to visit practice to engage with mentors and students (24).

There is evidence of good quality monitoring processes as reflected in the university's governance structure and the students' engagement with feedback and evaluation across the programmes (12).

What we found at the event

We found that the faculty's governance procedures include all stakeholders, students and external examiners.

The faculty programmes committee meets bi-monthly and manages the quality assurance of the programmes. Attendance at meetings is good, including practice placement providers and students (63).

The faculty has responded to the NSS results and implemented an action plan. The plan includes strategies to strengthen the assessment process and for processes to be more transparent to students. Many of these actions are in the early stages of implementation so students are not yet fully aware of their impact. We did observe 'you said, we did' posters displayed in many areas around the faculty building. These advise students about the changes to assessment feedback. The external examiner for the pre-registration nursing (child) programme comments that 'feedback is transparent, rigorous and objective' (64, 66).

Other areas included in the action plan are around improving communication between faculty staff and students, and addressing placement issues by being more sensitive to students' personal and professional needs. This latter issue is currently being addressed by the placements team (33, 65).

We found that all modules and practice placements are subject to programme evaluation and there is action and feedback to students and practice placement providers. This has included the revised IPL module content and clinical practice links to community hubs (70, 73, 75, 98-105).

The midwifery programme team is working alongside their practice placement providers while a reconfiguration of maternity services continues to further develop low and higher risk pathways (27, 76).

External examiners confirm that the pre-registration nursing (child) programme and pre-registration midwifery programmes meet the NMC standards and competencies for progression and NMC registration. Their annual reports are detailed and the programme teams' response is articulated within them. The external examiner attends the award boards and provides input into student achievement and awards. Positive comments relating to providing students with guidance to 'feed forward' into forthcoming work has been commended (66, 85).

The AEI requirements in the portal were last reviewed in 2014, but some documents accessed via the portal during preparation for the monitoring visit are dated after 2014. The information provided confirms continuing AEI status (14, 18, 20).

We conclude that the university's internal QA systems provide assurance that the pre-registration nursing (child) programme and the pre-registration midwifery programmes continue to meet NMC standards.

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

What we found before the event

The faculty has robust processes in place for the management of untoward incidents in practice. In the last year 29 concerns were raised and all were managed by the faculty safeguarding officer and/or the faculty lead for investigating incidents in practice. Ten students reported adverse incidents in practice which they had witnessed and had felt distressed by them. Students are encouraged to reflect on incidents, supported by the team. Examples included a student midwife experiencing an unexpected stillbirth and a student nurse seeing a death in the community (16).

There were four concerns raised regarding perceived harassment and bullying by mentors. The students were supported in writing a statement suitable for practice placement staff to use to investigate their concerns (16).

What we found at the event

We found that the faculty has robust systems in place to address complaints and concerns raised about and within the practice setting.

Evaluation of practice placements for the pre-registration nursing (child) programme is electronic and compulsory, with information regarding the next placement being released on completion. Practice placement link lecturers and staff confirm that they access student evaluations, feedback on placement learning experiences and act on emergent issues. They also ensure that evaluation data is available to individual placement areas. Senior managers work in partnership with link lecturers to action plan and resolve issues. Placement providers confirmed receiving feedback from students' placement evaluations in a timely manner which enables them to enact any interventions or support as necessary. Pre-registration midwifery students' evaluation of placements takes place in the trust (33, 76, 98-105).

The faculty lead for incidents in practice has developed a process which ensures that students are supported in writing statements and are prepared for the consequences of this action. Support is provided by the faculty lead and their PAT. In 2014/15 three incidents led to court appearances by students who were supported by the programme team. The practice academic co-ordinators monitor the experience of the student in practice both during and following an investigation instigated as a result of a concern raised about practice. A student may be moved to an alternative placement

if necessary. Students will receive a letter of commendation from the dean following raising a cause for concern. Students have commented on the excellent support provided to help them through this process (54-55).

All the pre-registration nursing (child) and the midwifery students and practice partners we met confirm knowledge of and confidence in the joint university and practice processes for raising complaints and escalating concerns (70-71, 73, 75, 81, 98-105).

External examiners' reports confirm that the pre-registration nursing (child) and midwifery programmes are of good quality and meet all statutory requirements. They engage with practice through the eAoPP and are encouraged to meet with students and mentors. The external examiner for the pre-registration midwifery programme has also visited students in practice settings, and has overseen practice assessments (28, 66, 85, 87-89).

We conclude that systems are in place to ensure that concerns and complaints raised in practice placement settings are dealt with promptly and appropriately in co-operation with practice placement providers.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. CQC, Hampshire Hospitals NHS Foundation Trust, Basingstoke and North Hampshire Hospital, November 2015
2. CQC, Community health care services, St Mary's Hospital, Isle of Wight, September 2014
3. CQC, Hampshire Hospital NHS Foundation Trust, November 2015
4. CQC, Isle of Wight NHS Trust, September 2014
5. CQC, Queen Alexandra Hospital, Portsmouth Hospital NHS Trust, June 2016
6. CQC, University Hospital Southampton NHS Foundation Trust, Southampton General Hospital, April 2014
7. CQC, Southampton NHS treatment centre, September 2015
8. CQC, Southern Health NHS Foundation Trust, April 2016
9. CQC, Spire Portsmouth Hospital, September 2016
10. CQC, Sussex NHS Partnership NHS Foundation Trust, May 2015
11. CQC, The Priory Hospital, Southampton, March 2016

12. NMC, Programme approval report pre-registration nursing, child, February 2011
13. NMC, programme audit/approval report, pre-registration midwifery 36 month, February 2015
14. AEI requirements, updated 2014
15. UoS, school of health sciences, staff development policy, January 2010
16. Self-assessment report, 2014/2015
17. UoS, support for students who have declared a recognised disability, updated Feb 2013
18. UoS, fitness to practise procedure, updated 2015
19. UoS, recognition of prior learning policy, revised August 2014
20. UoS, practice learning committee minutes, January 2016
21. UoS, faculty of health and life sciences, patient and public involvement strategy, 2014
22. NMC major modification report, BN (Hons) pre-registration nursing – child, June 2016
23. NMC major modification report, registered midwife - 36M, November 2014
24. NMC, programme major modification report: pre-registration nursing postgraduate route, July 2013
25. NMC, programme major modification report: midwifery, May 2013
26. NMC, programme monitoring report, February 2012
27. Presentation, 23 November 2016
28. Reviewer meeting. 23 November 2016
29. NMC register check, 18 and 23 November 2016
30. Meeting with head of professional practice in health sciences, 23 November 2016
31. University of Southampton, faculty of health sciences, staff development policy, March 2010
32. University of Southampton, faculty of health sciences, guidance for nursing and midwifery academics seeking nursing and midwifery council teacher standard (2008), revised 2016
33. Meeting with placement team, 23 November 2016
34. UoS, entry criteria for undergraduate programmes – 2017 entry
35. UoS, faculty of health science, selection for nursing: numeracy assessment, 2017/18, paper 1 MID 1 University Hospital Southampton NHS Foundation Trust, UHS maternity services review and remodelling steering advisory group. terms of reference and minutes, 5 June 2016
36. Selection notes, pre-registration nursing, child, 2016/2017
37. Pre-arrival checklist, pre-registration nursing, child, undated
38. UoS, fitness to practise policy, revised January 2015
39. UoS, faculty of health science, health sciences: process document, support for students who have declared a recognised disability including specific learning difficulties, reviewed September 2016
40. UoS, faculty of health sciences, student learning co-ordinator, job description, undated
41. Paper outlining the faculty lead for inclusivity role, 2013
42. UoS, faculty of health sciences, declaration of good health and good character, February 2009

43. *UoS self-assessment report, 2015/16*
44. *Managing student issues in practice, flowchart, undated*
45. *UoS, faculty of health sciences, faculty management of reported incidents in practice, undated*
46. *Meeting with lead for the recognition of prior learning and programme lead for PG Dip (child), 23 November 2016*
47. *APL claims x 5, PG Dip, pre-registration nursing*
48. *NHS Health Education Wessex, paper outlining the format of contract management meetings with education providers, undated*
49. *South central area practice partnership (SCAPP) terms of reference, Autumn 2015*
50. *Skype interviews with mentors, head of education, practice education co-ordinator and students, Isle of Wight, 24 November 2016*
51. *Managing student Issues in practice, flowchart, undated*
52. *UoS, faculty of health science, process for raising concerns, undated*
53. *UoS, faculty of health sciences, guidance for students on raising concerns relating to practice, undated*
54. *Meeting with academic lead for student support, incidents in practice, 23 November 2016*
55. *Student feedback on support offered during issues of raising concerns, undated*
56. *UoS, faculty of health sciences, minutes practice learning committee, January 2016, April 2016*
57. *UoS, faculty of health sciences, faculty education validation and approvals committee, terms of reference, November 2015*
58. *UoS, faculty of health sciences, faculty education validation and approvals committee, minutes November 2015, March 2015, July 2016*
59. *Faculty programmes committee, terms of reference, undated*
60. *Faculty programmes committee, minutes October 2016*
61. *UoS, faculty of health sciences, guidance for chair/secretary, patient representation on faculty of health sciences committees and panels, July 2016*
62. *UoS, faculty of health sciences: role of practice visitor, September 2016*
63. *Faculty programmes committee, terms of reference, undated*
64. *UoS, NSS rapid improvement action plan AY 2016/17*
65. *UoS, faculty of health sciences, 'Ambition – you said, we did' posters*
66. *UoS, external examiners annual reports, BSc (Hons) child field of practice, 2014-2015, 2015-2016*
67. *Draft job description: post title: director of learning in practice hub, updated January 2016*
68. *Email correspondence with associate dean, education and student experience, 5 December 2016*
69. *Meeting with associate dean, education and student experience, 24 November 2016*
70. *Meetings with student midwives, 23 November 2016 and 24 November 2016*
71. *Meetings with mentors, 23 November 2016 and 24 November 2016*

72. Meeting with head of midwifery, 23 November 2016
73. Meeting with practice educator (university) and practice educator (trust) and education learning environment quality lead, 23 November 2016
74. NMC register database, accessed 22 November 2016
75. Meeting with lecturer practitioner, 24 November 2016
76. Meeting with midwifery programme team, 24 November 2016
77. Meeting with ward manager, 24 November 2016
78. Meeting with matron and managers, 23 November 2016 and 24 November 2016
79. UoS, programme specification BSc (Hons) midwifery (with eligibility for NMC part 2 registration): Academic year 2016-17
80. UoS, programme specification master of science midwifery (with eligibility for NMC part 2 registration): Academic year 2016-17
81. UoS, faculty of health sciences, BSc (Hons) midwifery, MSc midwifery student handbook 2016-17
82. Meeting with lecturer practitioner to review online assessment documentation and completion of assessment of practice: ongoing record of achievement, 24 November 2016
83. Assessment of practice: ongoing record of achievement midwifery, 2016
84. eAoPP ALPS practice based supervisor user guide, October 2014
85. UoS, position statement: supernumerary status, 4 November 2016
86. UoS, process document: dual reporting of incidents in practice, 2014
87. UoS, external examiners' report and responses and summary log of issues raised by external examiners, 2015 – 16
88. UoS, pre-registration nursing and midwifery board of examiners minutes, 10 February 2016
89. UoS, external examiners' report and responses and summary log of issues raised by external examiners, 2013–14
90. NMC programme approval report, BSc (Hons) midwifery MSc midwifery, leading to registration, February 2015
91. Review of education audits and resulting action plans, 24 November 2016
92. Midwifery academic staff CVs
93. Review of trust electronic sign-off mentor database, 23 November 2016
94. Example of mentor update power point presentation - available via portal, accessed 16 November 2016
95. Review of student placement allocations, midwifery, 23 November 2016
96. Discussions with women during placement visits 23 November 2016 and 24 November 2016
97. UoS electronic assessment of practice documents (eAoPP)
98. Adelaide health centre childrens unit, meetings with students and mentors, review of mentor database, off duty rotas and audits, 23 November 2016
99. UoS NHS foundation trust, children's unit, meetings with students, mentors/sign-off mentors, review of mentor database, off duty rotas, audits, 23 November 2016

100. Southern Health NHS Trust, community team, meetings with students, mentors/sign-off mentors, review of mentor database, off duty rotas, audits, 23 November 2016

101. Portsmouth NHS Trust, meetings with service manager, PEF and link lecturer, students, mentors/sign-off mentors, review of mentor database, off duty rotas and audits, 23 November 2016

102. Portsmouth NHS Trust, Children's emergency department, meetings with students, mentors/sign-off mentors, review of mentor database, off duty rotas, audits, 23 November 2016

103. Portsmouth NHS Trust, neonatal unit, meetings with students, mentors/sign-off mentors, review of mentor database, off duty rotas, audits, 23 November 2016

104. Hampshire Hospitals NHS Foundation Trust, Basingstoke children's unit, meetings with student, mentors, service manager, PEF and link lecturer, review of mentor database, off duty rotas and audits, 24 November 2016

105. UoS child health reviewer meeting with programme team, 24 November 2016

106. Report on service users' involvement in child programme development and delivery, dated 7 November 2016

107. Meeting with LME and programme lead, 23 November 2016 and 24 November 2016

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 01 Nov 2016
Meetings with:
Faculty team leader Associate dean education/official correspondent Head of academic unit Programme lead PG diploma nursing Programme lead bachelor of nursing Programme lead midwifery Lead midwife for education Child field lead
At monitoring event
Meetings with:
Dean, faculty of health sciences Associate dean for education/official correspondent Lead midwife for education Programme leader, BSc/MSc midwifery Midwifery programme team Lecturer practitioner Head of midwifery Head of academic unit Director of programmes, allied health, midwifery and physiological sciences Programme lead PG diploma child nursing Programme lead bachelor of child nursing Senior academic tutor – pastoral Academic lead postgraduate programmes Clinical teaching fellow Lecturer/practitioner x 2 Principal teaching fellow Deputy programme lead child nursing Admissions tutor child nursing

Head of academic unit
 Director of Programmes, allied health, midwifery and physiological sciences
 Child teaching team
 Faculty lead for student support, Incidents in practice
 Faculty lead, practice learning
 University practice co-ordinator, acute trusts – adult nursing
 University practice co-ordinator – midwifery
 Project manager – practice learning projects
 Senior administration officer, placement lead team
 Head of professional practice, faculty of health sciences
 APL lead, faculty of health sciences

Meetings with:

Mentors / sign-off mentors	26
Practice teachers	1
Service users / Carers (in university)	
Service users / Carers (in practice)	
Practice Education Facilitator	7
Director / manager nursing	7
Director / manager midwifery	8
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

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

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