

**Monitoring visit of performance in mitigating key risks identified in the NMC
Quality Assurance framework for nursing, midwifery and nursing associate
education**

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| Approved education institution | Bournemouth University |
| Programmes monitored | BSc (Hons) Adult Nursing BSc (Hons) Adult Nursing (apprenticeship) MSc Adult Nursing BSc (Hons) Mental Health Nursing BSc (Hons) Mental Health Nursing (apprenticeship) MSc Mental Health Nursing BSc (Hons) Children and Young People's Nursing FdSc Nursing Associate (apprenticeship) BSc (Hons) Midwifery (registered midwife – 36 months) |
| Date of monitoring visit | 21–24 May 2024 |
| Lead quality assurance (QA) visitor | Patricia Hibberd |
| Lay visitor(s) | Jayne Walters Philip Stephenson Sifelani Chikunya |
| Registrant visitor(s) | Rachael Spencer (midwifery) Kay Mafuba (nursing and nursing associate (NA)) Sarah Traill (nursing and NA) |
| Observer(s) | Caroline Dobson, Nursing and Midwifery Council (NMC) Pamela Page, Mott MacDonald (MM) Juliet Borwell, NHS England Workforce, Training and Education (NHSE WTE), South East Selina Saveker, NHSE WTE, South West |
| Practice learning partner organisation visits undertaken during the visit | University Hospitals Dorset NHS Foundation Trust (UHDFT) Dorset Healthcare University NHS Foundation Trust (DHUFT) Dorset County Hospital NHS Foundation Trust (DCHFT) |
| Date of report | 10 June 2024 |

Executive summary

Our findings conclude that Bournemouth University (BU), an approved education institution (AEI), has systems and processes in place to monitor and control the following risk themes to meet NMC standards and assure protection of the public:

- Student empowerment
- Curricula and assessment

We find that the following risks aren't fully controlled:

- Learning culture
- Educational governance and quality
- Educators and assessors

BU are required to develop and implement an action plan to address the key risks identified to ensure that their pre-registration nursing, NA and midwifery programmes meet all NMC standards and requirements.

Learning culture: not met

Documentary evidence and meetings with senior AEI staff, the NA and pre-registration nursing and midwifery programme teams, senior nursing and NA practice learning partner (PLP) and employer partner (EP) representatives and students confirm that the safety of people is prioritised. Programme entry requirements include assessment of occupational health (OH) status and Disclosure and Barring Service (DBS) checks for all programmes.

Recruitment is undertaken in partnership with PLPs and EPs. For apprenticeships this is led by the EP in partnership with BU or Bournemouth and Poole College (BPC). There's evidence that all stakeholders are involved in the recruitment process. Applicants are provided with appropriate information to prepare them for their programme. Once enrolled, all students receive an induction which includes mandatory training, clinical skills preparation and an introduction to policies including consent and escalation of concern. Students confirm they understand and seek patient consent and confirm duty of candour, and are provided with opportunities to reflect upon and learn from their experience in theory and practice. Students make declarations of health and character annually and at the end of their programme. There are clear processes for fitness to practise (FtP) and examples of where these have been used.

Academic assessors, practice assessors and practice supervisors are all prepared for their roles and responsibilities and are updated on an annual basis. BU maintains a record of academic assessors, and PLPs/EPs maintain records of practice assessors and practice supervisors. Academic staff have appropriate registration and

qualifications and continuing professional development (CPD) for their role. This is monitored by BU.

There are processes in place to support individual learning needs. Most students confirm that reasonable adjustments are supported in theory and practice, and there's processes to escalate and respond to concerns if reasonable adjustments aren't being met. Some midwifery students tell us that the full PowerPoint slides aren't uploaded prior to teaching sessions; however, BU policy confirms that it's a 'skeleton' of the presentation that's needed.

BU are identifying and monitoring black and minority ethnic group attainment and have a faculty group, personnel and activities which focus on inclusivity. There's ongoing work to decolonise the curriculum in midwifery. There's an active research culture focused on the fusion of education, research and practice with opportunities for academic staff, students, people who use services and carers (PUSCs) and PLPs/EPs to be engaged in research and service improvement.

Documentary evidence and meetings at the visit confirm that stakeholders are involved in co-production, delivery, assessment and evaluation of the nursing and NA programmes. In midwifery we find evidence of co-production, delivery and assessment, however, there's no evidence of PUSC involvement in the evaluation of the midwifery programme.

We find that the risk indicator for standard 1.1 is controlled and standard 1.1 is met for all programmes. However we're not assured that the risk indicator for standard 1.2 is controlled for the midwifery programme. We find that in the midwifery programme PUSCs aren't involved in programme evaluation or ongoing co-production. (Standards framework for nursing and midwifery education (SFNME) (NMC, 2018) R1.12)

Educational governance and quality: not met

Documentary evidence and meetings at the visit confirm that BU have structures and processes in place to manage educational governance and quality of the programmes. There are clear lines of communication with BPC for the NA programme with accountability for feeding into the BU annual monitoring and enhancement review (AMER) process. This includes regular meetings between the BU link academic and programme leader at BPC. There's a BU apprenticeship group which monitors compliance with regulatory processes for apprenticeship programmes. Formal meetings and informal mechanisms are in place to actively share information and report on feedback. For nursing and NA programmes, the university practice learning advisors (UPLAs) plays a key role in the liaison between practice education and BU/BPC. In midwifery this role is undertaken by midwifery link lecturers. Students inform the quality process and are encouraged to provide feedback on theory and practice through a variety of digital tools and surveys as well as verbally to their programme team. There are examples of changes made following student feedback.

External examiners (EEs) are appointed and report annually on the quality of the relevant programme in theory and practice.

The recruitment process is designed on values-based recruitment principles and questions are designed in co-production with PLPs and PUSCs. BU have recently begun to include PUSCs in recruitment and selection panels for nursing and NA, however we find that PUSCs haven't undertaken preparation to understand and address underrepresentation in recruitment and to ensure fair and transparent selection of students. PUSCs involved in the development of values-based midwifery interview questions aren't involved in selection panels. There's a clear recognition of prior learning (RPL) process in place for entry onto the Master of science (MSc) nursing programme.

BU have invested in a new building, simulation facilities and academic resources to support the programmes at the Lansdowne campus. Students feel well prepared for placements, with examples of orientation and induction materials and other resources provided. Students feel well supported by practice staff and meet regularly with practice assessors and practice supervisors. NA students tell us their role is more clearly perceived now it's becoming more established. Students on other campuses tell us they're also receiving investment and although campuses are different the access to facilities are equitable. Some have chosen the other campus for its location and sense of community. There's new investment planned for the midwifery Portsmouth campus as they move to new premises.

BU manages placement capacity in partnership with PLPs and EPs. There's an annual meeting where placement capacity informs the BU recruitment targets for the following year. PLPs monitor the number of practice assessors and practice supervisors and adjust the number of students to ensure there are sufficient appropriately qualified and prepared registrants to support learning. PLPs tell us they've enough placement capacity for BU students. Most trusts use e-rostering and students are allocated to the e-roster to ensure they've the support they need.

We're not assured that the risk indicator for standard 2.1 is controlled for pre-registration nursing and NA programmes. We find that PUSCs involved in recruitment and selection interviews for pre-registration nursing and NA programmes haven't received training to understand and address underrepresentation and to ensure fair and transparent selection of students. (SFNME R2.6)

We're assured that the risk indicator is controlled in all programmes for standard 2.2. Standard 2.2 is met.

Student empowerment: met

Students tell us there are resources and opportunities in place to develop knowledge and learn new skills that support their achievement of NMC programme standards and proficiencies. There are opportunities for learning through reflection and debriefing

during and after placement blocks. They confirm that theory teaching, including clinical skills teaching and simulation is used appropriately to support their learning and preparation for practice in their relevant programme. Some students on the children's and mental health fields feel that there's a dominance in adult focused teaching. However, there's good examples of how BU are responding to this feedback, including redevelopment of the curriculum proposing additional children's nursing specific modules. There's a clear programme of inter-professional learning (IPL) within each year of the nursing and midwifery programmes. This is more reliant on practice experience for NAs, but the practice assessment documents (PADs) demonstrate that IPL experience is recorded.

Placements are allocated four weeks in advance and pre-placement visits are enabled. Practice assessors and practice supervisors are also allocated with one academic assessor for each part of the programme. There's normally one practice assessor per year for midwifery students. The nursing Bachelor of science (BSc) programme includes 137.5 hours of simulated practice learning (SPL). Session plans detail that sessions are contextualised within a simulated scenario and the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023) are applied appropriately. Students confirm that they've supernumerary status or protected learning time as relevant to their programme. Students normally receive a diverse range of placements which provides opportunities to meet their learning needs and standards of proficiency. Students tell us they can raise a concern about their placements if they feel there's insufficient diversity and tell us of examples where placements have been adjusted.

There are processes in place to support students with reasonable adjustments, extenuating circumstances and interruption to study. Students planning to interrupt their study are provided with information that their chosen time for return is contingent on there being sufficient placement capacity. Students are clear on procedures to manage any concerns with bullying and harassment. Most students feel well supported by their programme teams and the range of support services provided by BU and BPC. There's a particular focus on student health and wellbeing with a new drop in 'retreat' centre available. Students have an allocated personal tutor who signposts the pastoral care available. Formative and summative feedback processes support development and achievement.

We find that risk indicators are controlled in all programmes. Standards 3.1 and 3.2 are met.

Educators and assessors: not met

BU have processes in place to support new academic staff in developing the qualifications and skills required to support students and to act as a role model. NMC registration and revalidation dates are monitored and reminders are sent to staff when these are nearly due. There's an induction programme for new academic staff which includes academic assessor preparation. New staff are allocated a mentor and are

supported to obtain a teaching qualification. All members of the programme team complete mandatory training, including equality, diversity and inclusion (EDI) training. PLPs complete EDI training as part of their mandatory training.

Academic staff have sufficient time to undertake their roles and responsibilities. PLPs, education teams and practice assessors/practice supervisors tell us that practice assessors are supported in their roles with training and resources. Practice assessors and practice supervisors tell us there's sufficient time to meet with students to discuss their progress and learning needs, but this can be affected by staffing levels and pressures of service delivery. They're supported by practice education staff if they require time to meet with students or complete documentation.

Senior AEI and PLP/EP leaders tell us of examples of collaboration between approved education institutions (AEIs) and service providers across the Dorset health economy. This includes contributing to health economy meetings with other AEIs and PLPs/EPs to discuss workforce and education issues.

There are established evaluation and student feedback systems which enable the student voice to form a key part of BU's quality enhancement processes.

Evidence from completed PADs and midwifery ongoing records of achievement (MORAs) demonstrates a process requiring academic assessors to liaise with practice assessors over decisions related to student assessment and progression in all programmes.

As educators and assessors aren't compliant with SFNME R1.12 in midwifery and R2.6 in nursing and NA programmes, it's not possible to confirm they're complying with all standards and requirements in the NMC Standards for education and training.

We're not assured that the risk indicator for Standard 4.1 is controlled. We find that SFNME R4.1 isn't met in all programmes as R1.12 and R2.6 aren't compliant with the NMC Standards for education and training.

Curricula and assessment: met

Documentary evidence and meetings at the visit confirm that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme. Senior practice staff tell us that nursing and NA students are fit for practise on completing their programmes, and there are programmes of preceptorship to support them in developing confidence following qualification.

Midwifery students tell us that their programme provides them with the content, knowledge and skills they need for contemporary midwifery practice. This includes skills training, newborn and infant physical examination (NIPE), case loading,

leadership and interview preparation. There's a balance of theory and practice and the lead midwife for education (LME) confirms that students must complete 2400 hours in practice and 2400 hours in theory to gain the award.

Nursing students tell us they've been consulted on proposals for the planned modification to the curriculum. The programme team confirm they met with current third year students to review the curriculum and have made plans for the students to continue their involvement as alumni. Members of the faculty of health and social sciences (FHSS) PUSC group, public involvement in education and research (PIER), provide PUSC involvement in curriculum change.

Documentary evidence and students confirm that programmes are developed with increasing complexity. Students have guidance on how to work at the required academic level as the programmes develop. Varied assessments at each level, and in each programme, enable them to demonstrate achievement. These include exams, objective structured clinical examinations (OSCEs), assignments and presentations. Reasonable adjustments are made to support individual students with the assessment process. Review of NA PADs, nursing PADs and midwifery MORAs on BU's online Practice Assessment for Learning (OPAL) platform show that appropriate practice assessments are carried out including observation and feedback from a range of people, including practice assessors and practice supervisors, academic assessors and PUSCs. There's a process in place to ensure that students meet all requirements for registration.

The risk indicator for Standard 5.1 is controlled in all programmes. Standard 5.1 is met.

| Standards framework for nursing and midwifery education (SFNME) (NMC, 2018) | | |
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| Theme | Risk Indicator | Outcome |
| 1. Learning culture | 1.1 The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld. | Standard 1.1 is met |
| | 1.2 The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments. | Standard 1.2 is not met |
| 2. Educational governance and quality | 2.1 The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the United Kingdom (UK) with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments. | Standard 2.1 is not met |
| | 2.2 The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders. | Standard 2.2 is met |
| 3. Student empowerment | 3.1 The AEI, together with their practice learning partners is unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018). | Standard 3.1 is met |
| | 3.2 The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams. | Standard 3.2 is met |

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| 4. Educators and assessors | 4.1 The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles. | Standard 4.1 is not met |
| 5. Curricula and assessment | 5.1 The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme. | Standard 5.1 is met |

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| Standard is met | Standard is not met |
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Introduction to NMC QA framework

The NMC

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the UK and NAs in England. They maintain a register of professionals eligible to practise, and investigate concerns and take action where appropriate through FtP processes.

The NMC wants to make sure that nurses, midwives and NAs are consistently educated to a high standard, so that they're able to deliver safe, kind and effective care at the point of entry to the register and throughout their careers. They also want to make sure that patients, PUSCs and the public have a clear understanding of what nurses, midwives and NAs know and are competent to do.

Standards for nursing and midwifery education

The responsibilities and powers of the NMC in relation to education and training and QA of education are set out in the [Nursing and Midwifery Order](#). The NMC set standards for education and training and these standards shape the design and content of programmes to ensure that nurses, midwives and NAs are consistently educated to high standards and able to achieve the required standards of proficiency before joining the register. This is one of the primary functions of the NMC in ensuring that they fulfil their role of protecting the public.

QA and how standards are met

QA of education gives the NMC the confidence that education institutions are meeting the Standards for education and training through approval of education institutions, their PLPs, EPs in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that AEIs, their PLPs/EPs and programmes continue to meet the education standards.

If QA identifies that an education institution isn't meeting the NMC standards, they must take action so the education institution returns to compliance. Where the NMC finds that standards aren't being met, they can withhold or withdraw approval of programmes.

The NMC [QA Framework](#) and [QA Handbook](#) puts safe, kind and effective care at the heart of what they do. The QA Framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions and their PLPs/EPs must provide in order to meet NMC standards.

Education monitoring reviews

The QA Framework outlines the NMC's data driven approach to monitoring. This approach to monitoring enables the NMC to be risk-based, focussing on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. Their monitoring approach promotes self-reporting of risks/concerns/issues by AEIs and it engages nurses, midwives, NAs, students, PUSCs and educators in its processes.

The NMC may conduct a targeted monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery or NA education in both the AEI and its PLPs/EPs. It's the role of the NMC's QA Board to decide whether it's necessary to carry out a monitoring visit or extraordinary review. The circumstances for taking this action are described in the QA Handbook.

The published QA methodology requires that QA visitors (who are always independent to the NMC) should make judgements based on evidence provided to them about the quality and effectiveness of the AEI and PLPs/EPs in meeting the education standards.

QA visitors 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 PLPs/EPs have all the necessary controls in place to safely control risks to ensure programme providers and PLPs/EPs achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Not met: The AEI doesn't have all the necessary controls in place to safely control risks to enable AEIs and PLPs/EPs 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's important to note that the grade awarded for each key risk is determined by the lowest level of control in any component risk indicator. The grade doesn't reflect a balance of achievement across a key risk.

When a standard isn't met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant PLP/EP. The action plan must be delivered against an agreed timeline.

The NMC have the power to withdraw approval for an AEI or programme if the actions fail to demonstrate the standard is met.

The education monitoring visit to BU

The NMC uses a process of new programme monitoring (NPM) to support new programme providers to understand the NMC's QA requirements and ensure compliance with all standards is being achieved and maintained. Normally, NPM is for

the full duration of the first cohort until they've joined our register, however over the pandemic, the NMC's QA Board decided to extend the period of NPM for many of their new AEIs and new programmes. This was in recognition that for many programmes, the delivery of the approved programme and the planned student experience was disrupted by circumstances beyond the AEIs' control. For BU, the NMC extended the duration of NPM for a further academic year.

As part of consideration for removal of programmes from NPM at the end of the period of monitoring, a full review of BU's nursing and NA programme approval documentation, NPM meeting records and mid-year reports was undertaken. Conditions at approval for the NA programme included:

- Clarify the nature of NA students' protected learning time in all programme student and practice-facing documentation. Ensure there's clarity as to whether NA students are subject to option A (supernumerary) or option B. (Standards for pre-registration NA programmes (SPNAP) (NMC 2018, updated 2023) R3.5)
- Provide an implementation plan of the co-production of NA curricula, including the programme design, development, delivery and evaluation with students and PUSCs. (SFNME R1.12, R5.5; SPNAP R2.1)

These themes also emerged through NPM of BU's NA programme, with further assurance required regarding students' supernumerary status and protected learning time and the involvement of PUSCs throughout the delivery of the programme.

Key themes also emerged when undertaking the nursing programme's final NPM meeting, specially relating to the following areas:

- Concerns around roles and supernumerary status for registered nurse degree apprenticeship (RNDA) students while on their hub placements.
- Inequity in the role between RNDA students and direct entry nursing students impacting on their learning opportunities in their hub.
- The need to address underrepresentation in the recruitment and selection of students.

The NMC are concerned about the scale of the risks identified and whether mitigations have had the desired impact. This monitoring visit is to seek assurance in relation to the delivery of the approved pre-registration nursing programmes (adult, mental health and children's fields), the foundation degree (FdSc) NA programme and the pre-registration midwifery programme (undergraduate) in line with NMC standards for nursing and midwifery education. The focus of the review will be on educational governance and quality, particularly the systems in place which ensure effective management of progression and completion of programmes, effective partnership working with PLPs/EPs to ensure the SSSA are being implemented and that there's

sufficient capacity across all learning environments to support growth in student numbers.

The NMC provided BU with the intended focus of the monitoring visit and a targeted review plan was shared with the AEI. The monitoring review plan identifies the areas for review under the five key risk themes of the SFNME which will be reviewed across academic and practice settings:

- Learning culture
- Educational governance and quality
- Student empowerment
- Educators and assessors
- Curricula and assessment

The review plan indicates specific areas that QA visitors will scrutinise and triangulate evidence from findings during the visit (areas highlighted in grey will not form part of the focus of this visit as the NMC has assurance on these). They'll conclude their findings in response to the risks identified, NMC standards and key risk indicators.

The QA monitoring visit team includes a lead QA visitor, lay visitors and registrant visitors with due regard for the programmes under review. The QA visit team use the review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They conclude their findings in response to the risks identified, NMC standards and key risk areas.

Introduction to AEI's programmes

BU is a NMC AEI. The BU FHSS is approved to deliver pre-registration programmes leading to eligibility for registration as a nurse (adult, mental health or children), NA or midwife. The midwifery programme is delivered in the FHSS department of midwifery and health sciences, while nursing and post-registration programmes (specialist community public health nursing, prescribing and return to practice) are delivered by the department of nursing science (DNS). The NA programme is delivered in partnership with BPC. All programmes are approved against the SFNME and the SSSA.

The focus of the education monitoring visit is all pre-registration nursing, NA and midwifery programmes. Approved programmes are delivered from the gateway building on the BU Lansdowne campus, together with a satellite site at BPC for the NA programme and Portsmouth and Yeovil satellite sites for the midwifery and adult nursing programmes respectively. The visit is conducted on 21-24 May 2024 and includes visits to all satellite sites excluding Portsmouth. A remote initial visit is undertaken on 3 May 2024. (1-3)

The pre-registration nursing programme is in approval since 25 September 2019. The routes include a three-year full-time BSc with honours (Hons) in adult, mental health or children's nursing, together with a two-year full-time MSc in adult or mental health nursing. There's also a four-year part-time RNDA route in approval for adult or mental health nursing. The nursing programme is approved against the Standards for pre-registration nursing programmes (NMC 2018, updated 2023) and the Future Nurse: Standards of proficiency for registered nurses (FN:SPRN) (NMC, 2018). PLPs include Avon and Wiltshire Mental Health Partnership NHS Trust, DCHFT, DHUFT, Salisbury NHS Foundation Trust (SaFT), Somerset NHS Foundation Trust (SFT), Southern Health NHS Foundation Trust, UHDF, University Hospitals Southampton NHS Foundation Trust and Wiltshire Health and Care. Of these DCHFT, DHUFT and UHDF are also EPs for the RNDA. Placements are also provided in private, voluntary and independent sector organisations (PIVOs). There's been no major modifications to the nursing programme since its approval in 2019. (4-6)

The FdSc NA programme is in approval as a 27-month apprenticeship route from 15 December 2020. It's approved against the SPNAP and the Standards of proficiency for NAs (SPNA) (NMC, 2018). The programme is delivered in partnership with BPC on the BPC campus. EPs includes three NHS trusts, DCHFT, DHUFT and UHDF, with further EPs in primary care and in PIVOs and education (school) settings. There's been no major modifications since approval in 2020, although new EPs are added through direct approval with the NMC. (7-9)

The BSc (Hons) midwifery is a 36-month long programme in approval since 22 January 2021 under the Standards for pre-registration midwifery programmes (SPMP) (NMC 2019, updated 2023) and Standards of proficiency for midwives (SPM) (NMC, 2019). The programme is delivered with seven PLPs; DCHFT, Hampshire Hospitals NHS Foundation Trust (HHFT), Isle of Wight NHS Foundation Trust, Portsmouth Hospitals NHS Foundation Trust, SaFT, SFT and UHDF. There's been no major modifications to the programme since programme approval in 2021. (10-11)

The monitoring visit is conducted between 21 and 24 May 2024 using the NMC monitoring review plan. The visit comprises a review of documentation presented against the SFNME by BU prior to the visit. During the visit the NMC QA lead visitor, together with three NMC QA registrant visitors and three NMC QA lay visitors meet with stakeholder representatives of each programme. This includes students as well as senior academic and PLP/EP representatives, academic teams, practice assessors and practice supervisors and PUSCs. Visits are conducted to meet students at BPC and Yeovil campuses, as well as to PLP/EP sites in three NHS trusts. Due to the size and distance of the geographical area, it isn't possible to include a visit to the Portsmouth satellite site for midwifery. BU confirm that this satellite site is planned to move to new premises in Portsmouth. Online meetings are conducted with Portsmouth based students by the midwifery registrant visitor and a lay visitor. A range of nursing, NA and midwifery placement visits are conducted by registrant visitors and lay visitors to three PLPs. (12)

Relevant issues from external quality assurance reports

Care Quality Commission (CQC) reports are reviewed for UHDFt including Christchurch, Bournemouth and Poole hospitals with inspections ranging from 2015-2023. The most recent inspections were of urgent and emergency services at Bournemouth and Poole hospitals. These aren't graded, however concerns included the maintenance of dignity and privacy of people at Bournemouth. Record keeping isn't always sufficient on both sites. (13, 15-16, 19-20)

An inspection of maternity services at Poole Hospital in March 2023 finds the service inadequate. There aren't always enough midwifery or medical staff to keep women and babies safe. Systems and processes for assessing and responding to risk in maternity isn't always effective, especially in maternity triage. Incidents aren't explored in a timely way. There's a lack of experience in the senior team and the service is experiencing high vacancy rates which are around 17 percent in November 2022. (18)

Dorset County Hospital is rated as good overall in 2018. Maternity services are inspected in 2023 and are downgraded to requires improvement. The issues raised include adherence to mandatory training, infection rates aren't monitored, insufficient staffing, no rolling programme of audit and not always enough action to mitigate risks. (14, 17)

For DHUFT in 2019, CQC rates the service as outstanding overall. (15)

All other CQC reports seen are rated as good overall. (21-24)

The Office for Standards in Education, Children's Services and Skills monitor the adult and mental health RNDA routes in December 2022. Reasonable progress is noted. Actions arising include, leaders have planned for apprentices to receive effective additional training to ensure that they secure their knowledge and understanding and feel confident in the clinical environment. (27)

The United Nations Children's Fund (UNICEF) UK baby friendly initiative (BFI) gold accreditation is maintained. (27)

Follow up on recommendations from approval and/or modification visits within the last year

There are no NMC modification or approval visits within the last year.

The following NMC recommendations are made at the nursing programme approval in 2019 (4):

- Recommendation one: To consider providing a separate apprentice handbook for RNDAs. (SFNME R3.1 and R3.2)

- Recommendation two: Recommend a process of recording EE NMC registration and ongoing revalidation over the duration of appointment. (SFNME R2.20)

The following NMC recommendation is made at the NA programme approval in 2020 (9):

- Recommendation one: Consider enhancing the IPL opportunities for NA students. (SFNME R3.16; SPNA R2.1)

The following NMC recommendations are made at the midwifery programme approval in 2020 (10):

- Recommendation one: The programme team are advised to further strengthen PUSC involvement in design, delivery and review of the programme. (SFNME R1.12)
- Recommendation two: The programme team are advised to consider the equality of student experience with programme delivery across both campus sites. (SFNME R3.1)
- Recommendation three: The programme team are advised to further develop the feedback mechanisms to students regarding modules of learning and placement evaluations and to detail improvements made in the practice learning environment and curriculum delivery. (SFNME R3.18)

Specific issues to follow up from AEI self-report

2020-2021

All programmes: BU discuss placement recovery including the availability of practice assessors and practice supervisors following the COVID-19 pandemic. (25)

2021-2022

The annual self-report (ASR) provides information about the BU PIER group. The group members cover admissions, curriculum design and review, teaching and assessment and programme management. They recruit PUSCs from the local community to ensure as many voices are heard from marginalised and seldom heard voices. The midwifery team also uses PIER, but also draws on existing links with people who use midwifery services. They're developing a childbirth journey's unit. (26)

Nursing students feedback that staff are slow to respond to emails and all staff are instructed to set email inbox rules to prioritise student emails, plus maintain a three-day response. Mental health students want their voice strengthened. There's weekly drop-in sessions initiated. Nursing apprentices highlight that a weekly self-study activity is too time consuming and the programme is revised to include alternative reading weeks and study. (26)

The impact of some MSc adult nursing students not starting the programme until several weeks after the start of their cohort is reviewed, noting the implications for tier four students being required to return to home country if there's a programme gap of 60 days or more. (26)

In the NA programme there's been a review of placement allocations, as external placement hours were more than minimum requirements and EPs wanted apprentices to be more available in their home settings. (26)

A risk to supernumerary status is reported for the nursing programme including the RNDA routes, and this is being managed by working with students and PLPs/EPs and monitoring student evaluations and educational audits which haven't highlighted 'major' areas of concern. (26)

For NAs there's been errors in NMC approval of new EPs and issues in communication where apprentices change employers during the programme. BU contacted the NMC QA team and have reviewed all processes. (26)

In midwifery there's been a challenge to midwifery staffing, but new members of staff are recruited and employed. New members of staff have induction and mandatory EDI preparation as well as academic assessor preparation. (26)

BU state that differential attainment is a focus of the AMER process in 2022/2023. (26)

2022-2023

BU identify that the continued availability of the Portsmouth satellite site is in doubt due to ongoing requirement for building works. A new location is being commissioned. (27)

Midwifery: SPMP R3.6 Currently piloting moving 10 students to one of the other PLPs within their placement circuit before rolling out next year. The pilot is to estimate travel costs, accommodation and operational issues. (27)

BU have recently submitted further exceptional reports to NMC. (28)

Summary of feedback from groups involved in the review

Academic team

BU tell us of their strategic vision, resources, programme portfolio, partnerships and the geographical range of partners. (622, 626)

Senior AEI representatives and programme teams tell us that most academic staff are registrants in the relevant part/field of the NMC register for their role. A small number of other staff are employed to provide subject teaching and research expertise, but these members aren't academic assessors. They tell us of, and there's evidence to

demonstrate, the process for recording staff qualifications, monitoring registration currency and current education. Processes for academic employment with BU include pre-employment DBS checks in accordance with human resources criteria. This includes all staff in a patient facing role and all midwives, RDNA and children's nursing lecturers. (622-626)

Senior academic members and programme teams confirm that there's recently been recruitment of new staff members in nursing and midwifery. There's an induction process for new staff, with a named buddy for the initial weeks and a longer-term academic mentor. All new staff have a probationary period in their role. They tell us that all academic staff at BU and BPC receive mandatory training in EDI, moving and handling, safeguarding and PREVENT (this is the name of the training not an acronym or abbreviation) and information technology security and that this is monitored for completion. (622-626)

There's a workforce planning model to manage academic workload and capacity. For example, the LME is deputy head of department. The LME tells us that their role is to oversee education in the midwifery programme with two days a week in their workload for enacting this role. There's reduction in expected capacity for new academic members, for example in the recruitment of academic staff from clinical roles in nursing and midwifery and in joint appointments with PLPs/EPs. New academic staff without an educational qualification are supported to achieve this. All staff engage in the peer review process to support their development. Academic assessors are prepared in nursing, NA and midwifery. Academic assessor preparation may be on a one to one or a group basis and is supported by a range of written documentation. There's also support for developing the personal tutor role. In midwifery there's preparation for the link lecturer role. (92, 622-626)

Senior AEI leaders tell us there are effective partnerships with PLPs/EPs. There's a formal annual autumn meeting with each PLP/EP with director level engagement for nursing, NA and midwifery. The meeting provides a means to communicate changes, new programmes at BU and new developments within the PLP. Placement capacity for each programme is agreed ready to inform the student numbers for the next recruitment cycle. There's an overview of quality including update on CQC visits and outcomes and reports on themes arising from FtP processes. They tell us that when a local PLP received an inadequate rating in maternity services there was effective partnership working to communicate action plans and review learning environments. They confirm there's an escalation of concerns protocol and give an example of enacting the process when an adult nursing student escalated a concern. They tell us that any ongoing concerns are escalated to the FHSS executive committee and that there are established FtP policies in place. There are regular meetings with other AEIs and PLPs across the health economy with a pan-Dorset partnership approach for apprenticeships. Directors of midwifery, heads of midwifery and practice development midwives attend a midwifery forum. (622-626)

The NA team tell us of the process for approving new EPs. This includes QA visits and a modification request to the NMC to approve a new EP. Apprentices for that EP are accepted onto the programme once the EP is approved by the NMC. EPs are allocated a UPLA, and practice assessors and practice supervisors are invited to an introductory meeting to talk through NMC and apprenticeship requirements and the importance of keeping communication channels open. (624)

The NA team tell us that NA students have guides to their external placements. There's a reciprocal relationship between EPs for external placements, and academic assessors monitor and adjust external placements where different experience is required. They also monitor the student's PAD for protected learning time including the time allowed for reflection and journal entries. Timesheets on external placements are signed by the practice assessor, with home base timesheets signed monthly by the local manager. They tell us of the process for ensuring a different academic assessor for each part of the programme. (624)

The senior team tell us they monitor and respond to trends in student feedback through local evaluation processes and through the National Student Survey (NSS). For example, in the ongoing review of the nursing programme they're aiming to introduce new children's nursing modules in response to student feedback. They tell us that for programme organisation, students are given a year plan with the timetable published after clearing processes are concluded. The personal tutor system is responsive within three working days. The UPLA monitor achievement of supernumerary and protected learning time for nursing and NA students. BU have introduced a simple online feedback tool (SimOn). There's a 'responding to your feedback' tab on Brightspace, the BU virtual learning environment (VLE). (626)

The NA team tell us that lower evaluation response rates and smaller student numbers can make it harder to evaluate themes and trends, however student feedback is escalated to BU through annual reporting mechanisms to the BU education committee. NA apprentices have access to collated evaluations on the resources section of their VLE. There's a weekly meeting between the BU link lecturer and the NA programme leader where ongoing issues or concerns are discussed. There's a process for reviewing each module including a weekly verbal evaluation. This enables a timely response with an example of changes to a module structure in response to feedback. The team have also modified assessments in response to student feedback. They tell us of the link between BU and BPC in managing student and placement concerns using the BU protocol. (624)

Senior academic leaders tell us of their commitment to and support for their PUSC group, PIER. There's around 100 PIER members and the range of representation covers all nursing fields of practice; however, they continue to recruit to engage new people and expand representation. PIER members contribute to recruitment questions, interview panels, programme delivery and the evaluation and co-production of the nursing programme. For midwifery there's PUSC involvement through maternity service user groups and on an individual basis to support the development of interview

questions and programme delivery. The midwifery programme team detail a session with a bereaved father. The NA team at BPC tell us they've a link person who works with PIER to organise and coordinate involvement of a small group of members in all aspects of the NA programme. They tell us that there's PIER support with each module and they share experiences of living with a variety of health conditions. They're part of recruitment panels for apprentices and attend evaluation/QA meetings for the programme. (626)

The senior team tell us that academic staff are engaged in research and service improvement, with a 'time for dementia' research project given as a recent example. A further example is the current evaluation underway to evaluate a model of 'long arm' placement supervision. They confirm there's a current review of the nursing curriculum for modification in 2024-2025. The midwifery programme team tell us of the work they've undertaken to decolonise the curriculum and to establish and maintain gold BFI status. (625-626)

Nursing and NA apprentices are recruited in partnership with EPs. Apprenticeship posts are advertised on NHS jobs with applications through the 'our Dorset' hub. There's a streamlined recruitment process with shortlisting and interview only being undertaken once, and this may be with a current or a new EP. (624, 626)

The midwifery academic team comprise the head of department, deputy head and LME and 13 lecturers and senior lecturers. The team are based at Lansdowne campus, but the programme is located on two teaching sites (Lansdowne and Portsmouth). The team deliver the programme across both sites with teaching sessions and resources repeated, usually by the same lecturer for each site. All the midwifery team are personal tutors and four are also professional midwifery advocates (PMAs). Two people share programme leadership, which they tell us enables them to cover annual leave, sickness and the two-site provision. The midwifery team all undertake the role of link lecturer. Link lecturer activity includes facilitation of monthly SSSA updates in practice which are scenario based and include scenarios on escalating concerns about a student's achievements or professional conduct. There are several forums that facilitate partnership working between the programme team, students and representation from practice, including bi-annual practice academic link meetings and the midwifery student forum which is held three times per year. (625-626)

The midwifery programme team are all academic assessors. They tell us that they act as both personal tutor and academic assessors for the first and third years, with link lecturers typically acting as a student's academic assessor in the second year. They say that this ensures that they're not academic assessor for the same student in consecutive years. The programme leaders oversee this process. The midwifery team tell us that the academic assessor is involved in tripartite meetings with the practice assessor and student at the final summative assessment in practice each year but would also be involved if there are any concerns about a student's progress in practice. (625-626)

The senior team detail the range of academic and pastoral support offered to students. This includes mental health support and the development of a drop in 'retreat' service which some students have used when experiencing distress. There are four PMAs within the midwifery academic team who offer additional support to students on an ad hoc basis. There's a mechanism for student interruptions and return to programmes. In midwifery, the LME monitors students taking a programme interruption. Prior to interruption, students are informed that return to the programme is conditional on placement capacity at that time. We're assured that only one midwifery student has been deferred for an additional year due to placement capacity. (626, 652)

IPL in theory occurs in one module each year of the programme in nursing and midwifery. At BPC opportunities for IPL are limited for the NA apprentices. They share some learning with other health and social care students. IPL is monitored in the PAD and always occurs in practice, for example, through spoke days with other professionals. (98, 625-626)

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors describe the process of obtaining consent from patients. There's also clear evidence from the PADs that patients are given the opportunity to give or withdraw consent to students being involved in their care. Practice assessors and practice supervisors tell us they contribute to students' learning logs and encourage self-reflection activities for students. Practice assessors and practice supervisors confirm that where there's been isolated examples of difficulties in getting NA competencies signed off, issues are resolved in a timely manner. (630, 632, 637, 642, 647-648)

All practice supervisors and practice assessors tell us that the number and type of student placement areas is sufficient to accommodate and support student learning, and confirm that student supernumerary status or protected learning time is maintained. They confirm that students are effectively prepared for practice placements. Nursing and NA practice assessors and practice supervisors feel prepared for their roles and are normally allocated to students prior to their placement. They're supported by UPLAs. They tell us allocation is monitored by practice education leads and UPLAs. Midwifery practice assessors and practice supervisors don't see link lecturers regularly in clinical environments, but they can contact them via email or telephone. Nursing and NA practice assessors and practice supervisors also confirm that BU staff respond to emails in a timely manner. (624, 639, 645-648)

Nursing practice assessors and practice supervisors confirm use of the BU protocol for raising concerns. They encourage students to speak up and confirm that this is included in student induction. They tell us of examples of escalating concerns and how they're supported by UPLAs. (638, 649)

Most midwifery practice supervisors and practice assessors we meet tell us they've sufficient time to meet with students to discuss their progress, but this can be affected by staffing levels and service pressures. They tell us they're supported in their role by the midwifery practice education team and the midwifery academic link lecturers, and confirm they receive preparation for their roles and attend SSSA updates as part of their annual mandatory training within the trust. They're able to clearly articulate the processes for managing concerns. Their first point of contact is the midwifery practice education team. (639, 645-646)

Midwifery practice assessors and practice supervisors tell us that line managers are supportive of their work in supervising and assessing students. They tell us there are time pressures in completing student documentation particularly for those midwives who work in in-patient maternity services. This is exacerbated by needing to use different AEI electronic platforms across the health economy and the BU OPAL platform for the MORA, which they say can be slow to respond. (639, 645-646)

Employers and senior PLP representatives

Employers and senior PLPs tell us that they work closely with BU in a collaborative partnership. This is further enhanced by the introduction of the UPLA role for nursing and NA programmes. Senior midwifery managers tell us of the rapport and interaction with the LME, who one senior manager describes as 'brilliant'. Senior managers tell us that there are systems and processes to alert BU to system regulator outcomes and that information is shared. This includes use of the BU concerns protocol. They tell us that action plans are shared and developed collaboratively. They receive collated feedback from student evaluations of placement and any themes are fed back into practice supervisor and practice assessor updates. (627)

Senior EPs/PLPs tell us that they receive reports of post placement evaluation/student feedback. They confirm the importance of the feedback loop and there's an example of reporting to their executive board on student evaluation. There are examples of responses including enhanced micro skills teaching, wellbeing and pastoral support and increased educator visibility in clinical areas. They tell us that there are lower numbers of students completing midwifery student placement evaluations, however, an alert is created to the education team that enables a response to any trigger words. (627)

UHDFT tell us of their purple flag system which is adopted by DCHFT and being adopted by other NHS providers in the health economy. There's a form on the intranet which students/apprentices can complete with details and reasons for the purple flag. Education teams respond to the alert daily or by the next working day where the alert is raised at weekends or during public holidays. They also log and monitor actions arising from purple flags. They tell us students are encouraged to use the 'freedom to speak up' process and to meet the freedom to speak up guardians. Feedback to BU arising from the purple flag system is through involvement of the UPLAs as well as the formal feedback mechanisms. They tell us of the quarterly practice academic link meetings

(PALMs), which they describe as efficient and effective in promoting two-way communication. (627)

They confirm that staff are prepared and supported to supervise and assess students. There's a database and monitoring of staff preparation. They tell us that BU provide or oversee practice assessor and practice supervisor preparation, working with other AEs so that preparation is co-ordinated. The preparation introduces the online platform OPAL. There's face to face and digital updating for practice assessors and practice supervisors. (627)

Supernumerary and protected learning time is monitored. For nursing and NA apprentices the use of student uniforms and name badges helps to differentiate between the work and student role, and helps to support protected learning time across EPs. PLPs monitor placement capacity to ensure there's sufficient time for each student. Strategies such as meetings and huddles are used to raise awareness for protected learning time. The purple flag system in some EPs/PLPs enables all students to raise an alert if they're concerned about not receiving supernumerary or protected learning time. This may include supporting students and apprentices to clarify their understanding of supernumerary and protected learning time. For example, in midwifery they give an example where concern over supernumerary status is flagged, but on further investigation, the student's participating under indirect supervision. Educators step in to undertake a clinical role to protect time for practice assessors to complete assessment and documentation. (627)

EPs/PLPs tell us of risk reduction in smaller placements and the PIVO sector. There's an example of close working with BU to monitor any risks to the SSSA with direct liaison with academic assessors. There's flexibility in the system to move students/apprentices where a practice supervisor is no longer available, working with BU to reallocate the student to a different home base. They tell us of managing and supporting long arm practice assessment in the independent sector and community. EPs confirm they requested a change to the balance of hours between home and external placements for NA students. They're currently evaluating the effectiveness of this. (627)

The senior managers we meet comment that students graduating from BU are fit for practise and they're keen to employ them on successful completion of the programme. (627)

Students

Nursing and NA

MSc adult and mental health nursing students tell us about their experience with a detailed portfolio for RPL as entry into the programme. All nursing students confirm they're interviewed by two people, mainly academics from the programme, although there's some experience of clinical nurse involvement. There's no experience of PUSC

involvement in the interview process. Students confirm DBS and OH clearance as part of entry into the programme. (630-634)

Nursing and NA students confirm there's a positive induction process together with ongoing academic and pastoral support which is signposted by staff. Most students tell us they've regular access to a personal tutor. They confirm there's assessment feedback/feedforward to enhance their learning over the duration of the programme. However, feedback isn't always consistent, but students confirm this is managed through individual discussion with markers who are approachable and provide more detail if needed. There's a Padlet for each module where queries can be raised. Students tell us of opportunities they've had to be involved with research projects at BU. (630-634)

Children's and mental health nursing students tell us that field specificity can be overwhelmed by the adult focus, particularly in year one and they've fed this back. Separate seminars are used to contextualise to add information relevant to field and there's an ongoing curriculum review. (634)

Nursing students confirm that PUSCs are involved in programme delivery and assessment. There's an academic assessor for each part of their programme. Children's nursing students tell us that PUSCs relevant to their field are limited, although give us an example of a PUSC who shared their NHS experience as a child and an adult. They tell us there's a PUSC day workshop which is also very helpful. PUSCs provide feedback in their PADs, although children's nursing students tell us this is sometimes hard to achieve. (634)

Students tell us of EDI policies and how these support their education. They confirm that reasonable adjustments for additional learning needs are enacted in theory and practice, although there are more examples of theoretical adjustments. Students confirm they're aware of extenuating circumstances processes and extensions. BU provide support to students who wish to interrupt their studies, including support to return. (630-634)

SPL includes the development of clinical skills which are contextualised within a scenario. SPL includes the application of clinical rules such as correct uniform and punctual behaviour. MSc nursing students tell us they receive two and a half hours of reflective learning time per practice week; this is highly valued by students to support documentation of episodes of care and associated proficiencies. Some year one and year two BSc students tell us of a recent adjustment to their reflective learning hours, however BU confirm that reflective learning hours are two and half hours per week for all nursing students. Students tell us they find the BU recall days helpful during periods of practice learning. They tell us this provides opportunities to discuss and share their experiences with academic staff. (630-634)

There are good examples of IPL in each programme part, including a simulated mass casualty event in the final part of the programme. In practice settings, there's

encouragement to access IPL opportunities and no problem with release to attend spoke activities and placements. Children's nursing students tell us about example spoke IPL placements such as the tongue-tie clinic, pharmacists and neonatal advanced practitioners. (630-634)

Students tell us they're allocated practice assessors and practice supervisors and academic assessors for each part of the programme. There's mixed experience in the variety of placement settings offered to students but we hear an example of where BU changed a placement allocation due to a student raising its similarity with their previous placement. Most students feel supported by education teams in practice, but the type of support is variable depending on the organisation. Most students confirm supernumerary or protected learning time and some identify they can use the purple flag system if they experience a problem with this. Practice assessors can struggle to use the OPAL system, but students tell us they receive induction and are able to support practice assessors in navigating this. BSc students tell us they can undertake an international placement, although access is limited by financial costs and there's also academic criteria. (630-634)

Students tell us of mechanisms to evaluate theory and practice. This includes placement feedback opportunities and engagement in the national education and training survey in practice. In theory, there's end of session and end of module evaluations. They tell us of an ethos of continuous improvement, with feedback to student groups via the student representative system, a WhatsApp group to collate feedback. They confirm they can also use the online student feedback tool SimOn. Not all students are aware of changes that are made, but we hear examples where feedback given has changed the programme for the next cohort. For example, children's nursing students evaluated that skills sessions are too adult focused and this is being addressed through 'top up sessions'. A children's nursing skills lecturer is now appointed. Students give an example of being involved in a BU video to raise awareness of the student voice for practice assessors and practice supervisors. Students are aware of local processes to raise concerns and the BU concerns protocol. (630-634)

Most students are aware of processes leading up to eligibility for NMC registration, including sign off processes for hours and declaration of good health and good character.

Some students tell us there can be challenges in accessing OPAL on wards during a shift as computers are being used. They also tell us that some practice assessors and practice supervisors need support to access OPAL. However, they confirm that there's good support from UPLAs, the practice education team, practice assessors and practice supervisors to ensure that the OPAL PAD is completed in a timely manner. There's evidence that BU also provide preparation and ongoing support for OPAL access. Students are aware of extensions and extenuating circumstances. (630-634)

Midwifery

Students report that reasonable adjustments are mainly attended to as part of their disability and additional learning support. Some students tell us this isn't always consistent, for example, PowerPoint presentations aren't always being provided in advance of sessions, or they're not able to audio record sessions. However other students tell us of additional time for examinations or of having an examination held on an individual basis in a small room separate to the rest of their cohort. All students we meet tell us that reasonable adjustments in practice are addressed. They give examples of reduced hours or reduced rostering onto night shifts. (635-636, 645-646, 651)

Most students report that the programme team are supportive and cite examples where personal tutors provide pastoral support, for example, following an unexpected family bereavement. A few students report that personal tutor support isn't always consistent, for example, struggling to get a constructive response after failing a theory module. Conversely another student cites being able to attend a mirrored session on a different campus when they were unable to attend the session on their usual campus. Some students we meet report inconsistencies between markers. However, we don't note any negative feedback in any of the EE annual reports. (635-636, 645-646, 650)

Students tell us that information is received in a timely way and is clear in relation to the midwifery curriculum and assessment. Students tell us there's a midwifery forum and student representation systems in place. They tell us they've disengaged from formal placement evaluation feedback mechanisms as their placements are very short in relation to the amount of documentation needing completing for each placement. However, they feedback to their practice assessor or practice supervisor and via PALMs. Students are clear that there are opportunities to feedback for theory and practice learning modules. Students we meet give examples of actions taken in response to student feedback on theory modules. They cite rescheduling of two modules in year three and additional skills days for perineal repair, artificial rupture of membranes and foetal scalp electrode application. (635-636, 645-646)

Students we meet report they've supportive practice assessors and practice supervisors in practice placements. They tell us that it can be extremely busy on the wards, particularly on antenatal and postnatal wards. They tell us that their practice assessors and practice supervisors don't have enough time to complete practice assessment documentation and are often signing off the SPM and completing paperwork via OPAL after their shift has concluded. They describe OPAL as difficult to navigate for both students and their practice assessors and practice supervisors. (635-636, 645-646)

A few students tell us that they're not always supernumerary and sometimes there isn't capacity for them on their assigned placement area. Students tell us they've been able to escalate concerns about supernumerary status incidents to the midwifery education teams. (635-636, 645-646)

Second and third year students we meet aren't always clear about the academic assessor's role and remit and whether they've a new academic assessor for each part. However, first year students we meet clearly understand the role of the academic assessor and are aware of who's undertaking this role for them. They confirm that academic assessors aren't the same for consecutive parts of a student's programme. Documentary evidence supports that the academic assessor is changed each year. (635-636, 645-646)

Students confirm that practice supervisors enable them to access a range of learning experiences. They've a good understanding of the process to follow to escalate concerns in practice. Their first point of contact is the midwifery education link and the education team. All students describe the excellent support from the midwifery education link. One first year student says they'd seen the link midwifery lecturer during a previous placement block, however most second and third year students say midwifery link lecturers aren't directly visible in clinical environments. (635-636, 645-646)

Students tell us of IPL in theory, working with students from nursing, paramedicine and physiotherapy. (635-636, 645-646)

People who use services and carers

Nursing and NA

We meet with members of the PIER group as the PUSCs for nursing and NA programmes. They confirm their involvement in all aspects of both the nursing and NA programmes and that the coordination of this is effective. There's a smaller number of PUSCs involved with the NA programme and coordination isn't as effective, but they confirm they're involved in all aspects of programme development, delivery, and evaluation. (640)

Members of the PIER group tell us that they're involved in recruitment of students for both nursing and NA programmes through question setting for interview. They've also recently been involved in interview panels. (640)

Midwifery

We meet with midwifery PUSCs online and in person in clinical practice. (641)

Maternity PUSCs we meet tell us that their stories and experiences are recorded as part of digitised case studies for students. They tell us they're keen to contribute further to the midwifery programme moving forwards. PUSCs are asked to give feedback on their experience of student performance and care in practice. This is recorded in the student's MORA. Two PUSCs we meet in practice placement describe consenting explicitly to student midwives providing supervised midwifery care. They both describe

the students they'd encountered as caring and compassionate. PUSCs aren't involved in evaluation of the programme. (641, 645)

Summary of areas for future monitoring

- PUSC involvement with NA programme. (SFNME R1.12)
- PUSC representation in children's nursing field. (SFNME R1.12)
- Midwifery placement evaluations. (SFNME R2.17)

Findings against themes

Theme one: Learning culture

Risk indicator 1.1 – The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld.

Requirements – 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9
NB: 1.2 – The Code (NMC, 2018)

What we found before the visit

The university admission policies state that checks in relation to OH and criminal records are undertaken. Programme entry requirements for all programmes include OH and DBS checks. Consideration of FtP issues pre-enrolment follow a BU criminal convictions procedure. FtP issues once a student is enrolled are managed using BU's FtP procedure. The BU support to study policy and procedure is followed where a student's mental or physical health affects their ability to participate in their programme, while BPC have policies to support safety and a health and safety review assessment for placements. This is monitored as part of 12-week apprentice reviews through the programmes. (29-34, 36, 94-95, 119-121, 127, 350-352)

The apprenticeship recruitment and selection process is undertaken by EPs in partnership with BU and follows trust processes. A pre-employment meeting for candidates and EPs for the NA programme is offered six weeks prior to commencing the programme which includes an overview of the programme and expectations. Apprentices receive an induction to BPC at the start of the programme. (380, 397)

Nursing, midwifery and NA students and apprentices have introductory sessions and assessments throughout all programme years which prepare them for safe experiences in practice. These include introductions to roles and responsibilities, theoretical preparation, practice documentation, academic, mandatory and clinical skills, risk assessment, placement allocation and raising concerns processes. The BU concerns

protocol includes a clear range of concerns flowcharts, and there's evidence that these are used by students and PLPs/EPs and responded to by BU. (45, 70, 88, 96, 117, 128-129, 131-159, 167-168, 191, 217-218, 229, 250-251, 277, 312-314, 325, 340-342, 353-354, 365, 398, 439, 444-456, 482, 495, 506, 514, 562-567, 585)

Midwifery students working in higher risk situations, such as case loading, work with their personal tutor and practice supervisor in a tripartite meeting to discuss risk, such as 'lone working', scope of practice, indirect supervision and documentation of care provided. Case loading students must pass an assessment to ensure they understand the principles of safe practice when case loading. Risk assessments of skills teaching is undertaken for all practical sessions in midwifery. (433, 435, 511)

Reflective practice is developed in the nursing, NA and midwifery programmes through completion of reflections in and on practice, nursing recall days in each placement to promote critical self-reflection and assignments that promote reflection throughout all programmes. Students reflect on episodes of care as part of practice assessment. (131, 133, 241-242, 345-346, 349, 358, 394, 437, 480, 556, 569, 611)

Theoretical content, assessment and preparation for practice information informs students on all programmes about the importance of consent. This is part of assessment of professional conduct and values in practice assessment. (131, 137-139, 351, 355-357, 359-360, 434, 439)

BU adopt the Wessex supporting learners in practice guidance and principles which provides guidance for the preparation of practice supervisors, practice assessors and academic assessors. There are practice assessor and practice supervisor preparation materials, and practice assessors' and practice supervisors' preparation is recognised as good practice by NHSE WTE. The preparation includes roles and responsibilities and aspects such as professionalism and placement quality. The practice education strategy outlines practice education responsibilities for QA and concerns escalation. (46-52, 74, 230, 443, 584)

There's evidence of BU academic assessors' orientation, preparation and updates which include raising concerns processes. There are processes for monitoring NMC Pins and revalidation for NA and midwifery lecturers; they're NMC registrants with higher or further education teaching qualifications. (52, 273, 362, 410, 443, 463, 584)

All BU academic staff are required to undertake mandatory training that includes safeguarding, mental health awareness and PREVENT, and records are kept demonstrating compliance. New academic staff have an induction programme and undergo a 12-month probationary period in their roles. BU have an EDI policy and there's staff resources to support EDI. There's support for annual staff development and to undertake a teaching qualification. There's a process of peer review in place to support ongoing quality of educational practice. At BPC academic staff undertake mandatory training that includes EDI, safeguarding and PREVENT training and there's evidence this is monitored. There's evidence of teaching and academic assessor

allocation. (67-68, 70, 100, 109-110, 130, 239, 279, 282, 284, 323, 393, 407, 410-413, 441-443, 446, 459, 463)

There are BU students complaints and appeals policy and processes. Students are provided with information about complaints and appeals through the BU student agreement. The template placement agreement provides responsibilities of BU and PLPs/EPs in the case of a PUSC complaint or untoward incident involving a student or that may affect a student's wellbeing. There's a protocol for managing concerns raised in practice placements. Students are given information on how to raise a concern as part of their practice placement preparation. There's evidence that concerns and complaints are investigated and dealt with following BU processes. There are examples of early resolution of concerns and responses, together with an example where a student is using the concerns process to formally raise a concern. There's a FtP policy with an example of a student referral and resolution using the FtP procedure. BU provide examples of support provided to assure there's follow up and wellbeing following a student raising a concern or a student incident, including escalation to the programme leader, LME and PMA for student midwives as well as to wider wellbeing support and student services. The outcomes of FtP or concerns processes are reported to the faculty academic standards and education committee (FASEC) to support wider learning and improvement. Learning is also disseminated via locality practice learning groups. For midwives, strategic learning is also disseminated at the midwifery forum and at trust SSSA updates as appropriate. There's exception reporting to the NMC. (33, 35, 38-40, 42, 44, 58, 80, 96, 99, 117, 143-145, 147-148, 157-158, 234, 286, 293-295, 364-366, 390, 406, 418-420, 438, 443, 447-453)

BPC have an institutional complaints and concerns process for the NA programme. These processes are communicated to students through the student handbook and during their induction to the programme. Clinical staff can raise concerns through employer policies. These are also addressed through discussion and recording at the 12-weekly tripartite review. Students are encouraged to raise complaints following the BPC policy and examples illustrate the process of raising and responding to complaints. Any concerns are shared with BU as part of the agenda for fortnightly meetings between the programme leader at BPC and link lecturer at BU. Wellbeing support is available through central services at BPC with example of early resolution of student concerns and the impact on wellbeing. Complaints and concerns are discussed with BU at a standardisation meeting. (350-354, 364-368, 390, 414, 418-420, 618)

All students are required to disclose good health and good character during admission and at the end of their programme. There's evidence of teaching sessions and assessments that ensure students are aware of ethical, accountability and confidentiality requirements and duty of candour. There's a freedom to speak out eLearning module for nursing. There's evidence that students reflect on practice, including professional values, in learning and teaching activities and within the PAD. (90, 133, 153-155, 242, 349, 355-356, 358-359, 369-370, 382, 394, 421, 437, 454, 556, 611)

What we found at the visit

Documentary evidence and meetings with senior AEI staff, the NA and pre-registration nursing and midwifery programme teams, senior nursing and NA PLP/EP representatives and students confirm that the safety of people is prioritised. Senior PLPs and students confirm that there's recruitment and induction processes in place to ensure both new academic staff and students understand their role in public safety and that they're appropriately prepared for their roles. Students tell us they make annual declarations about health and character. Students confirm OH processes to support their learning and ensure they're fit for placement learning experiences. PLPs tell of cases where students have been referred under FtP procedures, such as a student fraudulently recording their practice hours. Students tell us they're given clear pre-placement preparation, training and induction. The programme team include a safeguarding lead who has relevant training and expertise. All BU staff confirm they complete safeguarding training. This is monitored by the university. Academics confirm they receive automated reminders if updates are required. (623-624, 626-627, 629-636, 638-640, 645-646, 649)

The programme team tell us and most nursing students confirm they've two and half hours a week allowed to complete entries into their PAD including learning logs and to enable reflection. There's evidence from OPAL and the NA PADs to show clear self-reflective comments, feedback and progression. Students tell us they've BU recall days during placement and these are useful for reflecting on, discussing and sharing experiences with staff and fellow students. The practice education teams at Dorset County Hospital describe a process of using the learning logs to record learning on spoke placements. Students confirm they use these logs to evidence their learning from spoke visits, that they're shared and discussed with their practice assessor and can be added to OPAL. Practice assessors confirm these are helpful in supporting students to reflect on their learning. Practice assessors, practice supervisors, PLP education leads and the programme team all refer to the 12-week tripartite review as a means of supporting RNDA and NA learners to reflect and learn from practice. Evidence of this is recorded in the students' documents. (629, 631-632, 637-638, 640, 642-643, 647, 649, 652)

The midwifery programme team, PLPs and students tell us that student reflection is recorded in the MORA on OPAL. Students have two and half hours per week to complete the MORA. This is known as taking a moment for OPAL (MOPAL) and students are encouraged to take this time. Students tell us they can also choose to make use of other placement learning opportunities if this suits their needs better. Students tell us about debrief sessions and how they share stories when they return to BU after placement. They use these sessions to talk about their placement experiences. Students tell us that reflection supports their learning and we hear how reflection in practice supports students, for example when they experience a traumatic birth. (625, 635-636, 639, 645-646).

Students tell us they're taught about consent and duty of candour and it's continuously re-iterated throughout the programme. Students are clear on the difference between informed and inferred consent. Students advise us that they're aware of the importance of gaining consent from PUSCs prior to their involvement in care and give examples of how this is managed in practice. Students, practice assessors and practice supervisors give us examples of how consent is sought from patients in the practice settings. Practice supervisors and practice assessors we meet confirm that consent is discussed on induction to placements, at the start of shifts and is continuously emphasised throughout. During the visit we see evidence that PUSCs provide feedback on the nursing OPAL document and consent to students being involved in their care. Practice assessors and practice supervisors advise that students aren't permitted to solicit feedback from patients directly as all PUSCs are asked whether they're happy for students to be involved in their care. They're advised they can withdraw consent at any point. PUSCs we speak to during practice visits confirm that students ask for consent before being involved in their care. There's also clear evidence from the PADs that patients are given the opportunity to give or withdraw consent to students being involved in their care. Practice assessors and practice supervisors tell us that the patient feedback section in OPAL is always positive in relation to consent. (622-624, 626-627, 629-631, 633, 635-640, 643, 645-649)

Senior PLPs confirm that academic staff receive mandatory training to ensure they understand their role in preserving public safety. This includes EDI, PREVENT and safeguarding. There's an induction process in which new members of staff are introduced to BU policies and processes and a buddy is assigned to support new staff. They tell us that BU has processes in place to protect any students under the age of 18. Senior AEI staff and senior nursing and NA PLP/EP representatives confirm they work collaboratively and provide a wide variety of training opportunities to support all staff in their roles of supporting, supervising and assessing students. They confirm that staff are provided with opportunities to undertake regular updates, CPD modules, drop-in sessions and meetings. PLPs tell us that SSSA preparation takes place in collaboration with BU. There are monthly update sessions for all trusts using the same BU learning materials. There are trust raising concerns policies and PLPs tell us of effective communication with BU to address these. Senior PLP staff tell us about cultural competence training and annual updates using national and local training packs. EDI forms part of mandatory training and completion is monitored by managers and practice education teams. Practice placement areas are supported by teams of practice educators who supplement the roles of practice supervisor and practice assessor and help to ensure the safety of patients and students. (322, 623-624, 626-627, 637, 639, 645-646)

Students tell us that they feel supported to raise concerns using BU and PLP/EP systems. They tell us how they raise concerns with their practice supervisors, practice education teams, shift leaders and their personal tutor. This also includes PMAs for midwifery students. Students and practice staff show how the purple flag system is implemented to report concerns in practice. The system can be accessed by all staff and students through the intranet. We're given examples of swift responses that are

facilitated by the practice education teams to student concerns regarding their supervision and supernumerary status. Senior practice staff demonstrate how they can quickly identify clusters of purple flags and respond to these swiftly. Students tell us their concerns are investigated and dealt with effectively, and they're aware of their duty to report incidents that may affect their learning and delivery of safe care. DCHFT tell us the education leads liaise with the UPLA at BU. This is effective in resolving and coordinating responses and action plans to the concerns raised. During the visit we're given examples of how BU and PLPs close the loop by feeding back the outcome to the complainant. (623, 627, 629-634, 638, 640, 649)

In midwifery, PLPs provide an example of a concern when a student couldn't complete a leadership placement in one organisation and how smaller placements were established to ensure the student had the necessary learning. Furthermore, PLPs tell us they've addressed a student concern over lack of supervision during maternity triage to stop this from occurring again. Some students tell us their concerns are always dealt with, but they don't always hear the outcome. However, students, the programme team and practice education teams tell us about PALMs and the midwifery forum which are used to discuss issues and identify improvements to the programme. We hear that CQC findings and action plans are shared with BU and students. Senior staff at UHDFHT tell us of actions taken to address incivility in practice. Students tell us that updates to action plans following CQC reports are discussed at PALMs, for example responses to call bell issues. Other actions include a bullying survey and the introduction of zero tolerance of low-level incivilities such as "eye rolling". Senior PLPs tell us how role modelling is important in developing a culture of kindness and compassion. (625, 627, 630, 635, 636-639, 645-648)

The nursing programme team confirm that they cover duty of candour as part of the early part of the programme and it features in the preparation for practice sessions. Students confirm they're aware of the duty of candour and have attended sessions outlining its importance. Practice assessors and practice supervisors tell us they aim to promote duty of candour by building a relationship with the students, modelling how to respond when mistakes are made, acknowledging that mistakes can happen and promoting a "no blame culture" as part of an approach to promote patient safety. (623, 629, 638, 649)

Our findings conclude that BU together with their PLPs/EPs prioritise the safety of people, including carers, students and educators and enables the values of the NMC Code to be upheld.

Risk indicator 1.2 – The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.

Requirements – 1.10, 1.11, 1.12, 1.13, 1.14

What we found before the visit

BU and BPC admissions regulations and policies apply to the relevant taught programmes. Specific guidance is used for applicants with a disability, medical condition or other support need and for those with a criminal record. Applicants have a right to appeal their admission decision. There are examples of reasonable adjustments for individual learning needs for BU nursing and midwifery students. Reasonable adjustments for NA apprentices are managed by their employer. There's a process to share OH recommendations with placement providers. (29-33, 94-95, 113, 162, 389, 457-458, 618)

BU indicate that black and minority ethnic group attainment is identified as requiring improvement in the curriculum, with action planning to address this for nursing students in the AMER process. There's a faculty group focusing upon inclusivity reporting to the senior executive team who produce a faculty handbook and inclusivity newsletter identifying current activity. There's work to share good practice on EDI in placement learning. The midwifery team are using the Royal College of Midwives decolonising toolkit and actions to support inclusive curriculum evaluation, and have attended regional training on understanding racial injustice. Their EDI training is recorded and monitored. The midwifery team is seeking further support to improve EDI outcomes. (41, 84-85, 118, 160, 192, 459-462)

NA apprentices are employed by EPs and are subject to their organisational OH screening processes. Adjustments in practice are led by EPs. There's an example of reasonable adjustments made for theory. Students can raise concerns about the learning culture in practice and at BPC through the BU raising concerns policy and procedures. Ongoing support and individual needs are included in the 12-weekly review meeting. (351, 365, 404, 618)

BU and BPC require programmes to produce an AMER report each academic year to facilitate a review of the programme performance against core data (for example NSS), with additional guidance for apprenticeships to ensure their Education and Skills Funding Agency action plans are also completed. Examples of action plans and improvement are provided. For example, as part of improving EDI, the nursing programme are ensuring that student names are pronounced confidently and correctly. (160-165, 373-374, 464)

BU's PIER group, and other stakeholders relevant to programmes, contribute to recruitment of students. This is mainly through question setting for interview. PUSCs also provide educational sessions and formative feedback to nursing, NA and midwifery students through their PADs. PIER are invited to NA programme annual review meetings. (43, 166, 182, 195, 262, 376-378, 430, 468, 504, 528, 574-575)

The midwifery key stakeholders consultation document demonstrates there's co-production of the initial programme development with a range of stakeholders. Staff from clinical partners also engage in delivering teaching and assessing students. PUSCs, organisations and individuals with specific expertise are involved in teaching on the programme. Stakeholders are also involved via the midwifery forum and there's

engagement with clinical colleagues and students through PALMs in trusts to evaluate and develop the programme. PUSCs are engaged in feedback about maternity services through PIER and with maternity and neonatal voices partnership Dorset who contribute to the development of teaching resources. PUSCs are engaged on an individual basis including from charities who provide lived experience. They're engaged with the maternity clinical education and training network and stakeholder meeting and other networks to share research and good practice. (466-475)

Nursing students are required to record inter-professional working and feedback in their OPAL. There's an example of inter-professional simulation for year three nursing students with other professional students and service providers. Practice assessors are provided with a briefing presentation including what's needed in placements and the PAD for NA students. Midwifery students receive inter-professional opportunities in practice through practical obstetric multi-professional training (PROMPT) and cardiotocography case reviews and other clinical opportunities. Midwifery students also work on a service improvement project with student paramedics and student operating department practitioners, collaborating with stakeholders from a range of professional groups. (170-173, 477-480, 484, 529-530, 573, 618)

There's evidence that students on all programmes have opportunities for research collaboration and evidence-based improvement within the curriculum. Final year nursing and midwifery students undertake an inter-professional team working for service improvement project. Students also undertake a literature review with evidence of publication and can attend a BU conference. NA students undertake a literature search and analyse research relevant to their employment context and build on this in their final year, to write a research, service improvement, or audit proposal, that's relevant to developing evidence-based practice in their specific employment context. (87, 111, 157, 296-303, 402, 476, 484, 616)

What we found at the visit

Documentary evidence and meetings during the visit confirm that BU roles and processes promote an inclusive, fair culture that promotes good relations. BU employ an inclusivity lead who reviews the programme content and supports the process of decolonisation of the curriculum. Students tell us of the range of BU student services and the academic and pastoral support provided for students. Students confirm that they feel included and supported; several students give examples of how reasonable adjustments are made in theory and practice settings. This includes providing extra time and separate venues for exams and having adjustments made for written assignments. Midwifery students tell us not all adjustments are met as full PowerPoints aren't consistently received ahead of lectures. However, BU provide evidence they've been liaising with disability services as to what's required prior to a session, and it's agreed that a skeleton PowerPoint is uploaded. PLPs and students tell us that adjustments are made in practice, for example, not working night shifts or having shorter shifts. They tell us adjustments are reviewed annually with OH. Practice assessors and practice supervisors tell us they recently attended a session run by BU

where they received guidance on supporting neurodivergent students in practice settings. Some nursing and NA students who come from other countries tell us they receive excellent academic and pastoral help and support from BPC and BU which enables them to meet the requirements of their programmes. (623, 629-635, 637-639, 640, 645-646, 649, 651)

There's documentary evidence of annual monitoring processes that are based on student evaluation and other data, with detailed action plans monitored throughout the year. EDI data is closely monitored for underrepresentation and differential attainment as part of this. Students tell us they've opportunities to evaluate modules and give general feedback, some of which is acted upon and they can recognise some changes made for later cohorts, for example timing of practice placements. PLPs tell us they've opportunities to give their views and feedback on programme development. They've regular meetings and feel that BU listens to them, and confirm that communication is fast and effective. During the visit students at Yeovil give examples of how they provided feedback on the resources which resulted in improvements in the resources at the campus. Midwifery students we meet give examples of actions taken in response to student feedback on theory modules. They cite rescheduling of two modules in year three and additional skills days for perineal repair, artificial rupture of membranes and foetal scalp electrode application. They tell us they feedback to their practice assessor or practice supervisor and via PALMs on their placement experiences. Placement audits and student evaluations are used to enhance practice learning environments. (101-105, 408, 452-453, 464, 516, 623, 627, 628-637, 645-649, 651)

The nursing and NA students we meet confirm that PUSCs are involved in learning and assessment activities throughout their programmes both online and in person. Students give us examples of lived experiences shared by PUSCs in taught sessions. We're told of a case-study of a patient who had an unpleasant experience in hospital. They say they found it useful in understanding the implications of their role on patients. Year two students confirm taking part in a lived experience workshop facilitated by the PIER group. Students also confirm getting feedback from PUSCs via the OPAL platform while in practice learning. (629-631, 633-634)

PUSCs we meet have been working with the nursing programmes at BU for eight years or more. They tell us there's about 60 active members of the PIER group involved in the nursing programme. They tell us there's only a small number of PIER members involved with the NA programme at BPC. They confirm the challenges they're facing in relation to representation of other groups of people such as children and young people and black women who access NHS services. To address this, they've contacted 70 groups of charitable organisations to increase their network of active members. They now work with several groups with seldom heard voices which include homeless people, human immunodeficiency virus positive groups and people who've struggled with substance misuse and alcohol. However, children's nursing students tell us that the representation of PUSCs with lived experience for children's nursing is limited. PIER acknowledge the challenge of including the voice of children's nursing and that academics used their networks to include the children's nursing PUSC voice. PUSCs

tell us of their involvement in teaching and assessment on the programme. They feel they're well prepared and supported in this role by the programme teams. They tell us that they get feedback from students on the teaching sessions they conduct. They tell us of examples of teaching sessions that they've facilitated and led in the nursing programme. The specific modules they've taught include communication skills and the humanisation of healthcare. They also tell us they've been involved in creating scenarios which are used in teaching, as well as contributing to simulations. They've had opportunities to give both verbal and written feedback to students during these activities. For example, their involvement on co-marking of conference posters. They feel valued and listened to by the programme team. (640)

PUSCs confirm they're involved in the design of the programme, for example they tell us they helped the programme team develop the communications module by providing feedback on the planned content. They tell us they contribute to planning, feel part of the team and have inputted to several modules including medicines management and humanisation of healthcare. The programme team refer to consulting with PUSCs on proposals for a curriculum review. The coordinator of the PUSC PIER group outlines the BU process for PUSC involvement, which includes a formal request to the PIER group. The PIER coordinator tells us the process is purposeful and planned, with consideration of what the academics hope the students will gain from the session as part of the request. They tell us the process isn't as well coordinated at BPC, however they're involved in all aspects of the programme. (623, 627, 629, 632, 637, 640, 642, 647-648)

The programme team tell us that maternity PUSCs construct questions for the question bank for recruitment and selection of new student midwives. Maternity PUSCs we meet tell us that their stories and experiences are recorded as part of digitised case studies for students. They tell us they're keen to contribute further to the midwifery programme moving forwards. The programme team are also exploring involvement of the maternity and neonatal voices partnership. PUSCs are asked to give feedback on their experience of student performance and care in practice. This is recorded in the student's MORA. Students tell us they receive feedback from PUSCs during their placements, which is used to support their practice assessment and progression. The programme team confirm there's no PUSC involvement in the evaluation of the programme. (564, 625, 635-636, 641, 644-646)

Programme teams and students tell us of inter-professional simulation days which take place each year of the programme. There's one IPL theory module in each year of the nursing and midwifery programme. Students complete an inter-professional research module in the second year and a group service improvement project in year three. They tell us of a mass casualty simulation IPL day that provides a range of opportunities for students to work alongside a wide range of other students. BU tell us of their fusion of education with research and practice. The programme team tell us how they're supported to develop as researchers and they've time for professional development. Professorial staff are appointed. There are documentary examples of dissemination in theory and practice. (623, 625, 629, 632, 635-636, 637-639, 643, 647-

649)

Our findings conclude that BU together with their PLPs/EPs are unable to evidence that education and training is valued in all learning environments. We find that PUSCs aren't fully engaged in all aspects of the midwifery programme.

Outcome: NOT MET

Comments:

SFNME requirement 1.12 is not met.

We find that in the midwifery programme PUSCs aren't involved in programme evaluation or ongoing co-production.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- PUSC involvement with NA programme. (SFNME R1.12)
- PUSC representation in children's nursing field. (SFNME R1.12)

Findings against themes

Theme two: Educational governance and quality

Risk indicator 2.1 – The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the UK with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.

Requirements – 2.1, 2.2, 2.3, 2.5, 2.6, 2.9, 2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21

NB: 2.3 – NMC Programme specific standards

What we found before the visit

The BU education committee meet six times per year and are responsible for Ael oversight of academic quality, student experience, partnerships and professional and statutory body accreditation. FASEC have overall responsibility for the maintenance of academic standards and QA including enhancement of student experience. They consider new and revised programme proposals and approve modifications. BU also have an apprenticeship board with responsibility for ensuring compliance with external regulatory body requirements and coordination of apprenticeships across the AEI. The faculty apprenticeship oversight group monitors compliance at faculty level. BU academic regulations include policies and procedures for approval and monitoring of partnership delivery. The BU link tutor for BPC provides quarterly reports to FASEC as part of the oversight of partnerships and contributes to the AMER and action plan. There's evidence of partnership meetings between BPC and BU and an annual plan of strategic meetings including partnership meetings with both BU and PLPs. (53, 58-59, 61-62, 73, 80-83, 322, 347, 371-373, 381, 387-388, 465, 483)

The NMC official correspondent (OC) reports to the faculty academic board on professional and regulatory monitoring. There's evidence that the OC works with programme and apprenticeship leaders to co-produce the AMER. The LME is deputy head of department and attends the NMC LME education strategic reference group and workshops, together with other networks, to provide strategic oversight for midwifery. They're responsible for liaising with the OC on the introduction of new programme standards and changes in midwifery, contributing to the ASR and exceptional reporting. (72-73, 174, 375, 473, 483, 485, 491, 510)

Nursing, NA and midwifery programmes provide evidence of mapping of programmes to proficiencies. There's evidence of how students are prepared to understand professional regulation. (242, 291, 306-307, 309, 355-356, 385, 429, 486-490)

BU has placement provision in 12 NHS PLPs/EPs and PIVO providers, meeting annually with large providers for strategic overview of placement activity. UPLAs are appointed with responsibility for being a key channel for communication with designated PLPs supporting nursing and NA students in practice placements. For midwifery this activity is undertaken by midwifery link lecturers. Communication with PLPs for midwifery is undertaken at strategic level through a midwifery forum, programme team meetings and PALMs as well as at SSSA updates. There's involvement of clinicians in student teaching sessions, for example, obstetric emergencies. (75, 347, 441, 452-453, 470, 497-501, 618)

BU have an admissions policy with standard entry requirements for undergraduate, postgraduate and apprenticeship programmes. The policy includes provision for people under 18, with a disability, medical condition or other requirements for consideration such as criminal conviction. There's provision for recruitment of international applicants. There's an appeals process in place for recruitment and selection. There's a BPC higher education admissions policy which includes fair and consistent admissions process with equity included as a key purpose. This also includes provision for people with criminal conviction process and an appeals process. RPL processes

are applied to nursing and NA with an example of RPL provided for nursing. There's no RPL in midwifery. (29-34, 37, 389)

In nursing the target number of students recruited is agreed in line with placement providers. There are 628 students on the BSc adult nursing route comprising 196 at level four, 215 at level five and 217 at level six, showing a recent reduction in recruitment. There are 74 students on the MSc adult nursing route with 36 in year one and 38 in year two. The RNDAs adult nursing route has 89 apprentices, comprising 43 at level four, 34 at level five and 12 at level six, showing a likely increase in annual recruitment. There are 90 students registered on the BSc mental health nursing route, comprising 34 at level four, 31 at level five and 25 at level six. There's a further 29 students on the RNDAs mental health nursing route with an increased number at level four with 14 students compared to seven at level five and eight at level six. The MSc mental health nursing route has 25 students in year one and 22 in year two. There are 88 students on the children and young person's nursing route, comprising 30 at level four, 31 at level five and 27 at level six. (176)

RNDAs are recruited by NHS Dorset and promoted through local advert and information sessions held within the NHS. There's a dedicated local microsite as well as a BU webpage. BU and the NHS trust hold information sessions for RNDAs applicants, and previous apprentices join these. Candidates are jointly interviewed with BU criteria for shortlisting RNDAs applications and a template and scoring sheet for interviews. There's evidence that BU records RNDAs data to understand and act upon underrepresentation. (124, 177-181)

Midwifery staff have completed EDI training, and interview applicants with PLP representatives. Interview questions are co-produced with PUSCs in the development of the interview schedule. (463, 503-505)

Students are provided with information about BU or BPC processes and policies as part of programme induction. The template standard agreement provides responsibilities for each partner, the theoretical preparation to support placement learning and the roles and responsibilities for supporting student learning in placement environments. There's year plans provided and a programme of mandatory core skills training required for students to support placement preparation and a register to record completion. Practice environment profiles and other information relating to placements informs students of placement details including any training dates and relevant policies and procedures. Completed educational audits are provided demonstrating the criteria against which learning environments are measured, the recorded evidence, any action planning and status. There's evidence of practice placement evaluation. (40, 42, 45, 69-70, 79, 102, 105, 123, 125, 153, 228, 308, 379, 381, 395, 425, 432, 506-507, 615, 618)

The BU gateway campus is a new and purpose-built campus with simulation and skills facilities included for nursing and midwifery programmes. Information is provided on the website for applicants to the Yeovil campus. BU have a VLE 'Brightspace' accessible

from all delivery sites. The BU library has a focus on online resources to enable equitable access. There's a 2020 midwifery resource statement and examples demonstrating the use of clinical skills spaces for midwifery students. The Portsmouth campus for midwifery is being decommissioned and a new site is in the process of being commissioned. There's evidence of simulation space for the NA programme. (78, 104, 186, 191, 205, 213, 280, 282, 321, 515, 522-527, 618)

The BU senate and committee organisation chart outlines the overall governance structure. BU apply standard assessment regulations and procedures. Exceptions to regulations are recorded in approved programme specifications including no compensation and progression details between each part. There's a self-declaration of health and character process and FtP procedure throughout and at the end of programmes. There's an end point assessment (EPA) process in place for RNDAs and NAs. (35, 53-57, 60, 66, 90, 148, 184-185, 190, 383, 390, 494)

Those holding a BU programme leader role have responsibility for the overall leadership of the programme including assessment oversight. The programme leaders for each of the nursing routes, midwifery and NA programmes are registered and current with the NMC. (76, 362, 485)

There's a BU external examining policy and handbook. EEs are appointed for a four-year period and are required to be independent of BU provision. The role includes appraisal of each module, the assignment or examination briefs and a sample of assessed work. They're required to attend the relevant programme board except for level four. All boards with consideration of an EPA requires the EE to be present. EEs are expected to comment on professional, statutory and regulatory body requirements. The annual EE report for mental health nursing comments that theory and practice assessment appropriately examine readiness for professional registration. The annual EE report for NA comments on theory and practice assessment. There's a recent communication from a new EE to the midwifery programme that includes a meeting with students and the practice education team at Poole Hospital. (64-65, 197-198, 391-392, 415-417, 519)

The BU data protection policy applies to staff and students. There's evidence that data is used from module monitoring to contribute to the AMER and faculty quality improvement processes. There's a BU student engagement and feedback policy and procedure which provides the framework for evaluation. This includes module evaluations and the student representation system, staff student forum and placement evaluations. There's evidence of responding to the student voice in programmes. Data from FtP outcomes is also used to promote improvement. In the NA programme BPC share evaluation data through programme team and link tutor meetings. Examples of programme improvement because of data evaluation include improving nursing students' understanding of medicine administration. A further example of improvement has been the introduction of an inclusivity lead working to reduce the black and minority ethnic student attainment gap. For the NA programme student feedback regarding clarity of protected learning hours was fed into the development of content in the

introductory meeting for PLPs/EPs, students and practice assessors by the programme lead. Feedback about assessment informed a review by the programme team, leading to modifications. Early feedback from PLPs/EPs in the first cohort of students also led to the review of external placement hours, with a reduction in external placement hours. In midwifery, they've achieved gold standard for the UNICEF BFI as a benchmark for quality and sustainability in education. BU provide examples of reporting to the NMC including the most recent ASR and key programme data. There's an example of exceptional reporting to the NMC provided. (63, 69, 160, 190, 210, 263-267, 304-305, 324, 326-329, 368, 373, 386-388, 409, 461, 464, 473, 497-498, 510, 516-518, 533, 599-600, 618)

What we found at the visit

Documentary evidence and meetings during the visit confirm that programmes are mapped against and comply with the relevant programme standards and standards of proficiency. During the visit students tell us the design of their programmes and the support they're given helps them meet the proficiencies and required outcomes. Practice assessors and practice supervisors confirm that they work with students and academic assessors to identify the required proficiencies and arrange required practice learning opportunities. The programme lead and LME confirm that student midwife achievement of hours and record of practice experience numbers are monitored throughout the year and individualised plans are made for any student with hours or numbers to make up. This is confirmed by third year students we meet. PLPs tell us they're happy to employ BU students at the end of their programmes and view them as valued members of the future workforce. (623, 625, 629-636, 638-639, 645-646, 649)

Discussions with the PLPs/EPs and the programme teams confirm strong partnerships with clear communication processes. Documentary evidence confirms that there's active sharing of information through formal meetings and informal mechanisms, and active participation in terms of delivery and evaluation of the nursing and NA programmes. UPLAs play an important role by acting as a key point of contact between students, BU and PLPs/EPs. Senior practice staff, practice assessors and practice supervisors confirm that BU staff normally respond to emails or requests for information in a timely manner. (623-624, 626-627, 629, 637-638, 648-649)

Nursing and NA students tell us that recruitment and selection experiences vary. All students are interviewed by at least one programme academic, but the panel may comprise two academics or an academic and a PLP representative. Two students we speak to tell us their interview was with one nursing academic via telephone; however, this was confirmed as exceptional during the university clearing process. PIER group members and PLPs are always involved in developing values-based recruitment questions for the annual recruitment cycle and this is also overseen by the inclusivity lead. The programme team confirm that they're required to complete mandatory training on EDI and unconscious bias prior to interviewing potential students. PLPs confirm that EDI is part of their mandatory training. Some practice education staff say they've contributed to the questions used to interview students and a minority say

they've been members of the interview panel. Midwifery applicants are also interviewed using values-based recruitment questions developed in partnership with PLPs and PUSCs. Senior nursing and midwifery managers assure us that all clinical staff who contribute to recruitment and selection of new students have undertaken EDI training as part of their mandatory training. NA and RNDAs follow a clearly defined recruitment process that's undertaken in partnership between EPs and BU.

Apprenticeship posts are advertised on the NHS jobs website and applications are made via the local health economy hub. Students are interviewed by an employer and BU using the same values-based questions. PIER members confirm that on a few occasions recently, they've contributed to nursing interview panels. They tell us they're keen to be involved in interviewing potential students and some tell us they've recently been involved in interviewing potential students along with colleagues at BPC and BU. PUSCs say and BU confirm they've not undertaken EDI training for this role. PUSCs and the programme team tell us there are ongoing discussions about the best strategy for involving PUSCs in student recruitment. The programme team tell us there are plans to provide face to face EDI training for PUSCs who are involved in interviews, but this has yet to be delivered. As PUSCs involved in nursing and NA student recruitment interview panels haven't received EDI preparation there's a risk to the fairness of the student recruitment process which isn't mitigated. (628, 630, 632, 637, 645-648, 652)

MSc students tell us about their application process including the development of their RPL portfolios. Although these demanded a considerable effort and substantiation of evidence, students are positive and tell us that the RPL portfolios support their academic development and support them to enter the programme appropriately. They praise the support provided by BU in enabling them to complete the RPL portfolios, including international applicants. (631, 633)

During the visit PLPs and the programme team confirm that nursing students attend sessions each year that prepare them for practice learning. Students tell us they feel well prepared for practice by BU and receive an induction to their practice placements. Students say they receive information on the placement six weeks in advance via the placements on the web (POW) system and are encouraged to contact the placement in advance of commencement. Students say, and practice assessors and practice supervisors confirm, they typically contact the placement four weeks before starting. All students complete annual mandatory training to prepare for practice learning and are unable to start the placement until the training is completed. Students tell us they feel adequately prepared for placement; they tell us that they've an induction to the organisation and the placement which includes orientation to the organisations policies and procedures and to the learning environment. During the visit we see examples of orientation and induction material, along with resources that have been developed to support learning in the practice environment. PLPs offer a placement handbook to students with expectations and a precis of policies and procedures. Students tell us they feel part of the team and apprentices are treated as learners in both home and external placements. NA students tell us there's been some initial confusion over their role both in their home and away placements, but their role is now more clearly perceived. All students tell us they're well supported by practice education staff and

have sufficient time to meet regularly with their practice supervisors and practice assessors. Students tell us they've access to an appropriate range of resources including assignment briefs, anonymous marking and facilities to support their learning and assessment in both theory and practice. Midwifery students tell us that the programme calendar is provided for the year, including the location of placements. Students tell us they feel well prepared for practice, receive skills training and placement inductions which includes organisational policies and we hear of examples where placement induction has been changed following feedback. Some first year students tell us they'd like more preparation for practice; however, students tell us they feel well supported on placement by their practice assessors and practice supervisors and the midwifery education team. (86-87, 623, 628-638, 645-649)

The programme team, students and PLPs confirm they've the facilities and resources to deliver safe and effective learning opportunities. BU have invested in a new building for healthcare students in Bournemouth including updated simulation equipment and facilities. We also tour Yeovil campus facilities which have also received further investment in simulation and skills equipment for nursing. This is in response to students who tell us they requested further equipment and an extension to the times when they could gain access to the campus for study. Yeovil nursing students confirm that while they've a smaller campus, their access to facilities is equitable. Many say they chose to study at this campus because the smaller cohort and smaller campus suits their learning preferences; they value the sense of community and support that goes with knowing all their lecturers and peers. (623, 626, 629-634, 637-638, 647-649)

BU manages placement capacity in partnership with PLPs, EPs and other AEI networks. Senior PLPs tell us there's an annual meeting where placement capacity informs the BU recruitment targets for the following year. We hear that the strategy meeting also considers quality issues and regulatory issues. PLPs tell us they monitor the number of practice assessors and practice supervisors and adjust the number of students to ensure there are sufficient appropriately qualified and prepared registrants to support learning. PLPs tell us they've enough placement capacity for BU students, although this can be challenging when they're also supporting preceptees. We hear that most trusts use electronic rostering and students are allocated to the roster to ensure they've the support they need. Students are re-allocated if their original practice supervisor is unexpectedly absent. (347, 625, 628, 651)

Students tell us they're encouraged to provide feedback through a variety of digital tools and surveys or verbally to the programme team. Students tell us the programme team listens to them and provide examples of changes made following student feedback. For midwifery this includes the scheduling of the medicines management and complexities modules, providing information about all modules at the start of the year and additional skills days, for example suturing and manual removal of the placenta. Students and the PIER lead tell us PUSC sessions are evaluated using the digital tool Mentimeter. (629-636)

The nursing programme team confirm that all students are required to evaluate their

practice learning and their next placement isn't revealed on POW until they've completed the evaluation. Students confirm that they complete the evaluation prior to being able to see where they'll go on the next placement. Practice educators at DCHFT say they monitor the evaluations for trigger words and key themes. During the visit they give examples illustrating how this data is used to enhance the quality of learning environments for students. Students tell us there's student representation systems in place, however midwifery students tell us that they've disengaged from formal placement evaluation feedback mechanisms as their placements are very short. They feedback directly to their practice assessor and practice supervisor and via the PALMs. This provides assurance that midwifery students evaluate their practice learning experiences. Senior AEI leaders tell us of the structures and processes in place to enable quality enhancement of programmes. All programmes are subject to annual monitoring processes and action plans which are reviewed regularly. There's identified programme leaders for all programmes who confirm the completion of proficiencies by students at the end of the programme. (470, 623, 626, 629, 635-636, 638, 645-646, 649-652)

There are clear processes for appointing appropriate EEs who report annually on theory and practice in programmes. There's some evidence that EEs are reviewing practice as well as theoretical work. The programme team say the module leader gives the EE access to the VLE and OPAL who then select the OPAL they wish to review. The module leader may also highlight OPALs for further information or feedback. (623, 640, 650-652)

Our findings conclude that BU together with their PLPs/EPs are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements. We find that PUSCs involved in recruitment and selection interviews for pre-registration nursing and NA programmes haven't received relevant training to understand and address underrepresentation and to ensure fair and transparent selection of students.

Risk indicator 2.2 – The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.

Requirements – 2.4, 2.7, 2.11, 2.14, 2.16, 2.19

NB: 2.4 – NMC Standards for student supervision and assessment (NMC, 2018)

What we found before the visit

Practice assessor and practice supervisor preparation is designed using Wessex principles. Preparation is delivered by BU and there's evidence it's seen as good practice. The preparation has positive evaluations and is monitored through the BU practice education strategy. There's UPLA staff appointed to support nursing and NA students, and communicate with practice assessors and practice supervisors. For

midwifery, this role is completed by midwifery link lecturers. There are continuing opportunities for updating. There's a BU academic assessor and personal tutor handbook and evidence that academic assessors are prepared and allocated per programme part. (46-48, 51, 75, 290, 379, 441, 443, 584)

PIER representatives are involved in developing interview questions for nursing and NA recruitment and attend some of the interview panels to contribute and have oversight of the process. Midwifery PUSCs also set an interview question; this is changed annually. Midwifery student ambassadors attend a pre-interview talk to answer student questions. (181-183, 404)

There are BU and BPC FtP procedures. NA students are subject to BPC guidelines and EP policies. Midwifery students are referred to the LME who escalates to the head of department and associate dean. Nursing and midwifery students can be removed promptly from placement if there are issues of safety. (190, 390)

There's an annual meeting between BU and larger PLPs to review effective learning environments and to agree student placement numbers for the year. At an operational level UPLAs are responsible for ensuring placement educational audit on nursing and NA programmes including any action plans, raising concerns and exceptional reporting. There's evidence of meeting with a PLP to review improvement and actions following an inadequate regulator report for midwifery. (75, 91, 107, 599)

Risk assessments are carried out for midwifery practice sessions using the BU risk assessment online system. (435, 511, 618)

There's an opportunity for a four-week self-funded international elective placement for BSc nursing direct entry students at the end of year two. Students are required to work 150 practice hours which is recorded using an electronic quick reference scan. There's a 1500-word written reflection requirement which is attached as evidence of experience. Student placements are organised through a specialist student international experience company. Students must be compliant with the FHSS international placement process. Each student has a nominated healthcare professional who's identified as their practice supervisor and who the student discusses their learning objectives with. There's a link person appointed for all students on international placements and who acts as academic assessor during the placement period. The travel company provides a nominated person who the student can contact while abroad. 20 BSc nursing students (all fields) completed an international placement in 2023. (187-189, 618)

The DNS is led by a head of department with three deputy heads and leads for research and learning innovation. There's nominated leads for each route on the BSc and MSc nursing together with RDNA leads for adult and mental health nursing. There are four members of the children's nursing team, 11 members of the mental health team and 37 members of the adult team. There are additional lecturer practitioners, UPLAs and a skills team. Nursing staff have a workload allocation including their work

as personal tutors, academic assessors and for module teaching. Workshops with contribution from PIER members raise student awareness of EDI experience. Students are also able to engage in peer assisted learning. (193-196, 290, 310)

Curricula vitae are presented for the three members of the NA programme and the BPC link lecturer, demonstrating relevant professional qualifications, experience and teaching qualifications for their roles. (362)

The midwifery team have 19 midwifery academics with relevant professional, academic and teaching qualifications. They're also supported with teaching from clinical and PUSC representatives. (485, 512, 520)

What we found at the visit

Documentary evidence and meetings at the visit provide assurance that BU, together with their PLPs/EPs, ensure that learning environments optimise safety and quality, taking account of the diverse needs of and working in partnership with PUSCs, students and all other stakeholders. Meetings with senior PLP representatives, academic assessors, practice assessors and practice supervisors confirm that they're prepared and updated for their role and responsibilities including preparation to use OPAL. Review of PADs and the MORA via OPAL and the NA PAD demonstrate that documents are completed appropriately and triangulate the implementation of the SSSA for each programme. (623, 629, 638, 643, 649, 651).

PLPs confirm they're engaged in student recruitment and selection for direct entry nursing and midwifery students. PUSCs and PLPs are mainly engaged in recruitment through the agreement of values-based interview questions, although some students tell us a practitioner was involved in their interview process. There's some evidence of PUSC engagement in interview panels. There are clear recruitment processes for RNDA and NA apprentices. This includes joint interview panels held jointly by EPs and BU. (182-183, 627, 630, 632, 637, 647)

Students confirm that they understand the importance of FtP. There's a FtP policy and the process is clearly detailed in student facing documents. Students confirm they're informed of this when they undertake preparation for practice at the start of the programme. Any cause for concern about student conduct or performance including FtP is clearly detailed in documentation. Students, practice assessors and practice supervisors we meet confirm the process. (635-636, 639, 645-646, 652)

There's evidence that placements are audited biannually or sooner where there are quality concerns. PLPs confirm that audits are completed in partnership with BU. There's a quality process to support nursing students undertaking a four-week international elective placement, including ensuring application of the SSSA. Elective placements outside the UK don't contribute to midwifery programme hours or the SPM. There are systems and processes in place for managing system regulator outcomes between PLPs and BU. Senior midwifery managers at UHDFt confirm this and share

examples of CQC actions that they've recently worked on with BU. (625, 628, 639, 641, 645-646, 650-651)

Senior BU leaders confirm the process for recruiting and preparing new academic staff for programme delivery. Staff are normally NMC registrants and qualifications are recorded, with annual update to registration/revalidation monitored. There's a reminder system for staff. Staff without a teaching qualification are supported to achieve this in their first year of employment. There's a clear process to support the development of academic assessors including mentoring by an experienced academic assessor. CPD, research degrees and research careers are all supported, and we're told this contributes to the ethos of fusion within FHSS. (622, 626, 651-652)

Our findings conclude that BU, together with their PLPs/EPs, ensure that all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, PUSCs, students and all other stakeholders.

Outcome: NOT MET

Comments:

SFNME requirement 2.6 is not met.

We're not assured that the risk indicator for standard 2.1 is controlled for pre-registration nursing and NA programmes. We find that PUSC involvement in recruitment and selection interviews for pre-registration nursing and NA programmes haven't received relevant training to understand and address underrepresentation and to ensure fair and transparent selection of students.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- Midwifery placement evaluations. (SFNME R2.17)

Findings against themes

Theme three: Student empowerment

Risk indicator 3.1 – The AEI, together with their practice learning partners are unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve

proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018).

Requirements – 3.1, 3.2, 3.4, 3.7, 3.8, 3.10, 3.15, 3.16

What we found before the visit

BU have 12 NHS trusts as partners for their programmes plus a range of PIVO providers. There's a range of resources on campus and satellite sites including teaching and information technology facilities and skills and simulation resources as relevant to the students' programme of study. Students can book study skills support through the academic skills hub. There's evidence of support for students to raise a concern in practice. A coaching handbook is provided to support newer models of practice learning. (88-89, 97, 186, 199-202, 367, 479, 618, 622)

Nursing and midwifery students can access timely programme information through the website, including programme specifications and changes for the year. On the VLE there's a standard structure for ease of navigation and access to a nursing or midwifery community which is monitored. There's a process of staff student forums to support communication between programme teams and students. Information and preparation for practice is provided. NA students have a pre-employment meeting and an induction process. Midwifery students have a welcome from the department head, LME and year leads. Programme and placement handbooks are provided to students for key information. (71, 139, 203-204, 207-209, 363, 396, 476, 481, 509, 513-514, 521-527, 531, 537, 539, 618)

The Brightspace VLE provides access to resources to underpin module learning outcomes for nursing and midwifery. There's a range of learning and teaching approaches evidenced including face to face lectures, skills and simulation sessions, tutorials, recall days for reflection in practice placements and guided study in nursing and midwifery programmes. NA students experience blended delivery on campus, using the VLE and within clinical settings. They've access to a range of resources including simulation activity to support learning and assessment at BPC. (213-226, 355, 401-403, 423, 540-546)

Supported learning time in practice is considered as part of practice supervisor and practice assessor preparation and updates, and forms part of the discussion at placement audits. Students are informed about supernumerary status as part of placement preparation and there's a concerns protocol where any issues can be raised. This is also part of practice assessor and practice supervisor preparation. RNDAs are supernumerary in placements outside of the home base. Nursing and midwifery students are awarded two and a half hours of reflection time per week. Hours and activities are monitored in PADs. NA students and EPs are informed of learning hour requirements and this is monitored at 12-weekly tripartite visits. (44, 46, 142, 169, 173, 212, 242, 258-259, 348, 353, 384, 394, 486)

Educational audit of the learning environment assures that placements can support effective learning including the presence of a register of staff members to support learning practice and the allocation of students to appropriately qualified staff. Audit standards are triangulated through student evaluations of practice placements via some targeted questions and where needed action taken. Student nurses are assigned a named practice assessor and practice supervisor(s) in each placement. The name and email for each practice assessor and practice supervisor is stated four to six weeks in advance via the student's POW profile. Students nominate allocated practice assessors on the online document so that they're able to access this. NA students have a home placement practice assessor nominated by the EP on programme commencement. In midwifery, students have a practice assessor and academic assessor nominated for each part of the programme with a practice supervisor allocated for each shift. There's an academic assessor allocated for each part of the programme. When allocated to an external placement, details are provided by email and in the placement welcome pack. (105, 228, 361, 397-399, 432, 502, 551, 618-619)

Students receive preparation for practice which detail expectations of placements, support and processes, including learning and teaching. Students receive PLP specific inductions. Students can view POW information so they can consider the nature of the placement and begin to set personal learning goals. Students are prepared for the professional role and final placement requirements. They're informed of the timing and conditions for entry to the NMC registration within their programme handbooks. (236-238, 243, 247-252, 353, 379, 396, 401, 532-538, 548, 560-563)

IPL is timetabled in the nursing and midwifery programme and there's a peer assisted learning scheme in nursing. NAs are encouraged to collaborate with other professionals in home and external placements. Nursing, NA and midwifery students have relevant leadership development and are assessed as part of their approved programmes including supervision skills and preparation. (201-202, 206, 216, 253-255, 258, 260, 318-319, 402, 426, 482, 491-493, 565, 568, 571)

What we found at the visit

Students tell us there are a range of resources and opportunities to develop their knowledge and learn a variety of skills both in BU and practice settings. Students tell us their programme increases in complexity at each part allowing them to build knowledge and proficiency appropriate to their level. There's regular opportunity for reflection and debriefing in theory and in practice, including after each placement block. Students confirm there's a good range of library and information technology resources to support their learning and achievement of the learning outcomes. Students at Yeovil campus tell us they use the online library resources and the library facilities at the hospital base rather than travel to the Lansdowne campus. Librarians at DCHFT show us the library facilities available for students, which includes study areas. Students we speak to at DCHFT say they use the library for study and find the librarians helpful. There's a system of interlibrary loans between campuses and hospital libraries. Practice learning areas we visit at DCHFT have developed creative resources to support student

learning; students in these areas say they feel supported and the practice supervisors and practice assessors convey a genuine commitment to help them succeed. (623, 629-634, 649)

Although some students tell us they'd like more time in skills teaching, they all confirm that clinical skills teaching and simulation is used appropriately to support their learning and preparation for practice in their relevant programme. Children's nursing students tell us that skills teaching is too adult focused, but BU have responded and are adding in additional children's nursing skills sessions. They've also appointed a children's nursing skills facilitator. Midwifery students also tell us of additional skills days for perineal repair, artificial rupture of membranes and foetal scalp electrode application scheduled in response to recent student feedback. (625, 635-636, 645-646)

Nursing students tell us they receive timely information about their curriculum and assessments. BU has a centralised system where timetables are published electronically. Some students say the notification of the timetable may only be weeks before commencement, which can present challenges to students who need to plan for childcare. Senior AEI leaders tell us that centralised timetabling ensures that there are the right rooms and capacity for student groups. This can mean that the timetable offers breaks in the day which are allocated for self-directed study. Students tell us that BU programme staff are good at listening and appreciate that changing timetables is sometimes out of their control. Students tell us they normally receive placement allocations with time to organise their personal responsibilities and to arrange for a pre-placement visit. Students tell us they're allocated practice supervisors and practice assessors in placements. However, they tell us that in a minority of cases, practice supervisor or practice assessor allocations can be changed due to practice staff changes. However, where these occur, they're resolved by the practice education team. In general, nursing and NA students say they get a lot of information on the programme and there are no changes they're not aware of. Final year students are aware of processes leading up to NMC registration including self-declaration of health and character. (623-624, 630-634, 637, 647-648)

Midwifery students tell us that they've information about their programme up to a year in advance. This includes programme and placement information. Students tell us they're provided with induction and orientation to each placement area, including to organisational policies. Students confirm they're allocated a practice assessor for the series of placements over a programme year and most students confirm that they're allocated an academic assessor for each part of the programme. The programme team confirm that academic assessors are normally the student's personal tutor in the first and third year, with a change of academic assessor in the second year. (625, 635-636, 645-646, 651)

Nursing students confirm they're assessed using a range of methods including simulation-based learning. During the visit the programme team and students confirm that 137.5 hours of SPL is used over the three years of the BSc nursing programme. SPL includes mandatory training sessions on basic life support and moving and

handling. During the visit we're shown the session plans which detail that the sessions are contextualised within a simulated scenario and the SSSA are applied appropriately. The LME and senior midwifery managers confirm there's sufficient opportunity for all midwifery students to exit the programme with experience of systematic examination of the newborn in line with local and national evidence-based protocols. (623, 625, 628-634, 638, 643, 649, 651-652)

Most students confirm that they've supernumerary status or protected learning time and don't count in the numbers. Students are taught about their supernumerary status during practice learning preparation and induction. Practice supervisors and practice assessors we meet tell us how they advocate for students to ensure supernumerary status is upheld and students confirm this. Students and practice assessors we meet say there are occasional issues with time to sign-off PADs, but when problems are escalated, they get resolved quickly by the practice education teams. Both students and PLPs tell us of the purple flag system for raising concerns about this. (623, 629-634, 649)

Students tell us there's a clear programme of IPL each year in the nursing and midwifery programmes. NA students have more limited opportunities in theoretical settings but are supported to gain IPL experience in practice. PLPs we meet tell us that students get a range of IPL opportunities in hospitals, homes and in community settings. Students can interact with professionals such as ambulance teams, social services, therapists and rehabilitation and discharge teams. Students are encouraged to keep reflective learning logs to allow them to evidence and reflect on their proficiencies. Students may also attend a two-hour inter-professional student forum, twice a month, where they get a presentation from a subject matter expert. Students from various nursing disciplines attend together. Embedded in this forum is a peer supervision session facilitated by the practice education team which allows students to feedback. They tell us that on the ward students are supernumerary and are expected to attend these forums. (623, 629-634, 649)

Our findings conclude that BU together with their PLPs/EPs ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code.

Risk indicator 3.2 – The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.

Requirements – 3.3, 3.5, 3.6, 3.9, 3.11, 3.12, 3.13, 3.14, 3.17, 3.18

What we found before the visit

The nursing programme partners with 12 NHS trusts providing opportunities for a range of community, acute and specialist placements as well as PIVO organisations providing experience of primary care, schools, care homes, private hospitals and prison healthcare. There's a dedicated FHSS placements team responsible for allocating students for a range of practice placements. The QA of placement learning opportunities is assessed via educational audit. In nursing these are conducted by UPLAs in partnership with PLPs. Alongside this, a requirement of the UPLA role is to identify and maintain contemporary placement provision. There's an annual strategic liaison meeting with PLPs to assess placement provision. (50, 75, 91, 319, 619).

Students on the NA programme experience four external placements across the two years to provide exposure to adult, children, learning disabilities and mental health nursing across three categories of home, close to home and hospital. This is managed via reciprocal placement arrangements between providers and for spoke experiences. Placements are managed between the programme lead and a dedicated placements administrator at BPC. (142, 618, 620)

Midwifery students are placed in a home NHS trust for clinical practice. Placements are allocated by the BU placements team. Students work with a range of professional staff in practice. During promoting health and leadership and innovation in midwifery care, students observe health and social care professionals in different roles. There's a current pilot with a full roll out planned in 2024-2025 to meet the new NMC midwifery leadership requirement. (480, 491-492, 621)

New students receive preparation materials which introduce resilience, emotions and feelings in nursing. BU have a personal tutor system responsible for supporting students and facilitating discussions on their progress. There's information to support personal tutors in their role. BU processes for extenuating circumstances and reasonable adjustments are available to students electronically. The personal tutor signposts students to relevant assistance. There's a BU health and wellbeing team that provide advisors for mental wellbeing. The placement system identifies students with defined additional learning needs and/or OH recommendations. This alerts practice staff to the presence of a specific need, and is supported by formal notification of OH recommendations and discussion between student and practice assessor as part of their placement planning. Support to plan learning and actions is provided to practice supervisors and practice assessors by the UPLA or midwifery link lecturers. Staff development sessions prepare staff to support students. (52, 92, 112, 114, 244, 246, 250, 256-257, 289, 554-555, 595)

NA students complete digital information regarding learning needs and aspects which may impact their learning. The tutor then details their observations in the same online system. Students are then able to arrange a learning support assessment to provide advice and guidance on support requirements including exam/assignment requirements. (400)

Midwifery students' individual learning needs, proficiencies and progress are recorded in the MORA. Students are encouraged to discuss their learning needs with their practice supervisor at the start of each shift. Where students need additional support, a tripartite meeting with the student, practice assessor and academic assessor is scheduled and related progression plan completed. (549-550)

There's information on the interruption of studies provided to students and an interruption of studies application form with examples. (98, 231-235, 288, 363, 593-594)

Health and wellbeing support services are available to BU students. Nursing and midwifery students are introduced to owning responsibility for their health and wellbeing in their respective curriculum including signposting from personal tutor and sharing OH outcomes. BPC have a wellbeing team to support students with health and wellbeing issues. There's a policy and procedure to support students with disabilities and examples of how this is applied in practice. (77, 79, 113, 150, 367, 558)

Student reflection and constructive feedback is embedded in the curriculum for all programmes. This is developed during nursing placement recall days, through placement logbooks and assignments. Students are provided with information on independent learning, resilience and developing reflective and research skills. On the RDNA and NA programmes 12-weekly tripartite meetings focus on feedback and reflection on feedback. Feedback on reflection is considered as part of professional values in the nursing PAD. Feedback on reflection is also part of theoretical assessment. (131, 133, 240-242, 245, 261-263, 348-349, 358, 394, 437, 556, 651)

BU have a policy and procedure for student evaluation and feedback and there's evidence that they promote and encourage feedback from students. There are examples of verbal feedback from students as well as module and practice placement evaluations selected from nursing and midwifery. Nursing students are required to evaluate placements to access their timesheets. There's student voice logs for nursing and midwifery. BPC provide a copy of their apprenticeship survey and a summary of qualitative comments from year two evaluations, and students feel well supported. (69, 102, 210-211, 265-267, 576-580, 601)

What we found at the visit

Documentary evidence and students we meet at the visit confirm that BU programmes support students to become empowered independent learners. Programme and practice learning teams are accommodating and supportive to individual learning needs, proficiency and confidence. They tell us examples of when students required reasonable adjustments and how these are applied in both theory and practice learning. For example, we're told of a student who's also a carer who was offered adjustments to accommodate their needs. We also hear of a student who was supported to obtain equipment for an individual need. (623-625, 629-632, 638, 649)

BU present documentary evidence of nursing placement allocation that demonstrates a wide range of diverse placements. Most students we speak to are positive that the range of placements and support they receive meets their learning needs. Two students indicate that sometimes similar placements can be received with a potential loss of diversity in placement experience. However, one student confirmed that when BU were approached about this they were responsive and accommodated a change of placement. Another student tells us their placement experience was rectified in the next placement allocation. (630-634, 651)

There's a clear process for students to interrupt their studies. Students are warned that the date of their return is subject to placement capacity, however potential numbers for returning are factored into the BU/PLP annual discussion and agreement of capacity against student numbers. There's one example of a midwifery student who was unable to return from an interruption to study due to limited placement capacity following the pandemic. (624-626, 651-652)

Students welcome diversity in the programme team and the practice assessors and practice supervisors in practice learning. Students tell us of inclusive case studies and the use of manikins with different skin colour tones in simulated learning. There are regular inclusivity events on the BU main campus. Students are aware of bullying and harassment procedures and confirm that incidents are dealt with. Students confirm they're confident to raise and escalate any concerns if they witness inappropriate behaviour. Students give some examples of concerns they've raised and all have been successfully resolved. Students and PLPs/EPs confirm that incidents of bullying, racism and other such behaviours are dealt with. Where these arise, the education team is alerted, de-briefing takes place and pastoral care is offered. We're given an example of a serious incident of racism disclosed in a student forum. The incident was escalated to senior nursing leaders and a listening event to support the student and staff on the clinical area was held. The ward was subsequently audited with full support of the senior team. (572, 629-634, 637, 647-649)

The senior AEI team tell us of, and students confirm, the range of information and services offered by BU to support the physical and mental health and wellbeing of students. Students tell us they've access to a good range of support services through BU which is signposted by their personal tutors. BU tell us, and students confirm, the use of a drop-in retreat which offers support and guidance to promoting wellbeing. Students at Yeovil tell us the academics provide pastoral support and give examples of how they're supported. When on practice students tell us they can access support services through the PLPs when appropriate. Apprentices also have access to support services from their employers. Most students are positive about the personal tutor system, although some students tell us there's variability in the degree of support offered. Third year midwifery students tell us of the pressurised demands of their programme but most feel well supported by their personal tutors who they meet at least three times per year. Students also tell us they contact personal tutors outside of these meetings if they need support. (553, 626, 629, 635-636, 640, 645-646, 649)

Students tell us there's opportunity for formative feedback to support their development and achievement provided throughout their programmes. Students receive digital online written feedback and they tell us the usefulness of this can vary, but they confirm that lecturers are all available to discuss feedback if there's anything that needs clarifying. EEs confirm the quality of feedback to students in their reports. Students tell us their programmes are designed to encourage them to reflect and to become independent learners. RNDA and NAs confirm that regular tripartite meetings are held and are useful for the feedback provided. Students give examples of assessments they're undertaking and they're encouraged to reflect throughout. PADs and the MORA evidence student learning through reflection. The programme team tell us students are required to reflect upon documented PUSC feedback and this is monitored by their academic assessor. (496, 623, 629-634, 637-638, 640, 643, 648-649)

The programme team and students confirm that there are opportunities for students to give feedback on the quality of practice and theory learning. Feedback occurs through end of module evaluations and placement evaluations and through informal verbal means. Students confirm there's an active student representation system to support hearing the student voice. Some of the students we speak to are student representatives and tell us how feedback is escalated to and disseminated from student forums. We hear that practice supervisors and practice assessors receive themed feedback at SSSA updates. They tell us they also ask students for verbal feedback as this is more personalised. (625, 630-636, 639, 645-646)

Our findings conclude that BU, together with their PLPs/EPs, ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.

Outcome: MET

Comments:

None identified.

Revised Outcome: N/A
Date:

Comments:

N/A

Areas for future monitoring:

None identified.

| Findings against themes |
|---|
| Theme four: Educators and assessors |
| <p>Risk indicator 4.1 – The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.</p> <p>Requirements – 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11</p> |
| What we found before the visit |
| <p>The BU centre for fusion learning, innovation and excellence support staff in design, delivery and innovation in educational practice. New nursing staff have a dedicated mentor and there's ongoing action learning groups for new staff on aspects of learning and teaching which are evaluated. Midwifery educators hold appropriate professional and teaching qualifications including fellowship of the higher education academy. They've an induction programme for new starters that includes an introduction to NMC standards and requirements. (106, 270-273)</p> <p>There's good evidence of positive role modelling in nursing and midwifery research, both within staff profiles, in scholarship activity and staff or student publication. Across programmes staff are involved in external networks and groups with one of the midwifery professoriates working with the World Health Organisation. The NA team are all subject to observation and peer review of teaching as part of their development. (67, 108, 111, 274-276, 281, 427, 473, 602-606)</p> <p>Induction programmes for staff include ensuring there's diversity education within two weeks of starting their role. There's an induction checklist and staff are subject to a 12-month probationary review. Midwives also complete an induction that meets the requirements of the BFI. Peer reflection on education policy and process supports review and enhancement of the teaching and learning experience. New staff are supported to access the BU postgraduate certificate teaching qualification and there's examples that show continuing staff development is supported. A learning technologist supports the use and development of the VLE. Staff share effective practice through conferences, teaching and student awards and regional and national network groups. (269-285, 407, 411-413, 559, 581-590, 609)</p> <p>Nursing and midwifery students are provided with support for individual learning and OH needs through personal tutors in addition to signposting to the wider use of BU student services. BU have a support to study policy and procedure. Support to study sessions provide further support for individual needs. On the NA programme there's a range of strategies to support individual learning needs including one to one meetings,</p> |

wellbeing meetings and 12-week reviews. (36, 52, 92, 112, 115, 126, 287, 289, 352, 404-405, 591)

Practice staff are prepared to engage in student supervision and assessment, and the effectiveness of feedback is reviewed through placement evaluation. There's a response system for negative placement feedback. BU have principles, policies and procedures to underpin fair and objective assessment practice including generic assessment criteria, marking plans, student assessment briefings and EE review. Academic assessor allocation demonstrates that there's a different academic assessor for each part of the programme in nursing. Student achievement is monitored through BU assessment boards with oversight from an EE. Practice assessment decisions are shared between practice assessors and academic assessors through the use of PADs and ongoing achievement records. Academic assessors contribute to final assessment decisions for students. Practice assessment is conducted through digital access to the OPAL document and MORA, with hard copy access for the NA PAD. (41, 46-48, 52-57, 64-66, 104-105, 114, 116-117, 122, 175, 197, 217, 224, 227, 230, 268, 290, 327, 339-340, 343-344, 379, 404, 415-417, 431, 434-436, 440, 443, 519, 584, 589, 596)

BU and BPC have student complaints and concerns policies and procedures and there's evidence of analysis of professional conduct referrals and outcomes. There's evidence of a student who's supported through a FtP process. There's evidence that student evaluation and feedback on programmes is analysed and incorporated into action plans for enhancement. (33, 38, 99, 102, 117, 145, 148, 158, 190, 267, 292, 364-366, 373-374)

What we found at the visit

BU have processes in place to support new academic staff in developing the qualifications and skills required to support students and to act as a role model. NMC registration and revalidation dates are monitored, and reminders are sent to staff when these are nearly due. There's an induction programme for new academic staff. This includes academic assessor preparation. New staff are allocated a mentor and are supported to obtain a teaching qualification. There's an academic assessor guide which explains roles and responsibilities. There are also opportunities for new members of staff to get support with marking and a second marking approach is used which helps new staff develop their practice. All members of the programme team complete mandatory training, including EDI training. PLPs complete EDI training as part of their mandatory training. Midwifery practice assessors and practice supervisors tell us of the local system which provides alerts when training is needed. This includes cultural competency training and unconscious bias sessions. Meetings during the visit confirm that theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for educational and assessor roles. Students confirm that educators and assessors usually act as role models. (441-443, 446, 463, 485, 570, 582--585, 623, 625, 635-636, 645-646)

Academics say they've sufficient time to undertake their roles and responsibilities. PLPs, education teams, practice assessors and practice supervisors tell us that practice assessors are supported in their roles with training and resources. Practice assessors and practice supervisors tell us there's sufficient time to meet with students to discuss their progress and learning needs, but this can be affected by staffing levels and pressures of services. Practice education support staff we meet tell us they provide support to practice assessors and practice supervisors if they require time to meet with students. Students confirm they normally have sufficient time to meet with them to reflect on their learning and complete their documentation. Some NA students give isolated examples of difficulties they've had in getting competencies signed off in a timely way due to staffing issues. They tell us that these issues are resolved and practice assessors and practice supervisors confirm this. PLPs keep a record of the number of in date practice assessors and practice supervisors to ensure sufficient resource for students. (623, 629-630, 632, 637-638, 647-649)

Senior AEI and PLP/EP leaders tell us of examples of collaboration between AEIs and service providers across the Dorset health economy. This includes contributing to health economy meetings with other AEIs and PLPs to discuss workforce and education issues. There's a shared approach to the delivery of BU practice assessor and practice supervisor preparation across all service providers. They tell us how the purple flag response system is being rolled out in other providers as an example of good practice. The Dorset wide application for apprenticeships is praised for streamlining the approach to recruitment. (627)

Students tell us their individual learning needs are recognised in theory and practice. NA students tell us how their language and writing skills have developed because of support they receive at BPC. Students tell us that this support enables them to complete their academic assignments with confidence. Students are encouraged to disclose individual learning needs to practice assessors and practice supervisors so that appropriate support is given. (637, 647-648)

There are established evaluation and student feedback systems which enable the student voice to form a key part of BU quality enhancement processes. This includes action planning from the outcomes of surveys such as the NSS or postgraduate taught students survey. Some students tell us they don't always respond to evaluation requests due to survey overload or other demands on their time. However, where they've provided a negative evaluation or feedback they confirm that BU make changes for the next cohort based on this. (626, 630-634)

Evidence from completed PADs and MORAs demonstrates a process requiring academic assessors to liaise with practice assessors over decisions related to student assessment and progression in all programmes. (637, 643-644)

Our findings conclude that BU, together with their PLPs/EPs, are unable to ensure theory and practice learning and assessment are facilitated effectively and objectively

by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles. As educators and assessors aren't compliant with SFNME R1.12 in midwifery and R2.6 in nursing and NA programmes, it's not possible to confirm they're complying with all standards and requirements in the NMC Standards for education and training.

Outcome: NOT MET

Comments:

SFNME requirement 4.1 is not met.

We're not assured that the risk indicator for Standard 4.1 is controlled. We find that SFNME R4.1 isn't met for educators and assessors in all programmes as they're not compliant with SFNME R1.12 and R2.6 and therefore not meeting all standards and requirements in the NMC Standards for education and training.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

None identified.

Findings against themes

Theme five: Curricula and assessment

Risk indicator 5.1 – The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Requirements – 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16

NB: 5.1 – NMC Standards of proficiency

What we found before the visit

All programmes are mapped to appropriate NMC proficiencies. A proficiency guide is provided for nursing students. There's evidence of co-production in the original

development of the programmes and there's ongoing programme management meetings and action plans to demonstrate review and improvement. There's a current curriculum review in nursing to refresh the curriculum. PLPs and PIER members are part of nursing curriculum review. Staff student forums provide a means to identify problems promptly and to seek solutions between staff and students. There's an example of student feedback which triggered a positive response in the university. (305, 311, 324-328, 332, 377, 497, 533)

Curricula use a spiral model to guide the development of knowledge in each year of the programme. There are examples of modules and learning, teaching and assessment which demonstrate an increase in complexity in each year of the nursing, NA and midwifery programmes. There are processes for monitoring attendance in theory and practice. Practice assessment develops in complexity in each part of the PAD, NA PAD and MORA. (129-130, 133-135, 184-185, 214-217, 223-225, 238, 240-241, 283, 315-316, 320, 333-346, 348, 353, 355, 360, 383-384, 394, 401, 422, 424, 428-429, 454-455, 489-490, 493-495, 499-500, 508, 520, 544, 547, 552, 557, 567-568, 597, 607-608, 610-614)

Staff meet with PLPs through locality practice learning groups. The terms of reference state that groups are responsible for assuring communication between BU and partners, assessing parity of experience in placement settings, ensuring adequate support for clinically based staff and quality of the learning environment. They're also responsible for agreeing new placements. Groups meet every three months. Placements are audited by the UPLA team or midwifery link lecturers. (81, 330-331)

Theory assessments in nursing and midwifery programmes reflect a mix of coursework and examinations to facilitate a range of academic, professional and graduate skills and student preferences/existing strengths. These are mapped to the programme outcomes and relevant standards of proficiency. (184-185, 306-307, 343-344, 383, 486, 494, 618)

There are standard BU assessment regulations at undergraduate and postgraduate levels. Additional policies provide the framework for assessment design, assessment criteria and exams procedures. There's a BU generic marking criteria with an assessment rubric that's based on this, on the marking platform Turnitin. The BU inclusivity marking guidance is used when offering feedback and feedforward comments to students with an identified additional learning need. Independent marking plans are created by each module team at the start of the academic year with new academic members supported by experienced peers. Anonymous marking is normally used. Students experiencing exceptional circumstances can apply under the BU exceptional circumstances policy and procedure for a postponement/extension to their submission date and/or consideration of mitigating circumstances. There's opportunity for students to interrupt their studies. (53-57, 85, 93, 343-344, 440, 443)

Module assessments are detailed in module specifications and are mapped to programme learning outcomes. Assessment guidance is introduced to students at the

beginning of modules with opportunities for formative feedback within each module. EEs sample a range of assessed student work across all grade boundaries. EE reports are provided. There are approved PADs in use for all programmes and support for practice assessors and practice supervisors in the fair assessment of students. There's policy and process to support reasonable adjustment across all programmes. All PADs and the MORA include a range of assessment methods including observation supported by reflections, peer and PUSC feedback and episodes of care. There's regular review of achievement through tripartite meetings for apprentices and oversight by the academic assessor. Self-reflections are included in each PAD or MORA. (87, 131, 184-185, 222-223, 241-242, 312-313, 315, 317, 357-359, 383, 391-392, 394, 402-405, 415-417, 434-437, 486, 490, 496, 519, 547, 554-556, 574-575, 592, 596, 598, 617)

A range of people including PUSCs are involved in redesign of the nursing curriculum. Approved programmes include equal weighting of theory and practice. There's no compensation allowed in programmes. (184-185, 377, 383, 494)

What we found at the visit

Nursing and NA students tell us their programmes provide them with the skills and knowledge relevant to the health and social care needs of people of all ages and all conditions. Senior practice staff tell us that nursing and NA students are fit for practice on completing their programmes and there are programmes of preceptorship to support them in developing confidence following qualification. The nursing programme is designed to meet consecutive academic levels and practice proficiencies. Students at Yeovil tell us the nursing programme structure and sequencing integrates theory and practice learning at increasing levels of difficulty. Students say they're given some guidance at the beginning of each academic year on how to work at the required academic level. They tell us they notice the change in level from year one to year three. Students comment on how the collaborative learning in practice model of practice learning highlights the difference in ability and confidence between year one and year three. (623, 629-634, 647-649)

Midwifery students tell us their programme provides them with the content, knowledge and skills they need for contemporary midwifery practice. This includes skills training, NIPE, case loading, leadership and interview preparation. They tell us they enjoy placement and feel personal satisfaction at their achievements. Third year students tell us they struggle to achieve birth numbers, but practice supervisors and practice education teams help to identify opportunities for them. We hear there's an optional on call initiative at weekends for third year students to reach their birth numbers. Students tell us the programme is structured appropriately. They tell us how feedback results in changes such as the scheduling of the medicines management and complexities modules. There's a balance of theory and practice and the LME confirms that students must complete 2400 hours in practice and 2400 hours in theory to gain the award. Students tell us they complete 500-word reflections for every theory session they miss. (625, 635-636, 645-646)

Nursing students tell us they've been consulted on plans for the curricula. The programme team confirm they met with current third year students to review the curriculum and have made plans for the students to continue their involvement as alumni. Programme teams tell us that PUSCs from the PIER group have been contacted in relation to the forthcoming modification of programmes which is scheduled to happen in the next academic year. PIER group members confirm they've been allocated to individual theory learning units to support curriculum redesign. They also tell us there's regular ongoing consultations with the programme team in relation to programme development. They've been central in other initiatives such as highlighting the challenges of sex and wellbeing in disability, which they say are areas that healthcare professionals find difficult to talk about. They've been instrumental in developing a five-week CPD workshop, co-written with PUSCs, to enhance understanding of the public's voice in the academic community. PLPs tell us they've been involved in the development of and feedback to students on clinical simulation activity in nursing. (623-624, 629, 638, 640, 649)

Documentary evidence and students confirm varied assessments that enable them to demonstrate achievement including exams, OSCEs and inter-professional presentations. Reasonable adjustments are made to support individual students with the assessment process. Review of NA PADs and nursing PADs/midwifery MORAs on OPAL show that appropriate practice assessments are carried out including observation and feedback from a range of people including practice assessors and practice supervisors, academic assessors and PUSCs. Students tell us they're assessed in a variety of ways and the feedback they receive is useful and promotes their self-reflection and development to become NMC registrants. There's evidence of moderation of assessment to enhance reliability. BU processes ensure that EEs have oversight over both theoretical and practice assessment. In midwifery the EE has recently met with students, the programme team and practice staff. Programme leaders and the LME for midwifery confirm that students have met the hours and other requirements of the programme prior to eligibility for registration being uploaded to the NMC. There's no compensation allowed. (519, 635-639, 642-646)

Our findings conclude that BU together with their PLPs/EPs ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Outcome: MET

Comments:

None identified.

Revised Outcome: N/A
Date:

Comments:

N/A

Areas for future monitoring:

None identified.

Evidence/Reference Source

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2. NMC briefing: monitoring visit of pre-registration nursing, midwifery and NA programmes at BU 21-24 May 2024, 11 March 2024
3. MM QA visitors briefing for BU monitoring visit, undated
4. BU programme approval report for nursing, 12 June 2019
5. BU NMC programme approval letter for nursing, 27 September 2019
6. NMC approved BU EPs for RNDA, undated
7. BU programme approval report for NA, 22 September 2020
8. NMC approved BU EPs for NA apprenticeship, undated
9. BU NMC approval letter for NA, 15 December 2020
10. BU programme approval report for midwifery, 4 November 2020
11. BU programme approval letter for midwifery, 22 January 2021
12. BU monitoring visit review plan, undated
13. CQC Christchurch Hospital quality report, 25 February 2015
14. CQC DCHFT inspection report, 6 November 2018
15. CQC DHUFT inspection report, 31 July 2019
16. CQC UHDFT inspection report, 4 June 2021
17. CQC DCHFT inspection report, 2 November 2023
18. CQC Poole Hospital, UHDFT inspection report, 10 March 2023
19. CQC Poole Hospital, UHDFT inspection report, 14 September 2023
20. CQC The Royal Bournemouth Hospital, UHDFT inspection report, 14 September 2023
21. CQC the outpatient assessment clinic at Dorset Health Village, inspection report, 14 September 2023
22. CQC Oxleas NHS Foundation Trust inspection report, 26 March 2019
23. CQC HHFT inspection report, 7 April 2020
24. CQC SFT inspection report, 23 January 2023
25. BU ASR, 2020-2021
26. BU ASR, 2021-2022
27. BU ASR, 2022-2023
28. Email from MM, May 2024
29. BU standard admissions regulations and policy taught programmes (excluding apprenticeships), June 2023
30. BU admissions policy apprenticeship programmes, August 2023
31. BU admissions policy and procedure for applicants with disability, June 2023
32. BU admissions policy and procedure for applicants with a criminal record, June 2023
33. BU admissions appeals and complaints policy and procedure, June 2023
34. BU admission and support for students entering the university under the age of 18: policy and procedure, May 2023
35. BU FtP procedure, May 2023
36. BU support to study policy, May 2023
37. BU RPL: policy and procedure, July 2023

38. BU student complaints policy and procedure, September 2023
39. BU academic appeals for taught awards policy and procedure, September 2023
40. BU student agreement 2023-2024, undated
41. BU AMER: policy and procedure, May 2022
42. BU template placement agreement for providers that have entered into higher education England education contract, June 2022
43. BU PIER partnership screenshot, 22 March 2024
44. BU protocol for raising and managing concerns in practice placements, October 2023
45. BU supporting students workshop – intranet screenshot, 26 March 2024
46. BU practice assessor preparation seminar 2023-2024, undated
47. BU practice supervisor preparation seminar 2023-2024, undated
48. BU practice assessor preparation evaluations, March 2024
49. BU approach to preparation of roles associated with SSSA: NHSE WTE case study, undated
50. BU arrangements to support provision of placement experience, undated
51. Supporting learners in practice guidance Health Education England South final, December 2018
52. FHSS placement handbook for academic assessor and personal tutor, 2023
53. BU standard assessment regulations, August 2023
54. BU principles of assessment design policy, August 2022
55. BU marking independent marking and moderation policy and procedure, May 2023
56. BU generic assessment procedure and criteria 2023-2024, undated
57. BU invigilation exams procedure, May 2023
58. BU FASEC terms of reference 2022-2023, undated
59. BU education committee terms of reference, September 2023
60. BU senate and committee organisation chart, November 2023
61. BU apprenticeship oversight group terms of reference, 10 November 2023
62. BU apprenticeship board terms of reference, 10 November 2022
63. BU data protection policy, February 2023
64. BU EE handbook, July 2022
65. BU EE policy and procedure, July 2023
66. BU assessment boards policy, May 2023
67. BU peer reflection on education practice: policy and procedure, August 2018
68. BU equality and diversity policy and implementation, November 2021
69. BU student engagement and feedback policy and procedure, September 2023
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72. BU copy of annual self-review key programme data spreadsheet, 2022-2023
73. BU OC report to FASEC, 28 February 2024
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75. BU UPLA job description, June 2023
76. BU programme leader outline of typical responsibilities, undated

77. BU redacted example depicting plans to address wellbeing following serious incident in practice, undated
78. BU gateway building information, 25 March 2024
79. BU student wellbeing services webpage, 26 March 2024
80. BU FHSS FASEC meeting agenda and minutes, various dates
81. BU combined locality practice learning group notes, 7 March 2023
82. BU FHSS good health and character statement, undated
83. BU exploring effective practice education agenda, undated
84. BU FHSS inclusivity newsletters, May 2023 and February 2024
85. BU inclusivity handbook, 2018-2020
86. BU screenshot example of anonymised work, various
87. Team working for service improvement assignment brief, undated
88. BU academic skills hub homepage, 4 April 2024
89. BU coaching learners in practice workbook 2023-2024, undated
90. BU online declaration of health and character questions, undated
91. BU meeting to review CQC findings with UHDF, 30 November 2023
92. BU personal tutor policy, June 2023
93. BU exceptional circumstances webpage, 5 April 2024
94. BU additional learning need or OH recommendation on placement allocation system, 2024
95. BU OH recommendations template, March 2022
96. BU practice assessor and practice supervisor raising concerns about students, October 2023
97. BU action plan to support placement personnel and student nurse, undated
98. BU thinking of interrupting your studies webpage, 9 April 2024
99. BU interruption of study procedure and request form, May 2023
100. BU safeguarding policy, February 2024
101. FHSS healthcare student experience placement report, 2023
102. BU your feedback webpage information for students. 1 April 2024
103. BU student surveys and focus groups webpage, 2023-2024
104. NHS purple flag feedback initiative, undated
105. BU example of placement evaluation report, 20 March 2022
106. BU centre for fusion learning innovation and excellence webpage, undated
107. BU agenda annual strategic meeting between BU and DHUFT, 18 September 2023
108. BU effective practice education for all conference December 2023
109. BU EDI development and staff resources screenshot, undated
110. BU eLearning staff induction module diversity in the workplace, undated
111. BU application to student nursing times awards, undated
112. BU personal tutor note-taking system, January 2024
113. BU disability, wellbeing and additional learning support webpages, undated
114. BU marking guidelines example, undated
115. BU support to study: policy and procedure, May 2023
116. BU examples of student placement evaluations, various
117. BU example of actions taken in the event of concerns raised over supervision and assessment, undated

118. BU stakeholder collaborative group agenda, 15 February 2024
119. BU disclosure panel term of reference 2024-2025, undated
120. DHCFT OH referral form, undated
121. BU template for recording OH recommendations for placement learning, undated
122. BU additional learning support marking guidelines, undated
123. BU terms of expectation - student nurses, undated
124. Adult nursing score sheet 2023 2024, undated
125. Nursing seminar on preparing for first placement, 2023-2024
126. Nursing support to study meeting notes (anonymised), 7 December 2023
127. BU anonymised completed health and safety questionnaire, 29 September 2023
128. BU RPL example of a transfer, undated
129. BU register of attendance at supporting students training, various dates
130. BU register of attendance at prevent training, various dates
131. Nursing guidance on reflection in OPAL two, 2023-2024
132. Nursing impact case study of creativity in the classroom, undated
133. Nursing health and wellbeing assignment, undated
134. Nursing example of student assignment on sepsis, undated
135. Nursing example of student reflective assignment on therapeutic communication, undated
136. Nursing DCHFT uniform guidance poster, undated
137. Nursing lecture on legal and ethical principles, September 2023
138. Nursing lecture on philosophical and political influences, October 2023
139. FHSS OPAL nursing placement handbook, undated
140. Nursing practice leads monthly meeting calendar snip, 5 March 2024
141. Nursing moderation meeting invitation, 6 March 2023
142. Nursing practice and nursing skills one preparation for practice, undated
143. Nursing example of support via email for concerns raising, undated
144. Anonymised summary of nursing meeting, undated
145. Email trail showing early resolution of complaint about practice placement, undated
146. Email of exception reporting for nursing, 21 March 2024
147. Email example of students' decision to raise a concern formally, undated
148. FHSS FtP referral form, 3 August 2023
149. Education service managers formal complaint response, undated
150. Email checking on students' wellbeing, undated
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152. Nursing level four nursing theory and application VLE screenshot, undated
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154. Nursing speaking up seminar by UPLA team, undated
155. Freedom to speak up seminar learning materials, February 2023
156. Level five nursing theory and application session, undated
157. Level five improving safety and quality care VLE screenshot, undated
158. Example of student speaking up screenshot, undated
159. BSc/MSc adult nursing open day slides, undated

160. BSc adult nursing AMER action plan 2023-2024, undated
161. Nursing student name pronunciation guidance 2022-2023, undated
162. Anonymised example of student adjustment, October 2022
163. FHSS programme action plan 2023-2024, undated
164. BU apprenticeship provision: AMER users guide, 2023
165. Apprenticeship action plan – undergraduate nursing, 2023
166. Level five example of co-production of student day with service users, undated
167. Level four communication skills for nursing practice, undated
168. Level six advanced/therapeutic communication and interpersonal skills for nursing practice, undated
169. OPAL mental health nursing record of working with and learning from others, undated
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173. Nursing OPAL record of inter-professional working, 12 June 2023
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175. Nursing practice supervisor preparation for student recall day, 2022-2023
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177. RNDA information sessions, February 2024
178. RNDA job advert, undated
179. RNDA shortlist criteria, undated
180. RNDA interview scoring, undated
181. Statement of RNDA recruitment and selection processes, 5 April 2024
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184. Nursing programme specifications postgraduate, various
185. Nursing programme specifications undergraduate various
186. Yeovil campus webpage information, 25 March 2024
187. Nursing international placement process, 2024
188. Elective placements in Iloilo student blog, 9 August 2023
189. The intensive care unit Kathmandu student blog, 21 July 2023
190. Nursing FtP cases (anonymised) database screenshot 2022-2023, undated
191. Traffic light clinical skills student information, undated
192. Email to organise inclusivity staff training, 20 September 2023
193. Structure of DNS, 2024
194. Nursing staff cohorts and modules schedule, undated
195. Nursing PIER coproduction examples, various dates
196. Peer assisted learning, undated
197. EE list for pre-registration nursing routes, undated
198. EEs pre-registration nursing report forms, various dates
199. Yeovil nursing webpage - screenshot, undated
200. Yeovil campus update, November 2023
201. Yeovil campus nursing careers in primary care poster, 20 February 2023

202. Yeovil campus nursing careers in health and justice poster, 28 June 2023
203. Brightspace academic modules and nursing community screenshot, undated
204. Brightspace student engagement analytics screenshot, undated
205. Student support team UHDFE - student Padlet, 2024
206. NHS Dorset leadership placement student information, 4 March 2024
207. Webpage information to interested children's nursing candidates, undated
208. Brightspace nursing community screenshot, undated
209. Brightspace nursing module structure screenshot, undated
210. BU policy and procedure for student staff forums, September 2023
211. MSc adult nursing student voice log, undated
212. OPAL two additional tutor comments screenshot, undated
213. Access Brightspace at BU screenshot, 27 March 2023
214. Online presentation in critical healthcare sciences 2023-2024, undated
215. Example of face to face lecture nursing theory and application, undated
216. Impact case study for RNDA – team-based learning, undated
217. Skills session presentation - airway assessment, undated
218. Example of one to one nursing tutorial appointments, 2024
219. Recall day example for nursing practice and nursing skills, 27 February 2023
220. Creating a culture for learning peer reflection for educational practice, 2023
221. Nursing guided study biological effects of ageing, undated
222. MSc nursing examination assignment brief, undated
223. Nursing essay assignment brief 2023-2024, undated
224. Nursing assignment brief – communication skills, undated
225. Malnutrition champion nursing presentation, 24 May 2023
226. Example of skills scan for RNDA, undated
227. Practice placement student evaluations, 2019-2021
228. Examples of placement audits, various dates
229. Supported learning student preparation screenshot, undated
230. Academic assessor information screenshot, undated
231. Email confirming nursing interruption of studies, undated
232. Interruption of studies nursing anonymised request form, undated
233. Anonymised email confirming date of return to programme from interruption, 2 November 2022
234. Anonymised email confirming detail of student arrangements on return to programme, 15 August 2023
235. Anonymised email to student repeating elements of the programme, undated
236. Final placement checklist, January 2023
237. Final placement resubmission checklist, March 2023
238. Completing the final placement seminar presentation, 2023
239. BU apprenticeships safeguarding policy, October 2023
240. Presentation on gathering evidence, undated
241. Mental health nursing recall day presentation, undated
242. Anonymised student reflections on OPAL adult nursing, undated
243. Impact case study on apprenticeship for careers, undated
244. Pre-arrival nursing student material, undated
245. Introduction to independent learning session, undated

246. Introduction to resilience seminar, undated
247. Prearrival module on Brightspace screenshot, undated
248. Welcome week seminar personal tutor and academic group, undated
249. Welcome week seminar -overview of the BSc adult nursing programme, undated
250. Nursing practice induction schedule VLE screenshot, undated
251. Nursing online generic trust induction screenshot, undated
252. Welcome week personal tutor briefing, September 2022
253. Nursing academic groups 2023-2024, undated
254. Peer assisted learning screenshots, undated
255. Practitioner facilitated guest lectures screenshots, undated
256. Practice supervisor preparation information (day one) 2022-2023, undated
257. Practice supervisor preparation information (day two) 2022-2023, undated
258. Spoke day working with other professionals section on OPAL two screenshot, undated
259. Peer feedback section on OPAL screenshot, undated
260. Anonymised student email evaluation for clinical leadership and management unit, 15 November 2023
261. Practice handbook for nursing programmes 2023-2024, undated
262. Anonymised student feedback adult nursing on OPAL, undated
263. Anonymised email feedback to student from placement, 23 January 2024
264. Your feedback webpage – nursing student information, undated
265. Responding to module feedback screenshot, 1 April 2024
266. Email feedback to students from head of department, 18 March 2024
267. POW mechanism for students to evaluate placements, undated
268. Anonymised graduate feedback on intravenous assessment, 30 October 2023
269. DNS academic staff qualifications, 2024
270. New academic starter mentorship (buddy) allocations, undated
271. New academic starter action learning group screenshot, undated
272. Evaluation report new academic staff support, undated
273. Staff webpage profiles, undated
274. DNS research and scholarship programme, February 2024
275. DNS research and scholarship briefing, November 2023
276. DNS research and scholarship interests, undated
277. DNS example of induction programme and checklist, May 2022
278. Anonymised example of 12-month probationary review, 27 July 2023
279. Annual staff development – scope and purpose of peer reflection on education practice (PREP), undated
280. DNS summer of tech staff development day information, July 2023
281. Postgraduate certificate education practice mentorship teaching observation, 9 November 2022
282. Brightspace staff training and resources screenshot, undated
283. BU apprenticeship teaching and learning day presentation, undated
284. Safeguarding training dates, various dates
285. Staff conference attendance, various dates
286. Anonymised examples of student signposting to additional support, undated

287. Anonymised example of a support to study meeting, undated
288. Anonymised interruption of study in nursing example, undated
289. Anonymised record of additional learning needs in OPAL two, undated
290. Nursing academic assessor allocation 2021-2024, undated
291. Anonymised example of reporting unprofessional email behaviour, 5 October 2023
292. Analysis of professional conduct referrals and outcomes 2021-2023, undated
293. Email demonstrating support to a student (anonymised) undergoing a FtP process, 12 April 2023
294. Teaching observation 2023-2024, undated
295. DNS PREP, 2022-2023, undated
296. Royal College of Nursing, nursing research conference programme abstract 2023, undated
297. Consultant team-based learning collaborative, undated
298. BU research blog, 20 June 2023
299. BU nursing student scholarships for palliative and end of life care, 1 November 2023
300. Conference abstract for Alzheimer's disease international, 2024
301. Conference presentation, undated
302. National award for nutrition nurse of the year webpage, 9 April 2024
303. BU you're brilliant awards, undated
304. Analysis of NSS feedback for children's nursing field, undated
305. Staff student forum minutes, March 2022
306. BSc programme mapping for FN:SPRN, 23 April 2019
307. MSc programme mapping for FN:SPRN, 23 April 2019
308. Nursing year plan for BSc, MSc and RND A 2023-2024, undated
309. Mapping institute of apprenticeship framework to NMC standards, undated
310. DNS academic staff module allocation 2023-2024, undated
311. DNS nursing proficiency guide 2023-2024, undated
312. Nursing theory and application, unit one specification, undated
313. Nursing theory and application, unit two specification, undated
314. Nursing guide to engagement and attendance in practice 2023-2024, undated
315. Focus on autism and genomics level seven screenshot 2023-2024, undated
316. Presentation on political and funding influences for nursing students, undated
317. Anonymised student assignment on inclusivity in education, undated
318. Clinical leadership and management module Brightspace page screenshot, undated
319. NHSE WTE leadership placement, undated
320. International food day photographs, undated
321. Resources to support practice learning on OPAL, undated
322. BU/DHCFT annual placement meeting notes, 18 September 2023
323. DNS academic staff qualifications and NMC Pin register, undated
324. Module monitoring example, level seven 2022-2023, undated
325. Module monitoring level four developing skills for health promotion 2022-2023, undated
326. Programme management meeting minutes, October 2023

327. Module team analysis of student assessment grades, undated
328. Programme action plan children's nursing, 14 September 2023
329. RNDA Programme action plan 2023-2024, undated
330. Locality practice learning group terms of reference, undated
331. Nursing practice group membership, 31 October 2023
332. Current nursing curriculum review and development screenshot 2023-2025, undated
333. Level four cardiac system learning materials with virtual patient 2022-2023, undated
334. Level five coronary heart disease and acute coronary syndrome (adult nursing), September 2023
335. Level five cardiovascular disease and metabolic syndrome presentation (mental health nursing), undated
336. Level five cardiovascular disease and congenital heart disease presentation (children's nursing), undated
337. Level four presentation on concept of health and wellbeing for nursing, undated
338. Level four presentation on stress and coping, undated
339. Level four assignment brief developing skills for health promotion, undated
340. Level six assignment brief screenshot, undated
341. Level four communication skills teaching schedule screenshot 2023-2024, undated
342. Level six presentation module overview, undated
343. Undergraduate nursing assessment schedule 2023-2024, undated
344. MSc nursing assessment schedule 2023-2024, undated
345. Nursing episode of care guide 2023-2024, undated
346. Anonymised episode of care (part one nursing), undated
347. Practice academic link meetings, various dates
348. Nursing OPAL logbook medicines management extract, undated
349. Nursing reflective writing examples, undated
350. NA health and safety review form, 14 March 2024
351. NA blank 12-week review template and forms, various dates
352. NA screenshot of BPC policies to support safety, undated
353. NA student preparation to practice presentation, undated
354. NA student COVID risk assessment, March 2024
355. NA professional values and parameters of practice', presentation, undated
356. NA professional values and parameters of practice module specification, undated
357. NA approaches to care module specification, undated
358. NA example formative episode of care reflection, undated
359. NA duty of care, candour, equality and diversity, undated
360. NA example of completed PAD, undated
361. NA learning environment audit: adam practice, undated
362. NA staff curricula vitae and Pins, various
363. NA student handbook section five, pages 13-15, undated
364. BPC complaints policy 2023-2024, undated

365. NA sample email, raising concerns in practice, undated
366. Dealing with complaints example, undated
367. NA screenshot of wellbeing services at BPC, undated
368. BPC standardisation meeting minutes, 31 January 2024
369. BPC student being open and honest with tutor email, 21 March 2023
370. BPC scheme of learning for duty of care, undated
371. BU/BPC approval for modified assessments 2021-2022, undated
372. NA link tutor report to FASEC term one and term two 2023-2024, undated
373. NA AMER 2023, undated
374. NA example unit and assessment monitoring report, 8 June 2023
375. NA validation event – outcomes, 2020
376. NA interview schedule - with PIER group user developed and delivered question(s) 2023-2024, undated
377. NA PIER group user involvement in the curriculum and formative feedback, undated
378. NA correspondence with service user about teaching, undated
379. BPC practice assessors, practice supervisors briefing, undated
380. NA end point assessment gateway review, undated
381. BU/BPC academic regulations, policies and procedures, section seven partnerships screenshot, undated
382. NA professional values presentation, undated
383. FdSc NA programme specification, September 2022
384. NA PAD one and ongoing achievement record, March 2023
385. Example of completed NA proficiency document, various
386. NA programme termly meeting 2023-2024, undated
387. NA BU BPC partnership meeting notes, 8 March 2023
388. NA BPC annual meeting plan, undated
389. BPC higher education admissions policy for NA, March 2024
390. BPC FtP guidelines for higher education, health, care and education, 31 January 2024
391. NA EE appointment confirmation, 7 August 2023
392. NA EE report, 22 July 2023
393. NA immerse medical training dates, undated
394. NA example of student self-reflection in PAD, 16 January 2024
395. UHDFT micro skills training dates for NA, undated
396. NA induction timetable screenshot, undated
397. NA external placement setting example welcome pack, undated
398. NA email regarding placement allocation, undated
399. NA academic assessor email, undated
400. NA additional information on protected learning time, 5 April 2024
401. Presentation for NA on registration, CPD and revalidation, undated
402. NA module specification team working and leadership, undated
403. NA module specification supporting learning and assessment in practice, undated
404. NA example of student assignment feedback, 3 October 2023
405. NA student example action plan (anonymised), 6 February 2024

406. BPC anti-bullying and harassment guidance, September 2023
407. BPC EDI training screenshot, undated
408. NA apprenticeship survey response, 27 March 2024
409. NA BPC student cohort year two theory feedback, undated
410. NA staff NMC pin confirmation, various dates
411. NA BPC new staff member induction, undated
412. NA BPC copy of CPD log, undated
413. Screenshot of CPD log for NA staff at BPC 2022-2024, undated
414. Anonymised completed 12-weekly review for NA, March 2024
415. NA EE marking copy completed form, undated
416. NA minutes of meeting with EE, 3 April 2022
417. NA EE annual report 2022-2023, undated
418. BPC fitness to study policy, 7 February 2019
419. Anonymised email response to an NA student raising a concern in practice, 2 November 2022
420. Anonymised email to placement provider in response to student concern, 4 December 2023
421. Scheme of learning for duty of candour, undated
422. Approaches to care presentation, undated
423. NA journal entry for clinical skills learning, 18 January 2024
424. NA medicine management presentation, undated
425. NA sample year plan, September 2023
426. NA team working and leadership module, March 2023
427. Midwifery local maternity and neonatal system (LMNS) strategic board meeting, 24 April 2024
428. NA schedule and progression of modules, undated
429. NA proficiencies from PAD year one, undated
430. NA PAD service user feedback various, undated
431. NA independent marking plan, 2023-2024, undated
432. Maternity learning environment audit, 4 January 2024
433. Midwifery continuity of care protocol, August 2023
434. Midwifery assignment brief for midwifery practice two 2023-2024, undated
435. Midwifery risk assessment for intravenous infusion practical skills, 11 September 2023
436. Midwifery assignment brief for midwifery practice one 2023-2024, undated
437. Midwifery screenshot of student reflection on opal example, undated
438. PMA information, undated
439. Midwifery presentation getting ready for practice, undated
440. Midwifery checklist for assessment, undated
441. Midwifery link lecturer guide to the role 2024, undated
442. Midwifery staff orientation six: NMC education standards, undated
443. Midwifery supporting teaching and learning in practice, academic assessor seminar 2023-2024, undated
444. LME presentation for new staff, undated
445. Midwifery first day of year two introductory PowerPoint 2023, undated
446. Midwifery staff orientation for academic quality, undated

447. Midwifery email coordination of exception reporting, example one, 13 March 2024
448. Midwifery email coordination of exception reporting example two, 18 March 2024
449. Midwifery early resolution of complaint emails, various
450. Midwifery example of anonymised report of PMA support after critical incident, December 2023
451. Midwifery PMA support student feedback, undated
452. Midwifery forum notes, 24 October 2024
453. Midwifery forum presentation, 21 February 2024
454. Midwifery presentation on ethics, accountability and confidentiality, 2023
455. Midwifery presentation on medication errors, October 2023
456. Midwifery recognising a medicine error information, undated
457. Midwifery anonymised example of reasonable adjustments 2022-2023, undated
458. Midwifery anonymised plan to support OH reasonable adjustments, undated
459. Midwifery team away day agenda, July 2023
460. Royal College of Midwives decolonising midwifery education toolkit, March 2023
461. Midwifery inclusive curriculum evaluation 2022-2023, undated
462. Midwifery reading for understanding racial injustices, undated
463. Midwifery team training matrix 2023-2024, undated
464. AMER midwifery action plan 2023-2024, undated
465. Mid extract from report from midwifery and health sciences department to FASEC, 14 March 2024
466. Midwifery key stakeholder involvement curriculum development, 2020
467. Midwifery anonymised clinician's contribution, undated
468. Midwifery anonymised PUSC contribution, undated
469. Midwifery anonymised stakeholder contribution NHS, undated
470. Midwifery practice academic link meeting minutes, 27 November 2023
471. Midwifery anonymised email on collaboration from maternity and neonatal voices lead representative, 28 March 2024
472. Mid Dorset maternity and neonatal voices survey evaluation, 2023
473. Midwifery maternity clinical education and training network and stakeholder meeting agenda, 22 January 2024
474. Midwifery student led learning environments, undated
475. Midwifery safe learning environments charter event programme, 15 March 2024
476. Midwifery PROMPT timetable, 7 March 2024
477. Midwifery PROMPT foetal monitoring training anonymised email, 26 March 2024
478. Example of midwifery student programme for gynaecology and women's health Dorchester, undated
479. Midwifery anonymised placement allocation at Portsmouth 2023-2024, undated
480. Midwifery level four promoting health visits reflective journal, November 2022

481. Midwifery inter-professional newborn infant feeding clinic induction 2024-2025, undated
482. Midwifery level six leadership and innovation module timetable, 2024
483. Midwifery clinical education training network email, 22 January 2024
484. Midwifery poster and student publication examples, undated
485. Midwifery team list, undated
486. Midwifery mapping of NMC proficiencies 2020-2021, undated
487. Midwifery module specification for midwifery practice, 15 March 2024
488. Midwifery timetable for midwifery practice, September 2023
489. Presentation on midwifery regulation, 2023
490. Midwifery assignment briefing sheet, undated
491. Midwifery leadership placement pilot flyer 2023-2024, undated
492. Midwifery leadership placement timetable, undated
493. Midwifery leadership placement presentation, December 2023
494. Midwifery programme specification, September 2020
495. Midwifery year three practice supervisor presentation, 2024
496. Midwifery anonymised PUSC feedback, undated
497. Midwifery programme management team meeting agenda, 12 March 2024
498. Midwifery team discussion meeting notes, 12 March 2024
499. Midwifery presentation for manual removal of placenta, January/February 2024
500. Midwifery presentation for principles of population screening, 17 January 2024
501. Supporting BU midwifery students in practice, update for clinical colleagues, 2024
502. DCHFT maternity learning environment audit, 4 January 2024
503. Midwifery tracker for clinician EDI training, various dates
504. Midwifery PUSC collaboration for interview questions, 23 August 2023
505. Midwifery interview schedule 2024, undated
506. Mandatory updates for student midwives on individual pathways 2023-2024, undated
507. Midwifery process for registers for statutory and mandatory training, undated
508. Midwifery timetable for foundations for professional practice and research 2023, undated
509. Midwifery programme handbook 2023-2024, undated
510. Example of exceptional reporting form for midwifery, 5 March 2024
511. Medicines optimisation of the midwife risk assessment, March 2024
512. Midwifery record of clinician's collaboration and contribution, undated
513. Midwifery birth simulator brochure, undated
514. Midwifery skills video clips, various, undated
515. Midwifery briefing and resources document, February 2020
516. Midwifery module evaluations 2023-2024, undated
517. Midwifery UNICEF BFI reassessment and gold assessment report, 13 July 2021
518. Midwifery UNICEF BFI one year gold revalidation report, 13 July 2022
519. Midwifery EEs reports and visits 2022-2023, undated
520. Midwifery redacted PUSC and stakeholder spreadsheets, various dates
521. Midwifery peripheral intravenous cannulation workbook, 2023

522. Midwifery perineal suturing workbook, 2023
523. Midwifery resource for preterm labour and quiz – screenshot, undated
524. Midwifery Padlet on breastfeeding, undated
525. Midwifery neonatal hypoglycaemia quiz, undated
526. Midwifery resource package for infant feeding, undated
527. Midwifery link to NIPE e-resource, undated
528. PUSC contribution to midwifery modules, undated
529. Other academic contributions to midwifery modules, undated
530. Midwifery multidisciplinary training timetable, 7 March 2024
531. Midwifery email - venepuncture training at UHFT, 3 January 2024
532. Midwifery arrivals page on Brightspace screenshot, September 2023
533. Midwifery programme lead screenshot responding to staff student forum, undated
534. Welcome to midwifery at BU presentation 2023-2024, undated
535. Head of department and LME arrivals presentation 2023, undated
536. Midwifery placements presentation, undated
537. Getting ready for midwifery practice presentation 2023, undated
538. Midwifery annual top and tail planning 2023-2024, undated
539. Midwifery community on Brightspace screenshot, undated
540. Midwifery timetable for care in midwifery emergencies, January 2024
541. Midwifery timetable for midwifery practice one 2024, undated
542. Midwifery practice quiz 2023, undated
543. Midwifery reflection and story sharing presentation 2024, undated
544. Midwifery assignment briefs, various dates
545. Midwifery student feedback for all fours breech level six, 21 February 2024
546. Midwifery example assessment guidance in midwifery emergencies OSCE, 21 February 2024
547. Midwifery complete guide to MORA in OPAL two 2023-2024, undated
548. Midwifery DCHFT essential skills programme 2024, undated
549. Midwifery progression plan, undated
550. Midwifery take a MOPAL poster, undated
551. Midwifery anonymised community allocations 2023-2024, undated
552. Presentation for midwifery practice module, 2023
553. Midwifery academic PMA information, undated
554. Example reasonable adjustment communication in midwifery practice (anonymised), undated
555. Example reasonable adjustment plan for midwifery student (anonymised), undated
556. Midwifery three-year plan for reflection selfcare and teams thread, 2020
557. Mid self-care, lifestyle and public health choices and the unborn ppt, undated
558. Mid screenshot of wellbeing Brightspace pages, 2023
559. Midwifery team away day agenda, July 2023
560. Midwifery arrivals week timetable, September 2023
561. Midwifery anonymised UHFT student orientation, November 2023
562. Midwifery anonymised DCHFT induction book 2023-2024, undated
563. Midwifery Badgernet training screenshot on Brightspace, undated

564. Improving PUSC involvement in midwifery, undated
565. Midwifery promoting health timetable level four, September 2023
566. Midwifery timetable for evidencing practice, 2023
567. Midwifery assignment briefing for midwifery emergencies, undated
568. Assignment briefing for leadership in midwifery care 2023-2024, undated
569. Midwifery promoting health visits reflective journal, 2023
570. Preparation of midwifery mentors for new academic staff, undated
571. Midwifery Dorchester mock leadership placement, undated
572. Midwifery closing the feedback loop, June 2023
573. Midwifery interprofessional newborn feeding clinical induction 2024-2025, undated
574. Midwifery anonymised PUSC feedback on MORA (one), 31 July 2023
575. Midwifery EE reports, various
576. BSc (Hons) midwifery feedback information on Brightspace screenshot, 29 March 2024
577. Midwifery student voice response log 2023-2024, undated
578. Midwifery practice module collated student feedback 2023-2024, undated
579. Medicines optimisation module student feedback, September 2022
580. Example of student feedback on midwifery theory days, undated
581. Midwifery staff profile pages, undated
582. Midwifery anonymised staff induction checklist, 14 November 202
583. Midwifery new midwifery staff orientation, 2022
584. Midwifery staff orientation academic assessor preparation 2022-2023, undated
585. Midwifery baby friendly staff induction schedule, 2023
586. Midwifery new academics pre-reading: understanding racial injustices in healthcare webpage, undated
587. Midwifery academics PREP activity, undated
588. Midwifery assessment and feedback workshop, 17 July 2023
589. Midwifery development day, July 2023
590. Maternity skills programme, 2024
591. Midwifery anonymised example of support to study meeting, undated
592. Midwifery anonymised progression plan from MORA on OPAL, 18 July 2023
593. Midwifery anonymised interruption of studies form, undated
594. Midwifery anonymised plan for interrupting studies and for return to the programme, undated
595. Midwifery redacted plan to support reasonable adjustments in practice following OH review, undated
596. Midwifery assessment independent marking plan, 26 January 2024
597. Midwifery assignment briefing sheets 2023-2024, undated
598. Midwifery student feedback examples, various dates
599. Midwifery LME strategic education reference group meeting notes, 13 October 2023
600. Midwifery LME for education strategic reference group agenda, 29 November 2023
601. Midwifery student experience steering group minutes, 14 June 2023
602. LMNS strategic board agenda, 20 September 2023

603. Maternity clinical education and training network and stakeholder meeting agenda, 22 January 2024
604. Mid student midwife innovative learning environment NHSE WTE, undated
605. Mid national infant feeding networks (NIFN) reports, March 2024
606. Mid NIFN - BFI, BU webpage, undated
607. Midwifery three-year plan for foetal monitoring, February 2023
608. Midwifery three-year plan for mental health, 2021
609. Midwifery workflow for capturing student attendance, undated
610. Midwifery standardised reply for missed theory sessions, 19 April 2023
611. Midwifery reflection template for learning from missed theory sessions, undated
612. Global approach to maternal medicine presentation, September 2023
613. Timetable for local, national and global health midwifery module, 2024
614. Presentation on maternal morbidity and mortality, February 2024
615. Midwifery academic calendars for east and west, 2023-2024
616. Student midwife conferences, various dates
617. Midwifery anonymised assessment feedback examples, various dates
618. BU narrative and mapping document, undated
619. Redacted student placement information, undated
620. NA external placement information, various undated
621. Midwifery placement information, various undated
622. AEI presentation to the monitoring visit team, 21 May 2024
623. Meeting with nursing programme team, 21/23 May 2024
624. Meeting with NA programme team, 21 May 2024
625. Meeting with midwifery programme team, 21/23 May 2024
626. Meeting with senior AEI representatives, 21 May 2024
627. Meeting with senior nursing and NA PLP/EP representatives, 21 May 2024
628. Meeting with senior midwifery PLP representatives, 21 May 2024
629. Meetings with BSc adult nursing students (Yeovil), 21 May 2024
630. Meetings with BSc adult nursing and RNDA students, Lansdowne, 22 May 2024
631. Meeting with MSc adult nursing students, 22 May 2024
632. Meetings with BSc mental health students, 21 May 2024
633. Meeting with MSc mental health students, 22 May 2024
634. Meetings with BSc child and young person's students, 21 May 2024
635. Meetings with BSc midwifery students, Lansdowne, 21/22 May 2024
636. Meetings with BSc midwifery students, Portsmouth, 21/22 May 2024
637. Meetings with NA apprentices, 22 May 2024
638. Focus group with practice supervisors and practice assessors (nursing and NA), 23 May 2024
639. Focus group with practice supervisors and practice assessors (midwifery), 23 May 2024
640. Focus group with PUSC (nursing and NA), 23 May 2024
641. Focus group with PUSC (midwifery), 23 May 2024
642. Review of PADs, NA, 22 May 2024
643. Review of PADs (OPAL) pre-registration nursing, 23 May 2024

- 644. Review of MORA on OPAL, 23 May 2024
- 645. Visit to UHDFT Poole Hospital (midwifery), 22 May 2024
- 646. Visit to UHDFT Royal Bournemouth Hospital (midwifery), 22 May 2024
- 647. Visit to St Ann's Hospital, focus mental health nursing, 22 May 2024
- 648. Visit to UHDFT Poole Hospital, focus pre reg nursing and NA (adult, children's), 23 May 2024
- 649. Visit to Dorset County Hospital, focus pre reg nursing and nursing associate (adult/children's), 22 May 2024
- 650. Further evidence submitted by BU following the initial visit, undated
- 651. Further evidence submitted by BU on visit day one, 22 May 2024
- 652. Further evidence submitted by BU on visit day two, 23 May 2024

| Personnel supporting education monitoring visit | |
|---|-------------------------------------|
| Prior to the monitoring visit: | |
| Meetings with: | |
| OC LME Head of department for nursing Head of department for midwifery and health sciences Head of practice education Programme leader for BPC Deputy dean FHSS | |
| At the monitoring visit: | |
| Meetings with: | |
| Practice supervisors/practice assessors | Nursing and NA: 22 Midwifery: 27 |
| Academic assessors | Nursing: 10 |
| Service users/carers | Nursing: nine |
| Senior managers of the AEI | Executive dean FHSS |

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|--|---|
| | Pro-vice chancellor education Deputy dean FHSS Head of DNS Head of department midwifery Head of practice education OC LME Programme lead for NA Director of employer engagement (health) |
| Senior managers from associated practice learning partners | Head of workforce expansion and professional development NHS Dorset Senior clinical trainer, Colten Care Deputy chief nursing officer, DHUFT Head of learning and development, DHUFT Head of education, DCHFT Learning environment lead, DCHFT Matron for diabetes and cardiology, DCHFT Head of education, UHFT Clinical lead, Castle View Care Home Clinical lead, Linden House Care Home Practice development nurse, Nuffield Hospital Practice education lead, NHS Dorset Lead practice educator, SaFT Practice educator, SaFT Deputy director of midwifery, Portsmouth Hospitals NHS Trust Practice education midwife, Portsmouth Hospitals NHS Trust Head of midwifery, HHFT Practice education midwife, SaFT Director of midwifery and neonatal services, DCHFT Head of midwifery, Somerset |
| Director/manager nursing | Six |
| Director/head of midwifery | Four |
| Education commissioners or equivalent | One |
| Practice education facilitator or equivalent | Nine |

| | |
|--------|---|
| Other: | 0 |
|--------|---|

| Meetings with students: | |
|--|---|
| Programme | Number met |
| Nursing (MSc, BSc and RNDA) – all approved fields and campuses | Year 1: 21 Year 2: 29 Year 3: 13 |
| Midwifery (36 months) | Year 1: 13 Year 2: six Year 3: 13 |
| NA | Year 1: seven Year 2: 19 |

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| Issue record | | | |
| Final Report | | | |
| Author | Patricia Hibberd | Date | 4 June 2024 |
| Checked by | Ian Felstead-Watts | Date | 13 June 2024 |
| Submitted by | Amy Young | Date | 18 July 2024 |
| Approved by | Natasha Thompson | Date | 22 July 2024 |