

**2014-15**

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

Programme provider	Queen's University Belfast
Programmes monitored	Registered Nurse - Mental Health; Registered Midwife - 18 & 36M
Date of monitoring event	14-15 Jan 2015
Managing Reviewer	Shirley Cutts
Lay Reviewer	Carol Rowe
Registrant Reviewer(s)	Niall McLaughlin, Janette Bowyer
Placement partner visits undertaken during the review	Altnagelvin Hospital (Maternity Unit) Causeway Hospital (Maternity Unit) Belfast Trust (Royal Jubilee Maternity Services)
Date of Report	28 Jan 2015

**Introduction to NMC QA framework**

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. We aspire to deliver excellent patient and public-focused regulation.

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We

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

Published in June 2013, the NMC's Quality assurance (QA) framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement" When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

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

## Introduction to Queen's University Belfast's programmes

The school of nursing and midwifery (the School) at Queens University Belfast (QUB) is located within the faculty of medicine, health and life sciences.

The current pre-registration nursing programme was reapproved in 2011, with students commencing in September 2012. The three year pre-registration and 18 month post-registration midwifery programmes were approved in April 2013, with students commencing in September of that year. This monitoring review focuses on pre-registration nursing (mental health) and the three year and 18 month pre-registration midwifery programmes.

Student practice placements are geographically widespread across Northern Ireland (NI) with school staff providing support across the area. Students are very positive about the programmes and the support they receive from the university and its practice placement partners.

QUB is the sole provider of pre-registration midwifery in NI and one of two providers for pre-registration nursing mental health. The commissioner and employers confirm that the programmes prepare nurses and midwives who are fit for practice at the point of registration. All NMC key risks are currently controlled.

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

## Summary of public protection context and findings

We found that admission and progression procedures are robust and effectively implemented and ensure students entering and progressing on the pre-registration nursing (mental health) and midwifery programmes meet the NMC standards and requirements, which is fundamental to protection of the public.

There is a robust procedure in place to manage the learning experiences of students less than eighteen years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

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

We found that managers encourage and support mentor attendance at annual updates. All mentors are appropriately prepared for their role in supporting and assessing students. Sign off mentors are clear about their role in ensuring that students are fit to practise to protect the public.

We found that although robust fitness to practise procedures are in place they are rarely used for pre-registration students. Despite this mentors and students are fully cognisant of the process.

Mentors are confident about addressing poor student performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise

in accordance with both university and NMC requirements to protect the public.

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

We found that all stakeholders are confident that students completing the programmes are competent to practise as a registered practitioner and enter the NMC professional register. Teaching and learning strategies encourage the development and practice of skills enabling students to be confident in their abilities.

We did not find any evidence to suggest that there are any adverse effects on students' learning as a result of the adverse regulation and quality improvement authority (RQIA) visit to the Belfast health and social care trust Accident and Emergency (A&E) department in 2014; which identified concerns around patients waiting on trolleys for prolonged periods of times in both A&E and the medical admissions unit (MAU). This has been well managed by the school and the trust.

We found that the University has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students learning in the practice environments. There are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (mental health) and midwifery pre-registration programmes.

### Summary of areas that require improvement

None identified

### Summary of areas for future monitoring

To ensure service users are fully involved in the interview process

To assure external examiners engagement with the assessment of practice

### Summary of notable practice

#### Resources

None noted

#### Admissions and Progression

None noted

#### Practice Learning

None noted

#### Fitness for Practice

The programme includes simulated learning and in particular, the students have found the practical obstetric multi-professional training (PROMPT) sessions a valuable learning experience. Having practiced skills in the simulation suite, they felt more

confident to participate in multi professional simulated sessions in practice, which further increased their confidence in emergency situations.

### **Quality Assurance**

None noted

## **Summary of feedback from groups involved in the review**

### **Academic team**

We found that the programme teams have close working partnerships with practice placement providers. They informed us about effective systems which are in place to support both nursing (mental health) and midwifery students in relation to theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

#### **Midwifery**

The academic team consists of the lead midwife for education (LME) supported by 10 midwifery lecturers (9.1 whole time equivalent). The midwifery team teach on both pre-registration and post-registration programmes and provide a link lecturer role for practice placement areas over a wide geographical area. There is a close working relationship with practice placement providers.

The team use a range of teaching and learning strategies, are responsive to student needs and demonstrate a commitment to enhancing the student learning experience and preparing students for contemporary midwifery practice.

#### **Nursing (mental health)**

We were informed that there are currently 4.0 whole time equivalent (wte) mental health team lecturers. They successfully undertake their responsibilities to teach and support students and provide the link lecturer role for practice placement areas over a large geographical area. A wte lecturer is due to join the team later in January.

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

All mentors/sign off mentors, practice education facilitators (PEFs) and employers expressed confidence in the programmes. Mentors told us that they receive good preparation for their role and support from the programme teams and link lecturers (LLs). PEFs maintain the live databases of mentors and placement audits and work closely with staff in the practice learning unit (PLU) at the university.

We found mentors/sign off mentors are committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet NMC standards and competencies on completion of the programmes.

Employers and commissioners report that students are fit for practice and purpose on successful completion of the programmes.

### **Students**



We found that all students are positive and complimentary about their experience at all levels within the programmes.

#### Midwifery

Midwifery students are positive about the quality of their midwifery programme and the support provided in the practice areas. They report that lecturers are responsive, supportive and accessible despite the large geographical area. A small number of students did report variability in the practice learning experience and mentor support available. However students felt prepared for practice on completion of the programme. In particular, the alternative labour ward placement was deemed to be beneficial as it provided an opportunity to experience a different maternity service in NI.

#### Nursing (mental health)

Students are positive about the academic programme and their placements and feel well supported in both. Support for students with additional learning needs was felt to be very good in the university and in placement. They did comment on the low scores for organisation and management in the recent National Student Survey (NSS). They suggest that school staff could have a clearer overview of the students' journey and therefore deliver a more balanced experience.

#### Service users and carers

We found that service users and carers are involved directly and indirectly. They are invited to provide feedback on student performance via the mentor which is documented in the practice assessment documentation (PAD). They are also involved in teaching activities. The service user and carer group is active in expanding their involvement in all areas.

### Relevant issues from external quality assurance reports

RQIA reports were reviewed, the majority being for mental health units across NI. Inspectors found that units met all standards.

The self assessment report included an explanation of an RQIA visit to the Belfast health and social care trust A&E department in 2014; which found concerns around patients waiting on trollies for prolonged periods of times in both A&E and the medical admissions unit (MAU). The school was informed of the inspection by the chief nursing officer and the practice education coordinator from the Belfast Trust and responded swiftly to manage any potential risks.

The director of education met with RQIA and LLs and PEFs worked together to support students and ensure that both departments remained an appropriate learning environment. The area was re-audited.

Students and LLs for both areas were also interviewed by RQIA who confirmed that students were being provided with an excellent placement and that they felt well supported during what was a particularly stressful time for clinical staff [3]. LLs and PEFs continue to support students in these areas.

The coroner became aware that there was an increase in the number of referrals relating to stillbirths and intrauterine deaths (SAI).

The LME, through the strategic midwifery forum department of health, social services and public safety Northern Ireland (DHSSPSNI) and senior managers' advisory group has a strategic overview of the potential impact on practice placements. In conjunction with the practice education teams, service managers, LME and LLs, governance issues are identified, assessed in relation to student experience and actioned as required. LLs and PEFs provide additional support to students if there are particular issues impacting on a clinical environment e.g. a high profile coroner's case.

As part of theoretical teaching a range of clinical experts are invited to speak to students in relation to governance issues. For example the midwife consultant in the public health authority takes a session on sudden adverse incidents (SAIs) and organisational learning for third year students. The LSA MO regularly speaks to students and provides sessions on FtP cases, midwifery supervision issues and governance. Sessions led by the professional officer at the Royal College of Midwives (RCM) in relation to statement writing have been introduced (3).

The close partnership working ensures that there is continuous monitoring of the issues and the potential impact on the student experience.

**Evidence / Reference Source**

3. *Self assessment report.*

**Follow up on recommendations from approval events within the last year**

No approval events within the last year.

**Evidence / Reference Source**

3. *Self assessment report.*

**Specific issues to follow up from self-report**

In the recent NSS students on the BSc (Hons) Midwifery Sciences scored 3.1 for assessment and feedback. A number of actions have been discussed with the teaching team, external examiners and members of the course committee. These actions have been implemented to ensure that the assessment procedures for the midwifery programme are in line with other pre-registration programmes.

We found no evidence that midwifery students are dissatisfied with assessment and



feedback processes (8, 11, 17, 19, 94, 95).
<b>Evidence / Reference Source</b>
<p>8. Meeting with students: Altnagelvin, 14 January 2015</p> <p>11. Meeting with mentors and students: Causeway, 14 January 2015</p> <p>17. Meeting with students: BHSCT, 15 January 2015</p> <p>19. Meeting with students: QUB, 15 January 2015</p> <p>94. Notes of quarterly midwifery PE: F meeting 9 December 2014.</p> <p>95. QUB: Minutes of meeting of the annual programme review, 10 October 2013, 14 October 2014</p>

Findings against key risks
<p><b>Key risk 1 – Resources</b></p> <p><b>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</b></p> <p><b>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</b></p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience /qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>Programme leaders hold the relevant professional qualification and a teaching certificate (97).</p>
<p>What we found at the event</p>
<p>The school effectively monitors academic staff members to ensure active NMC registration is maintained (98). The university ensures that all newly appointed nursing and midwifery teachers, as a requirement of the contract of employment, must achieve teacher status with the NMC (103).</p> <p>Midwifery</p> <p>The LME is the programme leader and has a recordable teaching qualification and up to date registration with the NMC. All members of the midwifery programme team have the appropriate professional registration and are working towards a teaching qualification</p>

(67). There are currently 10 (9.1 wte) midwifery lecturers and a vacancy for a neonatal post which is being progressed. The midwifery team teach on both pre-registration and post-registration programmes and provide a link lecturer role for practice placement areas over a wide geographical area. At least 20% of their normal teaching hours are spent supporting student learning in practice, in accordance with the NMC Standards to support learning and assessment in practice (2008) (14).

The LME has a strategic role within the University and externally enabling her to ensure that midwifery education is represented at DHSSPSNI level. The LME is responsible for managing and delivering midwifery education at QUB and involving key players in programme development and delivery. This is achieved through using key skills to draw together all findings from the groups involved in programme development (1, 64).

#### Nursing (mental health)

The programme lead and the three members of the team hold a mental health registered nurse qualification and an NMC recordable teaching qualification (66). All have achieved additional academic qualifications and pursued study in specialist professional areas (63). This small team provide support to students and mentors in placement areas alongside delivering the taught component of the curriculum. Another member of staff has been appointed to join the team in late January 2015 (63, 34, 36-39, 41-43).

#### Evidence / Reference Source

1. NMC Approval report, midwifery programme, 2013
14. Meeting with LME and midwifery team, 15 January 2015
34. Meeting with year one, two and three students at QUB, 15 January 2015
36. Meeting with sign-off mentors, mentors, PEFs: Rathlin ward: Belfast health and social care trust, (BHSC), Knockbracken health care park 14 January 2015
37. Meeting with sign-off mentors, Beechcroft unit, Forster green hospital, BHSC, 14 January 2015
38. Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater Hospital, BHSC: Knockbracken health care park, 14 January 2015
39. Meeting with team manager and PEFs South eastern health and social care trust (SEHSCT): Community addictions services, Newtownards, 15 January 2015
41. Meeting with mentor, SEHSCT: Community addictions services, Newtownards, 15 January 2015
42. Meeting with PEFs:, SEHSCT: Community addictions services, Newtownards, 15 January 2015
43. Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SEHSCT, 15 January 2015
63. Meeting with director of education, 15 January 2015
64. Teleconference with LSA MO and head of midwifery, Ulster maternity unit , 15 January 2015
66. Mental health teaching staff CVs
67. Midwifery teaching staff CVs
97. NMC register 11 December 2014
98. QUB School of nursing & midwifery process for ensuring checks for monitoring academic staff active registration and for due regard, no date
103. QUB, educational enhancement process: school of nursing and midwifery: panel report 2014

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students

<p>What we found before the event</p>
<p>Midwifery</p> <p>Student midwives are supported by qualified sign off mentors and are also allocated a supervisor of midwives (SoM) (1).</p> <p>Nursing (mental health)</p> <p>Mentors work with students for a minimum of 40% of the allocated clinical time in practice (2).</p>
<p>What we found at the event</p>
<p>The allocation of students is the responsibility of the PLU within the school. Their database holds audit information regarding the number of mentors available in each area, and their update status. This is updated weekly (59).</p> <p>Midwifery</p> <p>There are sufficient sign-off mentors in practice to support students on a 1:1 basis (5, 11, 15-16). In the case of part time mentors, students are allocated two mentors (5, 11, 13). Mentors act with due regard and are allocated by ward managers (25). Student midwives work alongside their sign off mentor for more than 40% of their time in practice (5, 7, 11, 13, 15-17, 19). During hub and spoke placements students are allocated to appropriate mentors and contact is maintained with the hub mentor (5).</p> <p>Practice placement learning environments are audited and monitored by PEFs and LLs to ensure that mentor levels are adequate (31, 13). In some areas, there is also capacity to accommodate other learners (6). Student midwives are also allocated a named SoM (5, 15).</p> <p>Nursing (mental health)</p> <p>Students confirm that their mentors are available, supportive and identified in advance of placement (34). Mentors, sign-off mentors and practice partners confirm that mentorship is provided by appropriately qualified and updated mentors and demonstrated this through live on-line databases (36-39, 41-43, 45-46, 48-50). During hub and spoke placements hub mentors maintain contact with the student. Supernumerary status is maintained in all placement areas (41).</p> <p>Staff confirm that mentors work with students for 40% of the time and documentary evidence confirms this (52).</p>
<p>Evidence / Reference Source</p>
<p>1. NMC Approval report: Midwifery, 2013 2. NMC Approval report: Pre-registration nursing: mental health, 2011 5. Meeting with PEF and link lecturers: Altnagelvin, 14 January 2015</p>

- 11.Meeting with mentors and students: Causeway, 14 January 2015
- 13.Teleconference: Daisy Hill, 14 January 2015
- 15.Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), link lecturer: Belfast Trust, 15 January 2015
- 16.Meeting with mentors: Belfast Trust, 15 January 2015
- 17.Meeting with students: Belfast Trust, 15 January 2015
- 19.Meeting with students: QUB, 15 January 2015
- 25.Off duty rotas: Altnagelvin: Causeway and Belfast Trust
- 31.Educational audit documents: Altnagelvin, Causeway and Belfast Trust
- 34.Meeting with year one, two and three students: QUB, 15 January 2015
- 36.Meeting with sign-off mentors, mentors, PEFs, Rathlin ward, BHSCT: Knockbracken health care park, 14 January 2015
- 37.Meeting with sign-off mentors: Beechcroft unit, Forster green hospital, BHSCT, 14 January 2015
- 38.Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater hospital, BHSCT: Knockbracken health care park. 14 January 2015
- 39.Meeting with team manager and PEFs: SEHSCT: Newtownards, 15 January 2015
- 41.Meeting with mentor, SEHSCT: Newtownards, 1 January 2015
- 42.Meeting with PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 43.Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: Southern Health and Social Care Trust (SHSCT), 15 January 2015
- 45.SEHSCT: online mentor database
- 46.BHSCT: Student welcome and induction pack
- 48.BHSCT: online mentor database
- 49.SHSCT: online mentor database]
- 50.SEHSC: Report on governance of SLAiP standards: Carney, 2015
- 52.Nursing duty rota, viewed at Beechcroft unit, Forster green hospital, BHSCT, 14 January 2015
- 59.Meeting with clinical allocations manager and discipline lead for practice and assessment, 14 January 2015

**Outcome: Standard met**

Comments: No further comments

Areas for future monitoring: No further comments

### Findings against key risks

#### **Key risk 2 – Admissions & Progression**

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Senior managers in the school have responded to the current interview and selection process review by NI practice education council (NIPEC). They have been commissioned by the DHSSPSNI Education strategy group (ESG) to review application and selection processes for pre-registration nursing programmes in NI (Gateway to Nursing). This was requested by the DHSSPS as the current interview process is resource intensive (3).

What we found at the event

We found that the interview process meets all NMC requirements. The process is now being reviewed and developed to better manage the volume of applicants in a consistent manner. One initiative is to grade the applicants' personal statements using specific guidelines and criteria (99, 72, 73). A second strategy is to develop and introduce multiple mini interviews, an approach being used by the school of medicine (99). Service users/carers are an integral part of the project team working on these developments (61, 70, 92).

The current process involves semi structured interviews with scoring criteria used. Practice partners are involved in the current face to face interviews, although some midwifery students report being interviewed by two midwifery lecturers. This occurs when practice partners cannot attend, in order that interviews can proceed (8, 11, 15, 19, 22). Mentors in mental health settings are invited to participate in interviews and are supported by their employers to attend these. They complete recruitment and selection training and equality and diversity training in order to do so (12, 36, 38-39, 41, 43).

The involvement of service users is increasing. Their group is enthusiastic and keen to increase their contribution. Two members have attended interviews and are now determined to progress their involvement. Their inclusion in the project team working on the review of admission processes demonstrates the commitment of all parties to their increased participation. We acknowledge that progress is slow, but are certain that their level of involvement is increasing (61, 92).

Students commented favourably that whilst academic achievement is explored at interview this is balanced by the values based interview approach exploring the necessary personal attributes to work appropriately with service users (8).

The selection process includes enhanced disclosure and barring service checks, declaration of health and good character and occupational health clearance. Self assessment of good health and good character is also required at progression points and prior to NMC registration. Practice placement partners receive confirmation of this prior to commencement of student placements (10, 69).

Specific guidelines are in place to safeguard those under 18 accessing practice placements (102).

<p>Evidence / Reference Source</p>
<p>3. Self assessment report 2014/15              8. Meeting with students: Altnagelvin, 14 January 2015              10. Tour with lead midwife and practice education co-ordinator: Causeway, 14 January 2015              11. Meeting with mentors and students: Causeway, 14 January 2015              12. Meeting with lead midwife, consultant midwife, practice education co-ordinator, PEF, ward manager, mentor and student: Causeway, 14 January 2015              15. Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), LL: Belfast Trust, 15 January 2015              19. Meeting with students: QUB, 15 January 2015              22. Interview schedule no date              36. Meeting with sign-off mentors, mentors, PEFs, Rathlin ward: BHSCT: Knockbracken health care park. 14 January 2015              38. Meeting with ward manager, sign-off mentors, mentors, PEFs: Mater hospital: Knockbracken health care park, 14 January 2015              39. Meeting with team manager and PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015              41. Meeting with mentor: SEHSCT: Community addictions services, Newtownards, 15 January 2015              43. Telephone conference call with ward manager, sign-off mentors, mentors, PEFs at SHSCT, 15 January 2015              61. Meeting with service user, 14 January 2015              69. School of nursing and midwifery: procedure for reviewing criminal or other activity in applicants or current students, no date              70. Selection for nursing and midwifery at QUB: Proposal to change current interview format from semi-structured to multiple mini interviews, no date              72. Personal statement scoring form, BSc (Hons) midwifery sciences, no date              73. Personal statement scoring form, Bsc (Hons) nursing no date              92. QUB, School of nursing and midwifery, minutes of service users and carers forum, 27 January 2014, 28 April 2014, 29 September 2014,              99. Meeting with head of admissions, 14 January 2015              102. QUB Undergraduate admissions policy: 2014 entry.</p>
<p>Risk indicator 2.1.2 - programme providers procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The school held one FtP event between September 2013 and September 2014. The outcome was that the student was permitted to continue on the course but was given a sanction and was required to undertake diversity training. As a consequence of this the School emailed students to remind them of how to behave on social media sites and provided them with a link to the NMC code of conduct for students.</p> <p>The school received no complaints regarding NMC approved programmes (3).</p>
<p>What we found at the event</p>



We found that the university provides clear guidance regarding their expectations of student behaviour and the sanctions which may be applied (100).

Close partnership working with the trusts enables early identification and action if potential issues arise (93).

#### Midwifery

Mentors understand the fitness to practice procedures. They work closely with PEFs and LLs if they identify a cause for concern and need to address issues of poor performance in practice (6, 11, 13). Mentors effectively use the mid-point interview within the practice assessment process to provide feedback to students on their performance and facilitate their formative development (7, 11, 16).

#### Nursing (mental health)

Students and academic staff confirm their understanding of fitness to practise procedures. The structure of the programme requires formative assessment and the development of an action plan every six weeks. The LL is informed of any concerns. Summative assessment is performed during the third six week placement in the year. Any non-achievement at this point requires that the student returns to a placement area for re-assessment. A flow chart in the practice portfolio shows the process to be followed and the support available for mentors should concerns arise (34-38, 103). Students are supported by mentors and teaching staff if concerns are identified (53).

#### Evidence / Reference Source

- 3. Self assessment report 2014/15
- 6. Meeting with lead midwife, midwifery sister and link lecturer: Altnagelvin, 14 January 2015
- 7. Meeting with mentors: Altnagelvin, 14 January 2015
- 11. Meeting with mentors and students: Causeway, 14 January 2015
- 13. Teleconference: Daisy Hill, 14 January 2015
- 16. Meeting with mentors: BHSCT, 15 January 2015
- 34. Meeting with year one, two and three students: QUB, 15 January 2015
- 35. Meeting with "Cause" carer organisation co-ordinator BHSCT: Knockbracken health care park, 14 January 2015
- 36. Meeting with sign-off mentors, mentors, PEFs:, Rathlin ward, BHSCT: Knockbracken health care park, 14 January 2015
- 37. Meeting with sign-off mentors, Beechcroft unit:, Forster green hospital, BHSCT, 14 January 2015
- 38. Meeting with ward manager, sign-off mentors, mentors, PEFs: Mater hospital, BHSCT: Knockbracken health care park, 14 January 2015
- 93. QUB School of nursing and midwifery: minutes of undergraduate nursing partnership group, 23rd January 2014, 17 April 2014, 28 August 2014,
- 100. QUB: General regulations for undergraduate students. no date
- 103. QUB: School of nursing and midwifery: Practice portfolio – record of achievement

Risk indicator 2.1.3- Programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice

<p>What we found before the event</p>
<p>No information was seen prior to the event.</p>
<p>What we found at the event</p>
<p>We conclude from our findings that practice placement providers have a clear understanding of and the confidence to initiate procedures to address issues of students' poor performance in practice. A flowchart in the practice portfolio steers mentors in their handling of poor performance issues. The PEF and the LL support both the mentor and student in developing an action plan. The process is supportive whilst ensuring that students are competent and fit to practise in accordance with both University and NMC requirements to protect the public (93).</p> <p>Midwifery</p> <p>Poor performance in practice is addressed and action plans are developed, by mentors, PEFs and LLs where appropriate. Mentors provided examples to illustrate how the process is implemented. There are good communication links between mentors, PEFs and LLs and sound mechanisms exist for student support in practice (6, 7, 11, 13, 16).</p> <p>Nursing (mental health)</p> <p>The structure of practice placements facilitates the early identification of potential areas of concern in clinical placements. The first two placements in each year are formative and mentors are required to identify areas for the improvement of skills. An action plan is developed to inform the mentor on the next placement. As they enter the third placement and the progression point students are well informed of their strengths and weaknesses. Procedures for further attempts are in place if necessary (58).</p> <p>Mentors and employers agree that the standard of practice by students is generally good. They understand the process for managing poor performance in practice and are supported by the teaching team and LL when implementing them (36-39, 42-43). Students understand the process for summative failure in practice and this was consistent with accounts given in the other meetings (34). The practice portfolio showed personal tutor compliance with oversight of student performance (53).</p> <p>Whistleblowing policies are included in the placement induction by the LLs. The students practice portfolio is signed to confirm that this has been discussed. In some areas they are on display.</p>
<p>Evidence / Reference Source</p>

- 6. Meeting with lead midwife, midwifery sister and LL: Altnagelvin , 14 January 2015
- 7. Meeting with mentors: Altnagelvin, 14 January 2015
- 11.Meeting with mentors and students: Causeway, 14 January 2015
- 13.Teleconference: Daisy Hill, 14 January 2015
- 16.Meeting with mentors: BHSCT, 15 January 2015
- 34.Meeting with year one, two and three students: QUB, 15 January 2015
- 36.Meeting with sign-off mentors, mentors, PEFs, Rathlin ward, BHSCT: Knockbracken health care park, 14 January 2015
- 37.Meeting with sign-off mentors: Beechcroft unit, Forster green hospital, BHSCT, 14 January 2015
- 38.Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater hospital, BHSCT: Knockbracken health care park, 14 January 2015
- 39.Meeting with team manager and PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 42.Meeting with PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 43.Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SHSCT, 15 January 2015
- 53.QUB: Practice Portfolio [completed examples]: Mental health nursing: 2012 curriculum
- 58.Meeting with director of education and mental health programme team, 14 January 2015
- 93.QUB: School of nursing and midwifery: minutes of undergraduate nursing partnership group, 23rd January 2014, 17 April 2014, 28 August 2014.

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

What we found before the event

Midwifery

Accreditation of prior learning (APL) is not applicable to this programme

Nursing (mental health)

APL policies are in place and the team identified how they will use this to APL components of the programme, but do not anticipate utilising 50% at present. Mapping of learning outcomes and competencies will occur for any APL request prior to admission and any transfers into the programme (2).

What we found at the event

The University procedure for the recognition of prior learning is clear and comprehensive. It details the roles and responsibilities of each department and or school. There is a process to support transfer from other AELs (96, 101). The school has instigated a committee to adjudicate APL requests. The APL policy has been applied to facilitate students to access a second registration programme in the fields of children's and learning disability nursing (104).

Nursing (mental health)

No requests have been received.

Evidence / Reference Source
<p>2. NMC approval report: ,Pre-registration nursing, mental health, 2011</p> <p>96.Procedures for the recognition of prior learning, no date</p> <p>101.QUB Procedures for accreditation of prior learning (APL) no date</p> <p>104.Self assessment report 2013/14</p>
<b>Outcome: Standard met</b>
<p>Comments:</p> <p>Service users/carers are keen to be involved in many areas of work in the school. Their further inclusion in the current admissions process should be facilitated.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Ensure involvement of service users/carers in the admissions process</li> </ul>

<b>Findings against key risks</b>
<b>Key risk 3- Practice Learning</b>
<p><b>3.1 Inadequate governance of and in practice learning</b></p> <p><b>3.2 Programme providers fail to provide learning opportunities of suitable quality for students</b></p> <p><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></p>
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
<p>The teaching teams for the midwifery and nursing programmes work closely with practice education co-ordinators (PEC), PEFs and education teams in the trusts to ensure that placements enable students to meet programme and NMC requirements (1-3). The role of the LL is particularly important in the ongoing monitoring of student experience (3).</p> <p>Practice partners are involved in the development, planning and monitoring of the programmes (1, 2). Audit of practice placements takes place biennially (3).</p> <p>Senior staff in the school are working with trusts and DHSSPSNI as a review of</p>

healthcare in NI is currently taking place. They aim to minimise the impact of service reconfiguration on student placement experience. They are also exploring new avenues for placements with GPs and in the private voluntary and independent (PVI) sector (3).

#### What we found at the event

We found that effective partnership working arrangements are apparent at all levels. All stakeholders informed us that they have effective partnership working at both a strategic as well as operational level. Representatives from all health authorities are actively involved in programme management and development while senior school staff have input into strategic decision making (60, 64-65, 93).

The discipline lead for practice and assessment (DLPA) has good communication links with PEFs and other senior clinical managers in the trusts (59). There are a range of forums at strategic and operational level which ensures that appropriate information is shared (93-95). The processes for joint actions arising from adverse clinical governance issues places patients and students safety at the forefront of all action plans.

Collaborative efforts are being made to build placements capacity, increasing the use of private and voluntary institutions and developing links with GP practices (93).

The educational audit tool is shared with other AEIs who also access the practice areas, as is the responsibility for taking the lead in completing the audit (59, 83). The PEFs and LLs undertake the audits in collaboration with the ward manager every two years. This process also applies to PVIs. The audit includes details of mentors and student capacity in each placement area. Re-auditing occurs for a number of reasons. We saw evidence of re-auditing due to service reconfiguration and a reduction in mentor numbers (13, 15, 31, 59). Audits are held on the database in the PLU, with information regarding mentor status updated weekly (59).

A raising and escalating concerns policy is in place in placement provider organisations and senior staff report a pro-active approach to issues of concern arising in practice placements (12, 14-15, 23, 91). There is also a well established process for student complaints in relation to the practice learning environment. We found that students are willing to inform the PEFs and LLs of any concerns (15, 89, 90). A recent initiative has been introduced by the director of nursing of holding monthly 'raising concerns' which are open to all trust staff and students (10).

The chief nursing officer and practice education co-ordinators are responsible for alerting the AEI about relevant governance issues. Actions are agreed between the AEI and senior managers in the trust. Potential impact on students is closely monitored (89).

PEFs share audit, mentor update and mentor training data and processes across the trusts and AEIs (48, 49).

#### Evidence / Reference Source

- 1.NMC Approval report: Midwifery, 2013
- 2.NMC Approval report: Pre-registration nursing: mental health, 2011
- 3.Self assessment report 204/15
- 10.Meeting with lead midwife and PEC , 15 January 2015
- 12.Meeting with lead midwife, consultant midwife, practice education co-ordinator, PEF, ward manager, mentor and student: Causeway, 14 January 2015
- 13.Teleconference: Daisy Hill, 14 January 2015
- 14.Meeting with LME and midwifery team, 15 January 2015
- 15.Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), LL: BHSCT, 15 January 2015
- 23.Raising and escalating concerns – poster, guidance, workshop programme: Causeway
- 31.Educational audit documents: Altnagelvin, Causeway and BHSCT, 14 January 2015
- 48.BHSCT: online mentor database
- 49.SHSCT: online mentor database
- 59.Meeting with clinical allocations manager and visit to PLU, 14 January 2015
- 60.Conference call with chief nursing officer, 14 January 2015
- 64.Conference call with LSA MO and head of midwifery, Ulster, 15 January 2015
- 65.Meeting with Midwifery consultant: Public health agency , 15 January 2015
- 83.University of Ulster, the Open University, QUB, Health and social care in northern Ireland: Educational audit for practice learning
- 89.Northern health and social care trust (NHSCT): Process for the management of complaints relating to the practice placement environments within the northern health and social care trust from nursing and midwifery students, no date
- 90.Stages in raising and escalating concerns, flow chart
- 91.Process for raising concerns
- 93.QUB, School of nursing and midwifery: minutes of undergraduate nursing partnership group, 23 January 2014, 17 April 2014, 28 August 2014
- 94.Notes of quarterly midwifery PEF meeting, 9 December 2014.
- 95.QUB: Minutes of meeting of the annual programme review, 10 October 2013, 14 October 2014.

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

What we found before the event

The school is committed to the involvement of service users and carers. The service user and carer group has now become an embedded part of the business of the school. The members have a scheduled meeting four times per calendar year where school business is discussed, ongoing updating is provided and recent experiences of school activities are discussed (3).

What we found at the event

We found evidence that the service user and carer group is now well established within the school. The group meets quarterly and attendance is good. It is clear that members are keen to expand their involvement in established activities, predominantly face to face teaching with students. Members also intend to develop their role in other areas. They have requested representation on the staff student consultative forum, expressed an interest in raising awareness of mental health issues to all fields and further



involvement in student interviews (61, 63, 92).

Practice partners are committed to working with school staff. There is a long history of practice partner involvement both operationally and strategically (93).

#### Midwifery

Practitioners are actively involved in programme development and delivery and work closely with QUB (5, 12, 15). One lecturer has a joint appointment as a PEF and another is a supervisor of midwives (5, 15). There are regular education practice partnership meetings and practitioner involvement in the annual programme review (13, 14). Midwifery teaching staff are involved in the midwifery planning network (60).

Service users provide feedback to students as part of their clinical placement progress review (29). The service users we met commended the professional behaviour and quality of care they had received from students working alongside mentors (9, 18).

#### Nursing (mental health)

We found good strategic working relationships with practice partners facilitated through the nursing officer at the department of health (60).

Service users are involved in supporting student learning in practice and leading learning opportunities in some instances. Trusts are implementing peer support worker roles in which service users will become staff members (40). Service user and carer representatives are involved in programme development for the current curriculum and in delivery of the curriculum (35, 38). Evidence provided demonstrated how service user and carers are involved in the development of learning materials and student placement inductions (47).

#### Evidence / Reference Source

- 3. *Self Assessment Report 2014/15*
- 5. *Meeting with PEF and LLs: Altnagelvin, 14 January 2015*
- 9. *Service user: Altnagelvin, 14 January 2015*
- 12. *Meeting with lead midwife, consultant midwife, practice education co-ordinator, PEF, ward manager, mentor and student: Causeway, 14 January 2015*
- 13. *Teleconference: Daisy Hill, 14 January 2015*
- 14. *Meeting with LME and midwifery team, 15 January 2015*
- 15. *Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), LL: BHSCT, 15 January 2015*
- 18. *Service user: BHSCT, 15 January 2015*
- 29. *Clinical placement progress review documents*
- 35. *Meeting with "Cause" carer organisation co-ordinator: BHSCT: Knockbracken health care park. 14 January 2015*
- 38. *Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater hospital, Knockbracken health care park, 14 January 2015*
- 40. *Meeting with service users: SEHSCT: Community addictions services, Newtownards, 15 January 2015*
- 47. *Service User designed "Cause" leaflet*

60. Conference call with chief nursing officer, 14 January 2015  
 63. Meeting with director of education, 15 January 2015  
 92. QUB, School of nursing and midwifery: minutes of service users and carers forum, 27 January 2014, 28 April 2014, 29 September 2014  
 93. QUB, School of nursing and midwifery: minutes of undergraduate nursing partnership group, 23 January

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

What we found before the event

Students have access to all university support services and are allocated a personal tutor. The LL role is central to student support (1, 2).

What we found at the event

We found that the role of the LL is crucial in the support of students in practice. The expectations of the role are clearly defined (75).

Midwifery

LLs are accessible and reported to provide exemplary support in practice settings. They effectively support students, mentors and PEFs to enhance the student learning experience, including involvement in the tripartite interviews. On regular occasions they work directly alongside students (6, 7, 8, 11-12, 15-17).

Nursing (mental health)

The LL role works well in supporting students in practice placements. Students are well supported by the university and know who their links are on each placement. There is always someone available at QUB to contact. Link lecturers are required to contact students regularly throughout their placement, usually by phone due to the size of the team and the geographical distances. Students are clear that LLs always visit if asked to do so (34, 63). Mentors and PEFs confirm that this is the case although there is some variability across SHSCT. This variability is due to both the geographical distances involved and the size of the teaching team. As stated previously LLs comply with the schools requirement of regular contact by email, phone call or visit (36-39, 41-43, 53). It is clear that personal tutors also have regular oversight of the students practice learning experience (53).

Evidence / Reference Source

1. NMC Approval report, midwifery, 2013.
2. NMC Approval report, pre-registration nursing, mental health, 2011

- 6. Meeting with lead midwife, midwifery sister and LL: Altnagelvin, 14 January 2015
- 7. Meeting with mentors: Altnagelvin, 14 January 2015
- 8. Meeting with students: Altnagelvin, 14 January 2015
- 11. Meeting with mentors and students: Causeway, 14 January 2015
- 12. Meeting with lead midwife, consultant midwife, practice education co-ordinator, PEF, ward manager, mentor and student: Causeway, 14 January 2015
- 15. Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), LL: BHSCT, 15 January 2015
- 16. Meeting with mentors: BHSCT, 15 January 2015
- 17. Meeting with students: BHSCT, 15 January 2015
- 36. Meeting with sign-off mentors, mentors, PEFs: Rathlin ward, BHSCT: Knockbracken health care park, 14 January 2015
- 37. Meeting with sign-off mentor: Beechcroft unit, forster green hospital, BHSCT, 14 January 2015
- 38. Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater hospital, BeHSCIT: Knockbracken health care park, 14 January 2015
- 39. Meeting with Team manager and PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 41. Meeting with mentor, SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 42. Meeting with PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 43. Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SHSCT, 15 January 2015
- 53. QUB Practice Portfolios [3 in active use], mental health nursing, 2012 curriculum
- 63. Meeting with director of education, 15 January 2015
- 75. QUB: School of nursing and midwifery: Link lecturer roles and responsibilities, no date

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

Mentors, students, PEFs and LLs are all clear about their role in assessment and the need for agreed action planning if any difficulties in the achievement of assessment occurs (1, 2).

The school is responsive to suggestions from practice partners regarding adjustments to the assessment of practice (2).

What we found at the event

The school provides a mentorship preparation teaching and assessing in practice programme (106).

All mentors undertake a mentor preparation programme and meet the NMC requirements for sign-off in accordance with the NMC standards to support learning and assessment in practice (2008). Mentors report that they are adequately prepared for their role by PEFs and supported by LLs (7, 11, 16, 36-39, 41-43). Some mentors find the role demanding and report that allocated learning time can be dependent upon service demands (11, 16).

Students receive appropriate support and supervision from mentors (8, 11, 13, 17, 36-

<p>39, 41-43). Some midwifery students have found variability in mentors' assessment in practice, particularly in relation to the grading of practice (19). As noted above, the practice assessment documentation and grading tool has been revised and work is on-going in this area (20).</p> <p>The databases confirm that all mentors are up to date (26, 59, 45, 48, 49).</p>
<p>Evidence / Reference Source</p>
<ul style="list-style-type: none"> <li>1. NMC Approval report, midwifery, 2013.</li> <li>2. Self assessment report, 2014/15</li> <li>7. Meeting with mentors: Altnagelvin, 14 January 2015</li> <li>8. Meeting with students: Altnagelvin 14 January 2015</li> <li>11.Meeting with mentors and students: Causeway, 14 January 2015</li> <li>13.Teleconference: Daisy Hill, 14 January 2015</li> <li>16.Meeting with mentors: BHSCT, 15 January 2015</li> <li>17.Meeting with students: BHSCT, 15 January 2015</li> <li>20.Practice portfolio (Record of achievement)</li> <li>26.Mentor registers and/or electronic database: Altnagelvin, Causeway and BHSCT</li> <li>36.Meeting with sign-off mentors, mentors, PEFs: Rathlin ward, BHSCT: Knockbracken health care park 14 January 2015</li> <li>37.Meeting with sign-off mentors, Beechcroft unit, Forster green hospital, BHSCT, 14 January 2015</li> <li>38.Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater hospital, BHSCT: Knockbracken health care park 14 January 2015</li> <li>39.Meeting with team manager and PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015</li> <li>41.Meeting with mentor: SEHSCT: Community addictions services, Newtownards, 15 January 2015</li> <li>42.Meeting with Practice Education Facilitators, South Eastern Health and Social care Trust community addictions services, Newtownards, 15 January 2015</li> <li>43.Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SHSCT, 15 January 2015</li> <li>45.SEHSCT online mentor database</li> <li>48.BHSCT online mentor database</li> <li>49.SHSCT online mentor database</li> <li>59.Meeting with allocations manager and visit to the department</li> <li>106.QUB: Continuing professional and academic development 2014/15 entry</li> </ul>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>There is evidence that mentors have annual updates and are prepared for the role. The trusts maintain a database of mentors and updates including sign-off status and triennial review (1, 2).</p>
<p>What we found at the event</p>

We found that attendance at mentor updates is supported by managers. Records of mentor update and triennial review are maintained in the trusts and on the database in the allocations department. This is updated weekly (59).

#### Midwifery

Midwifery mentors attend annual updates provided by the PEFs and or LL. Updates are normally face-to-face group sessions, which include reflection, scenarios and discussion of the mentor's role in the assessment of practice (5, 7, 11, 13, 16).

Triennial review is normally completed by ward managers and monitored by PEFs (5, 7, 11, 13, 16). Both annual updates and triennial reviews are recorded on the mentor registers or database and mentors were found to be up-to-date (26).

#### Nursing (mental health)

Evidence of robust governance processes with regard to the standards to support learning and assessment in practice (SLAiP) standards is presented (50). Mentor updates are held in the three trusts visited (54). Mentors are supported by employers to attend annual classroom updates (36-39, 41-43). The audit document requires evidence that processes are in place to facilitate mentor updating. Link lecturers complete the audit with managers in PVI placements (105).

#### Evidence / Reference Source

- 1.NMC Approval report: Midwifery, 2013
- 2.NMC Approval report,.: Pre-registration nursing: mental health, 2011
- 5.Meeting with PEF and LLs: Altnagelvin, 14 January 2015
- 7.Meeting with mentors: Altnagelvin, 14 January 2015
- 11.Meeting with mentors and students: Causeway, 14 January 2015
- 13.Teleconference: Daisy Hill, 14 January 2015
- 16.Meeting with mentors: BHSCT, 15 January 2015
- 26.Mentor registers and/or electronic database: Altnagelvin, Causeway and BHSCT
- 36.Meeting with sign-off mentors, mentors, PEFs: Rathlin ward, BHSCTelfast Health and Social Care Trust, Knockbracken Health Care Park, 14 January 2015.
- 37.Meeting with sign-off mentors, Beechcroft unit, Forster green hospital, BHSCT, 14 January 2015
- 38.Meeting with ward manager, sign-off mentors, mentors, PEFs, carers, Mater hospital, BHSCT: Knockbracken health care park 14 January 2015
- 39.Meeting with team manager and PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 41.Meeting with mentor: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 42.Meeting with Practice Education Facilitators, South Eastern Health and Social care Trust community addictions services, Newtownards, 15 January 2015
- 43.Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SHSCT, 15 January 2015
- 54.SEHSCT: Mentorship annual updates schedule Dec14 -March 15
- 59.Meeting with clinical allocations manager and visit to PLU, 14 January 2015
- 105.University of Ulster, Open university, QUB, Health and social care in Northern Ireland: Educational audit for practice learning.

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

<p>What we found before the event</p>
<p>Practice provider partners maintain registers of mentors, annual updating records as well as sign-off status. Practice education coordinators and PEFs work closely with university staff to maintain accurate registers of mentors. Regular mentor updates are provided throughout the year. The mentor register is checked as part of annual monitoring process and audit process (2).</p>
<p>What we found at the event</p>
<p>We found that the database in the allocations department in the school is updated weekly with information from the trusts. Information is accurate and up to date (59).</p> <p>Midwifery</p> <p>We found that mentor registers are up-to-date. The electronic database is an excellent resource for practice placement providers and can be accessed by QUB. On this system, managers can only allocate students to midwifery mentors who are current and up-to-date. This is currently being implemented more widely across the region (26).</p> <p>Nursing (mental health)</p> <p>We found that all practice placement managers have accurate and current information regarding mentor status. Mentor databases provide clear evidence that risks are very well controlled in these areas with the current status of all mentors being known in both NHS and PVI placement areas (45, 48-49). The BHSCT and SHSCT share a database in which all stakeholders are sent a weekly electronic update (48-49). The SEHSCT has an equally robust database but without the automated circulation system. The BHSCT's audit data further supports the evidence that this risk is well managed (50, 55).</p>
<p>Evidence / Reference Source</p>
<p><i>26. Mentor registers and/or electronic database: Altnagelvin, Causeway and BHSCT</i>  <i>59. Meeting with allocations manager and visit to the department, 14 January 2015</i>  <i>45. SEHSCT online mentor database</i>  <i>48. BHSCT online mentor database</i>  <i>49. SHSCT online mentor database</i>  <i>50. BHSCT: Report on governance of SLAiP standards: Carney, 2015</i>  <i>55. BHSCT: Placement report, November 2014.</i></p>
<p style="text-align: center;"><b>Outcome: Standard met</b></p>
<p>Comments: No further comments</p>



Areas for future monitoring: No further comments

### Findings against key risks

#### Key risk 4 - Fitness to Practice

**4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for**

**4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for**

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

#### Midwifery

Midwifery students undertake shared learning modules with nursing and enquiry based learning sessions occur throughout the programme (1). The third year midwifery students share sessions with the fourth year medical students on normal labour. The university has awarded the team an innovation award for this development (3).

#### Nursing (mental health)

A range of learning and teaching strategies are used. Clinical skills teaching facilities exist for students to undertake a variety of skills based learning. There is evidence of inter-professional learning within the programme although this is predominately in practice (2).

What we found at the event

We found that progression points are clearly identified and monitored (87, 88).

#### Midwifery

The three year BSc (Hons) Midwifery Sciences programme and the BSc (Hons) Midwifery Studies shortened programme address the required learning outcomes to meet NMC standards (27-28). Students exiting the programmes are considered fit for practice by employers (6, 12-13, 15).

All students report that the learning and teaching strategies are varied and effective (8,

11, 13, 17, 19). In particular the enquiry based learning sessions are highly rated and valued by the second year students (19). They particularly value opportunities given to rehearse and develop caring and practical skills prior to practice placements (8).

Students engage in inter-professional learning (IPL) activities at QUB and in practice settings. The IPL session with medical students covering normality of labour is an effective form of learning and enhanced understanding of each other's roles (13). The programme includes simulated learning and in particular, the students found the university practical obstetric multi-professional training sessions a valuable learning experience, which encouraged them to participate in simulated sessions in practice and increased their confidence in emergency situations (14, 17, 19, 24).

#### Nursing (mental health)

Compliance with the requirements at progression points and for entry to the register is evidenced in the practice portfolios. It is clear that the portfolios require students to demonstrate readiness to progress and that there is a process for these to be submitted and checked by personal tutors prior to progression (51, 53).

Evidence based learning is the underpinning approach to teaching and learning. The inclusion of modular academic content in the practice portfolio encourages the student to link theory and practice. Progression requires practice and academic modules to have been passed. Students understood the requirements at progression points (3, 34).

#### Evidence / Reference Source

- 1.NMC Approval report, midwifery, 2013
- 2.NMC Approval report:, pre-registration nursing, mental health, 2011
- 3.Self assessment report 2014/15
- 6.Meeting with lead midwife, midwifery sister and LL: Altnagelvin, 14 January 2015
- 8.Meeting with students: Altnagelvin, 14 January 2015
- 11.Meeting with mentors and students: Causeway, 14 January 2015
- 12.Meeting with lead midwife, consultant midwife, practice education co-ordinator, PEF, ward manager, mentor and student: Causeway, 14 January 2015
- 13.Teleconference: Daisy Hill, 14 January 2015
- 14.Meeting with LME and midwifery team, 15 January 2015
- 15.Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), LL: BHSC, 15 January 2015
- 17.Meeting with students: BHSC, 15 January 2015
- 19.Meeting with students: QUB, 15 January 2015
- 24.Hughes, C., Anderson, G., Patterson, D. & O'Prey, M. (2014). Introducing and obstetric emergency training strategy into a simulated environment. *British Journal of Midwifery* Retrieved January 16, 2015  
<http://www.magonlinelibrary.com.ezproxy.herts.ac.uk/doi/full/10.12968/bjom.2014.22.3.201>
- 27.Curriculum document BSc (Hons) Midwifery Sciences: 3 year
- 28.Curriculum document BSc (Hons) Midwifery Studies : 78 week
- 34.Meeting with year one, two and three students: QUB, 15 January 2015
- 51.QUB: Practice portfolio, mental health nursing [blank], 2012 curriculum
- 53.QUB: Practice portfolio, mental health nursing [in active use], 2012 curriculum
- 87.QUB: School of nursing and midwifery: Undergraduate nursing sciences: minutes of pathway examination board, 8 May 2014, 11 September 2014
- 88.QUB: School of nursing and midwifery: Undergraduate nursing sciences: minutes of subject examination board 12 June, 2014, 11 September 2014

<p>Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>Midwifery</p> <p>Students readily achieve the required NMC and EU experiences, also having the opportunity for an elective placement (1).</p> <p>The school has been responsive to feedback from students, mentors and external examiners (EE) in making adjustments to the portfolio. These changes have been well received (1).</p> <p>Students are placed in one of nine maternity units for the majority of the programme. Their experience is extended by a short placement in a different location (1).</p> <p>Student midwives are enthusiastic and determined to improve the birth experience of women. For the second year running a midwifery student has received a runner up award in the Cavell nurses trust scholarship awards (3).</p> <p>Nursing – mental health</p> <p>Assessment documentation provides mentors and students with clear guidance to achievement of essential skills, also included are generic and field specific competencies (2).</p>
<p>What we found at the event</p>
<p>We found that students completing all three programmes are viewed as well prepared for practice by commissioners and employers (60, 64-65).</p> <p>Midwifery</p> <p>Students achieve the NMC competencies, essential skills clusters (ESC) and EC directives in accordance with the NMC standards for pre-registration midwifery education (2009). ESCs are an integral component of the practice portfolio and opportunities to achieve ESCs also have to be confirmed as part of the educational audit (105). Achievement is monitored by the personal teacher. Final interviews in practice placements include student, mentor and LL to meet the requirement for tripartite interviews (20-21).</p> <p>The programmes include an appropriate range of practice placements and all students gain experience of continuity of midwifery care through case-loading. A small number of students reported variability in the practice learning experience and suggested that additional preparation for practice should be provided and further guidance given to mentors. PEFs and LLs are aware of this issue and are working with mentors to</p>

address it (19).

An alternative labour ward placement is undertaken in the final year of the programme, which provides an opportunity for students to experience a different maternity service within NI. This is positively evaluated by the third year students (8, 11, 13, 17). In addition, students may undertake an international and or elective observational visit in the final year of the programme (12, 30, 62).

All midwifery students have a named SoM and attend local supervisory meetings (5, 15, 64). One area visited, has established action learning sets in practice with SoMs and student midwives, which have been very positively evaluated by students and has led to an increased knowledge and understanding of the supervisory framework (15).

Service user feedback demonstrates that students are courteous, extremely knowledgeable and demonstrate caring qualities and communication skills. The students could not be distinguished from qualified midwives in their practice (33).

Nursing (mental health)

The practice assessment portfolios require that students demonstrate readiness to progress. Personal tutors take responsibility for checking this. The diversity and appropriateness of practice placements was confirmed by students and practice education facilitators (34, 36-39, 41-43). This diversity is monitored in PLU (59).

Service users identified that students' knowledge is up to date, they are enthusiastic, demonstrate caring qualities and are friendly and approachable (40).

Sign-off mentors understand and are prepared for their role in readiness for entry to the register and service managers confirm that they viewed QUB graduates as employable (36-39, 43, 60).

#### Evidence / Reference Source

1. NMC Approval report, midwifery, 2013
2. NMC Approval report, Pre-registration nursing, mental health 2011
3. Self assessment report 2014/15
5. Meeting with PEF and LLs: Altnagelvin, 14 January 2015
8. Meeting with students: Altnagelvin, 14 January 2015
11. Meeting with mentors and students: Causeway, 14 January 2015
13. Teleconference: Daisy Hill, 14 January 2015
15. Meeting with intrapartum clinical manager, midwifery sister, placement co-ordinator, PEF, midwifery practice educator (post-reg), LL: BHSCT, 15 January 2015
17. Meeting with students: BHSCT, 15 January 2015
19. Meeting with students (QUB), 15 January 2015
20. Practice portfolio: Record of achievement
21. Clinical experience record book
30. International/elective placement information
33. Meeting with service users: midwifery, 15 January 2015
34. Meeting with year one, two and three students: QUB, 15 January 2015
36. Meeting with sign-off mentors, mentors, PEFs: Rathlin ward, BHSCT: Knockbracken health care park, 14 January 2015
37. Meeting with sign-off mentors, Beechcroft unit: Forster green hospital, BHSCT, 14 January 2015
38. Meeting with ward manager, sign-off mentors, mentors, PEFs: Mater hospital: BHSCT: Knockbracken health

care park, 14 January 2015  
 39.Meeting with team manager , PEFs: SEHST: Community addictions services, Newtownards, 15 January 2015  
 40.Meeting with service users: nursing, mental health, 15 January 2015  
 41.Meeting with mentor, SEHSCT: Community addictions services, Newtownards, 15 January 2015  
 42.Meeting with PEFs: SEHSCT: Community addictions services, 15 January 2015  
 43.Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SHSCT, 15 January 2015  
 60.Conference call with chief nursing officer 14 January 2015  
 62.Meeting with midwifery lecturer regarding international midwifery placements, 14 January 2015  
 64.Conference call with LSAMO and head of midwifery, Ulster, 15 January 2015  
 65.Meeting with consultant midwife, public health agency representative, 15 January 2015  
 105.University of Ulster, Open university, QUB, Health and social care in Northern Ireland: Educational audit for practice learning.

**Outcome: Standard met**

Comments: No further comments

Areas for future monitoring: No further comments

### Findings against key risks

#### Key risk 5- Quality Assurance

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

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

What we found before the event

Student's feedback in the NSS 2014 had given the school cause for concern. They indicated that they do not receive assessment feedback in a timely manner. The school has formulated a detailed action plan to address this issue (3).

The school has received a number of requests from disability services for students to be provided with a reader and or scribe for examinations. An action plan was developed to meet student needs while safeguarding the public (3).

Midwifery

Students are very satisfied with the programme, are well supported in both the

university and practice and find their programme evaluations are addressed effectively (1).

Midwifery lecturers are working with mentors to ensure consistency in the assessment and grading of practice (3).

Nursing (mental health)

Quality assurance processes are identified in the programme specifications. Students and mentors interviewed are aware of monitoring of standards and requirements. Strategies for evaluating the programme are in place (2).

What we found at the event

Both programmes have a board of examiners (BoE) which ensures that all students meet programme and NMC requirements at progression points. Attendance by EE is good (81, 87, 88). EEs are satisfied with the consistency of marking and are encouraged to moderate practice assessment portfolios (80).

Midwifery

Programme review meetings are held every six months with all stakeholders involved. Programme, module and placement evaluations are used to inform continuing programme developments. Students reported that the programme team are very responsive to feedback and examples were given, such as changes to the assessment strategy (14, 19).

Feedback from EE is positive and EE are regularly given the opportunity to meet with mentors and students (63).

Nursing (mental health)

We found that students evaluate both theory and practice modules. The trusts have developed their own systems which work alongside those in the school. PEFs manage the system in the trusts, and provide feedback to practice placements (76-78). Response rates to practice placement evaluations in the school are low. It is intended to change to an electronic system and apply sanctions for non-completion (59, 63).

Opportunities for students to discuss evaluations are provided at the staff student consultative committee (SSCC) which meets two monthly (82). Student attendance is variable. The results in the NSS are not reflected in internal school documents or in reviewers meetings with students (34, 82, 93).

Evidence / Reference Source

- 14. Meeting with LME and midwifery team, 15 January 2015
- 19. Meeting with students: QUB, 15 January 2015
- 34. Meeting with year one, two and three students: QUB, 15 January 2015
- 76. SHSCT: Practice learning feedback questionnaire
- 77. SHSC: Mentor evaluation
- 78. SHSCT: Student evaluation of placement area



80. External examiners report – nursing  
81. QUB: School of nursing and midwifery: Minutes of programme board of examiners for pre-registration midwifery and family health, 30 January 2014, 12 June 2014, 9 December 2014  
82. QUB: School of nursing and midwifery: Minutes of staff student consultative committee, 10 March 2014, 12 May 2014, 20 January 2014, 28 October 2014  
87. QUB, School of nursing and midwifery: Undergraduate nursing sciences: minutes of pathway examination board: 8 May 2014, 11 September 2014  
88. QUB, School of nursing and midwifery: Undergraduate nursing sciences: minutes of subject examination board: 12 June, 2014, 11 September 2014,  
93. QUB: School of nursing and midwifery: Minutes of undergraduate nursing partnership group, 23 January 2014, 17 April 2014, and 28 August 2014.

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

What we found before the event

External examiners are satisfied with the appropriateness of the practice assessment documentation (3).

What we found at the event

We found that students evaluate placements positively and also understand how to raise concerns about practice, being confident to instigate proceedings (89). Neither students, mentors or PEFs could recall recent implementation of these procedures but were able to describe the process consistently. They are confident that concerns and complaints would be appropriately dealt with and communicated (34, 36-39, 41-43, 46, 51).

Students are required to complete two placement evaluations, one for the university and one for the trust. PEFs review the trust evaluations and communicate any areas for concern to placements so that issues can be addressed in a timely fashion. A summary of practice placement evaluations are sent by the PEF to ward sisters at six monthly intervals (13). There are also opportunities for discussion of evaluations at the undergraduate nursing partnership group and the staff student consultative committee (82, 93).

External examiners are positive regarding the assessment strategy and consistency in marking. EEs are consulted regarding changes to assessment and attendance at board of examiners is good (80, 81). They are expected to moderate the practice assessment portfolios and are encouraged to meet with mentor and students. Uptake of this is inconsistent. Plans are in place to make this a more formal part of the EE attendance at BoE (63).

Evidence / Reference Source

- 3. Self assessment report 2014/15
- 34. Meeting with year one, two and three students: QUB, 15 January 2015
- 36. Meeting with sign-off mentors, mentor: PEFs: Ratline ward: BHSCT: Knockbracken health care park, 14 January 2015
- 37. Meeting with sign-off mentors, Beechcroft unit, Forster green hospital, Belfast Health and Social Care Trust, 14 January 2015.
- 38. Meeting with ward manager, sign-off mentors, mentors, PEFs: Mater hospital: BHSCT: Knockbracken health care park, 14 January 2015
- 39. Meeting with Team manager and PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 41. Meeting with mentor, SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 42. Meeting with PEFs: SEHSCT: Community addictions services, Newtownards, 15 January 2015
- 43. Telephone conference call with ward manager, sign-off mentors, mentors, PEFs: SHSCT, 15 January 2015
- 46. BHSCT Student welcome and induction pack
- 51. QUB Practice portfolio: Mental health nursing, 2012 curriculum
- 80. External Examiners report – nursing
- 81. QUB, school of nursing and midwifery, minutes of programme board of examiners for pre-registration midwifery and family health, 30th January 2014, 12th June 2014, 9th December 2014
- 82. QUB, school of nursing and midwifery, minutes of staff student consultative committee, 10 March 2014, 12.May.20120.January 2014, 28.October 2014
- 89. Northern health and social care trust: Process for the management of complaints relating to the practice placement environments within the northern health and social care trust from nursing and midwifery students
- 93. QUB, school of nursing and midwifery, minutes of undergraduate nursing partnership group, 23 January 2014, 17 April 2014, 28 August 2014.

**Outcome: Standard met**

Comments:

EEs attend BoEs regularly but their engagement with practice is less consistent.

Areas for future monitoring:

- EEs to increase engagement with practice.

**Personnel supporting programme monitoring**

**Prior to monitoring event**

Date of initial visit: 15 Dec 2014

**Meetings with:**

Discipline Lead for Mental Health  
Director of Education  
Lead Midwife Education  
Discipline Lead for Mental Health

Discipline Lead for Practice and Assessment Secretary to Director of Education in attendance
<b>At monitoring event</b>
<b>Meetings with:</b>
LME and midwifery team Mental health teaching team Director of education Clinical allocations manager Chief nursing officer Head of admissions Midwifery lecturer re -international placements LSA MO Head of midwifery, Ulster Midwifery consultant, Public health agency

Meetings with:

Mentors / sign-off mentors	23
Practice teachers	
Service users / Carers	10
Practice Education Facilitator	12
Director / manager nursing	3
Director / manager midwifery	11
Education commissioners or equivalent	4
Designated Medical Practitioners	
Other:	5

	Link lecturers
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Meetings with students:

Student Type	Number met
Registered Nurse - Mental Health	Year 1: 2 Year 2: 2 Year 3: 2 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 5 Year 2: 10 Year 3: 5 Year 4: 0