

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

Approved education institution	University of Bedfordshire
Programmes monitored	<p>BSc (Hons) Adult Nursing BSc (Hons) Mental Health Nursing BSc (Hons) Children and Young People's Nursing BSc (Hons) Midwifery FdSc Nursing Associate</p> <p>BSc (Hons) Adult Nursing [apprenticeship route] BSc (Hons) Mental Health Nursing [apprenticeship route] BSc (Hons) Children and Young People's Nursing [apprenticeship route] BSc (Hons) Midwifery [apprenticeship route] FdSc Nursing Associate [apprenticeship route]</p> <p>MSc Adult Nursing MSc Mental Health Nursing MSc Midwifery</p> <p>MSc Adult Nursing [apprenticeship route] MSc Mental Health Nursing [apprenticeship route] MSc Midwifery [apprenticeship route]</p>
Date of monitoring visit	16-19 January 2024
Lead QA visitor	Ronnie Meechan
Lay visitor(s)	Mary Rooke Sandra Stephenson Jayne Walters
Registrant visitor(s)	Angela Hudson Jennifer Pinfield Sarah Snow

Observer(s)	Pamela Page (Mott MacDonald) Sophie Hunt (Nursing and Midwifery Council) (NMC) Caroline Dobson (NMC) Cate Morgan NHS England workforce, training and education (NHSE WTE) Karen Harrison-White (NHSE WTE)
Practice learning partner organisation visits undertaken during the visit	Bedford Hospital Luton and Dunstable Hospital East London Foundation Trust (ELFT), Evergreen Unit ELFT, Luton and South Bedfordshire Crisis Team ELFT, Primary Care at Home team at Grove View ELFT, Continence Team and Doppler Clinic, at Grove View Watford Hospital, outpatient department Watford Hospital, endoscopy department
Date of report	5 February 2024

Executive summary

Our findings conclude that the University of Bedfordshire (UoB) has systems and processes in place to monitor and control the following key risk theme to meet NMC standards and assure protection of the public:

- Curricula and assessment

We find the following key risk themes aren't controlled:

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

The UoB must identify and implement an action plan to address the key risks that aren't met to ensure the pre-registration nursing, midwifery and nursing associate (NA) programmes meet NMC standards to protect the public.

Learning culture: not met

We aren't assured that all risk indicators in relation to learning culture are successfully managed by the UoB and their practice learning partners (PLPs)/employer partners (EPs), in order to protect the public. Standard 1.1 is met, however standard 1.2 is not met.

We find that the pre-registration nursing, midwifery and NA programmes are designed and co-produced with PLPs/EPs. The UoB with their PLPs/EPs promote a professional

duty of candour within the student population and students give examples of how they would raise concerns. Academic assessors, practice assessors and practice supervisors are aware of the importance of their role in preserving public safety (218-221, 235, 238, 240, 242-247, 250-251, 253-255, 257).

Programme learning outcomes, learning activities, systems and processes promote self-reflection and education that's underpinned by the NMC Code. We find there's inter-professional learning (IPL) opportunities available to students in practice learning environments, and the UoB works with PLPs/EPs and students to facilitate and disseminate learning from these activities. However we find there are no IPL opportunities within theory learning and students tell us they've not had opportunities in their modules (known as units of study) (218-248, 250-257, 259).

We find students have opportunities to provide feedback in relation to their education in all learning environments. We find the UoB provide examples of how they listen to students and respond with making minor modifications in their programmes. We find that the UoB present some of these modifications in their annual self-report (ASR). However, the UoB don't consistently report all minor modifications to the NMC or make full use of the exception reporting process (18-19, 218-248, 250-257, 259).

We find that people who use services and carers (PUSCs) aren't consistently involved with co-production and co-design of UoB programmes (218-221, 247, 249, 251, 258).

Educational governance and quality: not met

We aren't assured that all risk indicators in relation to educational governance and quality are successfully managed by the UoB and their PLPs/EPs, in order to protect the public. Standards 2.1 and 2.2 are not met.

We find that the UoB and their PLPs/EPs work in partnership. PLPs/EPs tell us that they've a good working relationship with the UoB. There's evidence that the leadership team at the UoB meet with senior nurses and senior midwives across the local and regional health systems (218-223).

The UoB has established fitness to practise (FtP) policies in place. Academic assessors, practice assessors and practice supervisors are aware of these policies and processes and know how to raise a concern about student conduct. PLPs/EPs tell us they're invited to attend FtP panels and are also involved with Disclosure and Barring Service (DBS) decisions when this is relevant (31, 44-45, 78, 218-223, 233-238, 240-247, 250).

The UoB use a values-based recruitment process which includes confirmation of good health and character and understanding of the role of the nurse, midwife and NA. Processes to ensure equality and diversity are included. Recruitment of nursing, midwifery and NA students includes healthcare professionals; however, we find that PUSCs aren't involved consistently with the selection and recruitment of nursing,

midwifery or NA students. PUSCs tell us they're not involved with the recruitment of students at the UoB. PLPs/EPs tell us their staff are involved in the recruitment of students (217-223, 249, 258, 290-292).

The UoB has established educational governance and quality assurance (QA) structures in theory and practice learning environments. PLPs/EPs are aware of these structures and work collaboratively with the UoB. PLPs/EPs tell us that they see UoB link lecturers within the clinical environments and that personal academic tutors are responsive. We find that practice assessors, practice supervisors and students don't consistently know who the students' academic assessors are or what their role is in progression decisions during the student's programme. We also find that the UoB doesn't consistently or effectively manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data (217-249, 251-257, 259, 318-319).

Student empowerment: not met

We aren't assured that all risk indicators in relation to student empowerment are successfully managed by the UoB and their PLPs/EPs, in order to protect the public. Standard 3.2 is met, however standard 3.1 is not met.

The UoB and their PLPs/EPs provide opportunities for students to learn from a diverse range of people in theory and practice environments. The pre-registration nursing, midwifery and NA programmes have a range of learning and assessment activities that promote safe and effective practice (217-249, 251-257, 259, 318-319).

There's evidence that the UoB assign students to suitably trained academic and practice assessors. Students tell us they're assigned to appropriately trained staff; however, they don't consistently know who their academic assessor is for each part of the programme. UoB academic staff confirm academic assessors aren't the same for consecutive parts of a student's programme (217-249, 251-257, 259, 318-319).

Adult nursing students and NA students tell us that they're not supernumerary and that their protected learning time isn't consistently applied for those on apprenticeship routes (224-232, 241, 243-246, 248, 252-257, 318-319).

Educators and assessors: not met

We aren't assured that all risk indicators in relation to educators and assessors are successfully managed by the UoB and their PLPs/EPs, in order to protect the public. Standard 4.1 is not met.

The UoB and their PLPs/EPs provide access to training and education for academic and practice staff involved with the supervision and assessment of students. There's evidence of workload planning for staff at the UoB as well as staff development and induction for new staff. Academic staff at the UoB tell us they've the staffing resources

they need to undertake their roles. Senior managers acknowledge there's been some challenges with staffing for the NA programme team and new staff have been recruited (218-222, 247, 251).

PLPs/EPs, practice assessors and practice supervisors tell us there's a collaborative approach to student assessment. Students tell us that they're not clear on the role that academic assessors have with progression decisions. Senior nurses, senior midwives and senior academic staff tell us there's a collaborative approach to the education of nursing, midwifery and NA students on UoB programmes (218-248, 250-257, 318-319).

Nursing, midwifery and NA students tell us that generally UoB academic staff, practice assessors and practice supervisors act as positive role models and demonstrate behaviour that's consistent with the NMC Code. Practice assessors and practice supervisors tell us that while organisations are supportive of their role in supporting students, they often have to make time to undertake this role. They tell us that the recent implementation of the electronic practice assessment document (e-PAD) and the electronic midwifery ongoing record of achievement (e-MORA) for year one students at the UoB was disorganised. Year one nursing, midwifery and NA students tell us this resulted in a delay in completing practice assessment documentation and this impacts on progression for some students (218-248, 250-257, 318-319).

Curricula and assessment: met

We're assured that all risk indicators in relation to curricula and assessment are successfully managed by the UoB and their PLPs/EPs, in order to protect the public. Standard 5.1 is met.

There's evidence to demonstrate that the pre-registration nursing, midwifery and NA programmes weight theory and practice learning appropriately to meet programme standards. Curricula are structured to facilitate theory and practice learning across the pre-registration nursing routes and the midwifery and NA programmes. Senior nurses, senior midwives, practice assessors, practice supervisors, practice educators and students confirm that the UoB pre-registration nursing, midwifery and NA curricula are co-produced with stakeholders who have experience relevant to the programme (218-248, 250-257, 318-319).

Practice assessors, practice supervisors, academic assessors and students tell us students are assessed across a range of practice settings and that assessment includes observations and other methods to assess student performance. Stakeholders, including PUSCs (feedback in the e-PAD/e-MORA), are involved in the assessment of students (218-248, 250-257, 318-319).

The UoB have QA processes that support fair and reliable assessment. There's no compensation between theory and practice on the pre-registration nursing, midwifery and NA programmes (18-19, 46-47, 55-61, 217-223).

Senior UoB academic staff, the UoB programme teams, senior nurses, senior midwives, academic assessors, practice assessors and practice supervisors are suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes (218-248, 250-257, 318-319).

Standards framework for nursing and midwifery education (SFNME) (NMC, 2018)		
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 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 not 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 not 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

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

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 United Kingdom (UK) and NAs in England. They maintain a register of professionals eligible to practise and investigate concerns and take action where appropriate through fitness to practise 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 approved education institutions (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.

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 monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery and/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 decide if the NMC Standards are met on the following basis:

Met: Triangulated evidence demonstrates that the AEI in collaboration with their PLPs/EPs is meeting the NMC requirements underpinning the standard and has effective risk management strategies in place to maintain compliance.

Not met: Evidence does not provide assurance that the AEI in collaboration with their PLPs/EPs is meeting all the NMC requirements within the standard. Action is required to ensure the standard is met and can be continuously monitored.

It's important to note that the outcome awarded for each standard is determined by the lowest level of control within the identified requirements. The outcome doesn't reflect a balance of achievement across the requirements.

When a standard isn't met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant PLPs/EPs. 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 that the standard is met.

The education monitoring visit to the UoB

In November 2019, the NMC refused approval of the UoB proposed suite of nursing programmes (2018 standards), across bachelor of science with honours (BSc (Hons)) and master of science (MSc) level (direct entry and apprenticeship routes), as 12 conditions were set during the approval process and the NMC only allow up to five conditions for a programme to be approved. Subsequently, the UoB submitted a

revised application to deliver nursing programmes against the 2018 standards which were successfully approved for delivery from October 2020.

In November 2019, the NMC also refused approval of the UoB proposed foundation degree in science (FdSc) NA programme, direct entry and apprenticeship routes, as nine conditions were set during the approval process. Subsequently, the UoB was successfully approved to deliver an NMC approved NA programme from October 2020.

The NMC uses a process of new programme monitoring (NPM) to support new programme providers to understand the NMC's QA requirements and ensure that compliance with all standards is being achieved and maintained. The UoB NA programme met the requirements for being on NPM. Normally, NPM is for the full duration of the first cohort until they've joined the NMC register, however over the pandemic, the NMC's QA Board decided to extend the period of NPM for many of the new AEs 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 AEs' control. For the UoB, the NMC extended the duration of NPM for a further academic year, until 31 August 2023.

As part of consideration for removal of the UoB NA programme from NPM, the NMC completed a full review of all programme approval and modification documentation, NPM meeting records and subsequent action plans. This included a thematic review of previous approval reports for all provision. Key themes emerged from the reports across nursing, midwifery and NA programmes, specifically related to the following areas:

- The involvement of PUSCs throughout the programmes,
- The supernumerary status of direct entry students and the provision of protected learning time for apprentices and
- The appropriate approval of any new EPs added for apprenticeship programmes.

The NMC are concerned about the scale of the risks identified and require assurance that 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 child fields), pre-registration midwifery and the FdSc NA programme, in line with NMC standards for nursing and midwifery education.

The NMC provided the UoB 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 Standards framework for nursing and midwifery education (SFNME) (NMC 2018) which are 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 (any SFNME requirements highlighted in red in this report will not form part of the focus of this visit as they're not required at the time of the monitoring visit).

The QA monitoring visit team included a lead QA visitor, lay visitors and registrant visitors with due regard for the programmes under review. The QA visit team used the review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They concluded their findings in response to the risks identified as mapped to the NMC standards and requirements.

Introduction to AEI's programmes

The UoB is an AEI. The school of nursing, midwifery and health education (the school) is approved to deliver programmes leading to eligibility to apply for registration as a registered nurse (adult, mental health or children and young people's nursing), midwife or NA through a degree apprenticeship and direct entry route. The UoB are also approved to offer independent prescribing.

The focus of the educational monitoring visit is the AEI's pre-registration nursing, midwifery and NA apprenticeship and direct entry programmes. The visit is conducted on 16-19 January 2024. A remote initial visit is undertaken on the 2 January 2024. During the initial visit the lead visitor asked the UoB to provide more documentary evidence (260-278).

The pre-registration nursing programme comprises of multiple routes: a three-year direct entry BSc (Hons) nursing (adult, children and young people or mental health), a three-year BSc (Hons) nursing (adult, children and young people or mental health) degree apprenticeship, a two-year MSc route in adult or mental health nursing and a two-year MSc route in adult or mental health nursing apprenticeship. The UoB withdrew the MSc children and young people nursing route in 2022/2023 as the programme didn't recruit the minimum number of students to make the route viable (19). The BSc (Hons) nursing and MSc nursing programme is in approval since the 4 September 2020.

The two-year NA programme is delivered via a direct entry and apprenticeship route. The NA programme is in approval since 29 September 2020.

The pre-registration midwifery programme comprises of multiple routes: a three-year direct entry BSc (Hons) midwifery, a three-year BSc (Hons) midwifery apprenticeship, a two-year MSc direct entry midwifery route and a two-year MSc midwifery apprenticeship. The BSc (Hons) and MSc midwifery programme is in approval since 24 February 2022.

There are no major modifications to programmes under review (18-20).

All programmes are approved under the SFNME and the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023). The BSc (Hons) and MSc nursing routes are approved under the Standards for pre-registration nursing programmes (SPNP) (NMC 2018, updated 2023) and Future nurse: Standards of proficiency for registered nurses (FN:SPRN) (NMC, 2018). The NA programme is approved under the Standards for pre-registration NA programmes (SPNAP) (NMC 2018, updated 2023) and Standards of proficiency for NAs (SPNA) (NMC, 2018). The midwifery programmes are approved under the Standards for pre-registration midwifery programmes (SPMP) (NMC 2019, updated 2023) and the Standards of proficiency for midwives (SPM) (NMC, 2019).

The monitoring visit comprises a review of documentation presented against the SFNME by the UoB prior to the visit. During the visit, QA visitors meet with students from all years of the nursing, midwifery and NA programmes, including students who are undertaking apprenticeship and direct entry routes. QA visitors also meet with a range of academic staff at the UoB, senior management at the UoB and PUSCs. Practice placement visits are undertaken and QA visitors meet with a range of stakeholders including senior PLP representatives, EP managers, practice assessors, practice supervisors, practice education staff and students in practice as well as at the UoB. QA visitors also review educational audits as part of this monitoring visit.

The UoB offer the following pre-registration programmes at the following sites:

- Aylesbury (nursing BSc (Hons) adult, mental health, BSc (Hons) midwifery and MSc midwifery)
- Bedford (nursing BSc (Hons) adult, children and young people's)
- Luton (nursing MSc adult, mental health; BSc (Hons) midwifery, MSc midwifery and NA)

Across all the UoB delivery sites there's circa 1000 pre-registration nursing (849) and NA (127) students. There are 212 pre-registration midwifery students currently on the programme.

The UoB work with PLPs and EPs covering a substantial geographical area, including several NHS trusts and a wide variety of private, voluntary and independent sector placements.

Bedfordshire Hospitals NHS Foundation Trust (BHFT), Buckinghamshire Healthcare NHS Trust (BHCT), Cambridge Community Services NHS Trust (CCST), Central and North West London NHS Trust (CNWLT), East London NHS Foundation Trust (ELFT), Frimley Health NHS Foundation Trust (FHFT), Frimley Park Hospital (FPH), John Radcliffe Hospital (JRH), Milton Keynes University Hospital NHS Foundation Trust (MKUHFT), Oxford Health NHS Trust (OHT), Oxford University Hospitals NHS Foundation Trust (OUHFT), Watford General Hospital (WGH) and West Hertfordshire

Hospitals NHS Trust (WHHT) are used to place students and apprentices on UoB programmes.

BHFT is a PLP/EP and works in partnership with the UoB offering placements for students/apprentices on the direct entry and apprenticeship routes for the midwifery, nursing and the NA programme. BHFT was formed as a new entity in April 2020 as a result of a merger and acquisition arrangement of Luton and Dunstable Hospital NHS Foundation Trust and Bedford Hospitals NHS Trust. BHFT provides a comprehensive range of acute and specialist services from the two acute locations. The trust also manages some activity at its five other satellite sites: Luton and Dunstable University Hospital Orthopaedic Centre, Arndale House, Archer Unit, Chaul End Community Centre Health Suite and Kingsway medical centre. The trust has 1024 acute inpatient beds, 36 critical care beds and 106 maternity beds and employs around 8022 full-time equivalent staff across the sites. Of these staff, 2058 are nursing and midwifery staff, 1082 are medical staff and 4007 are classified as other staff (11).

BHCT is a PLP/EP and offers placements for midwifery and nursing students and apprentices on the direct entry and apprenticeship programmes. BHCT is an integrated provider of acute hospital and community services for people living in Buckinghamshire as well as some people living across the borders in surrounding counties. BCHT provide care to over half a million patients every year and employ over 6000 staff. BCHT provides in patient care at Stoke Mandeville and Wycombe hospitals. BCHT also have a number of community facilities including Amersham Hospital, Buckingham Hospital, Chalfont and Gerrard's Cross Hospital, Marlow Hospital, Thame Community Hospital, Florence Nightingale Hospice and Rayners Hedge Rehabilitation Unit (10).

The Care Quality Commission (CQC) rated the trust as good, with outstanding for services being caring. The CQC noted that the trust board had been updated on progress with implementation of the seven immediate and essential actions outlined in the Ockenden report, the plan to ensure full compliance and gave an update on staffing which was a key component of maternity care (10).

ELFT is a PLP/EP and the UoB place nursing and NA direct entry and apprentice students within its services. ELFT was formed in April 2000 following the bringing together of mental health services from three community trusts in Tower Hamlets, Newham, The City and Hackney, pooling resources and much of London's major mental health expertise to become one of the UK's largest specialist NHS providers. ELFT core areas includes City of London, Hackney, Newham, Tower Hamlets, Bedford and Luton (since April 2015). ELFT provides learning disabilities services, addiction services, forensic services, home treatment services and specialist community health services. The CQC rate the trust as outstanding (9).

MKUHFT is a PLP/EP and is used by the UoB to place midwifery apprentices, midwifery direct entry students and nursing students. MKUHFT is a single-site trust that operates all clinical services from its main base at MKH. MKUHFT provides services including urgent and emergency care, medical and surgical non-elective services and

maternity, as well as children's inpatient and outpatient services, to more than 400,000 people in Milton Keynes. In addition, the trust provides a wide range of outpatient, day case and elective services. MKUHFT became a foundation trust in 2007. The trust has 550 beds and employs more than 4000 staff. There are approximately 457 inpatient beds of which 38 are paediatric, 53 are maternity, nine are critical care and 80 are day case beds. The trust holds around 389 outpatient clinics per week across most specialities including trauma and orthopaedics, vascular, breast, urology, diabetes and obstetrics (4-5).

WHHT is a PLP/EP. According to documentary evidence supplied by the UoB, this organisation is used to place students as well as apprentices on the midwifery and nursing apprenticeship programmes. Records held by the NMC identify that WHHT is approved as an EP for nursing but isn't formally approved as an EP for midwifery. WHHT is approved for midwifery prior to the monitoring visit (21-23).

WHHT provides acute healthcare services to a core catchment population of approximately half a million people living in west Hertfordshire and the surrounding area. The trust also provides a range of more specialist services to a wider population, serving residents of North London, Bedfordshire, Buckinghamshire and east Hertfordshire. WHHT employ almost 5000 people; the trust is one of the biggest employers in the area and sees nearly a million patients each year. The trust has three sites including WGH, Hemel Hempstead hospital and St Albans City Hospital (1-2).

FHFT is a PLP where direct entry midwifery students undertake practice learning opportunities. FHFT provides NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and south Buckinghamshire. The trust employs around 10,340 staff; there are three main hospitals, Heatherwood and Wexham Park Hospitals NHS Foundation Trust and FPH. FHFT was formed on 1 October 2014. In January 2017, the trust took over north-east Hampshire community services based at Fleet Hospital. The trust also hosts the defence medical group (south east) at FPH with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties. FPH in the latest CQC inspection was rated as outstanding. The CQC in their report ask the trust to consider the addition of a supernumerary co-ordinator to oversee staff and acuity across the whole maternity unit effectively and ensure that all staff within the maternity services have completed mandatory training (7-8).

We visit PLP/EP learning environments including BHFT (Bedford Hospital and Luton and Dunstable Hospital) midwifery units and in patient units; ELFT adolescent mental health unit, crisis team in Houghton Regis and the primary care team at Grove View and WHHT outpatient department and endoscopy unit.

Relevant issues from external quality assurance reports

Office for Standards in Education, Children's Services and Skills (Ofsted):
Ofsted inspected the UoB in January 2023. The Ofsted report highlights areas where

UoB need to improve:

- Leaders and governors must improve their oversight and management of performance data to ensure that information shared internally and externally is accurate.
- Leaders must ensure that staff take account of apprentices' existing skills and knowledge to ensure that apprentices with more experience of topics in the curriculum are challenged effectively to extend their knowledge further (38).

CQC:

In relation to system regulator reports, the CQC report for WHHT was published in 2020. The CQC rated maternity services as requires improvement, citing the service didn't have enough staff to care for women and keep them safe and offer a full range of choice to women in the delivery environment, and managers didn't always provide feedback about performance and support development during a timely annual appraisal process. The CQC also noted that staff worked as a team to deliver care to women despite the challenges they faced with the aged estate and staff vacancies, and managers monitored the effectiveness of the service and made sure staff were competent. The overall rating for WHHT is 'requires improvement' (1).

In November 2018 the CQC inspected OUHFT. The CQC identified that not all services always had enough nursing staff, with the right mix of qualification and skills, although they were working hard to remedy this. The midwifery service didn't have the planned numbers of midwifery and nursing staff which impacted on the women's choice. Staff worked flexibly to provide a safe service although there wasn't enough midwifery staffing to reach the Royal College of Obstetricians and Gynaecology recommended midwife ratio of 1:28. The CQC rated the trust as 'requires improvement' (3, 6).

In April and May 2019, the CQC visited MKUHFT. The CQC rated maternity services as good with some outstanding examples of practice noted. The CQC did issue requirement notices to the trust. These actions related to breaches of eight legal requirements in urgent and emergency care and surgery core services. The CQC rated the trust as 'good' with 'requires improvement' for 'safe services' and 'are resources used productively' (4-5).

In February 2022 the CQC undertook an inspection of BHCT. The CQC rated the trust as 'good', with 'requires improvement' in 'are services safe'. The CQC found:

- Staff adherence to infection control guidance was variable.
- Staff weren't always supported to develop through yearly, constructive appraisals of their work.
- Engagement in and understanding of quality improvement was variable.
- Training in working with people living with dementia and those with learning disabilities wasn't mandated (10).

In August and September 2022 BHFT was visited by the CQC. In their report, the CQC noted that there were inconsistencies in staff completion of mandatory training and this included maternity units at Luton and Dunstable Hospital. The CQC also highlighted

that there needed to be adequate staffing levels to meet the demands of the services in maternity units at Bedford and Luton and Dunstable. The trust is rated overall as 'good' by the CQC. The CQC received 22 whistleblowing enquiries from BHFT staff members from September 2021 to September 2022. The themes from the whistleblowers were around staffing pressures, bullying and harassment and equality and diversity. This demonstrated that despite having various channels for staff to raise concerns, some people still felt that their voices weren't being heard by senior leaders (11).

In September and October 2021 ELFT trust underwent a CQC inspection. The trust was rated as outstanding. The CQC identify in their report that the 2020 NHS staff survey indicated that the trust was in the top 25 percent of providers for its scores in health and wellbeing, immediate managers, morale and staff engagement. The trust scored better than average when compared to other trusts for indicators relating to safety culture and quality of care. However, the trust scored worse than average against three indicators: equality, diversity and inclusion (EDI), safe environment (bullying and harassment) and safe environment (violence). The trust was in the lowest 25 percent of trusts in terms of its response rate which was 44 percent (9).

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

UoB haven't had any approval or modification visits in the last year (12-17, 19-20).

Specific issues to follow up from AEI self-report

There are several issues to follow up from the AEI's ASR (19).

The UoB has engaged with action planning following the refusal of approval of their pre-registration nursing and NA programmes in November 2019. Subsequent approval conditions and an implementation plan in 2020 required the UoB to outline their approach to the recruitment and development of PUSCs and involvement in the delivery, evaluation and co-production to ensure that alignment with NMC standards is maintained (20).

NPM meetings, reports and action plans submitted by the UoB, as well as the midwifery approval report in February 2022 raise concerns that PUSCs aren't consistently involved across NMC approved programmes at the UoB prior to the monitoring visit (20).

The UoB report within their ASR that PUSCs are involved in the pre-registration nursing, NA and midwifery programmes. The UoB identify some challenges since the pandemic that have impacted on PUSC involvement and these specifically focus on parents/carers of young people (19).

The UoB provide evidence that they've differential attainment and/or awarding gaps present in relation to all of their pre-registration programmes (nursing all fields, NA and

midwifery). The AEI ASR doesn't provide detail on the gaps in relation to levels of study or programmes in relation to this (20).

The UoB within their ASR identify that they use up to 300 hours for simulated practice learning (SPL) hours and that this was granted in their programme approval (BSc (Hons) children and young people nursing). The ASR identifies that SPL was utilised as a response to challenges with placement capacity during the pandemic. The ASR outlines virtual simulation placements for up to 150 hours. The UoB identify that students complete a workbook.

The UoB report in their ASR that there are a number of 'red' red-amber-green rated National Student Survey (NSS) scores that are below sector benchmark. These primarily relate to the children and young people nursing route (40.74 percent) and the midwifery (29.63 percent) programme. Scores in relation to 'organisation and management' and 'changes have been communicated effectively' were below benchmark for midwifery and children and young people and the adult nursing programme (19).

Summary of feedback from groups involved in the review

Academic team

The UoB academic team provide a presentation of their vision and drive for social and health justice and a discussion around their programme portfolio, including their pre-registration nursing, midwifery and NA provision. The presentation outlines the AEI's approach to managing risks including PUSCs, protected learning time and supernumerary status of students and how they onboard new EPs (217).

UoB senior academic staff tell us that PUSC activity within the pre-registration nursing, midwifery and NA programmes has been impacted by the global pandemic. Senior academic staff tell us that they've updated their PUSC strategy, have a dedicated team of staff who liaise with PUSCs and are recruiting more PUSC members through various networks and organisations including the ELFT recovery college and BCHT (217).

UoB senior academic and programme staff tell us that they've systems and processes in place to ensure that recruitment of students follows a values-based approach. UoB staff involved with the recruitment process tell us that the QA of DBS and occupational health clearance is managed by the UoB and/or an EP for students on the apprenticeship routes of their nursing, midwifery or NA programmes. UoB senior academic staff tell us that there are DBS and FtP panels and these are managed collaboratively with PLPs/EPs. Senior nurses and midwives tell us they're invited to attend FtP panels and that UoB involve them with DBS decisions (217-219, 222-223).

UoB academic staff tell us that good health and good character checks are undertaken prior to students commencing programmes, as well as updates being required at each progression point and prior to being recommended to the NMC for registration. UoB

staff and PLPs/EPs tell us that they're involved with the recruitment process of students onto UoB pre-registration nursing, midwifery and NA programmes. We find that PUSCs aren't consistently involved with the selection and recruitment of students at the UoB, and academic staff we speak with acknowledge this has been a challenge for them following the pandemic. Students tell us that PLP/EP staff are involved in selection decisions (143, 218, 220-232, 241-242, 290).

UoB senior academic staff tell us that there's been some challenges updating and onboarding new EPs with the NMC. The AEI tell us that the details of all the EPs they work with are now correct and these have been shared with the NMC (217, 222).

UoB senior academic staff tell us that they meet with NHSE WTE and chief nurses and midwives regularly to discuss system regulator reports, including those from the CQC. The UoB and their PLPs/EPs engage with quality education practice liaison (QEPL) meetings to identify themes that relate to the quality of education in all learning environments. This also includes development of joint action plans and responses that support safe and effective learning environments for UoB students on the pre-registration nursing, midwifery and NA programmes. Senior academic staff with responsibility for practice learning as well as programme leads tell us that systems, processes and channels of communication between the UoB and their PLPs/EPs are effective and that there are established link lecturers who are visible in practice (218-223, 247, 251, 297-300).

The UoB tell us that they work collaboratively with PLPs/EPs across healthcare systems and respond to workforce needs accordingly. The executive dean and other senior academics tell us they meet with chief nurses and midwives and/or their education leads to discuss strategic opportunities and challenges (222-223).

UoB senior academics including the lead midwife for education (LME) tell us that there's a clear workload and resourcing plan for the pre-registration nursing, midwifery and NA programmes. They tell us that the workload plan is manageable and that they've the staffing resources required to manage the programme. Senior academics tell us that there's been some challenges in staffing resource for the NA programme. The NA team tell us that they've experienced some staffing shortages and more academic staff have been appointed to support delivery of the programme. Academic teams for all programmes tell us they've the staffing and other resources they need to deliver the programme. The UoB provide evidence at the monitoring visit in relation to staffing and their staff student ratios (218-222, 247, 251, 273, 293).

Senior academic staff and programme teams at the UoB tell us that the pre-registration nursing, midwifery and NA programmes are delivered across three sites, UoB campuses at Bedford, Luton and Aylesbury. Programme teams tell us that there are governance structures across the UoB sites to ensure a consistent student experience. UoB staff tell us that there's equitable access to resource across all sites, including access to simulation and clinical skills laboratories (although these vary in size), library facilities and access to information technology infrastructure. UoB senior academic

staff tell us there's been an investment in simulation facilities as well as other infrastructure including the e-PAD and placement allocation software (217-222, 247-251, 275).

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors tell us that they're prepared to undertake their roles, however they tell us they don't consistently know who the students' academic assessor is from the UoB. Practice assessors and practice supervisors tell us that they're aware of the students' link lecturer and that they're visible within the clinical environment and are responsive when contacted. Practice supervisors and practice assessors tell us line managers and organisations are positive about their role and recognise the importance of this when supervising and assessing students, however many of them tell us that they often have to undertake this activity in their own time (235, 238, 240, 242-246, 250, 257, 318-319).

Employers and senior PLP representatives

Employers and senior PLP representatives tell us that there's collaborative working with the UoB across both strategic and operational levels, including senior academic staff, link lecturers and the students' personal academic tutors. They tell us they meet monthly with the UoB. They tell us that many of the PLPs/EPs have students undertaking practice learning experiences with other AEIs but aren't certain if there are specific structures in place to ensure system wide approaches to the organising and planning of placement forecasting. PLPs/EPs tell us that they're aware that the UoB is in discussion with NHSE WTE with regards to growth plans and they welcome the increase in student numbers to meet their workforce needs. However senior nurses and midwives tell us that there continue to be peaks and troughs in the allocation of students from the UoB and that they're working with the AEI to explore delivery models for practice learning. PLPs/EPs tell us that student placements are guided by existing staffing capacity and that students on all programmes are placed with appropriately qualified and experienced staff. They tell us there's sufficient capacity and numbers of suitably educated practice assessors and practice supervisors to support student learning and this includes recently recruited international nurses who've also undertaken the relevant training. PLPs/EPs tell us there are forums as well as local and regional meetings to explore the governance of practice learning and this is primarily undertaken through the QEPL meeting. PLPs/EPs tell us that the UoB has a consistent approach to QA infrastructure and that the feedback loop is closed with students when they feedback in relation to their practice learning experiences (223).

PLPs/EPs confirm they work in partnership with the UoB to deliver training and education for practice assessors and practice supervisors, and that link lecturers and academic staff from the UoB deliver sessions with their education teams. The UoB has a dedicated online site that also houses training and development material for practice

assessors and practice supervisors, and this reflects the guidance from the Midlands, Yorkshire and East practice learning group (MYEPLG) regional forum. They tell us there's effective organisational arrangements for identifying, preparing and supporting practice assessors and practice supervisors for their role in the learning, development and assessment of pre-registration nursing, midwifery and NA students. They ensure that the identification of new practice assessors and practice supervisors is aligned with ongoing monitoring of placement capacity. They tell us that a record of practice assessors and practice supervisors is held within trusts. Practice assessors and practice supervisors confirm this when we meet with them during the monitoring visit (223, 234-235, 237-238, 240, 242-246, 254-255, 257).

The UoB work with a number of NHS trusts to support the apprenticeship routes in the pre-registration nursing, midwifery and NA programmes. EPs tell us that they support apprenticeship provision at the UoB as it provides them with a local workflow of staff and enables them to upskill their existing workforce. They tell us that students who are undertaking the pre-registration nursing and midwifery apprenticeship programmes are supernumerary or receive protected learning time when undertaking practice learning opportunities for those undertaking the NA programme. They tell us that their practice assessors and practice supervisors are aware of the requirements for this. EPs, practice assessors and practice supervisors tell us they engage in tripartite meetings for nursing, midwifery and NA students (223, 234-235, 237-238, 240, 242-246, 254-255, 257, 313-315).

PLPs/EPs tell us that the UoB is in the process of implementing a new placement management system (known as InPlace) and that the UoB has also implemented a new e-PAD/e-MORA that will support the organisation of monitoring students' progress moving forwards (223, 234-235, 237-238, 240, 242-246, 254-255, 257).

Senior nurses from PLPs confirm that students undertaking the direct entry routes in the nursing programme have sufficient opportunities to gain exposure to a four field, across the lifespan approach in the student's field of practice to achieve the FN:SPRN. Senior midwives tell us that students undertaking the midwifery programme have a sufficient range of learning opportunities that enable them to achieve the SPM (223).

Senior nurses and midwives tell us that there are systems and processes to alert the UoB to system regulator outcomes and that information is shared. PLPs/EPs tell us that action plans are shared and developed collaboratively. Senior nurses and midwives, practice assessors and practice supervisors tell us that they know how to raise and escalate concerns about students, and they're involved with FtP and DBS decisions (223, 234-235, 237-238, 240, 242-246, 254-255, 257).

Students

We meet with pre-registration nursing students across all years of the adult, mental health and children and young people's nursing routes, including those undertaking the direct entry route and apprenticeship route. We also meet with pre-registration

midwifery and NA students on the direct entry and apprenticeship route in each year of their programme (224-232, 243-246, 248, 252, 254-256, 318-319).

Students on the direct entry pre-registration nursing, midwifery and NA programmes confirm that the recruitment process includes a values-based interview. They tell us that this usually includes two people including a staff member from a PLP. Students we speak with are unable to recall if they were interviewed by a PUSC representative. Students undertaking the nursing, midwifery and NA apprenticeship routes confirm that interviews are carried out by an EP, usually their manager and an academic from the UoB. Students tell us that they complete and engage with the DBS and occupational health processes. They tell us that they complete self-declarations (occupational health and DBS) as they move from one part of their programme to the next (224-232, 243-246, 248, 252, 254-256, 318-319).

Students studying at the Aylesbury campus tell us that there are inconsistencies in their education experience compared to students on the Luton and Bedford campuses. Students on the pre-registration nursing, midwifery and NA programmes tell us that communication from the UoB isn't always effective. Students in year one of their programmes tell us that the implementation of the e-PAD was disorganised and that practice assessors and practice supervisors aren't familiar with the e-PAD and this impacted on students practice assessments being completed in a timely manner (224-232, 243-246, 248, 252, 254-256, 318-319).

Nursing, midwifery and NA students tell us that they've opportunities to learn with, from and about one another and other members of the multi-disciplinary teams when undertaking practice learning opportunities. They tell us that there are no IPL experiences within the theoretical components of their programmes (224-232, 243-246, 248, 252, 254-256, 318-319).

Students tell us that there are student representative systems in place and they know who their student representatives are. Students are aware of opportunities to feedback on their programmes for theory and practice, however students tell us that the electronic feedback systems for module and practice learning malfunction, provide students with error messages or don't consistently let them complete the evaluations online (224-232, 243-246, 248, 252, 254-256, 318-319).

Pre-registration adult nursing students and NAs tell us that their supernumerary status and protected learning time isn't consistently applied. Nursing, midwifery and NA students aren't able to consistently outline the role of the academic assessor and how they engage with the students' progression. Students tell us that their personal academic tutors are supportive and engaging, and that they respond quickly and effectively to their needs (224-232, 243-246, 248, 252, 254-256, 318-319).

People who use services and carers

We meet with PUSCs online and in person at the UoB. The PUSC representatives we meet tell us that they're involved with the delivery of the nursing and NA programme, including sharing their lived experiences. The PUSC representative who's been recruited to contribute to the midwifery programme joined the group recently and has had limited input into the programme. Some PUSC members tell us they contribute to the recruitment of students, however this input pre-dates the pandemic. We meet six PUSC members during the visit (249, 258).

Summary of areas for future monitoring

- Opportunities for PUSCs to engage in the design, development, delivery, evaluation and co-production of the nursing, midwifery and NA programmes (related to SFNME requirement 1.12).
- IPL on campus (related to SFNME requirement 1.13).
- Supernumerary and protected learning time (related to SFNME requirement 3.7).

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 UoB provide documentary evidence of policies and procedures that exist between the AEI and their PLPs/EPs to promote the safety of people in all learning environments. The UoB and their PLPs/EPs provide some documentary evidence regarding systems and processes for ensuring the safety of people (students and staff) in all learning environments (25-45).

There's documentary evidence prior to the monitoring visit that the pre-registration nursing, NA and midwifery programmes prioritise the wellbeing of people. UoB curricula documentation provided demonstrates where aspects such as critical self-reflection are delivered and assessed in accordance with the NMC Code (46-51).

The practice learning handbooks for the pre-registration nursing and midwifery programmes articulate that people have the opportunity to give and if required, withdraw, their informed consent to students being involved in their care. The UoB

don't provide any evidence prior to the monitoring visit about how this information is conveyed to students and apprentices undertaking the NA programme (28-29).

UoB educators, academic assessors, practice assessors, practice supervisors, the LME and others involved in supervision, learning and assessment understand their role in preserving public safety. This is evidenced within the UoB 'professional development activities' information for staff during performance development reviews and the UoB professional, statutory and regulatory body (PSRB) procedures policy (18, 34, 44, 52-64).

There's documentary evidence that the UoB and their PLPs/EPs have policies and systems in place to support students and educators to understand how to raise concerns or complaints. The UoB don't however provide minutes or examples of how nursing, NA and midwifery students are encouraged and supported to do so in line with local and national policies without fear of adverse consequences. It's therefore not possible, with the evidence supplied prior to the monitoring visit, to see if issues have been raised and how the UoB with their PLPs/EPs have resolved these (28-29, 65-74).

There's documentary evidence that the UoB have systems and processes in place to ensure complaints or concerns raised by students are investigated effectively, with individuals' wellbeing taken into consideration. The UoB provide narrative and some evidence in relation to how mistakes and incidents are investigated. There's limited evidence (for example minutes) as to how the UoB learn, reflect, record and disseminate their findings. The evidence supplied against R1.6, R1.7 and R1.8 is largely duplicated/repeated. The UoB undertake the NMC ASR process and engage with the exceptional report process (18-20, 28-29, 40-41, 51, 70-72, 75-81).

UoB documentary evidence includes information in relation to duty of candour and this is outlined within the practice learning handbooks for the pre-registration nursing and midwifery programmes. However, there's limited evidence provided to indicate how information in relation to duty of candour is presented to students undertaking the NA programme. The UoB provides a 'case study' example of how programme staff respond to one specific incident involving a NA student. The example provides an overview of the process, the individuals involved and dialogue with the PLP/EP. The narrative provided by the UoB identifies that relevant content is provided within modules and is assessed within the professional values elements in the student PADs (24, 28-29, 48, 82-83).

What we found at the visit

The UoB, PLPs/EPs and other stakeholders during the monitoring visit confirm that the safety of people is a primary consideration in all learning environments. Students tell us that where they're asked to practise or are being asked to participate in care outside the scope of their proficiency, practice education teams, link lecturers and their personal academic tutor respond quickly and effectively. Senior nurses, midwives, academic assessors, practice assessors and practice supervisors understand the

rationale for the monitoring visit and the importance of compliance with NMC standards. The UoB confirm that they meet with PLPs/EPs where issues relating to the QA of learning environments is discussed and this primarily occurs through the QEPL forums. They tell us these meetings include discussion of system regulator reports including CQC, educational audits and learning through incidents. This is confirmed with PLPs/EPs who tell us they've monthly meetings with the UoB to discuss partnership working with a focus on areas of risk. The LME provides opportunities for midwifery students to raise any issues or concerns via a weekly meeting with their student cohort representatives (217-259, 297-300, 318-319).

The UoB tell us there are opportunities for critical self-reflection within module assessment and throughout the e-PAD, e-MORA and paper PADs/MORAs for students who aren't in year one of their programmes. The e-PAD and e-MORA provides students with opportunities to reflect on their practice in accordance with the NMC Code and in conjunction with practice supervisors and practice assessors as part of assessment in practice. Students and some PLPs/EPs tell us students are supported with their ongoing reflection on and in practice via dedicated 'power hours'. These may incorporate discussion and reflection on a specific case, episodes of care, learning logs, use of scenarios or facilitated time for students to complete other reflective activity. All students describe the power hours as effective and helpful. One midwifery PLP/EP has a dedicated clinical tutor; students tell us they're beneficial to their support and that they also encourage midwifery students to reflect in their practice (218-221, 224-232, 234-235, 237-238, 243-246, 248, 254-256, 295-296, 318-319).

Nursing, midwifery and NA students tell us that they understand that PUSCs (women and their families for midwifery programmes) have the opportunity to give and withdraw their informed consent to students being involved in their care. First year midwifery students tell us they seek consent from PUSCs to provide feedback on their care as part of the e-MORA requirements. One year two student describes seeking consent to be involved in the continuity of a woman's complex antenatal care. None of the students have experienced a situation where a PUSC has withdrawn consent for them to be involved in their care. Nursing and NA students tell us they seek feedback from a range of PUSCs. Children and young people's nursing students tell us that they seek feedback from the parents of sick children where the child is unable to provide consent. All nursing, midwifery and NA students are aware of the importance of consent and capacity, and students discuss the role of their practice assessor and practice supervisor in gaining feedback from PUSCs in practice learning environments (224-232, 234-235, 237-238, 243-246, 248, 254-256, 295-296, 301-304, 318-319).

UoB academic assessors, senior academics, senior nurses, senior midwives, practice assessors and practice supervisors understand their role in preserving public safety. They're all confident to raise any issues with nurses or midwives working within practice education teams or link lecturers and describe effective support from both. PLPs/EPs for nursing and midwifery tell us they meet with the UoB monthly. The head of midwifery at one PLP conducts regular welfare visits to students in the practice

learning environment to seek feedback on their placement experience and identify any issues of concern (218-221, 223, 235, 238, 240, 242-247, 250-251, 257, 318-319).

The UoB tell us that students are made aware of how to raise and escalate concerns in preparation for practice learning sessions as well as in other theory sessions and inductions to practice learning environments on their nursing, midwifery or NA programme. Students tell us that they feel supported in raising and escalating concerns (and provide examples of how they've done this) across the range of NMC approved programmes. All students we speak with identify they'd escalate a concern to either their practice assessor, practice supervisor, link lecturer or personal academic tutor. Students are less confident in explaining the UoB policy that relates to how students should raise and escalate concerns, however there are examples of the process being used. Some student midwives tell us they're aware of the role of professional midwifery advocates in supporting midwives to provide safe care and understand they can also raise issues or concerns with them (224-232, 234-235, 237-238, 243-246, 248, 254-256, 318-319).

The nursing, midwifery and NA programme teams, LME and PLPs/EPs assure us that any concerns or complaints are investigated and dealt with effectively. The process is detailed for students and PLPs/EPs in programme specific practice learning handbooks. During the monitoring visit, a first-year apprenticeship midwifery student discusses an incident related to inappropriate supervision in practice that they subsequently raised but are unsure what the outcome is. We escalate this to the LME during the visit and subsequently see documentary evidence that shows that the concern recently raised by the student, is being investigated in partnership with the relevant EP and the student is being supported appropriately by the UoB (217-258, 260-271, 276-278, 317-319).

Nursing, midwifery and NA students tell us they're supported and supervised in being open and honest with people in accordance with the professional duty of candour. This includes raising and escalating concerns and providing feedback about any issues with their programmes as they occur. The practice learning handbooks and PAD/MORA support students in their understanding of professionalism, including the duty of candour. UoB academic staff tell us the programme design and content focus on aspects of professional practice including professional duty of candour (28, 218-221, 224-232, 234-235, 237-238, 243-246, 248, 254-256, 295-296, 318-319).

Our findings conclude that the UoB prioritises 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

The UoB provide documentary evidence that the learning culture is fair, impartial, transparent and fosters relations between groups. Evidence includes the east of England principles for practice learning and PLP/EP trust values. UoB narrative and evidence provided outlines that the school is currently undertaking a curriculum change programme that sets out to enhance EDI across the curricula, as well as support students' progression and employability prospects. UoB policies and procedures support the infrastructure to ensure that the AEI and the pre-registration nursing, midwifery and NA programmes comply with relevant legislation (84-96).

The UoB provide some documentary evidence on how the school promotes programme improvement and advances equality of opportunity through effective use of information and data. Documentary evidence includes two examples of module evaluation reports and one placement evaluation form (N=five responses). The UoB don't submit their Office for Students (OfS) access and participation plan prior to the monitoring visit, however the visit team are able to access this directly via the OfS website. From the evidence supplied prior to the visit it's not always clear how the programme teams use data to close loops on, for example, attainment and awarding gaps. The UoB identify in their ASR that there are awarding gaps across their nursing, midwifery and NA programmes (19, 47, 73-74, 88, 90, 97-102, 274).

There's limited evidence of ongoing, sustained and consistent involvement of how programmes are designed, developed, delivered, evaluated and co-produced with PUSCs and other stakeholders. In October 2022 and June 2023, the NMC QA team met with the UoB to undertake a NPM meeting for their NA programme. Following these meetings, the NMC weren't fully assured about the breadth and impact of PUSC involvement in UoB provision. There's a lack of minutes and/or notes to demonstrate how and where PUSC activity exists. The UoB have identified that they're attempting to mitigate risks to grow the PUSC group (73-74, 103-108).

The UoB provide some examples of how they work with service providers to demonstrate and promote IPL and working. UoB IPL opportunities, including activities across nursing, social work, allied and public health and policing, has been fostered as part of the NHSE Schwartz south project. The students' PAD provides opportunities for IPL activities to be recorded. The UoB don't provide any IPL strategy documents prior to the monitoring visit (48, 51, 109-110).

There's documentary evidence that the UoB support opportunities for research collaboration and evidence-based improvement in education and service provision (63, 111-116).

What we found at the visit

Documentary evidence and the monitoring visit assures us that the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse

groups and is compliant with equalities and human rights legislation. Senior PLPs/EPs identify the role of the link lecturer in fostering good relationships between themselves and the UoB that subsequently benefit students in the practice learning environment. We see examples of a jointly appointed clinical tutor in midwifery, with all midwifery students agreeing that this role enhances a positive learning culture. Education facilitators also offer drop-in sessions to support student wellbeing. Some NA students tell us they feel that nursing students have more learning opportunities available to them. Nursing, midwifery and NA students tell us they've opportunities to engage with PUSCs from diverse backgrounds in the practice learning environments. Nursing and NA students tell us they care for people across a range of ages (218-258, 318-319).

There's limited evidence during the monitoring visit that information and data is used effectively to promote nursing, midwifery or NA programme improvement. Course enhancement plans provide some data, however it's not clear how these plans link to wider UoB strategic and operational development using key data. The data contained within the plans doesn't have evidence of consistent review timelines and outcomes to measure success, and closing of actions isn't clear. A new systems initiative to enhance metrics relating to recruitment, attainment and attrition are introduced by the UoB senior team, however no specific data is provided. The LME describes some joint work with another AEI to explore recruitment of students from diverse backgrounds, however specific data relating to the midwifery programmes isn't provided. The UoB and students tell us that completion rates for module and practice evaluation are poor. Students tell us that the electronic evaluation system doesn't always work (100-102, 217-232, 239, 241, 243-248, 251-257, 318-319).

There's limited evidence that the nursing, midwifery or NA programmes are designed, developed, delivered, evaluated and co-produced with PUSCs, although PLPs/EPs tell us they're involved. The LME tells us they currently utilise the services of four PUSCs and are actively engaged in recruiting more. This includes outreach visits to the local community and utilising an existing pool of PUSCs who support one PLP/EP. We understand that PUSCs with specific lived experience of bereavement contribute to the midwifery curriculum and this is confirmed by some of the students we meet. The programme team describe the use of theory-based case studies that incorporate the perspectives of PUSCs. We find that PUSC input into the nursing and NA programmes is very limited. PUSCs we speak to have limited involvement in student recruitment and selection, teaching, assessment and evaluation. There are several sessions delivered by PUSCs about their experiences of living with a long-term condition, however PUSCs tell us organisation from the UoB is poor, there's limited support or preparation for their role to deliver sessions to students and limited guidance or support whilst on campus. All students confirm they receive feedback from PUSCs as part of the assessment of practice and this is recorded in the PAD/MORA. They're unable to recall if PUSCs formed part of their recruitment panels. At the monitoring visit, some of the PUSCs are keen to contribute to the nursing, midwifery or NA programmes but they're recently recruited and have limited experience. UoB academic staff tell us that they're aware of the need to grow and diversify the PUSC group and have revised their strategy to achieve this. Some senior PLPs/EPs, for example nurses and midwives working within

practice education teams, tell us they contribute to several activities and enjoy doing so. These are interview days, practice induction sessions at the UoB and objective structured clinical examination assessments. PLPs and link lecturers co-produce SSSA updates for practice supervisors and practice assessors (217-258, 295-296, 305-309, 318-319).

There's some limited evidence to demonstrate that the nursing, midwifery or NA programme teams work with service providers to demonstrate and promote IPL and inter-professional working, however this isn't sustained. The LME tells us that pre-pandemic, midwifery students participated in a simulated practice day involving paramedic students, the sim-ambulance and sim-police custody suite. Although successful, there's no evidence that this practice day is planned into the current curricula. Further development opportunities for IPL are planned through initiatives such as Schwartz rounds. None of the students we meet describe examples of IPL and inter-professional working at the UoB although they've several opportunities within the practice learning environment. These are documented in the PAD/MORA. Some students describe the benefits of joint learning in the curriculum with registered nurses undertaking the shortened midwifery programme (218-221, 224-248, 250, 252-257, 318-319).

The UoB tell us and we find at the monitoring visit that there are opportunities for research collaboration and evidence-based improvement in education and service provision across the range of NMC provision at the AEI, and that they engage with the research excellence framework. PLPs/EPs tell us they work with the UoB for example, one head of midwifery describes supporting students' evidence-based poster presentations (222, 233-234).

Our findings conclude that the UoB, together with their PLPs/EPs are unable to evidence that education and training is valued in all learning environments.

Outcome: NOT MET

Comments:

SFNME requirement 1.11 is not met.

We find that the validity and reliability of data is limited and students on the nursing, midwifery and NA programmes tell us that evaluation systems don't work consistently. UoB academic staff tell us that completion rates of module and practice evaluation is poor. The UoB provide limited documentary evidence of how they address differential attainment.

SFNME requirement 1.12 is not met.

We find limited evidence of PUSC involvement across all three programmes. The UoB don't provide sustainable PUSC involvement in recruitment. PUSCs tell us they receive limited support and preparation to undertake their roles.

SFNME requirement 1.13 is not met.

We find limited evidence of IPL within the theoretical elements across all programmes. Students tell us they don't receive IPL activities in the theory components of their nursing, midwifery or NA programmes.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- Opportunities for PUSCs to engage in the design, development, delivery, evaluation and co-production of the nursing, midwifery and NA programmes (related to SFNME requirement 1.12).
- IPL on campus (related to SFNME requirement 1.13).

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

Requirements not included – 2.8, 2.9 (for midwifery)

NB: 2.3 – NMC Programme specific standards

What we found before the visit

The UoB provide documentary evidence prior to the visit to demonstrate how they manage risk in relation to regulatory, professional and educational requirements. The governance structure at the UoB supports compliance with legal requirements and OfS

registration. In relation to professional and regulatory compliance, the NMC held a meeting with the UoB on 31 October 2022 as part of NPM for their NA programme. The NMC and the UoB had a further NPM meeting on 27 June 2023 (18-20, 38).

Areas highlighted were EP expectations of the NA programme, adherence to the SSSA and protection of supernumerary status and protected learning time. No students were present at this meeting, however EP representatives tell us that during the meeting on 27 June 2023, supernumerary status required reiteration and understanding and that students/apprentices felt staffing shortages were impacting on students' feelings about supernumerary status (20).

As well as the concerns regarding PUSC involvement in UoB provision, the areas in relation to the supernumerary status of students and application of the SSSA are explored through the monitoring visit (18-20, 26, 31, 34, 36, 41, 44-47, 52-53, 59-61, 88, 117-121).

The UoB provide documentary evidence that nursing, midwifery and NA programmes are designed to meet proficiencies and outcomes relevant to the programme and to a field of practice in the case of nursing. UoB documentary evidence indicates that they comply with programme specific standards in relation to the SPNP, SPMP, SPNAP, FN:SPRN, SPM and SPNA. The UoB provide examples of course placement plan documents for their pre-registration nursing, midwifery and NA programmes, and these outline the design of theory and practice and how this structures the students' education in achieving the FN:SPRN, SPM or SPNA. The UoB provide documentary evidence including internal mechanisms and structures to monitor and evaluate compliance with NMC programme standards specific to the programme being delivered. Conditions and recommendations applied to programme approvals in 2020-2021 and 2021-2022 and NPM identify ongoing themes that could impact on programme specific standards (46-47, 100-102, 119-120, 122-128, 177-179).

There's some documentary evidence of how the UoB and their PLPs/EPs adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, QA and evaluation of the nursing, midwifery and NA programmes. The narrative provided by the UoB prior to the monitoring visit outlines several partnership meetings/forums; these include operational partnership group meetings, course enhancement plan meetings, the school student experience committee and partnership days with the mental health trust. It's not always possible, with the evidence supplied prior to the monitoring visit, to see how clear lines of communication work in practice as only one set of minutes is provided (24, 46, 81, 100-102, 137-142).

The UoB provide documentary evidence that supports that recruitment and selection of students is open, fair and transparent. UoB webpages provide information about the nursing, midwifery and NA programmes and their individual requirements. Recognition of prior learning (RPL) information for the nursing programme is available in the course

information (programme specification) document which is available on the web page. The information is presented in accessible formats. The UoB admissions policy provides the overall AEI approach to governance of the recruitment process and this is reviewed annually by the academic board. The UoB OfS access and participation plan demonstrates the commitment to ensuring the AEI has measures to understand and address underrepresentation. The UoB has seen improvements in recruiting mature students and they've set a target to achieve 14 percent for the proportion of disabled student entrants by 2024-2025 (3, 24, 88-91, 105, 114, 143-144, 274).

The UoB provide documentary evidence that they've systems and processes in place to ensure RPL meets NMC requirements. The UoB have a RPL policy that's applied across the AEI with derogations applied at a school/faculty level. The section seven: approved variations to academic regulations policy clearly articulates that RPL can't be applied to midwifery programmes (144).

The course information form for nursing stipulates that applicants can apply for RPL up to 50 percent, or more than 50 percent if they're a registered nurse seeking an additional qualification with no restrictions on their practice. The MSc nursing course information form outlines that 600 hours of RPL is required for theory and practice (1200 hours in total). The UoB provide an RPL application form. We don't review any completed RPL documents prior to the monitoring visit for entry to the BSc (Hons) or the MSc nursing programme or those wanting to RPL from a NA qualification. The UoB in their narrative identify that NAs who are applying to undertake the nursing programme are no longer required to complete a portfolio of evidence. Training plans are completed for registered NA applicants for the nursing programme. The UoB don't provide any mapping documents to demonstrate advance standing prior to the monitoring visit (61, 144-149).

There's some documentary evidence that demonstrates how the UoB provide students with the information and support they require in all learning environments to enable them to understand and comply with relevant local and national governance processes and policies. Programme documentation, PADs, preparation for practice information and documentation direct students to relevant local and national policies. The narrative provided by the UoB prior to the visit identifies that students and apprentices aren't consistently provided with placement information in a timely manner. The UoB are currently procuring new placement management software ('InPlace') for implementation in 2024, with the aim that this will enhance communication in a timely way (24, 28-29, 48, 87, 150-152).

The UoB are an established AEI and have systems, processes and procedures in place in relation to confirmation of proficiencies and programme outcomes in full, demonstrating student FtP as well as their eligibility for academic and professional award (nursing, midwifery and NA). The UoB has an established FtP policy and this outlines the UoB's approach for managing issues with nursing, midwifery and NA students' professional behaviour that's not meeting the required standard. The UoB provide documentary evidence as to how they provide information and evidence

required by regulators and this includes the ASR process, exception reporting, OfS registration and compliance with Ofsted and NHSE. The UoB provide narrative that they've had issues updating EPs with the NMC. In their ASR, the UoB confirm that all new EPs have been added through the NMC apprenticeship modification process, however the information provided by the UoB prior to the visit indicates that there are still ongoing discrepancies with EPs and that they may be placing students on apprenticeship routes from EPs that aren't approved by the NMC (18-24, 38, 41, 48, 59-60, 119-120, 156-159).

The UoB provide some documentary evidence that they've the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes. The UoB are approved to deliver NMC programmes across three campuses. The UoB provide narrative that they've a high-tech clinical skills and simulation centre including theatres, immersive suites and community settings on their Luton campus. Smaller clinical teaching spaces and simulation centres are based on the other two UoB campuses. The UoB in their narrative also state that they've reciprocal arrangements with larger PLPs/EPs for sharing of resources. The UoB provide evidence that they've a workload allocation model in place to ensure they've adequate numbers of academic staff in place to resource their nursing, midwifery and NA programmes. They confirm in their narrative that PLPs/EPs have sufficient practice assessors and practice supervisors to support students and apprentices on the nursing, midwifery and NA programmes (24, 133, 160-162).

There's some evidence that the UoB and their PLPs/EPs have systems and processes to improve quality, manage risk and disseminate effective practice through sharing of information and data. Examples include the risk management communication procedure with its main purpose to ensure the UoB and PLPs/EPs have lines of communication in place to monitor and evaluate risks. NSS scores for organisation and management across all programmes, except for mental health nursing, are below benchmark. Student satisfaction for children and young people's nursing and midwifery are also below benchmark against several NSS indicators (19, 41, 46-47, 97-99, 100-102, 118, 138, 166).

The UoB provide documentary evidence that they've systems and processes in place to ensure that programme leaders confirm that all proficiencies are met by each student and apprentice by the end of their programme. Appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning. There's documentary evidence that external examiners are appointed to the nursing, midwifery and NA programmes, although we only see one example of an external examiner report prior to the visit. The UoB principles and process for external examining policy stipulates that external examiners undertake the observation of clinical practice and produce annual reports. Documentary evidence provided by the UoB states that external examiners review RPL claims, however we don't see evidence of external examiner review of RPL prior to the visit (24, 63, 119, 138, 148, 166, 168-171).

What we found at the visit

The UoB and their PLPs/EPs tell us they've systems and processes in place for monitoring system regulator reports and there's ongoing monitoring of this at strategic and operational levels (217-223).

We find that the UoB doesn't consistently comply with all relevant legal, regulatory, professional and educational requirements. The UoB acknowledge that there's been issues with updating the NMC with all their EPs, resulting in apprentices undertaking periods of practice learning in areas not approved formally as an EP by the NMC. The senior academic team tell us that they've implemented a process for ensuring EPs are onboarded and approved in the future. Documentary evidence and what we find at the monitoring visit identifies that the UoB hasn't consistently informed the NMC through the ASR of minor modifications they've made to the nursing, midwifery and NA programmes. We also find that the UoB hasn't exception reported incidents or concerns consistently and is therefore not compliant with professional and regulatory requirements (18-19, 217-221, 247, 251).

There's documentary evidence and UoB academic staff, senior nurses, senior midwives, practice assessors and practice supervisors tell us that programmes are designed to meet proficiency outcomes relevant to the programme (218-221, 233-238, 240, 242-246, 250, 253-255, 257).

Documentary evidence and the LME confirm that students undertaking the midwifery programme are required to provide continuity of midwifery carer for a small caseload of women if they're not able to have a placement in an established continuity team. Senior PLP/EP midwives and the LME confirm that the landscape of continuity teams is rapidly evolving and consequently there are now less opportunities for students to experience this model of care. We meet one student who's allocated a one-week placement in a PLP's homebirth team. Another student tells us they can coincidentally provide care for a woman during an antenatal assessment and during her postnatal recovery. None of the other midwifery students we meet have experienced continuity of midwifery carer in practice or have established their caseload. They tell us that the requirement to caseload has recently been announced by the programme team and they're not clear what the expectations are or the most appropriate time to approach women. One year three midwifery student tells us they make contact with women during their community placement. As this is towards the end of the programme, the student has recently contacted their community practice supervisor in order to meet and identify women suitable for their caseload (219, 225, 233, 248, 301-304, 318)

There are issues for adult nursing and NA students in relation to their supernumerary status and protected learning time. For NA apprentices, protected learning time is challenging, particularly in their home/base placement. They tell us they're counted in the staffing numbers. They tell us student nurses in the same settings get learning opportunities while they're expected to operate in their substantive role due to staffing shortages. NA students tell us they feel there's confusion over what constitutes

protected learning time. A review of completed tripartite reviews indicates that protected learning hours aren't consistently recorded (220, 239, 241, 252, 315-317).

Adult nursing students we meet tell us they report a lack of supernumerary status to their personal academic tutor but are told by UoB staff that students don't fully understand what supernumerary status means. When asked by the monitoring visit team students do articulate working definitions of supernumerary status. Students tell us that support staff are moved from areas as there are students on placement and that staff aren't replaced if students are undertaking practice learning experiences. Students on the mental health and children and young people's nursing programme routes and the midwifery programme tell us that they're generally supernumerary when in practice (224-232, 239, 241, 243-246, 248, 252-257, 318-319).

There's some evidence of a partnership approach with shared responsibility for theory and practice supervision, learning and assessment. For example, link lecturers co-deliver SSSA updates for practice supervisors and practice assessors with nursing and midwifery colleagues in practice education teams. However, there's no significant evidence that partnership working includes clear lines of communication and accountability for the development, delivery, QA and evaluation of the nursing, midwifery or NA programmes. Practice supervisors, practice assessors, senior PLP/EP staff and nurses and midwives working within practice education teams tell us that the link lecturers are excellent, highly visible and work effectively to support both staff and students. However, they tell us that partnership working isn't consistent across UoB provision and is more effective in mental health and children's nursing than in adult nursing, midwifery and the NA programme, and isn't as effective beyond the level of the link lecturer for those programmes. For the midwifery programme practice education midwives are invited to regular meetings at the UoB with the LME and programme team, however they tell us that the meetings are frequently cancelled and minutes not recorded. Consequently, no actions are recorded and therefore evidence of development or evaluation isn't clear. Practice educators for nursing tell us that they're invited to the QEPL meetings and contribute to discussions within this forum. Senior PLP/EP staff across nursing, midwifery and NA working within practice education teams are frustrated with the perceived lack of effective roll out of the e-PAD and e-MORA. They appreciate the support from link lecturers, however they provide examples of slow or absent responses from the UoB when seeking additional help (233-238, 240, 242-246, 250, 253-255, 257, 295-300, 305-309).

The UoB tell us that their recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation. They tell us that they're a widening participation organisation and recruit students from a diverse range of backgrounds. UoB academic staff and EPs tell us that they select and interview conjointly for all students undertaking an apprenticeship route. PLPs/EPs tell us that selection criteria and questions are developed collaboratively. The UoB provide limited sustained evidence that demonstrates that PUSCs are involved with the design of the interview process for students or are involved with the recruitment of students. Students are unable to tell us if PUSCs were involved in recruitment and

selection activities across all of the programmes being monitored. Senior nurses, senior midwives, practice assessors and practice supervisors tell us they're involved in the recruitment and selection of students for nursing, midwifery and NA direct entry programmes (218-240, 242-246, 250, 252-257, 318-319).

The UoB confirm the process for ensuring that all students fulfil health and character requirements. UoB senior academic staff, UoB senior leaders and PLP/EP senior nurses and midwives tell us that selection decisions following issues arising from a self-declaration, DBS or occupational health review are always agreed in partnership. They tell us there's a process for confirming DBS and health clearance prior to placement commencement. Students confirm that they're aware of the mandatory health and character checks that are required of them at every stage of the programme and prior to being recommended to join the NMC register (218-240, 242-246, 250, 252-257, 318-319).

The UoB provide evidence of their RPL process including examples of how prior learning is mapped to the programme learning outcomes/proficiencies and external examiner involvement in confirming RPL outcomes. The UoB confirm that their regulations allow RPL for more than 50 percent for registered nurses. The UoB confirm that RPL applies only to the nursing and NA programmes (218-222, 279-282).

Nursing, midwifery and NA students confirm that they're provided with the information and support they require in the practice learning environments to enable them to understand and comply with relevant local and national governance processes and policies. Students and apprentices tell us how the UoB prepares them for placement and confirm they've trust inductions and orientations for each placement area. PLPs visited confirm that UoB students are as well prepared for placement as students from the other AElS they work with. Placement information is currently provided by the AEl virtual learning environment (VLE), Bedfordshire Resources for Education Online (BREO), but in the future will be available in a new system called 'InPlace' (224-246, 248, 250, 252-257, 318-319).

Documentary evidence and meetings at the visit assure us that the UoB have systems, processes and procedures in place in relation to confirmation of proficiencies and programme outcomes in full, demonstrating student FtP as well as their eligibility for academic and professional award. The LME describes the process for monitoring midwifery students' hours and practice experience numbers. The placement co-ordinator monitors students' hours via submitted timesheets, collates onto a spreadsheet and sends to the midwifery team's practice lead. The team hold 'students at risk' meetings each week to identify any trailing students, for example those with low birth numbers. The LME confirms that they liaise with the academic assessors and apprenticeship and practice leads to cross reference and confirm that students meet the required proficiencies and programme outcomes in full at the end of the programme. Following the relevant examinations board, this is checked again before completing the good health good character declaration and recommending that students be admitted to the NMC register. Senior nurses and the programme teams for

nursing and NA tell us that where issues with proficiency or FtP are raised, joint decision making is in place. Where PLPs/EPs raise concerns, these are addressed swiftly and effectively (218-223, 251).

The programme teams, LME and senior PLP/EP nurses and midwives confirm that capacity, facilities and resources are in place to deliver safe and effective learning opportunities and practical experiences for nursing, midwifery and NA students as required by their programme learning outcomes. All students have equal access to a wide range of resources, handbooks and information through UoB's VLE (BREQ). All UoB campuses have a skills and simulation suite that students can access for skills practice. The UoB provide a detailed resource plan, including the student staff ratio across their NMC provision. There are sufficient academic staff to deliver the programmes and UoB academic staff tell us they've the resource to deliver the nursing, midwifery and NA programmes. UoB senior academic staff recognise that the NA programme team needed extra resource and this has been provided. There are 10.8 whole time equivalent midwifery teaching staff including two neonatal nurses who reside permanently within the team's staffing establishment. In addition, there are two clinical tutors funded via a NHSE WTE project who make up an additional 1.0 whole time equivalent and split their time equally across one PLP and the teaching team. Two members of the midwifery team are professional midwifery advocates. Senior nurses and senior midwives from PLP/EP organisations tell us there are enough practice supervisors and practice assessors to support students in the practice learning environment (218-232, 239, 241, 243-246, 248, 252-257, 293, 318-319).

There's some evidence of the UoB academic team and their PLPs/EPs improving quality, managing risk and disseminating effective practice. However, this isn't consistently proactive and information and data isn't always appropriately shared. In relation to midwifery, the LME and programme team host monthly meetings for their PLPs/EPs to review any risks or issues within the practice learning environment, however PLPs/EPs tell us that the meetings are frequently cancelled. Minutes aren't recorded and therefore PLPs find it challenging to identify any actions and subsequently review progress. PLPs/EPs for nursing, midwifery and the NA programme raise issues with getting practice evaluations and students tell us the evaluation system isn't reliable and doesn't always work (218-232, 239, 241, 243-246, 248, 252-257, 283, 318-319).

The UoB provide documentary evidence and meetings at the visit assure us that they identify and act on any areas for improvement, regularly measuring programme performance and outcomes against the NMC standards and requirements and other recognised quality frameworks in education. The UoB engage with the ASR process, NPM and provide action plans in relation to evaluating performance and outcomes to the NMC. The school actively engages with university and faculty level committees and working groups (18-19, 38, 217-221).

The UoB confirm that they've suitably qualified and experienced programme leads and managers in place. The UoB provide documentary evidence that they've appropriately

qualified and experienced external examiners who consider and report on the quality of theory and practice learning. Reports are provided during the monitoring visit. All reports contain positive feedback and confirm that the curriculum content remains aligned to NMC standards, that students are achieving in line with their peers elsewhere and that assessments are appropriate and timely (282-284).

Our findings conclude that the UoB, 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're not assured that there's clear lines of accountability in all learning environments for meeting those requirements and responding when standards aren't met. We're not assured that the nursing and NA programmes comply with all relevant NMC regulatory requirements in relation to protected learning time and supernumerary status of students. We're not assured that there's clear lines of communication between the UoB and their PLPs/EPs.

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

The UoB provide some documentary evidence that they comply with the SSSA in all learning environments. The UoB has systems and processes in place to provide communication between practice and academic assessors and documentary evidence suggests this is primarily undertaken online via the 'My-Progress' platform. Documentary evidence supplied in the practice learning handbook demonstrates that academic assessors undertake monitoring of practice learning experiences of the students/apprentices via their PAD/MORA. Academic assessors review their performance at formative assessment points. Where concerns are raised academic assessors follow these up and monitor a learner's progress with the practice assessor, either directly or through the designated link lecturer. Intelligence gathered as part of NPM identified that the SSSA may not be consistently applied across UoB provision, and that EPs tell us that apprentices felt staffing shortages were impacting on students' feelings about supernumerary status. There are limited examples of practice assessor/practice supervisor training materials used for all programmes (20, 28-29, 81, 105, 129-136).

The UoB provide narrative in relation to how PUSCs and representatives from relevant stakeholder groups are engaged in partnership in recruitment and selection. The UoB in their ASR identify that PUSCs are involved with recruitment and selection activity and note that there's been specific challenges since the pandemic. There's limited evidence to demonstrate the ongoing activity of PUSCs in relation to student recruitment in the

form of meeting minutes or other stakeholder activity. Sustained PUSC involvement in UoB provision continues to be an ongoing concern. A thematic review of both refusal and approval reports was completed for all pre-registration programmes at the UoB. We note in this review that the concerns raised through NPM of the NA programme were reflected in the required conditions as well as across the midwifery and nursing programme approval reports (15-17, 19-20, 24, 105).

The UoB provide documentary evidence of effective, fair, impartial and lawful FtP procedures to swiftly address concerns about the conduct of students/apprentices that might compromise public safety and protection. The UoB have an overarching FtP policy that's supported by a cause for concerns policy at a school level. The UoB also have other established policies, including a student code of conduct disciplinary policy. The UoB and their PLPs/EPs have an established raising and escalating concerns policy that's used within all practice learning environments. The student/apprentice PAD/MORA identifies their responsibility in raising and escalating a concern with a nominated person in the practice setting (31-32, 48, 69-70, 78, 153-155).

There's documentary evidence that the UoB and their PLPs/EPs regularly review all learning environments. Terms of reference for the QEPL meeting and the practice experience group suggest there are systems and processes for monitoring and evaluating all learning environments which aim to provide assurance that they're safe and effective, including the ongoing monitoring and evaluation of educational audits. Documentary evidence outlines that the audits are undertaken annually (132-134, 136).

The UoB programme approval report for the midwifery programme (three-year route) stipulates students can access elective, observational and formative practice learning experiences. The programme documentation is clear that such experiences don't contribute to the programme outcomes or practice hours for the midwifery programme (15, 163-164).

The UoB provide some documentary evidence that they've appropriately qualified and experienced people for programme delivery across the pre-registration nursing, midwifery and NA programmes. UoB don't provide details of the total number of academic staff who contribute to the delivery of NMC programmes prior to the monitoring visit. UoB narrative outlines an annual process for monitoring academic staff registration requirements, however evidence of the repository/database isn't provided prior to the visit. The UoB provide evidence of the details of the LME (24, 52, 63-64, 167-169).

What we found at the visit

There's some evidence that the nursing, midwifery and NA programmes comply with the SSSA. However, there's a lack of clarity amongst all stakeholder groups about how the academic assessor works in partnership with the nominated practice assessor to evaluate and recommend the student for progression. Most practice assessors tell us they've never met an academic assessor, although a few confirm they meet with them

at students' formative reviews and contact them if there are any concerns. The programme team tell us they clarify the link lecturer, personal academic tutor and apprenticeship lead roles to students at regular intervals. Not all the students we meet can tell us who their academic assessor is and there's widespread confusion about overlapping roles. Practice supervisors and practice assessors across all PLPs/EPs are clear about their role differentiation and provide examples of effective partnership working, for example where there are concerns about a student's progress (224-246, 248, 250, 252-257, 305-309, 318-319).

Practice assessors confirm they have opportunities to periodically observe a student if required and generally feel able to make decisions during practice assessment based on the evidence provided to them. Senior nurses, senior midwives and PLP/EP managers tell us that there's partnership working with the UoB in the allocation of placements. They discuss the process of reviewing the number of practice supervisors and practice assessors and supporting the preparation of practice supervisors to become practice assessors. PLP/EP managers, practice assessors and practice supervisors confirm that there are sufficient, trained and supported practice assessors and practice supervisors to support students in placements. Senior PLP/EP representatives confirm that the processes in place to monitor and respond to changes in the numbers of practice assessors and practice supervisors are effective (224-246, 248, 250, 252-257, 305-309, 318-319).

There's documentary evidence of the preparation required for practice assessors and practice supervisors. The training for practice assessors and practice supervisors is designed by the UoB and accessed by PLPs/EPs online. Practice education teams also provide local training and updates and this is undertaken with link lecturers from the UoB. We find there's a variation of local SSSA training material and there's no UoB oversight of the governance of these materials to ensure the updates reflect the individual nature of UoB programmes. This also means the role of the academic assessor is clear within the material used. Practice assessors and practice supervisors across the regional health economy in all our meetings tell us that they've completed the training. They confirm there are enough practice assessors and practice supervisors for the number of students they support on placements. They tell us they're able to engage with ongoing refresher training and updates (233-238, 240, 242-246, 250, 253-255, 257, 305-309).

Students tell us that they're assigned to a practice assessor, practice supervisor and an academic assessor. Students don't consistently know who their academic assessor is, or what their role is in confirming progression. Students, practice assessors and practice supervisors tell us that there are some issues with staff not being confident with using the e-PAD and the e-MORA. Students tell us that this results in additional stress for them and that this impacts on them getting their practice documentation completed in a timely manner (224-246, 248, 250, 252-257, 295-296, 318-319).

Documentary evidence and the monitoring visit confirm that PUSCs aren't engaged in partnership in nursing, midwifery or NA student recruitment and selection. None of the

students we meet can recall PUSCs being involved with their selection day at the UoB. Senior UoB academic staff, the programme teams and the LME confirm that PUSC involvement at recruitment and selection days is interrupted by the pandemic and that teams are working to restore PUSC contribution. There's evidence that PLPs contribute to recruitment and selection. For example, nurses and midwives working within practice education teams tell us they're invited to interview days and are keen to participate (219, 224-225, 234, 237, 248, 250-251, 289-292, 318-319).

UoB senior academic staff, academic staff, senior nurses, senior midwives and the LME tell us they're involved with FtP panels and decisions surrounding a student's suitability to practise. Documentary evidence confirms that the UoB have robust, effective, fair, impartial and lawful FtP procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection. All students confirm that they understand the importance of FtP. They make declarations of health and character annually and understand the rationale for this (31, 78, 210, 218-223).

Documentary evidence and the monitoring visit confirm that the nursing, midwifery and NA team in conjunction with their PLPs/EPs regularly review all learning environments and provide assurance that they're safe and effective. Examples of recent audits are provided during the visit and nurses and midwives working within practice education teams confirm the audit and reporting process occurs in line with UoB processes. Staff within one of the mental health units are unclear on how to access the audit for their area or the purpose of this. We review the audit database as part of the visit and find audits are up to date and recorded in line with the UoB policy (132-134, 136, 218-223).

Programme leaders for nursing and midwifery and the LME confirm that any overseas placement is compliant with the NMC standards for education and training and the SSSA. Overseas placements are based on observation only and students aren't permitted to accrue any practice hours or proficiencies when completing these placements (219, 247, 251).

There's documentary evidence and the UoB tell us at the visit that there's appropriately qualified and experienced people for programme delivery across the pre-registration nursing, midwifery and NA programmes. The UoB acknowledge there's been some challenges with staffing for the NA programme and resource has recently increased to support this. The children and young people's nursing team has also experienced some sickness. UoB academic staff tell us there's sufficient staffing resource to deliver the programmes. The LME tells us there are enough midwifery academics to deliver the midwifery programme (217-223, 247, 251).

Our findings indicate that the UoB together with their PLPs/EPs is unable to ensure 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. Students tell us that they don't fully understand the role of the academic assessor in their education. Practice assessors and practice supervisors don't consistently know who the academic assessor is for their students. We find PUSCs aren't consistently

engaged with student selection and recruitment activities across nursing, midwifery and NA programmes.

Outcome: NOT MET

Comments:

SFNME requirement 2.1 is not met.

We find insufficient assurance around tripartite reviews of apprentices (NA), lack of exceptional reporting to the regulator and non-compliance with annual self-assessment reporting (related to minor modifications). There's also a lack of compliance with NMC required EP agreements.

SFNME requirement 2.3 is not met.

We find that the supernumerary status of nursing students (adult) and protected learning time for NA apprentices isn't assured. Support for students to experience continuity of carer within the midwifery programme is also not assured.

SFNME requirement 2.5 is not met.

We find ineffective partnership working in relation to the SSSA and a lack of, or poor, communication between all stakeholders, across all programmes. There's also apparent weakness in the overarching governance structure related to practice learning.

SFNME requirement 2.17 is not met.

We find limited or no evidence of data being used proactively to manage risk and improve quality.

SFNME requirement 2.4 is not met.

We find that the academic assessor role isn't effectively implemented by the UoB or fully understood by students, practice assessors and practice supervisors. UoB academic staff tell us they don't consistently engage with all practice assessors and practice supervisors when students undertake periods of practice learning. Materials for the preparation of practice assessors and practice supervisors by PLPs/EPs have no or limited governance by the UoB.

SFNME requirement 2.7 is not met.

We find that PUSCs aren't consistently engaged in partnership in relation to student recruitment across UoB provision.

Revised Outcome: MET/NOT MET Date:
Comments:
Areas for future monitoring: <ul style="list-style-type: none"> • None identified.

Findings against themes
Theme three: Student empowerment
<p>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).</p> <p>Requirements – 3.1, 3.2, 3.4, 3.7, 3.8, 3.10, 3.15, 3.16</p>
What we found before the visit
<p>There's some documentary evidence that the UoB along with their PLPs/EPs ensure that students on the pre-registration nursing, midwifery and NA programmes have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role (28-29, 133, 161-162, 173-174).</p> <p>There's some evidence that the UoB and their PLPs/EPs provide students with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme. Evidence within the ASR identifies that students on all the programmes report lower rates of satisfaction in the NSS in relation to organisation and management. All programmes are below 45 percent (adult nursing, children and young people's nursing and midwifery), with the exception of mental health nursing. There's limited evidence of satisfaction scores amongst postgraduate students and the UoB provide no evidence of engagement with the postgraduate taught education survey prior to the visit (28-29, 150-152, 163, 174-180).</p> <p>There's documentary evidence that students on the pre-registration nursing, midwifery and NA programmes at the UoB are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation-based learning appropriate for their programme as necessary for safe and effective practice. We don't see prior to the visit any specific strategy for simulation or technology enhanced learning at the UoB. The midwifery programme approval report stipulates that simulation activities</p>

don't contribute towards programme practice learning hours. The UoB ASR identifies that the nursing programme use up to 300 hours related to the children and young people's nursing route. The UoB also provide further information within their ASR that indicates that virtual simulated placements can also account for 75-150 practice learning hours for students studying other nursing fields. We explore the use of simulated practice learning at the visit (15, 28-29, 49-50, 100-102, 115, 181-185).

There's documentary evidence that the UoB and their PLPs/EPs have an expectation that nursing, midwifery and NA students are allocated and can make use of supported learning time when in practice. The expectations of students receiving supported learning time, protected learning time (NA) and supernumerary status (nursing and midwifery) is detailed within the students' practice learning handbook and is also detailed in the nursing and midwifery PAD/MORA and in the national PAD for the NA programme. EPs tell us in a NPM meeting that supernumerary status required reiteration and understanding and that students felt staffing shortages were impacting on their feelings about supernumerary status (20, 28-29, 48, 130).

The UoB provide some evidence in relation to how students and apprentices on the pre-registration nursing, midwifery and NA programmes are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements. This is in addition to a nominated academic assessor for each part of the education programme, in accordance with the SSSA. The UoB provide overarching narrative that this activity is undertaken as part of the workload allocation model. EPs tell us prior to the visit that staff shortages in some areas are resulting in challenges applying the SSSA consistently (20, 24, 28-29, 131, 190).

There's documentary evidence within the course information document and the course handbooks that the UoB provides information to students and apprentices regarding entry to the NMC register and annotation of their award. The UoB don't provide evidence (course information form or course handbook) in relation to the MSc midwifery route prior to the visit (150-152, 182-185).

The UoB provide documentary evidence that students are prepared for learning in theory and practice having received relevant inductions. Students and apprentices receive an induction period to their programme as well as prior to each period of practice learning. There's an induction policy 'Begin@Beds' for all learners (28-29, 133, 150-152, 172, 201-202).

The UoB and their PLPs/EPs provide some evidence of opportunities for nursing, midwifery and NA students/apprentices throughout their programme to collaborate and learn with and from other professionals. Activities include Schwartz rounds. In addition, there's documentary evidence that the UoB has implemented a coaching and peer assisted learning strategy in the practice setting to enable junior and less experienced students to learn from senior students within the practice learning environment (109-111).

What we found at the visit

Documentary evidence and triangulation at the visit confirm that the UoB along with their PLPs/EPs ensure that students on the pre-registration nursing, midwifery and NA programmes have access to adequate resources (217-258, 273, 280-282, 293, 318-319).

The UoB tell us that the AEI has invested in clinical skills and simulation facilities. Students tell us that they've access to the facilities that they need, however they tell us that there's inequitable access to the facilities depending on which campus they're undertaking their programme of study. Students at the Aylesbury campus tell us students in Luton and Bedford have more access to facilities. Students are however extremely complimentary about their personal academic tutors on all programmes; students tell us they're supportive and responsive (217-222, 224-232, 239, 241, 243-246, 248, 252-257, 318-319).

There's some evidence that students are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme. Many students describe the nursing, midwifery and NA teams as being supportive and helpful, and some highlight the excellent help, advice and support they receive from personal academic tutors. Midwifery students tell us that communication overall is poor, they frequently receive conflicting advice and tell us that changes are made to their programme with limited or unclear rationale. For example, the midwifery year two and year three students tell us that the requirement to caseload has recently been announced by the programme team and that they're not clear what the expectations are or the most appropriate time to approach women. NA students tell us that their programme was disorganised and placement flexibility could be improved. They tell us that there's been significant improvements in organisation and communication and that there's been changes in the programme team that have facilitated this. Mental health nursing students are most positive about their learning experiences and tell us the team effectively communicate with them and that they're responsive and supportive (224-232, 239, 241, 243-246, 248, 252, 254-257, 318-319).

The year one students don't consider the e-PAD or e-MORA to be user friendly and tell us the information and induction to this wasn't helpful. There are issues with how students seek feedback from PUSCs on digital devices, particularly when students are using their own device. Students tell us this creates anxiety about professionalism and privacy. Senior PLP/EP staff working within practice education teams, practice assessors and practice supervisors are frustrated with the perceived lack of effective roll out of the e-PAD and e-MORA and are concerned about the impact on students. Students tell us that assessment decisions are being delayed as their practice assessors and practice supervisors are unable to access the students' e-PAD or e-MORA. (218-258, 318-319).

Midwifery students tell us that there are concerns in relation to the communication between the UoB and PLPs/EPs in relation to the expectation of the numbers of births they've facilitated. They say this causes them stress and anxiety. They tell us that information and support about how to manage their anxiety or how to negotiate additional opportunities to achieve birth numbers isn't communicated by the midwifery team (218-258, 318-319).

There's documentary evidence and meetings at the visit that confirm students on the pre-registration nursing and NA programmes at the UoB are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation-based learning appropriate for their programme as necessary for safe and effective practice. Nursing and NA students tell us they enjoy the clinical skills and simulation activities and tell us these contribute to theory hours only. Midwifery students tell us they can practice some infrequent or challenging activities such as breech birth. Midwifery students tell us they can also access practical obstetric multi-professional training (obstetric emergencies) with midwifery and obstetric staff with one of the PLPs/EPs (224-232, 239, 241, 243-246, 248, 252-257, 318-319).

We find that there's a variation in the understanding and application of supported learning time in the nursing, midwifery and NA programmes. Students on the midwifery programme and the mental health nursing or children and young people's nursing programme tell us that their supernumerary status is maintained and that practice assessors and practice supervisors work hard to ensure they've access to learning opportunities. Adult nursing students and students undertaking the NA programme are less positive about supernumerary status being maintained (or protected learning time for NA students). Adult nursing and NA students tell us they've raised this with the UoB (224-232, 239, 241, 243-246, 248, 252-257, 318-319).

Meetings at the visit confirm that UoB pre-registration nursing, midwifery and NA students are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements in addition to a nominated academic assessor for each part of the education programme, in accordance with the SSSA. However, students, practice assessors and practice supervisors tell us they're not consistently aware of the students' academic assessor or how the academic assessor is involved in assessment and progression decisions in theory and practice. Nursing, midwifery and NA students tell us they're allocated a practice assessor for each placement and work with a range of practice supervisors. The UoB tell us that academic assessor activity is work loaded into academic staffing and that staff don't act as an academic assessor for consecutive parts of the programme (224-246, 248, 250, 252-257, 318-319).

UoB student facing documentation provides information to students regarding entry to the NMC register and annotation of their award. Students tell us that they're aware of this information. The LME confirms this for students undertaking midwifery programmes (260-272, 276-278).

Students, UoB academic staff, practice assessors and practice supervisors tell us students have inductions in practice learning settings which includes information and guidance about local and national policies. Students confirm they're well prepared for practice learning and that they must attend and complete mandatory skills before they're able to attend practice. We view student induction packs which include information about learning opportunities in the placement and local trust policies (218-258, 318-319).

Students tell us they've opportunities to work with other professionals during practice learning and develop leadership skills. Nursing, midwifery and NA students confirm they've a sufficient variety of placements to help support achievement of the proficiencies related to supervision, teamworking and leadership skills (224-232, 239, 241, 243-246, 248, 252-257, 318-319).

Our findings conclude that the UoB, together with their PLPs/EPs 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 NMC Code. We're not assured that students receive timely feedback in relation to the completion of their e-PAD and e-MORA. We're not assured adult nursing students are supernumerary or that NA students can make use of their protected learning time. Whilst we see some evidence that academic assessors may be nominated, we're not assured they act in accordance with the SSSA.

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

There's documentary narrative and some evidence that the UoB and their PLPs/EPs provide nursing, midwifery and NA students/apprentices with opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs. Within their narrative the UoB identify that IPL opportunities have been challenging following the pandemic and that they've plans in place to expand opportunities across their provision (24, 217-232, 247, 251).

Block placement planners identify where periods of practice learning are situated within the programme. The UoB have sufficient PLPs/EPs to ensure students/apprentices get direct care opportunities from a range of people throughout their educational programmes. We don't see an example of the programme planner for the MSc midwifery route (24, 133-134).

The UoB provide documentary evidence to show how they work with PLPs/EPs to ensure students are supervised and supported in practice learning in accordance with the SSSA. The documentary evidence also indicates the UoB has academic roles supporting practice learning. Intelligence gathered during NPM informs us that some EPs are concerned about staffing levels across some organisations and the impact this may have on SSSA compliance and protecting the supernumerary status of students (20, 28-29, 131, 133).

The UoB provide some evidence in relation to how students are supervised according to their individual learning needs, proficiency and confidence. The students' e-PAD (e-MORA for midwifery students) facilitates an initial, mid-point and final interview process to support the assessment of practice learning and this is being housed within the 'My Progress' platform. The ongoing achievement record documents the students' performance throughout their programme (45, 295-296).

The e-PAD articulates that students should identify their individual learning development needs, alongside sharing any specific learning needs that they may have where reasonable adjustments need to be considered. All students on UoB programmes are assigned a personal academic tutor who supports the students' learning and development needs throughout the entirety of their programme. The UoB have resources available to assist personal academic tutors in their role supporting students' development. Academic assessors complete training and education to undertake their role in line with SSSA requirements. Students' engagement is also monitored through the students at risk process platform (known as STREAM) where the academic assessor and personal academic tutor has weekly updates on students with low engagement and can refer students to a variety of services and record their interactions with students through the personal STREAM dashboard, which both student and personal academic tutors can access (28-29, 85, 93, 150-152, 186-189, 316).

There's evidence as to how the UoB and their PLPs/EPs ensure students have the necessary support and information to manage any interruptions in study for any reason. The UoB has specific policies for apprentices wishing to undertake a break in learning. The UoB are participating in the NHSE WTE reducing pre-registration attrition and improving retention (RePAIR) project, to facilitate the reduction in attrition and improve retention across healthcare programmes. The UoB has specific policies for managing and monitoring students who require an interruption to their studies. The policies also outline processes for student progression and transition arrangements (57, 139, 150-152, 165, 186, 189, 191-193).

The UoB provide documentary evidence that they've systems, processes and policies that support students to have their diverse needs respected and taken into account across all learning environments. These ensure that support and adjustments are provided in accordance with equalities and human rights legislation and good practice. Evidence shows a range of web resources to help students access support. The UoB

provide narrative that outlines where reasonable adjustments are required in practice; these are recommended by the occupational health provider or the lead for practice learning who confirms agreement to these in writing to the student, in partnership with PLPs/EPs. Information on reasonable adjustments is provided in the practice learning handbook (28-29, 88, 194-197).

There's documentary evidence that the UoB has policies in place to manage discrimination, harassment and other behaviour that undermines student performance and confidence. The UoB has an AEI community partnership agreement, which includes the behaviours and practices expected of students who register with the organisation. Findings of CQC inspection reports identify varying levels of bullying and/or harassment of staff by either the public or colleagues. The UoB don't provide evidence prior to the visit that students or apprentices have experienced or witnessed this behaviour (1-11, 86, 88-89, 95, 197-198).

There's documentary evidence that the UoB provides students with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing. Students are encouraged to raise issues with their educators and this occurs through student committees and forums. The faculty has also trained 15 academic staff as mental health first aiders to support both staff and students (28-29, 150-152, 196, 199).

The UoB provide evidence that students on the nursing, midwifery and NA programmes are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. This support is accessed online or face to face. Programme and module outcomes include reference to reflective practice and this is also articulated within the students' e-PAD/e-MORA. There's evidence that students can access online and in person academic and wellbeing support services including disability support and financial advice. The school has an established personal academic tutor policy for students on the nursing, midwifery and NA programmes (28-29, 51, 83, 85, 182-185, 200).

The UoB has provided documentary evidence that demonstrates that there are systems and processes to provide students with constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning. The UoB has also provided documentary evidence that students have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice through module and practice evaluations (122, 167, 177-179, 203).

There's evidence that formative assessment occurs, which provides students with feedback. Programme documentation states that students receive written feedback for academic work. Students receive feedback from practice supervisors, practice assessors and PUSCs in practice. Feedback is provided through the e-PAD/e-MORA. Evidence within the UoB ASR identifies that students have low satisfaction scores in

the NSS in relation to how their feedback is acted upon, with scores below 60 percent on all programmes, except for mental health nursing (19, 48, 295-296).

What we found at the visit

The UoB, senior nurses and midwives from PLPs/EPs, practice assessors and practice supervisors tell us that there are a range of learning opportunities in all learning environments that prepares students to provide care for a diverse range of people. Nursing, midwifery and NA students tell us that they've opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs. A minority of adult and children and young people's nursing students tell us of repetitive practice learning experiences in the same or similar practice learning setting. All students tell us that their practice learning opportunities support achievement of programme specific proficiencies (218-258, 318-319).

The UoB, senior nurses, senior midwives, practice educators, practice assessors and practice supervisors tell us that students are supervised and assessed in practice learning in accordance with the SSSA. Nursing, midwifery and NA students tell us that they're assigned a practice assessor when undertaking practice learning opportunities. They tell us that they identify their specific goals, objectives and learning needs with their practice supervisors and practice assessors. Practice supervisors tell us that they receive training and education to undertake their role and that they use the students' e-PAD or e-MORA (or paper PAD or MORA for students in year two and three) to support the student to develop in accordance with their learning needs, proficiency and confidence. Practice assessors and practice supervisors tell us that supportive action plans are devised for students in accordance with their learning needs if there are concerns in relation to a student's performance. Practice assessors, practice supervisors and students tell us there's been some issues with the implementation of the e-PAD and e-MORA (218-258, 295-296, 318-319).

Documentary evidence and nursing, midwifery and NA students confirm that their diverse needs are respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice. They describe excellent support from personal academic tutors when adjustments are required because of complex personal circumstances. Some nursing and NA students tell us they're not always clear how their adjustments are communicated with PLPs/EPs; they do tell us that practice assessors and practice supervisors are supportive when they're aware students require adjustments and this includes aspects such as childcare and other personal issues (218-258, 295-296, 318-319).

Documentary evidence and the monitoring visit assure us that students are protected from discrimination, harassment and other behaviour that undermines their performance or confidence. None of the students we meet report any examples of harassment, bullying or discrimination. Students report practice staff are good role

models and act professionally (224-232, 239, 241, 243-246, 248, 252-257, 318-319).

Documentary evidence and meetings at the visit confirm that the UoB and PLPs/EPs provide information and support which encourages students to take responsibility for their own mental and physical health and wellbeing, and that students are provided with learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. Nursing, midwifery and NA students provide examples where personal academic tutors offer excellent support, including a newsletter for midwifery students and a pastoral practice educator. Students tell us they're aware of how to access wellbeing resources and support through the UoB VLE student pages (218-258, 295-296, 318-319).

Students tell us about their experiences of feedback in both theory and practice. They generally feel feedback in placement is supportive of their learning and they're encouraged to reflect on their learning experiences and record in their e-PAD or e-MORA (PAD/MORA). Students tell us that short placements can impact on receiving timely feedback in placement, as it's difficult to fit all the required elements into the timeframe. Students on the nursing, midwifery and NA programmes tell us they receive good formative support for theory-based assessments, but feedback on summative assessments is variable for nursing and NA students. NA students and apprentices tell us they get really helpful feedback, but nursing students say feedback can be hard to locate and brief. Year one midwifery students tell us that feedback on theory-based assessments is fair and constructive and includes feedforward advice. Some year two and year three midwifery students tell us that feedback on theory-based assessment is variable, however external examiners don't report concerns about this. Overall, we're assured that there are feedback mechanisms in place. Students undertaking apprenticeship routes tell us the 12 weekly tripartite reviews also provide opportunity to gain feedback on their progress across their programme. Students tell us they receive feedback from PUSCs when undertaking periods of practice learning and this is recorded in their e-PAD or e-MORA (224-232, 239, 241, 243-246, 248, 252-257, 313-315, 318-319).

There are opportunities throughout the programmes for nursing, midwifery and NA students to give feedback on the quality of all aspects of their support and supervision in both theory and practice. Students tell us they're encouraged to give feedback on all modules and this is responded to using a 'you said, we did' approach. The programme teams and the LME meet with student cohort representatives regularly. Students are invited to attend student experience committee meetings at set points in the academic year. Students tell us they've cohort WhatsApp groups and they highlight any immediate issues with programme staff. The UoB VLE enables students to submit practice evaluations; many students we speak to tell us that the system doesn't always work and UoB academic staff tell us that student engagement with internal feedback mechanisms is poor. Programme teams and some PLPs/EPs tell us they collate additional feedback from students to maximise the capture of students' experiences. There's some evidence that changes are made in response to nursing, midwifery and NA student feedback. For example, in the midwifery programme the systematic

examination of the newborn unit is moved to the beginning of the final academic year to enable students to gain the required practice experience over the course of the year. Midwifery students have also had additional clinical skills sessions following feedback to the programme team. Nursing and NA students also cite some examples of how the team respond to feedback. The UoB identify some assessment changes in their ASR following feedback from students (218-232, 239, 241, 243-248, 251-257, 283, 318-319).

Our findings conclude that 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: NOT MET

Comments:

SFNME requirement 3.2 is not met.

We find that the implementation of the e-PAD for nursing and NA students and the e-MORA for midwifery students has resulted in students, practice assessors and practice supervisors not understanding the technology, causing delayed completion of students' assessment of practice. We also find for midwifery students that continuity of carer and caseloading information isn't provided clearly by the UoB.

SFNME requirement 3.7 is not met.

We find that adult nursing students aren't consistently supernumerary when learning in practice. We find NA students don't consistently receive protected learning time when learning in practice.

SFNME requirement 3.8 is not met.

We find that academic assessors are assigned to students for each part of their programme. However, we find their role isn't well understood by students and we're not assured they act in accordance with the SSSA in relation to progression decisions.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- Supernumerary and protected learning time (related to SFNME requirement 3.7).

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>
<p>What we found before the visit</p>
<p>The UoB provide documentary evidence of how they comply with all standards and requirements in the NMC standards for education and training. Course information forms and mapping documents outline the content and professional requirements of the programmes in relation to the SPNP, SPMP, SPNAP, FN:SPRN, SPM and SPNA. We don't see a full suite of course information forms and haven't been able to review the MSc midwifery route prior to the visit (75, 123-128, 153).</p> <p>The UoB provide documentary evidence prior to the monitoring visit that educators involved with the pre-registration nursing, midwifery and NA programmes always act as professional role models. The UoB have systems, policies and processes in place to support staff in their roles. Evidence suggests all NMC staff act in accordance with the NMC Code (64).</p> <p>Evidence prior to the visit, provided by the AEI, demonstrates that UoB and their PLPs/EPs receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity. The UoB provide a staff development policy and academic workload plan policy that provides UoB educators with time and resources to enable them to fulfil their roles in addition to their other professional responsibilities (33, 63-64, 89, 187, 204-205).</p> <p>The UoB provide documentary evidence that educators respond effectively to the learning needs of individuals in all learning environments; this includes webpages detailing processes to support students across a range of NMC programmes (29, 83, 150-152, 174, 194-195, 206).</p> <p>The UoB provide documentary evidence that educators are supportive and objective in their approach to student supervision and assessment. Policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment. Evidence supplied in the ASR identifies that NSS satisfaction scores for assessment and feedback being fair was responded to poorly by students undertaking the children and young people's nursing programme (40 percent). Assessment criteria being clear was also rated poorly by students on the children and young people's nursing programme (53 percent) (19).</p>

There's limited student evaluative data in the form of completed module evaluation reports. There's limited data on the completion of student evaluations of both theory and practice. The UoB are asked to provide documentary evidence in the form of meeting minutes at the initial visit (28-29, 59-60, 71, 150-152, 156, 175-176, 207-208).

The UoB provide some evidence of how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. The UoB are asked to provide documentary evidence in the form of meeting minutes at the initial visit (75, 141, 209).

The UoB provide documentary evidence in relation to having appropriate systems and processes in place for escalating concerns, complaints procedures and FtP in all learning environments, and these processes are also outlined in student facing documentation. The UoB provide narrative of how they listen to students' concerns. It's not consistently clear within the evidence provided how the UoB respond to student concerns and what the outcomes have been with PLPs/EPs where these issues are highlighted or discussed (24, 28-29, 31, 41, 69-70, 78, 210).

The UoB have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation and practice evaluation. The UoB 'student voice framework' offers routes for students to raise concerns, complaints or to share compliments. The UoB has designated student experience leaders who act as overarching school level representatives. They liaise with course representatives, collate key thematic feedback for the school and work on student voice matters to co-create with the associate dean for student experience. All student voice feedback is recorded and discussed at the AEI student operations group, which the student experience leads attend monthly. There are limited examples of completed student evaluations provided across the nursing, midwifery and NA programmes and this is further triangulated at the visit (73-74, 211).

The UoB provide some evidence of sharing effective practice and learning from others. The UoB provide narrative about how they share and use evidence to make decisions on student assessment and progression. Further triangulation is required at the visit to understand how the UoB manage this process. UoB academic quality frameworks provide the governance structure in relation to the confirmation of student assessment and progression at the AEI (46-47, 117-121).

What we found at the visit

We find that the UoB doesn't comply with all standards and requirements in the NMC standards for education and training. There are issues with the application of the SSSA, primarily in relation to the role of the academic assessor. There are inconsistencies with the application of supernumerary status for students undertaking the adult nursing programme and protected learning time for students undertaking the NA programme (218-258, 318-319).

Documentary evidence and the monitoring visit confirm that nursing, midwifery and NA educators and assessors act as professional role models at all times. One mental health nursing student provides an example of where they felt an academic member of staff had been disrespectful in an open forum and this was escalated to the programme leader during the visit. No other students describe any other instances and students are consistently respectful of each other during the monitoring visit meetings. A small number of nursing and NA students tell us some practice supervisors don't want to work with students. These were isolated incidents during the monitoring visit (218-221, 224-232, 239, 241, 243-248, 251-257, 318-319).

There's documentary evidence and educators and assessors tell us at the visit that they receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity. New academic staff at the UoB tell us that their induction to the AEI is organised, staff are supportive and they meet with their line manager regularly. The nursing, midwifery and NA teams describe a team approach to academic assessor development that fosters peer support. UoB senior academic staff tell us that there are systems and processes in place to ensure staff are developed and supported through ongoing training and education. Practice assessors and practice supervisors tell us that they've access to training and education to undertake their role and they receive annual updates. They tell us that new registered staff undertake a period of preceptorship; they also tell us they feel supported by UoB link lecturers and local practice education teams. All educators tell us and documentary evidence supports that all staff undertake relevant mandatory training which includes training in equality and diversity (234-235, 237-238, 240, 242-246, 250, 254-255, 257).

Practice supervisors, practice assessors and nurses and midwives working within practice education teams across all PLPs/EPs tell us that there are no formalised processes that facilitate supported time and resources to enable them to fulfil their roles. Practice assessors and practice supervisors do however tell us that their roles are valued by their employing organisations. Practice assessors and practice supervisors tell us they make time for their role and understand the professional responsibilities in assessing students. The UoB confirm that material for practice supervisor and practice assessor role preparation is available online and PLPs/EPs, practice supervisors and practice assessors tell us that they access these resources. Senior nurses and senior midwives of PLPs/EPs tell us they recognise the challenging environment and recognise the important role practice assessors and practice supervisors play in the assessment of students. Some students tell us of delays in practice assessors completing practice documentation; this primarily relates to the recent implementation of the e-PAD/e-MORA (218-258, 318-319).

We find academic staff at the UoB respond to the learning needs of individuals and provide pastoral support and guidance to students. Students tell us they feel well supported by the UoB academic team. Students tell us of situations where the personal academic tutor provides excellent support to enable them to stay on the programme, including phone calls outside of working hours. Students with reasonable adjustments

tell us they're supported by the wider AEI support services such as the disability team (218-221, 224-232, 239, 241, 243-248, 251-257, 318-319).

Students tell us that practice assessors, practice supervisors and personal academic tutors overall are supportive and objective in their approach to student supervision and assessment. Students provide examples of where academic and practice staff have supported student learning. The UoB and PLP/EP policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment. Senior academic staff at the UoB acknowledge that student responses in the NSS in relation to assessment and feedback are below benchmark and this is also evidenced in the AEI's ASR (222, 224-232, 239, 252, 256-257, 318-319).

The UoB, senior nurses, senior midwives, the LME, practice assessors and practice supervisors tell us how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. The UoB provide additional documentary evidence in the form of minutes at the monitoring visit that confirms this partnership working across multiple PLPs/EPs. Programme leaders and the LME attend QEPL and the practice liaison and practice experience groups. Senior nurses and senior midwives meet with the UoB monthly (218-223, 233-238, 240, 242-247, 251, 297-300).

The UoB, senior nurses, senior midwives, practice assessors and practice supervisors confirm that they've systems and processes that enable escalating concerns and complaints in all learning environments including system regulator reports. Senior nurses and senior midwives tell us that the UoB responds promptly and effectively to concerns and/or complaints about students. Practice assessors and practice supervisors tell us they can use a cause for concern process and that link lecturers or personal academic tutors support ongoing monitoring of this. The LME describes a 'students at risk' weekly meeting to specifically review achievement of practice experience numbers and identify any trailing midwifery students. All students we speak with tell us that they'd raise a concern and contact relevant staff within PLPs/EPs or the UoB. Students are less confident identifying any specific policy or procedure to do this. Processes are also outlined in the student's e-PAD and e-MORA (218-248, 250-257, 318-319).

The UoB have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation, practice evaluation and school experience committees. UoB academic staff tell us response rates are lower than they'd like. They provide evidence of how they respond to feedback from students and provide evidence in the form of course enhancement action plans and 'you said we did' activities. PLPs/EPs tell us there are local forums and committees where student feedback is monitored and evaluated as they receive limited formal feedback from the UoB. Examples include the head of midwifery in one PLP/EP actively seeking feedback in student forums. Some PLPs/EPs have implemented local feedback using quick response codes. Practice assessors and practice supervisors tell us that they receive feedback from students' local practice

evaluations, we're told by the programme team and PLPs/EPs that themes are discussed at the QEPL meetings. Nursing and NA students provide examples of how their feedback has been acted upon and this includes the move from a blended approach to the delivery of theory and practice learning to blocks of theory and practice. Midwifery students provide examples of the systematic examination of the newborn module being moved to the beginning of the final academic year to enable students to gain the required practice experience over the course of that part of their programme (100-102, 218-248, 250-257, 283, 297-300, 310-312, 318-319).

The UoB tell us and documentary evidence confirms that there's sharing of practice and learning from others and that the AEI engage in several networks locally, regionally and nationally, including NHSE WTE and MYEPLG. There's some evidence that nursing, midwifery and NA assessors and educators at the UoB and their PLPs/EPs appropriately share and use evidence to make decisions on student assessment and progression. However, there's a lack of clarity amongst all stakeholder groups about how the academic assessor works in partnership with the nominated practice assessor to evaluate and recommend the student for progression. Practice assessors tell us they don't consistently know who the students' academic assessor is, or that they communicate with them during the students' placements or at progression points in the students' programme. Practice assessors and practice supervisors tell us they do meet with link lecturers. The academic team at the UoB tell us that academic assessors review the students' e-PAD for nursing and the NA programmes and will make contact and communicate with practice assessors if there are issues with the students' performance or progression. They tell us that they don't routinely meet with/communicate with all practice assessors or practice supervisors when students are undertaking periods of practice learning (217-248, 250-257, 318-319).

Practice supervisors and practice assessors across all PLPs/EPs provide examples of effective partnership working, for example where there are concerns about a student's progress. However, students in year one of their programmes tell us they've completed placements and don't yet have their e-PAD or e-MORA completed. Students tell us they think this is due to practice assessors and practice supervisors not being familiar with the e-PAD and e-MORA. They also consider that the delay is possibly a consequence of the current workload pressures affecting practice assessors and practice supervisors across all PLPs/EPs. Students tell us they're concerned that practice supervisors' unfamiliarity with the e-PAD and e-MORA makes them reluctant to use it. Students undertaking apprenticeship programmes understand the requirement for 12 weekly reviews and confirm that arrangements are in place; some NA students tell us that their 12-week reviews aren't always held and this is fed back to the UoB (217-248, 250-257, 313-315, 318-319).

We find that the UoB together with their PLPs/EPs are unable to ensure that 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. We're not assured that the UoB comply fully with the SSSA. We're not assured that UoB academic assessors appropriately share and use

evidence consistently to make decisions on student assessment and progression with practice assessors and practice supervisors.

Outcome: NOT MET

Comments:

SFNME requirement 4.1 is not met.

We find that UoB academic assessors don't fully comply with the SSSA and therefore don't comply with all standards and requirements in the NMC standards for education and training.

SFNME requirement 4.11 is not met.

We find that the UoB is unable to evidence consistent approaches to how academic assessors appropriately share and use evidence to make decisions on student assessment and progression with practice assessors and practice supervisors.

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

The UoB provide documentary evidence that the nursing, midwifery and NA programmes address NMC programme standards, providing learning opportunities that

equip students to meet the proficiencies and programme outcomes. Course information documents, the relevant course handbooks and proficiency mapping documents evidence relevant outcomes, including indicative content with field specificity for nursing. The midwifery programme is mapped to the United Nations Children's Fund (UNICEF) UK baby friendly initiative. There's evidence that the curricula for the nursing, midwifery and NA programmes are contemporary and reflect the wider health and social care agendas (100-102, 117, 121, 124, 126-128, 138, 150-152, 156, 166, 174, 212-214).

The UoB provide documentary evidence (course information documents and course placement planners) that demonstrates how the nursing, midwifery and NA programmes provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity, as well as enabling students to manage their theory and practice learning experience effectively. The UoB don't provide a programme plan for their MSc midwifery route prior to the visit. There's documentary evidence that theory and practice are weighted appropriately in the pre-registration nursing, midwifery and NA programmes. The UoB identify in their ASR that NSS student satisfaction scores in relation to the organisation and management of their programmes is below sector benchmark for adult nursing, children and young people's nursing and the midwifery programme (50, 150, 163, 174-185).

The UoB provide some evidence prior to the monitoring visit that curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. Course information documents and course handbooks outline relevant programme outcomes. The PSRB policy developed in June 2023 outlines that curricula are co-produced with relevant stakeholders, including PLPs/EPs. PUSCs are members cited as part of the membership of curriculum groups and this includes the strategic partnership and operational partnership groups. There's evidence that the UoB has governance and QA processes to review curricula and manage change. This includes periodic reviews and student experience committees. The UoB report prior to the visit that they're exploring how PUSCs can be more actively involved in committee and working groups. There's evidence that the UoB has performance reporting and governance structures in place, however we see limited minutes or notes of these meetings prior to the monitoring visit. The narrative provided by the UoB suggests that the structures include use of a data-driven approach to ongoing monitoring and performance of the nursing, midwifery and NA programmes (24, 47, 75, 105-108, 122, 215).

The UoB provide documentary evidence that assessment is fair, reliable and valid to enable students to demonstrate they've achieved the proficiencies for their nursing, midwifery and NA programme. The assessment process is governed by the UoB academic quality framework, and documentary evidence of derogations relating to the nursing, midwifery and NA programmes is provided. There's one example provided by the UoB to show that subject external examiners are involved with the assessment process in all learning environments (BSc (Hons) nursing programme). We don't see

any examples for the midwifery or NA programmes. Students' assessment of practice is documented in the relevant e-PAD/e-MORA for their programme. The UoB note in their narrative and within their ASR that responses to the NSS in relation to their perception of assessment being fair is below subject benchmark for students on the children and young people's nursing programme. There's evidence that practice assessors, practice supervisors and academic assessors receive training and education to undertake their role. The one example provided by the UoB of an external examiner report suggests that there's moderation of student e-PADs and external examiners have an opportunity to review these (19, 59-60, 94, 100-102, 138, 156, 175-176, 182-185, 208).

The UoB provides documentary evidence of institutional policy to ensure adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice. The UoB practice learning handbook outlines the operational details of how students can seek adjustments and the assessing learning quality handbook provides further information to support adjustments in learning. There's limited documentary evidence in relation to student and/or module evaluation prior to the monitoring visit and further information is requested at the initial visit and triangulated at the monitoring visit to see how reasonable adjustments are applied by PLPs/EPs (28-29, 85, 156, 194, 206, 216).

The UoB provide documentary evidence to demonstrate that students undertaking the nursing, midwifery and NA programmes are assessed across practice settings and learning environments as required by their programme. Assessment is mapped to the curricula and utilises appropriate methods. The e-PAD/e-MORA facilitate the recording of students' achievement against the relevant proficiencies for the nursing, midwifery or NA programme and facilitate students' self-reflections. PUSCs have an opportunity to contribute to assessments in practice (19-20, 24, 48, 156, 181-185, 197).

The UoB provide examples of how assessment is mapped to the curriculum within the course information documents and how this occurs throughout the nursing, midwifery and NA programmes to determine student progression prior to the visit (94, 156, 175-176, 182-185).

The UoB utilise an e-PAD that incorporates the Midlands, Yorkshire and East PAD (MYEPAD), MORA and the NA PAD. The UoB provide evidence of a completed MYEPAD; we see no examples of a completed MORA or NA PAD prior to the visit. The UoB provide narrative in relation to how practice assessment is facilitated in the pre-registration nursing, midwifery and NA programmes, including how practice assessors and practice supervisors evidence observations and other appropriate methods to assess student proficiency. The practice learning handbooks outline the principles and processes for practice assessment (24, 28-29, 48).

The NMC raise concerns that PUSC activity isn't sustained and consistent across UoB provision in all learning environments. The UoB indicate in their narrative that they're aware they need to diversify and grow their PUSC activity in recruitment, delivery and

assessment of students on the nursing, midwifery and NA programmes. There's evidence in the e-PAD and e-MORA that PUSCs have opportunities to contribute towards the assessment of practice. Further triangulation of PUSC involvement with student assessment is undertaken at the visit (20, 24, 105, 129).

The UoB provide documentation which demonstrates assessment of practice and theory is weighted appropriately to the programme and there's no compensation in assessments across theory and practice in the nursing, midwifery or NA programmes (59, 156, 181-185, 197).

What we found at the visit

Documentary evidence and meetings at the visit confirm that the pre-registration nursing, midwifery and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes. Nursing and NA students tell us that they're able to meet the proficiencies across a range of practice learning opportunities. Students tell us the short theory blocks interspersed with practice blocks of three or four weeks provide variety and scope for a good range of practice learning settings. Student feedback about the short placements is mixed; some enjoy the variety while others want longer to consolidate learning and get to know their practice assessor and the team better. Some nursing, midwifery and NA students tell us that the introduction of the revised delivery model has resulted in them having to undertake additional practice learning hours in each block and this has resulted in additional stress. The nursing, midwifery and NA programme teams tell us they're monitoring this situation and they're confident that students will achieve the requisite hours required for their programme and award. For the midwifery programme, domains one to five of the SPM are clearly mapped within the learning outcomes, indicative content and assessment strategies of the programmes. The domain six skills are evidenced within the MORA and demonstrate what must be met at the point of registration as a midwife. All midwifery students we meet confirm they've sufficiently varied practice placements to help them achieve the SPM (217-259, 318-319).

There's documentary evidence that pre-registration nursing, midwifery and NA curricula at the UoB are developed and evaluated by suitably experienced and qualified educators and practitioners. There are relevant programme outcomes that reflect a field or fields of nursing practice or reflect midwifery or NA practice. We meet with educators and assessors with the relevant qualifications and experience who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. UoB academic staff, practice assessors and practice supervisors provide examples of how the programmes meet relevant programme standards and proficiencies. The UoB provide relevant examples of mapping documentation. UoB academic staff and the LME for the midwifery programme provide examples of how EDI principles are incorporated into programme delivery, as well as factors such as how curriculum for nursing, midwifery and NA has been decolonised. Programme teams also provide examples of how they're recruiting a diverse range of PUSCs and

this includes PUSCs who can contribute to the midwifery programme (217-259, 294, 318-319).

Documentary evidence confirms that the pre-registration nursing, midwifery and NA programmes provide appropriate structure and sequencing that integrates theory and practice. PLPs/EPs, practice supervisors, practice assessors and students tell us that the programmes increase with complexity and that as students progress through the programme they become increasingly independent to manage their theory and practice learning experience effectively. Programme documentation confirms that the nursing, midwifery and NA curricula and assessment weighs theory and practice learning appropriately to the programmes. The course planners for the nursing, midwifery and NA programmes detail the equal split between theory-based and practice-based hours. There's a balance between theory-based and practice-based assessment. Students tell us that they prefer the revised structure to the delivery of their programmes and we receive no significant concerning feedback from students in relation to how programmes are structured and sequenced or that there are ongoing issues in relation to this. Nursing, midwifery and NA students who are nearing completion of their programmes tell us that there are opportunities to demonstrate leadership skills, and they're aware of preceptorship programmes across the organisations where they intend to work once registered with the NMC. There's evidence that the midwifery programme uses a case-based approach, and the systematic examination of the newborn module is at the beginning of the final year of each programme and enables students to manage the requirement of the practice experience effectively (217-248, 250-257, 284-288, 313-315, 318-319).

Documentary evidence and the monitoring visit confirm that the nursing, midwifery and NA curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. Practice education staff and senior nurses and midwives tell us planned changes to programmes are discussed at the QEPL meeting. For students undertaking apprenticeship routes the designated apprenticeship lead meets with new EPs to tell them about the relevant programme. Senior staff from PLPs/EPs and nurses and midwives working within practice education teams across the local health economy describe their involvement in co-production of the UoB programmes (217-223, 233-238, 240, 242-246, 297-300).

Documentary evidence and meetings at the visit confirm assessment is fair, reliable and valid in all learning environments, to enable students to demonstrate they've achieved the proficiencies for their pre-registration nursing, midwifery or NA programme. There's evidence of systems, processes and policies that govern student assessment. There's evidence that external examiners are involved with the assessment process in all learning environments. External examiners comment on the robustness and fairness of the assessment across the range of NMC approved programmes; they comment on levels of feedback provided and that students receive feedback in a timely manner. External examiners confirm that the performance of UoB nursing, midwifery and NA students is equitable when benchmarked across the sector

and confirm that curricula and assessments are aligned to the relevant NMC programme standards (217-258, 280-282, 318-319).

Documentary evidence and nursing, midwifery and NA students confirm that adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice. Students confirm their diverse needs are respected and taken into account across all learning environments. They describe excellent support from their personal academic tutors when adjustments are required because of complex personal circumstances. Students we meet tell us that adjustments are made to assessment dates and extra time for examinations if they've reasonable adjustments. Students tell us that practice assessors and practice supervisors are supportive when they're aware that students require reasonable adjustments in practice (224-232, 239, 241, 243-248, 252-257, 318-319).

The UoB, PLPs/EPs, practice assessors, practice supervisors and academic assessors tell us that students undertaking the pre-registration nursing, midwifery and NA programmes are assessed across practice settings and learning environments as required by their programme. There's documentary evidence that supports this. The e-PAD, e-MORA and the ongoing achievement record are used effectively to record and monitor the students' achievement against the relevant proficiencies for the pre-registration nursing, midwifery or NA programme. Students tell us that they undertake a range of assessments in theory and practice (48, 218-248, 250-257, 295-296, 318-319).

There are detailed mapping documents of how and where assessment is undertaken throughout the pre-registration nursing, midwifery and NA programmes. There are clear progression criteria for each part of the nursing, midwifery and NA programme. Students tell us that they're aware of where progression points are within their programme. Students tell us that they're allocated to a practice assessor for their practice learning experiences. For the midwifery programme domains one to five of the SPM are clearly mapped within the learning outcomes, indicative content and assessment strategies of the programme (123-128, 224-232, 239, 241, 243-248, 252-257, 318-319).

The UoB, practice assessors, practice supervisors and students tell us and provide documentary evidence that they utilise an e-PAD that incorporates the MYEPAD for nursing and the NA PAD for NA. The e-MORA is used for students on the midwifery programme. The programme specific PAD details observations made by the practice assessor and practice supervisors and other key stakeholders who are involved in the assessment process, including other members of the multidisciplinary team. Practice assessors confirm they're supported to periodically observe students in the practice learning environment (48, 218-248, 250-257, 295-296, 318-319).

Documentary evidence and meetings confirm that practice assessors, practice supervisors, academic assessors and PUSCs contribute to student feedback in the assessment of practice. Practice assessors and practice supervisors tell us they're

aware that students need to obtain PUSC feedback while on practice placement and that there are opportunities to do so. The approach to suitable individuals is made by the practice supervisor or practice assessor. Nursing, midwifery and NA students confirm this and tell us PUSC feedback is uploaded into their programme specific PAD document. Practice assessors, practice supervisors and students tell us that there's a variation in how nursing, midwifery and NA students gather feedback from PUSCs during their practice learning experiences with some suggesting students gather this directly and others suggesting this is always achieved through the student's practice supervisor or practice assessor. Overall, we're assured of a process being in place for students to gain PUSC feedback (48, 218-258, 292, 295-296, 318-319).

Programme documentation for the nursing, midwifery and NA programmes confirms there's no compensation in assessments across theory and practice (218, 220-221, 247, 251, 260-272).

We find that the UoB, together with their PLPs/EPs, are able 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.

Outcome: MET

Comments: None identified.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- None identified.

Evidence/Reference Source

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111. UoB, coaching and peer assisted learning publication, 3 August 2018
112. UoB, supporting health and social care students to stay and stay well: a conceptual framework for implementing integrated care into higher education, 1 November 2023
113. UoB, Bedfordshire, Luton, Milton Keynes integrated care system hub launch presentation, October 2022
114. UoB, collaborative targeted outreach programme flyer, 2024
115. UoB, teaching excellence framework statement of findings, June 2017

116. UoB, teaching and learning model, undated
117. UoB, academic quality framework modification process, 1 September 2023
118. UoB, academic quality framework periodic review, October 2022
119. UoB, academic quality framework external examining, October 2022
120. UoB, quality handbook, boards of examiners, October 2021
121. UoB, academic quality framework course approval process, October 2022
122. UoB, terms of reference school experience committee, undated
123. UoB, mapping of proficiencies nursing in PAD, undated
124. UoB, midwifery mapping MORA to NMC and UNICEF, undated
125. UoB, midwifery mapping MORA to SSSA, February 2020
126. UoB, nursing associate mapping of NA PAD to NMC proficiencies, 7 May 2019
127. UoB, mapping NMC and apprenticeship standards nursing, February 2020
128. UoB, midwifery mapping NMC European Union directive and numeracy and digital literacy, February 2020
129. UoB, midwifery student service user feedback summary, 2023
130. UoB, position paper on protected learning time for NA apprentices, July 2023
131. UoB, end of placement evaluation feedback, Bedford hospital nursing, 2022-2023
132. UoB, education audit cycle, 2023
133. UoB, practice learning environment audit tool, undated
134. UoB, multi-professional practice learning environment audit guidance notes, July 2023
135. UoB, practice supervisor placement evaluation form, January 2020
136. UoB, multi-professional practice learning environment audit, August 2023
137. UoB, operational partnership group example minutes, 5 July 2023
138. UoB, external examiner report example, 11 July 2023
139. UoB, interruption of studies form, undated
140. UoB, NETS survey extract midwifery, 2023
141. UoB, practice experience group terms of reference, undated
142. UoB, partnership event, 2023
143. UoB, recruitment and selection strategy for health care courses, September 2022
144. UoB, RPL policy, May 2022
145. UoB, under 18 policy and proforma, 2022
146. UoB, apprenticeship training plan example, undated
147. UoB, exemption application form example, undated
148. UoB, course information form to show RPL, nursing, undated
149. UoB, RPL claim form, undated
150. UoB, course handbook midwifery undergraduate, 2023-2024
151. UoB, course handbook adult nursing undergraduate, 2023-2024
152. UoB, course handbook nursing associate undergraduate, 2023-2024
153. UoB, strategic partnership group meeting presentation, November 2023
154. UoB, cause for concern form, undated
155. UoB, cause for concern checklist and report form, 2023
156. UoB, quality handbook chapter eight assessing learning, October 2021
157. UoB, BHFT practice placement agreement education contract, 25 February

2022

158. UoB, PLPs commitment statement example, undated
159. UoB, monitoring of apprenticeship modifications (NMC) processes, September 2023
160. UoB, school of nursing, midwifery and health education organogram, undated
161. UoB, resource statement review, November 2023
162. UoB, BREO (VLE) log in, undated
163. UoB, midwifery overall planner, 2023-2024
164. UoB, elective placement guidance, November 2023
165. UoB, education and student experience strategy, 2022-2026
166. UoB, response to external examiner annual report example, 7 July 2023
167. UoB, school outcome QA committee terms of reference, 2023-2024
168. UoB, job description example, undated
169. UoB, academic workload planning, September 2017
170. UoB, agenda external examiner conference, 14 December 2022
171. UoB, external examiner handbook, 2022-2023
172. UoB, student welcome pack, ELFT, December 2020
173. UoB, NSS school education and student experience checklist, 2023-2024
174. UoB, HSS learning and teaching guidance, 2023-2024
175. UoB, assessment handbook and schedule midwifery, postgraduate example, undated
176. UoB, assessment handbook and schedule nursing, undergraduate example, undated
177. UoB, course placement plan, NA direct entry example, October 2022
178. UoB, course placement plan, nursing example, 2023-2024
179. UoB, course placement plan year two apprenticeship block placement, October 2022
180. UoB, midwifery course plan postgraduate and apprenticeship, 2023-2024
181. UoB, unit information from example nursing, undated
182. UoB, course information form mental health nursing, postgraduate example, 1 August 2023
183. UoB, course information form midwifery, 1 August 2023
184. UoB, course information form NA, 1 August 2023
185. UoB, course information form nursing, 1 August 2023
186. UoB, Health Education England (HEE), RePAIR project presentation, undated
187. UoB, solution path HEE funded pilot, July 2021
188. UoB, using student engagement analytics to deliver personalised experience and impact future continuation, case study, October 2023
189. UoB, process for identifying and supporting undergraduate students at risk, undated
190. UoB, supervision and assessment of learner's handbook, April 2023
191. UoB, taking a break webpage, undated
192. UoB, apprenticeship break in learning flow chart, November 2023
193. UoB, apprenticeship break in learning from, undated
194. UoB, reasonable adjustment policy, 2023
195. UoB, disability and dyslexia webpage, undated

196. UoB, belonging at UoB, education research report, October 2023
197. UoB, unit information form midwifery, example of equality impact assessment, 1 August 2023
198. UoB, university community partnership agreement, September 2014
199. UoB, student mental health support service webpage, undated
200. UoB, student support services webpage, undated
201. UoB, health and social sciences Begin@Beds policy for school and course level induction, 2023-2024
202. UoB, midwifery Begin@Beds padlet, undated
203. UoB, end of placement evaluation process flowchart, November 2023
204. UoB, induction schedule example, undated
205. UoB, new staff padlet, undated
206. UoB, case study student support midwifery, students with disability, undated
207. UoB, individual learning plan, undated
208. UoB, academic appeals policy, November 2021
209. UoB, SSSA trust update and sharing good practice, BCHT, 2023
210. UoB, fitness to study policy, 2022-2023
211. UoB, I-care initiative flyer, undated
212. UoB, course appreciation conversations guidance, 2023-2024
213. UoB, major change requests, undated
214. UoB, minor change request, undated
215. UoB service users discussion re-experience and curriculum (midwifery), undated
216. UoB, examination access arrangements webpage, undated
217. Formal presentation to the monitoring team by AEI in partnership with relevant PLPs/EPs, 16 January 2024
218. Meeting with AEI nursing team, 16 January 2024
219. Meeting with LME, 16 January 2024
220. Meeting with AEI NA team, 16 January 2024
221. Meeting with AEI midwifery team, 16 January 2024
222. Group meeting with senior representatives of AEI, 16 January 2024
223. Group meeting with senior representatives of PLPs/EPs, 16 January 2024
224. Meeting with year one undergraduate and postgraduate midwifery students (face to face), 16 January 2024
225. Meeting with year two undergraduate and postgraduate midwifery students (online), 16 January 2024
226. Meeting with year one and year two direct entry and apprentice NA students (Luton), 16 January 2024
227. Meeting with year one and year two direct entry and apprentice NA students (Bedford), 16 January 2024
228. Meeting with adult and mental health year one and two direct entry and apprentice nursing students (Aylesbury), 16 January 2024
229. Meeting with year one and two nursing students (Luton), 17 January 2024
230. Meeting with year three adult nursing students (Aylesbury and Bedford) 17 January 2024
231. Meeting with year one and two mental health nursing students (Luton), 17 January 2024

232. Meeting with year three mental health nursing students, (Aylesbury and Bedford) 17 January 2024
233. Visit to Bedford hospital, meeting with senior midwifery team, 17 January 2024
234. Visit to Bedford hospital, meeting with midwifery education team and tour of maternity unit, 17 January 2024
235. Visit to Bedford hospital, meeting with midwifery practice assessors and supervisors, 17 January 2024
236. Visit to Luton and Dunstable hospital, meeting with senior midwifery team, 17 January 2024
237. Visit to Luton and Dunstable hospital, meeting with midwifery education team and tour of maternity unit, 17 January 2024
238. Visit to Luton and Dunstable hospital, meeting with midwifery practice assessors and supervisors, 17 January 2024
239. Visit to Bedford hospital, meeting with pre-registration nursing and NA students, 17 January 2024
240. Visit to Bedford hospital, meeting with pre-registration nursing and NA students, practice assessors and practice supervisors, 17 January 2024
241. Visit to Luton and Dunstable hospital, meeting with pre-registration nursing and NA students, 17 January 2024
242. Visit to Luton and Dunstable hospital, meeting with pre-registration nursing and NA students, practice assessors and practice supervisors, 17 January 2024
243. Visit to ELFT, Evergreen Unit, 17 January 2024
244. Visit to ELFT, Luton and South Bedfordshire Crisis Team, 17 January 2024
245. Visit to ELFT, Primary Care at Home team at Grove View, 17 January 2024
246. Visit to ELFT, Continence Team and Doppler Clinic at Grove View, 17 January 2024
247. Follow up meeting with pre-registration nursing and NA programme team, 18 January 2024
248. Meeting with year three midwifery students (undergraduate and postgraduate), 18 January 2024
249. Meeting with midwifery PUSCs, 18 January 2024
250. Meeting with midwifery practice assessors and practice supervisors, 18 January 2024
251. Follow up meeting with midwifery team, 18 January 2024
252. Meeting with year one, two and three children and young people's nursing students, 18 January 2024
253. Visit to Watford hospital, meeting with senior nurses and midwives, 18 January 2024
254. Visit to Watford hospital outpatient department, 18 January 2024
255. Visit to Watford hospital endoscopy department, 18 January 2024
256. Meeting with year one and two adult nursing students (Bedford), 18 January 2024
257. Meeting with pre-registration nursing and NA practice assessors and supervisors (Bedford), 18 January 2024
258. Meeting with PUSCs (Bedford), 18 January 2024
259. Meeting to provide feedback to AEI, 19 January 2024

Additional Evidence Requests Initial Meeting:

260. UoB, midwifery course handbook, postgraduate, 2023-2024
261. UoB, midwifery course handbook, postgraduate apprenticeship, 2023-2024
262. UoB, midwifery course handbook, undergraduate, 2023-2024
263. UoB, midwifery course handbook, undergraduate apprenticeship, 2023-2024
264. UoB, BSc adult nursing course handbook, undergraduate, 2023-2024
265. UoB, BSc adult nursing course handbook, undergraduate apprenticeship, 2023-2024
266. UoB, MSc adult nursing course handbook, postgraduate, 2023-2024
267. UoB, BSc mental health nursing course handbook, undergraduate, 2023-2024
268. UoB, BSc mental health nursing course handbook, undergraduate apprenticeship, 2023-2024
269. UoB, MSc mental health nursing course handbook, postgraduate 2023-2024
270. UoB, BSc children and young people's nursing course handbook, undergraduate, 2023-2024
271. UoB, BSc children and young people's nursing course handbook, undergraduate apprenticeship, 2023-2024
272. UoB, course information forms (all programmes), various dates
273. UoB, staff curriculum vitae documents, 6 January 2024
274. UoB, access and participation plan, 13 December 2018
275. UoB, digital summary strategy, 6 January 2024
276. UoB, practice learning handbook (midwifery), 2023
277. UoB, practice learning handbook (nursing), 2023
278. UoB, practice learning handbook (NA), 2023

Additional information requested during visit:

279. UoB, RPL mapping documents exemplars (adult and mental health), 2023-2024
280. UoB, external examiner reports (x seven) midwifery, 2021-2023
281. UoB, external examiner reports (x 13) nursing, 2021-2023
282. UoB, external examiner reports (x four) NA, 2021-2023
283. UoB, placement evaluation raw data (all programmes), undated
284. UoB, midwifery course plan postgraduate and apprenticeship, 2023-2024
285. UoB, midwifery undergraduate overall planner, 2023-2024
286. UoB, BSc nursing course planner, 2023-2024
287. UoB, MSc nursing course planner, 2023-2024
288. UoB, NA course planners (x six), 2022-2023
289. UoB, midwifery service user feedback cafe, 3 November 2023
290. UoB, PUSC feedback form, selection question paper nursing interview (x five) 2022-2023
291. UoB, PUSC teaching delivery exemplars (x eight), undated
292. UoB, PUSC group ongoing action plan, 15 December 2023
293. UoB, staffing information, resource and student staff ratio document, 18 January 2024
294. UoB, unit information forms all programmes, undated
295. UoB, MORA undergraduate programme, undated

296. UoB, MORA postgraduate programme, undated
297. UoB, committee structure, 16 January 2024
298. UoB, feedback process for practice evaluation, 17 January 2024
299. UoB, governance of education and student experience document, undated
300. UoB, school and faculty enhancement planning flowchart, 2023-2024
301. UoB, midwifery case loading record, undated
302. UoB, screenshot of case loading announcement, undated
303. UoB, student midwife guide to continuity of care and case loading, 2022
304. UoB, frequently asked questions, continuity of care, undated
305. UoB, SSSA exemplars (x five) of training and education materials, BHFT, undated
306. UoB, SSSA exemplars (x four) of training and education materials, ELFT, undated
307. UoB, SSSA exemplars (x three) of training and education materials, midwifery providers, undated
308. UoB, SSSA exemplars (x three) of training and education materials, West Herefordshire, undated
309. UoB, practice assessor and practice supervisor on-line training material examples, undated
310. UoB, school experience midwifery committee minutes, 16 November 2023
311. UoB, school experience NA committee minutes, 20 November 2023
312. UoB, school experience nursing committee minutes, 16 November 2023
313. UoB, tripartite meeting examples midwifery (x three), various dates
314. UoB, tripartite meeting examples nursing (x three), various dates
315. UoB, tripartite meeting examples NA (x three), various dates
316. UoB, identifying students at risk without students at risk (STREAM) process, 2023-2024
317. UoB, escalation response to concern raised by midwifery apprentice student, 18 January 2024
318. Visit to Bedford hospital, meeting with midwifery students, 17 January 2024
319. Visit to Luton and Dunstable hospital, meeting with midwifery students, 17 January 2024

Personnel supporting education monitoring visit

Prior to the monitoring visit:

Meetings with:

Associate dean external relations

At the monitoring visit:

Meetings with:

Practice supervisors/practice assessors	Seven x children and young people's nursing 15 x midwifery 22 x adult nursing 16 x mental health nursing
Academic assessors	10 x midwifery Seven x NA 12 x nursing
Service users/carers	Six
Senior managers of the AEI	Executive dean of faculty Associate dean external relations Associate dean student experience Head of quality and practice Lead for healthcare developments Chief financial and resources officer Pro-vice chancellor research and innovation Pro-vice chancellor international Pro-vice chancellor education and student experience Professor of diversity in public health and director of institute for health research University apprenticeship lead Portfolio lead for midwifery and LME
Senior managers from associated practice learning partners	Chief nurse, BHFT Associate director of nursing, BHFT Director of midwifery, BHFT Vocational and educational lead, BHFT Head of practice education, MKUHFT Chief nurse, BHCT Head of midwifery, BHCT Assistant director of clinical education, BHCT Interim chief nurse, ELFT Director of nursing for Bedfordshire and Luton, ELFT Practice experience manager, ELFT Head of clinical education (adult and child), Central and North West London NHS Trust Clinical and professional development manager, Oxford Health NHS Trust Senior nurse for education, WHHT

	Professional education manager, Cambridge Community Services
Director/manager nursing	Five
Director/head of midwifery	Four
Education commissioners or equivalent	None
Practice education facilitator or equivalent	Eight x midwifery Six x nursing and NA
Other:	None

Meetings with students:	
Programme	Number met
Midwifery BSc & MSc (direct entry)	Year 1: two Year 2: 15 Year 3: 18
Midwifery (apprenticeship)	Year 1: four Year 2: three Year 3: zero
BSc (Hons) nursing adult (direct entry)	Year 1: 22 Year 2: 12 Year 3: 23
BSc (Hons) nursing adult (apprenticeship)	Year 1: three Year 2: nine Year 3: two
MSc nursing adult (direct entry)	Year 1: four Year 2: two
BSc (Hons) children and young people's nursing (direct entry)	Year 1: one Year 2: six Year 3: three
BSc (Hons) children and young people's nursing (apprenticeship)	Year 1: zero Year 2: zero Year 3: one

BSc (Hons) mental health (direct entry)	Year 1: 17 Year 2: nine Year 3: 31
BSc (Hons) nursing mental health (apprenticeship)	Year 1: zero Year 2: five Year 3: zero
MSc nursing mental health (direct entry)	Year 1: two Year 2: five
FdSc NA (direct entry)	Year 1: two Year 2: one
FdSc NA (apprenticeship)	Year 1: 10 Year 2: two

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Issue record

Final Report

Author	Ronnie Meechan	Date	5 February 2024
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Submitted by	Amy Young	Date	19 March 2024
Approved by	Natasha Thompson	Date	20 March 2024