

2014-15 Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Birmingham City University
Programmes monitored	Registered Midwife - 18 & 36M; Specialist Practitioner - District Nursing (Mandatory Integrated Nurse Prescribing)
Date of monitoring event	11-12 Feb 2015
Managing Reviewer	Peter McAndrew
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Deborah Wisby, Sally Wilson
Placement partner visits undertaken during the review	Heartlands Hospital (Heart of England NHS Foundation Trust) Delivery Suite and Ward Area. Good Hope Hospital (Heart of England NHS Foundation Trust) Maternity Assessment Centre, Postnatal Ward Five and Community. Birmingham City Women's Hospital (Birmingham Women's NHS Foundation Trust) Birth Centre and Gynaecology Ward Area. City Hospital (Sandwell and West Birmingham NHS Foundation Trust) Serenity Birth Centre and Community Team. Deaf Cultural Centre, Birmingham. Birmingham Community Health Care NHS Trust, Summerfield Primary Care Centre; Wye Valley NHS Trust, Conference call; Birmingham Community Health Care NHS Trust, Hall Green Health Centre; Coventry And Warwickshire Partnership NHS Trust, Swanswell Point Health Centre.
Date of Report	19 Mar 2015

Introduction to NMC QA framework

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

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

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

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

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

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

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

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

Introduction to Birmingham City University's programmes

The Faculty of Health, Education and Life Sciences at Birmingham City University (BCU) has two schools which provide nursing and midwifery programmes; the school of nursing, midwifery and social work; and, the school of allied and public health professions. The school of nursing, midwifery and social work provide pre-registration programmes for adult, mental health, child and learning disabilities nursing, midwifery, and social work. The school of allied and public Health Professions provide a range of community health programmes including the community specialist public health nursing programmes and the specialist practitioner in district nursing programme.

This monitoring event reviewed the risks associated with the provision of the pre-registration 18 month and three year midwifery programmes and the specialist practitioner in district nursing (with the integrated nurse prescribing V100) programmes.

The pre-registration midwifery programmes were both approved by the NMC in May 2009 for five years. The NMC subsequently gave a one year extension to the approval period and they are due for reapproval in 2015. The specialist practitioner in district nursing programme was approved by the NMC in April 2013.

Students are positive about the quality of both the programmes and the learning support that they receive from the university and its practice placement partners.

The commissioners and employers confirm that the programmes prepare midwives and district nurses who are fit for practice. All NMC key risks are currently controlled.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration was given to the midwifery student experiences in the placements in Heart of England NHS Foundation Trust and community nursing student's placements in the Wye Valley NHS Trust which are subject to adverse Care Quality Commission (CQC) inspection reports in January, February and June 2014.

Summary of public protection context and findings

We found that robust governance procedures ensure that all midwifery and district nursing lecturers with a professional qualification are registered with the statutory body and have the relevant recordable teacher qualification. There are sufficient academic staff dedicated to programme delivery and sufficient sign off mentors available in midwifery services for the number of students on placement. We found that there are clear plans in place to increase the numbers of midwives and to progress mentors to sign off mentor status. We found there are sufficient practice teachers in community practice for the number of specialist practitioner district nursing students. We concluded that the programme providers have adequate resources to deliver approved programmes to the standards required by the NMC and that the resources available in practice settings enable students to achieve the required learning outcomes.

We found that the admission and progression procedures are rigorous, robust and are effectively implemented to ensure students entering and progressing on the pre-

registration midwifery and district nursing programmes meet the NMC standards and requirements which is fundamental to the protection of the public. We found that service users and carers are not currently involved in the admission process although plans are in place for them to be involved in the future. We found that the procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in both programme areas. We found evidence of the effective implementation of these procedures and examples of where students have been subject to remedial action or their programme terminated which demonstrates the rigour of the process in ensuring public protection from nurses and midwives who fail to achieve the programme competencies and learning outcomes. We found that procedures and practices in relation to fitness to practise (FtP) are comprehensive, robust and rigorous and fully meet the requirements of the NMC to protect the public from students who have exhibited a poor character or who have been subject to criminal proceedings.

We found strong evidence of effective partnerships with service providers and associated education providers at both strategic and operational levels. These partnerships are being used to develop innovative solutions to the many challenges that exist. Education commissioners feel the faculty is proactive at managing potential issues and is highly responsive and effective when adverse issues which present a risk to the public arise. We found that placement management meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. We concluded that there are effective procedures in place to protect student learning and to assess if placements need to be withdrawn or rested. There were a number of examples of how these measures have been used successfully.

We found that the faculty's responses to adverse CQC reports where students are placed are effective at protecting student learning and public safety. Action taken to protect the students learning through the provision of additional resources and collaborative work with placement providers is highly effective and ensures that students are not subjected to either poor educational or patient care practices. We did not find any evidence to suggest there are any adverse effects on students' learning as a result of the adverse CQC reviews in midwifery placements in the Heart of England NHS Foundation Trust and community nursing student' placements in the Wye Valley NHS Trust which were subject to adverse CQC inspection reports in January, February and June 2014.

We found that all mentors, sign off mentors and practice teachers are appropriately prepared for the role of supporting and assessing students. The preparation and completion of mentor updates is robust and there is a clear understanding held by sign off mentors about assessing and signing off competence to ensure students are fit for practice. Student midwives are allocated a named supervisor of midwives (SoM) in the maternity service for the duration of their programme. We found that records of mentors are accurate and data is recorded for annual updates and triennial reviews. We concluded that student learning and clinical competence in the practice setting is supported and assessed by approved mentors, sign off mentors and practice teachers to protect the public from poor or unprofessional clinical practice.

We found that students undertaking programmes that lead to becoming a registered midwife or the district nursing qualification achieve the NMC learning outcomes and competencies for entry to the register. We found that students emerging from the

programmes are considered fit for practice by employers and educational commissioners. Education commissioners and external examiners confirm that the programmes are of high quality and meet all statutory requirements. We found that the evidence base with regards to the attendance of pre-registration midwifery students on the delivered theoretical components of the programme would benefit from being made more explicit in programme documentation so that the requirements are clear to all participants.

Summary of areas that require improvement

None identified.

Summary of areas for future monitoring

- Continual communication and clarity throughout the duration of the programmes on midwifery supervision for student midwives.
- To ensure that the attendance criteria for the completion of theoretical hours is explicit within the pre-registration midwifery course documentation.
- To develop service user and carer engagement in both the admissions process and the assessment strategy for the programmes leading to registered midwife and district nursing in line with future planned developments.

Summary of notable practice

Resources

None identified.

Admissions and Progression

None identified.

Practice Learning

None identified.

Fitness for Practice

We found that the use of the Hyland and Donaldson psychological assessment tool in the district nursing student's professional practice work book was innovative and fully consistent with the national drive to ensure that nurses and midwives are compassionate and caring. The tool encourages students and practice teachers to reflect on their personality and learning styles. The use of the psychological assessment tool was assessed as notable practice and worthy of wider dissemination.

Quality Assurance

We found that the introduction of quality days across the faculty to review the effectiveness of the programmes of study and especially the assessment strategy of all approved programmes is innovative and worthy of wider dissemination. The quality

days involved the participation of students, mentors, sign off mentors, practice teachers, academic staff and external examiners.

Summary of feedback from groups involved in the review

Academic team

We found the programme teams have close working partnerships with practice placement providers. They informed us about effective systems that are in place to support midwifery students in relation to theory and practice learning in order to ensure that the relevant NMC standards and requirements are met. We found that there are currently 11 full-time and three part-time midwifery lecturers within the team, one of whom is the Head of Department of Midwifery and Child Health/Lead Midwife for Education (LME) and one who is a SoM. Following the recent appointment of several new midwifery lecturers during 2014, the university is committed to supporting staff to complete the Postgraduate Certificate in Education within two years of their appointment. The midwifery team successfully undertake their responsibilities to teach and support students and provide the link lecturer role for practice placement areas. Staff informed us of how they maintained their own clinical practice, for example in delivering aqua natal classes.

We found that there are robust systems in place to support district nursing students. Students are supported both in theory and practice learning to ensure that NMC standards and requirements are met. There is currently a full-time course leader on the programme and in response to increased demand for the programme a half time equivalent lecturer with due regard was appointed in 2014. A full time course leader for all the non-medical nurse prescribing team delivers the integrated community practitioner nurse prescribing programme.

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

We found that all mentors, sign off mentors, practice placement managers and employers expressed confidence in the registered midwife programmes. Midwifery mentors/sign off mentors told us that they received good preparation for their role and support from the programme teams and link lecturers. We found that mentors and sign off mentors are committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet NMC standards and competencies on completion of registered midwife programmes.

All practice teachers, sign off mentors, practice education facilitators and employers expressed a high degree of confidence in the programme. Practice teachers told us they receive very good support and preparation for the role from the programme team. Practice education facilitators maintain the live data base and placement audits and work closely with the programme team at the university. We found practice educators and sign off mentors are committed to ensuring that students are supported in practice and theory and ensuring that they can meet their NMC standards and competencies on successful completion of the programme.

The district nursing programme at BCU is demand led and we were informed by trust

managers and education commissioners that they had elected to send district nursing students on this programme because of the high quality. They confirmed that the programme produced students who are fit for purpose and practice.

Senior service managers confirmed that they maintained a very positive relationship with the university and that they had confidence in the quality of the programme and the procedures that support them.

Students

We met with a range of pre-registration midwifery students undertaking the three year and 18 month shortened midwifery programme across all the NHS Trusts that we visited. We found that midwifery students are enthusiastic and positive about their choice of university and complimentary about their experience within both programmes. Students reported that lecturers are motivated and supportive and that they are aware of communication channels within both the university and clinical placement area for on-going support throughout their programme. Third year and 18-month midwifery students confirmed that they are well prepared for registration with the NMC on completion of their programme.

We found that district nursing students are very positive and enthusiastic about the programme and the university. Students informed that the course team, and particularly the course leader, is extremely supportive both in practice and theory. The students reported that the course leader is easy to access and promptly replies to correspondence even though there is a large geographical practice placement area for the programme. Students emphasised how they are developing both professionally and personally as the programme progresses and they confirmed that they are being well prepared for the role of specialist practitioner and nurse prescriber.

We concluded that the students are of a very high standard and that they undertook their role with care and compassion.

Service users and carers

We found that service users and carers feel valued and supported by the faculty. We found evidence of indirect service user and care involvement in the recruitment process of the midwifery students. Service users and carers directly contribute to the delivery of the curriculum and the input is very positively evaluated. We also found evidence within the clinical placement area that service users and carers are able to feedback and share their experiences and expectations of midwifery care delivery.

In the district nursing programme we found evidence of service users and carers contributing to the programme directly through practice assessments. Service users and carers had knowledge of the programme the student district nurses were undertaking and commented on the high quality care received from these students.

Relevant issues from external quality assurance reports

CQC reports and issues in relation to associated practice placements:

45 CQC Quality reports were analysed and the following issues emerged.

Midwifery Services:

Care Quality Commission - Heart of England NHS Foundation Trust - Birmingham Heartlands Hospital - Quality report - January 2014 - Maternity and Family Planning - requires improvement.

We found that maternity services were sometimes over extended and the flow of women through the service up to and including discharge was disjointed and fragmented. The staff all described a feeling of being stretched and that at busy times the running of the service was largely dependent on their goodwill. Staff were unable to say how they learnt from incidents and complaints, or how the governance framework drove forward practice within the trust. (1)

Care Quality Commission - Heart Of England NHS Foundation Trust - Good Hope Hospital - Quality Report - Maternity Services - February 2014 – requires improvement

In maternity and in children's care it was found that the shortages of staff had an impact on the care of women and children. Midwives were stretched to deliver good care because there were too few of them on duty. Overall there was poor visibility and communication from the senior leaders in this directorate. Staff felt that they were managed from afar (Heartlands Hospital) and that management was aggressive. There was good support provided by the modern matron at this unit. (2)

Community Nursing Services:

CQC - Wye Valley NHS Trust - Quality Report - 14/10/2014

Overall rating for this trust - Inadequate

The trust provides community services and hospital care (acute and community) to the population of Herefordshire. Wye Valley NHS Trust had been flagged as high risk on CQC's Intelligent Monitoring system.

Staff needed access to training to ensure that they have the correct competencies, skills and expertise to effectively care for and treat patients. Mandatory training for staff was not up to date, with particular shortfalls in the safeguarding of vulnerable adults and children and in the mental capacity act. There were shortfalls across the trust in medical, nursing and midwifery staffing, which affected day-to-day care. There were areas throughout the trust where risks were not escalated and therefore not effectively acted on. Staff in community teams felt vulnerable when working on-call, particularly at night, and sometimes having long distances to travel with poor mobile signals. (3)

Mental Health Services:

Birmingham and Solihull Mental Health NHS Foundation Trust - Quality Report - May 2014

Are mental health services safe? Requires improvement

Improvements were required by the trust to ensure that the safety concerns identified in some of the core services inspected were addressed. (4)

Adult Nursing Services:

CQC - George Elliot Hospital NHS Trust - George Eliot Hospital - Quality Report - April & May 2014

Overall rating for this hospital - requires improvement

Comprehensive inspection because the George Eliot NHS Trust had been flagged as potentially high risk on the CQC intelligent monitoring system due to being in special measures as a result of the trust inspection as part of the Keogh review. Accident and Emergency (A&E) and surgery services 'require improvement'.

Incidents were reported but staff did not always receive feedback; nor were lessons learned widely shared. A&E and maternity services were under-reporting incidents. The trust was investing in a new electronic incident reporting system. Medicines were not always being safely stored and managed. This was particularly evident in the A&E department and the operating department. In both departments there were concerns relating to the storage and stock control of medicines, including controlled drugs, where legal requirements had not been met. (5)

CQC - The Royal Orthopaedic Hospital NHS Foundation Trust - Quality Report - 16/10/2014

Overall rating for this hospital - requires improvement

Medicines were being safely stored and managed in the wards. However, in the outpatient department (OPD) there were concerns relating to the storage and stock control of controlled drugs, where legal requirements were not met. Incidents were reported but not all staff received feedback; nor were lessons learned widely shared across the services. The high dependency unit (HDU) did not have equipment available to support a deteriorating patient for up to 24 hours or until transfer to another provider's intensive care unit (ICU) was arranged. (6)

Independent Sector:

Learning Disability Services:

Care Quality Commission - Wilson Care Resources Limited - Wilson Lodge - Quality Report - August 2014 – Action Needed

Wilson lodge is registered for 36 people. The home provides care for people who experience mental health problems or have learning disabilities. The service required action to improve service across all areas assessed. (7)

Care Quality Commission - Jaffray Care Society - Lime Court - Quality Report – March 2014

Lime Court provides accommodation for up to 18 people with a learning disability that require nursing or personal care. Action was needed in relation to assessing and monitoring the quality of service provision. (8)

Care Quality Commission - Jaffray Care Society - Jaffray Domiciliary Care Services - Quality Report - April 2014

Jaffray Domiciliary Care Services currently provides personal care and support to people living in a supported living scheme. Action was needed in relation to the management of medicines. (9)

Care Quality Commission - Community Living & Support Services Limited - Prospect House - Quality Report - September 2014

The service provides personal care and accommodation for up to five people with learning disabilities or mental health care needs. Nursing care is not provided. Action was needed in relation to assessing and monitoring the quality of service provision and record keeping. (10)

Care Quality Commission - Carpenter Place 103 – Quality Report - May 2014

Carpenter Place provides care and accommodation for up to 32 older people who may also have a learning disability, dementia, or physical disability. Action was needed in relation to care and welfare of people who use services; safeguarding people who use services from abuse; management of medicines; supporting workers; and, assessing and monitoring the quality of service provision. (11)

Care Quality Commission - Lifeway Community Care Limited - Lifeways Community Care Dudley Area Office - Quality Report - July 2014

Lifeways Community Care (Dudley) provides community based care and support to people with a range of disabilities and complex care needs. Action was needed in relation to record keeping. (12)

Older Persons Services:

Care Quality Commission - Barchester Healthcare Homes Limited - Edgbaston Beaumont - Quality Report - August 2014

Edgbaston Beaumont care home provides accommodation for 25 adults over the age of 65 years who require nursing or personal care such as dementia, diagnostic and/or screening services. Action was needed in relation to consent to care and treatment. (13)

In response to CQC inspection adverse outcomes a meeting was held with senior education managers at the school to assess the action taken to protect students learning in midwifery services in the Heart of England NHS Foundation Trust and community nursing services at the Wye Valley NHS Trust. Detailed action plans were developed in partnership between the university and the practice placement providers. The NMC were informed via reporting procedures of the CQC reports and the action taken by the university and practice placement providers to ensure students learning was not compromised. (14, 17)

At midwifery services at the Heart of England NHS Foundation Trust the adverse CQC findings were escalated up to trust board level and a risk summit was held by NHS Midlands and East. The Heart of England NHS Foundation Trust developed and agreed a comprehensive midwifery strategy 2014 – 2019, Your Voice; Your Choice. The strategy included key objectives in relation to: staffing; safe environments; improvements in maternity pathways; governance; developing a culture that reflects the 6 c's of caring and professional excellence; and, enhancing and protecting staff learning. The Faculty of Health, Life Sciences and Education agreed a placement action plan following the CQC inspection at the Heart of England NHS Foundation Trust. The action plan was monitored by a faculty care quality monitoring meeting. The notes of the meetings were scrutinised and evidenced that the CQC report was discussed at length at faculty level to determine if student learning was being protected. They decided to cease student placements in some areas that required developments until the developments could be confirmed by educational audit. The faculty has

subsequently developed and agreed a framework for reporting and learning from a significant event in practice. The framework explains the process when significant events have been raised which may affect the educational suitability of a student placement area. (1, 14,-16)

At community nursing services at the Wye Valley NHS Trust the faculty reported that only district nursing students undertake placements within this trust. The faculty informed us that reporting, auditing and evaluative processes have been applied to these placements and no adverse issues which would affect students achieving the standards for supporting learning and assessment in practice or a safe learning environment have been identified within the community nursing services. We undertook an audio conferencing session with senior managers, practice teachers and district nursing students as part of the review and this confirmed that an appropriate action plan has been agreed at trust level and fully implemented to protect patient care and student learning. The practice teachers and students reported no adverse issues in relation to their learning. (3, 17)

We concluded that the faculty's responses to these adverse CQC reports where students are placed is effective at protecting student learning and public safety. Action taken to protect the students learning through the provision of additional resources and collaborative work with placement providers is highly effective and ensures that students are not subjected to either poor educational or patient care practices. (4-6)

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of the adverse CQC reviews in midwifery placements in the Heart of England NHS Foundation Trust and community nursing student's placements in the Wye Valley NHS Trust which were subject to adverse CQC inspection reports in January, February and June 2014.

Other CQC compliance reports relevant to placement areas used by the university for approved nursing and midwifery programmes, mainly in the independent sector, were considered but did not require further discussion as part of this review as no students were currently being placed in these areas. (1,4,5,7-13, 18,19)

Evidence / Reference Source

1. Care Quality Commission - Heart of England NHS Foundation Trust - Birmingham Heartlands Hospital - Quality report - January 2014.
2. Care Quality Commission - Heart of England NHS Foundation Trust - Good Hope Hospital - Quality Report - Maternity Services - February 2014.
3. Care Quality Commission - Wye Valley NHS Trust - Hereford County Hospital - Quality Report - June 2014.
4. Care Quality Commission - Birmingham and Solihull Mental Health NHS Foundation Trust - Quality Report - May 2014.
5. Care Quality Commission - George Elliot Hospital NHS Trust - George Eliot Hospital - Quality Report - April & May 2014.
6. Care Quality Commission - The Royal Orthopaedic Hospital NHS Foundation Trust - Quality Report - October 2014.

7. Care Quality Commission - Wilson Care Resources Limited - Wilson Lodge - Quality Report - August 2014.
8. Care Quality Commission - Jaffray Care Society - Lime Court - Quality Report – March 2014.
9. Care Quality Commission - Jaffray Care Society - Jaffray Domiciliary Care Services - Quality Report - April 2014.
10. Care Quality Commission - Community Living & Support Services Limited - Prospect House - Quality Report - September 2014.
11. Care Quality Commission - Carpenter Place 103 – Quality Report - May 2014.
12. Care Quality Commission - Lifeway Community Care Limited - Lifeways Community Care Dudley Area Office - Quality Report - July 2014.
13. Care Quality Commission - Barchester Healthcare Homes Limited - Edgbaston Beaumont - Quality Report - August 2014.
14. Birmingham City University – Faculty of Health, Life Sciences and Education – Placement Action Plan following a Care Quality Commission Inspection – Heart of England NHS Foundation Trust – Requires Improvement - December 2014.
15. Birmingham City University – Faculty of Health, Life Sciences and Education – Heart of England NHS Foundation Trust – Care Quality Monitoring Meeting Notes – February 2015.
16. Heart of England NHS Foundation Trust – Midwifery Strategy 2014 – 2019 – Your Voice; Your Choice – Midwifery Strategy 3 Year Objectives – 2014.
17. Birmingham City University – Faculty of Health, Life Sciences and Education – Placement Action Plan following a Care Quality Commission Inspection – Wye Valley NHS Trust – Requires Improvement - September 2014.
18. Birmingham City University – Faculty of Health, Life Sciences and Education – Placement Action Plan following a Care Quality Commission Inspection – Birmingham and Solihull NHS Foundation Trust – Requires Improvement - September 2014.
19. Birmingham City University – Faculty of Health, Life Sciences and Education – Placement Action Plan following a Care Quality Commission Inspection – George Elliot Hospital NHS Trust - George Eliot Hospital - Quality Report – Requires Improvement - September 2014.

Follow up on recommendations from approval events within the last year

NMC programme approval report - Pre-registration midwifery - BSc (Hons) Midwifery / Graduate Diploma – 18 month programme - May 2009

Approved with conditions and recommendations.

Recommendations:

1. Monitor and evaluate grading of practice.
2. Monitor and evaluate caseload experiences of students.
3. Monitor and evaluate students' choice of module assessment in meeting the learning outcomes (Three year programme).

Summary of key issues for future programme monitoring:

- Monitor and evaluate grading of practice.
- Monitor and evaluate caseload experiences of students. (20)

NMC programme approval report - Pre-registration midwifery - BSc (Hons) Midwifery – three year programme - May 2009

Approved with conditions and recommendations

Recommendations:

1. Monitor and evaluate grading of practice.
2. Monitor and evaluate caseload experiences of students.
3. Monitor and evaluate students' choice of module assessment in meeting the learning outcomes.

Summary of key issues for future programme monitoring:

- Monitor and evaluate grading of practice.
- Monitor and evaluate caseload experiences of students.
- Monitor and evaluate students' choice of module assessment in meeting the learning outcomes. (21)

Programme Modification: Graduate Diploma/BSc (Hons) Midwifery 18 month programme – October 2010

Minor modification to change the admissions requirement for the programme to include a numeracy test and a written test. Applicants who pass both tests will then be interviewed. (22)

Programme Modification: BSc (Hons) Midwifery three year programme – August 2011

Minor modification to module MID6009 Evidence Based Midwifery Practice following student evaluation of the module. The presentation element of the assessment has been altered to give students the option of making their presentation by either a poster or using PowerPoint.

Programme modification: BSc (Hons) Midwifery 18 month programme – May 2013

Minor modification to the MID6013 Effective Midwifery Practice – Foundations in Childbearing Module. The pass mark for the numeracy assessment has been increased to 90%. This change had been made to comply with the revised Faculty of Health numeracy policy. (27)

Programme modification: BSc (Hons) Midwifery three year – May 2013

Minor modification to the MID5009 Developing the Individual Midwife and Others Module.

The pass mark for the numeracy assessment has been increased from 70% to 80%.

Minor modification to the MID6011 Developing the Individual Midwife and Others Module. The pass mark for the numeracy assessment has been increased from 70% to 90%. This change had been made to comply with the revised Faculty of Health numeracy policy. (28)

NMC programme approval report - Community practitioner nurse prescriber V100 – April 2013

Approved with Recommendations

Recommendations

1. Review the programme documentation for consistency and accuracy.
2. Consider incorporating the use of simulations for learning and teaching where appropriate within the programme (29)

The documentation was amended and confirmed as consistent and accurate by the Faculty's internal quality processes.

The programme team identified the use of simulation for history taking and patient assessment in the programme to aid the teaching and learning for the students. This was approved by the Faculty Academic Standards and Quality Enhancement Committee in October 2013 and has now been implemented.

NMC programme approval report - Specialist practitioner district nursing – April 2013

Approved with recommendations

Recommendations

1. Review the programme documentation for consistency and accuracy.
2. Consider incorporating the use of simulation for learning and teaching where appropriate within the programme (30)

The documentation was amended and confirmed as consistent and accurate by the Faculty's internal quality processes.

The programme team identified the use of simulation for caseload prioritisation and delegation and performance in the programme to aid the teaching and learning for the students. This was approved by the Faculty Academic Standards and Quality Enhancement Committee in October 2013 and has now been implemented.

Evidence / Reference Source

- 20. NMC Programme Approval Report - Pre-registration Midwifery - BSc (Hons) Midwifery / Graduate Diploma – 18 month programme - May 2009.
- 21. NMC Programme Approval Report - Pre-registration Midwifery - BSc (Hons) Midwifery – 3 year programme - May 2009.
- 22. Programme Modification - BSc (Hons) Midwifery Programme – October 2010.
- 27. Programme Modification: BSc (Hons) Midwifery 18 month programme – May 2013.
- 28. Programme Modification: BSc (Hons) Midwifery 3 year – May 2013.
- 29. NMC Programme Approval Report - Community Practitioner Nurse Prescriber V100 – April 2013.
- 30. NMC Programme Approval Report - Specialist Practitioner - District Nursing – April 2013.

Specific issues to follow up from self-report

Approvals 2012/2013

All recommendations from programme approvals have been followed up through an action plan which is considered and either approved or not approved requesting further information by the faculty academic standards and quality enhancement Committee.

Approval event outcomes for 2013/2014:

European nurse adaptation programme approved 8th December 2011 with the following recommendations: consider making more explicit the student journey in the course guide; make explicit that there are three items of assessment in the module template.

Identify key issues for 2013-2014 annual monitoring:

Midwifery programmes

Following this year's national student survey (NSS) we need to look at the specific areas where scores have changed and find ways to address these. Audit number of applications following increase in entry criteria. Review the work done by the specific working party set up to look at Delivery Suite placements across our entire partner Trusts. To consider the changes required within the curriculum in time for re-approval. Audit the numeracy pass rates and any effect on student progression following the changes introduced within the new numeracy policy.

Specialist Community Public Health Nursing (SCPHN)

Ongoing attrition, monitoring SCPHN programme. Review admission process with increasing volume of SCPHN applicants. Review support for students in practice using health visitor mentors with practice teachers. Review the processes for managing students failing to achieve in practice.

Dip HE Nursing (2004, Standards) and BSc (Hons) Nursing (2010, Standards)

Ensuring adequate quality clinical placements through close liaison with local providers both within and without the NHS. Continual monitoring of programme structure in light of NHS reconfigurations. Continue work on timetabling to ensure an even and educationally sound distribution of taught sessions across the university week. Introduction of the Student Attendance and Monitoring System (SAMS) in the university to provide a clearer and more accurate record of student attendance and engagement with the programme enabling earlier identification of lack of engagement so that support can be offered in a more timely manner.

Graduate Diploma Nursing (NMC Nursing Standards, 2004) programme scheduled for completion in April 2013:

Support has been put in place for any students who still have to complete this programme which includes support from a senior academic in education and personal tutors.

Return to practice nursing and return to practice midwifery programmes:

The admission and enrolment procedures have been reviewed to improve the process and student experience. This will continue to be monitored by the Marketing, Admissions and Retention Group.

Review of midwifery clinical areas:

Midwifery placement areas have been reviewed and now have specific practice

placement staff which has improved student support. In addition the university has employed a lecturer / clinical support to enhance the clinical teaching within each of the maternity units.

Preparation of supervisors of midwives recruitment to the programme. The local supervising authority (LSA) oversees the selection process for prospective students as outlined in the Standards for the preparation and practice of supervisors of midwives (NMC, 2006). However the numbers are less than anticipated due to the financial constraints within individual trusts. Students that change their employment whilst on the programme add a stressor which affects their ability to focus on all elements of the programme which may affect their ability to comply with the assessment process. The programme is currently offered at degree (level 6) and masters (level7); however students tend to opt to study at level 6 in order to balance the demands of their employment and the academic demands.

Admissions

The admissions team and marketing have developed initiatives over the last 12 months to enhance the recruitment, selection and expectations of prospective applicants and those with offers for places. Current students are involved with admissions tutors on interview and open days and help oversee numeracy/literacy testing of interviewees, assist with the presentations and are involved with the i-Pad technology.

Midwifery

A further member of staff has been trained in the examination of the new-born (EON) course which will enable more course provision, increased visibility of staff within the clinical area and also aids the incorporation of the EON course into the new curriculum. Third year students have been involved in teaching skills to first year students. Placements have been extended to improve exposure to clinical areas and mentorship. An expert panel of senior clinicians was set up on the end of course day, for students to ask questions regarding for example, interview techniques. Students have been invited to be involved in the major incident simulation to encourage inter-professional learning. Set sessions have been timetabled for each group to discuss preparation for placements and documentation. A skills week with a focus on managing obstetric emergencies has been set up, receiving excellent feedback. (31)

Evidence / Reference Source

31. Birmingham City University Self-Report to NMC – 2013/2014.

Findings against key risks

Key risk 1 – Resources

1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

<p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience /qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>Programme leaders for midwifery, district nursing and nurse prescribing (V100) programmes were checked on the NMC register and all are registered as nurses or midwives and have a recorded teaching qualification. (32)</p> <p>The faculty ensures that programme resources, both academic and placement, are articulated at the point of development via the resource template. In addition staffing is ensured through the CV policy and appropriate teachers, practice teachers and mentors through audit and organisation self-declaration every 6 months. (34, 35)</p> <p>The faculty maintains a register of all lecturers who have a professional qualification to ensure that they retain their registration. (33)</p>
<p>What we found at the event</p>
<p>We found that the faculty has robust governance procedures which ensure that all midwifery and district nursing lecturers with a professional qualification are registered with the statutory body and have the relevant recordable teacher qualification. We found that the faculty is committed in supporting new teaching staff to complete the Postgraduate Certificate in Education within two years of their appointment. We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver the registered midwife programmes to meet NMC standards. (32-34)</p> <p>Pre-registration midwifery programme:</p> <p>There are currently 11 full-time and three part-time midwifery lecturers within the team. (37) The team is led by the Head of Department of Midwifery and Child Health/LME and one midwifery lecturer fulfils the role of SoM. The LME role is supported by the university in order to fulfil the role and responsibilities required by the NMC and it was evident in meeting Heads of Midwifery (HoM) service that the LME engages at both an operational and strategic level. Students informed us that they are aware of the LME role and how the role contributes towards the programme (32-37).</p> <p>We found that the aim of the LME role is evidenced within the three-year programme student course guide (2014-2015) but is not documented within the shortened 18-month programme course guide (2014-2015). For parity of information across both programmes, we would suggest that this information is included in all programme documentation. (37, 39, 40)</p>

The midwifery pre-registration programme leaders act with due regard. All midwifery staff within the programme team hold a current NMC midwifery intention to practise. The midwifery team successfully undertake their responsibilities to teach and support students and provide the link lecturer role for practice placement areas. Staff informed us of how they maintained their own clinical practice and gave examples such as delivering aqua natal classes. (32, 33, 41)

Specialist practitioner in district nursing programmes:

The district nursing programme is demand led and in 2014 in response to increasing demand the department employed an additional 0.5 whole time equivalent post to work with the district nursing programme leader. This new member of staff has both due regard and a teaching qualification recorded with the NMC. (32, 42)

Evidence / Reference Source

- 32. NMC Register Database - 11 February 2015.
- 33. Birmingham City University - Faculty of Health, Education and Life Sciences, Register of Professional Qualifications – January 2015.
- 34. NMC Mott MacDonald Portal – AEI Requirements – January 2015.
- 35. Birmingham City University - Faculty of Health, Education and Life Sciences - Policy for Completing Curriculum Vitae - October 2013.
- 36. NHS Trust meetings with Heads of Midwifery (Birmingham Women’s Hospital and City Hospital) – 12 February 2015.
- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 40. Birmingham City University - Faculty of Health, Education and Life Sciences, School of Nursing, Midwifery and Social Work, BSc (Hons) Midwifery Course Guide (2014-2015).
- 41. Discussion with link lecturers – February 11 and 12 2015.
- 42. Meeting with the Head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.

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

What we found before the event

CQC reports on the Heart of England NHS Foundation Trust have identified that midwives are over extended. There is no direct evidence that this has led to students not receiving appropriate mentorship but it must be reviewed in practice visits.(1,2)

What we found at the event

Pre-registration midwifery programme:

The allocation of students to practice placements is the responsibility of the university and Trust partners and is managed by the faculty. Practice placement learning environments are audited and monitored by practice placement managers and link lecturers to ensure that mentor and sign off mentor levels are adequate. (46)

Midwifery students are assigned sign off mentors and work 40% of their time with the mentor. Both the programme teams and clinical placement providers informed us of the process for the allocation of SoM to student midwives on the programme. Some students were able to recall the name of their allocated SoM and the required documentation within their on-going achievement record; some students appeared unclear. This finding suggests the need for continual communication and clarity throughout the duration of the programmes on midwifery supervision for student midwives. (35, 37, 43, 44)

We found that students are supernumerary within the clinical placement area and there are an adequate number of midwifery mentors who verified that they are well prepared for their role as sign off mentors (37, 43, 47). Midwifery students confirmed that there are adequate numbers of mentors who provide good and effective support for them during practice placements. (37, 43-44, 47)

At the Heart of England NHS Foundation Trust the lead midwife for governance, quality midwifery manager and practice placement manager informed us of strategies used to enhance the student experience and to ensure adequate numbers of midwifery mentors in response to the adverse CQC report. Some midwifery students were moved to other placement areas for approximately two to three months while developmental action was taken and verified in adversely affected placement areas. Student midwives reported that this had not impacted on the student experience. The Trust has produced a midwifery strategy 2014-2019 which outlines the three-year objectives on staffing, safe environment, improving maternity pathways, governance, developing a culture that reflects the 6 c's of caring and professional excellence (16). We conclude from our findings that there are sufficient appropriately qualified mentors and sign off mentors available to support the number of students in both programmes and all mentors and sign off mentors act with due regard. (1, 2, 12, 16, 37, 43, 45, 51)

Specialist practitioner in district nursing programmes:

We found that there are an adequate number of district nursing practice teachers and sign off mentors and that they are well prepared for the role of supporting and assessing students. District nursing students confirmed that there are adequate numbers of practice teachers and sign off mentors who provide good and effective support for them during their placements. Practice visits further confirmed that there were sufficient practice teachers and sign off mentors to support students. Practice teachers had the prescribing qualification and were active nurse prescribers. Students were allocated on a 1:1 ratio to practice teachers and they were rostered to work together 100% of the time. (51-58)

We conclude from our findings that there are sufficient appropriately qualified mentors, sign off mentors and practice teachers available to support the number of students on pre-registration midwifery programmes and the specialist practitioner district nursing

programme to ensure that the NMC standards and requirements are fully met.

Evidence / Reference Source

1. Care Quality Commission - Heart of England NHS Foundation Trust - Birmingham Heartlands Hospital - Quality report - January 2014.
2. Care Quality Commission - Heart of England NHS Foundation Trust - Good Hope Hospital - Quality Report - Maternity Services - February 2014.
12. Care Quality Commission - Lifeway Community Care Limited - Lifeways Community Care Dudley Area Office - Quality Report - July 2014.
16. Heart of England NHS Foundation Trust – Midwifery Strategy 2014 – 2019 – Your Voice; Your Choice – Midwifery Strategy 3 Year Objectives – 2014.
35. NHS Trust meetings with Heads of Midwifery (Birmingham Women’s Hospital and City Hospital) – 12 February 2015.
37. Meetings with Student Midwives- February 11 and 12 2015.
43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.
44. Birmingham City University - Faculty of Health, BSc (Hons) /Graduate Diploma Midwifery 18 Month On-going Achievement Record - 2013/2014.
45. Meeting at Heartlands Hospital with Lead Midwife Governance and Quality Midwifery Manager and Practice Placement Manager - 11 February 2015.
46. Birmingham City University - Faculty of Health, Education and Life Sciences - Practice Learning Environment Audit – 2013.
47. Birmingham City University - Faculty of Health, Life Sciences and Education Mentor Portfolio – 2014.
49. Birmingham City Women’s NHS Foundation Trust, Practice Placement Review Presentation- 12 February 2015.
50. Birmingham City Women’s NHS Foundation Trust, Hospital Placement Review Pack - 2014.
51. Observation and discussion of Mentor Data bases – 11 and 12 February.
52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.
56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.
57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

- Continual communication and clarity throughout the duration of the programmes on midwifery supervision for student midwives.

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

To ensure public protection and in line with NMC requirements the faculty has a robust disclosure barring service (DBS) policy (good character and safeguarding the public) which includes guidance on the recruitment of students in relation to criminal and other offences, process factsheets and guidance notes for students.

The faculty of health involves service users, carers and representatives from practice in the recruitment and selection of students.

What we found at the event

We found that admission and progression procedures are rigorous and robust and are effectively implemented to ensure students entering and progressing on the pre-registration midwifery and district nursing programmes meet the NMC standards and requirements which is fundamental to the protection of the public. All academic and clinical staff that participate in the selection process complete equality and diversity training prior to their participation in the recruitment and interviewing of students. We found that there are robust processes in place for obtaining DBS checks, health screening and references. Service users and carers are currently not involved in the admissions process although plans have been agreed for involvement in the future. (59-67)

The faculty has robust processes and policies to demonstrate support for students with a disability in both academic and practice learning. The faculty has a dedicated disability tutor and a dyslexia toolkit and a Personal Development Department who provide dedicated study support to students. (66,67)

We concluded that all admissions and progression procedures are robust and are

effectively implemented to ensure students entering and progressing on midwifery programmes meet NMC standards and requirements which is fundamental to the protection of the public. (59-67)

Pre-registration midwifery programmes:

Academic staff and practice placement providers judge the values based interview approach as an effective tool in ensuring that students have the necessary personal attributes to work appropriately with service users, including good communication skills and adaptability. (37)

Practice placement providers confirmed mechanisms are in place for sharing information and joint decision-making takes place with the university if issues arise. The programme team informed us that due to the midwifery pre-registration admissions and qualification criteria, applicants under the age of 18 would not commence the programme. This ensures both the protection of the student as well as the public. Midwifery students sign a declaration of good health and good character annually which ensures the university's responsibility for public protection and meets NMC requirements.

Midwifery lecturers and students informed us there are a variety of approaches used to assess potential students including numeracy and literacy testing, presentations and interviews. In order to enhance the process further the team are considering introducing students and service users and carers to the interview panels. They are also considering incorporating into the selection activities the use of an electronic resource which provides triggers to stimulate a response to a question from a service user. Service users and carers and students would be provided with training to enable them to participate in the interview process. (38,68,69)

Specialist practitioner in district nursing programme:

Trust managers and practice educators confirmed that they took part in the interview and selection process. University and trust staff informed us that they were progressing with plans to involve service users and carers in interviews. Service users are currently asked to write possible interview question for a prospective district nursing student. (42,53,54,57,71,72)

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the Head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
- 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 57. Meeting with practice teachers Coventry community NHS Trust 12 February 2015.
- 59. Birmingham City University - Faculty of Health, Education and Life Sciences - Admissions Policy - April 2013.
- 60. Birmingham City University - Faculty of Health, Education and Life Sciences -Statement of Intent for Joint

Interviews with Trust Partners - January 2009.

61. *Birmingham City University - Policy for applicants and students under the age of 18 years - Not Dated.*
62. *Birmingham City University - Faculty of Health, Education and Life Sciences - Good Character and Safeguarding the Public - The Recruitment of Students in relation to Criminal and other Offences - March 2013.*
63. *Birmingham City University - Faculty of Health, Education and Life Sciences - Student Fact Sheet- Criminal Record Bureau Panels - July 2009.*
64. *Birmingham City University - Faculty of Health, Education and Life Sciences - Criminal Records Bureau (CRB) Process Flowchart - August 2012.*
65. *Birmingham City University - Faculty of Health, Education and Life Sciences - Guidance Notes for Students - Disclosure and Barring Service (DBS) Interview Panels - Not dated.*
66. *Birmingham City University - Faculty of Health, Education and Life Sciences - Disability Tutor Information Sheet - Not Dated.*
67. *Birmingham City University - Supporting Students with Dyslexia - Managing the Placement Learning Experience - The Royal Orthopaedic Hospital NHS Foundation Trust - Not dated.*
68. *Birmingham City University - Faculty of Health, Education and Life Sciences - Programme specification documents - BSc (Hons) Midwifery /Graduate diploma (3 year and 18 month) programme - 2009.*
69. *Birmingham City University - Faculty of Health, Education and Life Sciences - Department of Midwifery and Child Health Critical Review Document, BSc (Hons) /Graduate Diploma in Midwifery 18month programme and entry to Midwifery part of NMC register - 2014.*
71. *Conference call to practice teachers Wye valley NHS Trust 11 February 2015.*
72. *Conference call to district nursing students Wye valley NHS Trust 11 February 2015.*

Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice

What we found before the event

The faculty has an FtP policy.

The faculty department of student governance liaises, cooperates and information shares with NHS counter-fraud services and pursues matters within the confines of the fitness to practise policy and processes.

To ensure that the faculty is open and responsive to any concerns they have developed and implemented an escalation of concerns strategy which, together with the whistleblowing policy, guides action in the faculty where information from different sources leads faculty, practice staff or students to have concerns around the quality of a learning environment. This strategy has been actively used to resolve practice issues since its introduction and has enhanced the communication between the faculty and senior managers within practice partner organisations.

What we found at the event

We found that all academic and practice staff and students are aware of the procedure to address issues of poor performance.

The faculty has a robust FtP policy which ensures that students on programmes of study which lead to professional registration are capable of safe and effective practice. (75, 78)

In 2013/14 there were 47 referrals for FtP investigations. This figure represents a small increase on the previous academic year. One FtP referral was a second referral and this student was withdrawn from the programme. There was an increase in the number of referrals of first and second year students which is in line with a policy to try and encourage mentors to refer students earlier if there are concerns and not leave referrals until the third year when the student may not have time to learn from the feedback and change their behaviour. All the students who were withdrawn were in their final year of study. (79)

All of these cases were investigated and the following outcomes were recorded: no case to answer/not upheld (2 cases); and, guidance note (18 cases) (students were provided with appropriate guidance as to their future behaviour with reference to the appropriate NMC guidance and a learning agreement was often included). (79)

The FtP panel considered 24 cases: no case/not upheld (2 cases); guidance note (4 cases); written warning (3 cases); final written warning (9 cases); and withdrawal from programme (6 cases). There are three on-going cases where students have been required to take an interruption of studies for health reasons and who can only return to the programme after a successful occupational health check. (79)

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

Pre-registration midwifery programme:

For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points and the twelve-week rule. Several student midwives gave us examples of how they have been supported by their personal tutor and other academic staff in relation to the reassessment of summative work. There are processes in place to monitor students' attrition at each progression point in the programmes. (37,38, 73,74)

Specialist practitioner in district nursing programme:

There are clear regulations for district nursing students who have failed theory or practice assessment and there is a clear reassessment policy. We were informed that one student had been discontinued from the post graduate programme after failing to meet requirements. (42,53,54,57)

Evidence / Reference Source

37. Meeting with midwifery programme team and Lead Midwife For Education – 11 February 2015.

- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
- 54. Meeting with district nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 57. Meeting with practice teachers Coventry community NHS Trust 12 February 2015.
- 73. Birmingham City University - Escalation of Practice Concerns - January 2013.
- 74. Birmingham City University - Faculty of Health, Education and Life Sciences - Whistle Blowing / Escalating Concerns - Policy and Procedure for Students in University and Placement Learning - February 2012.
- 75. Birmingham City University - Faculty of Health, Education and Life Sciences - Fitness for Practise Policy and Procedure - October 2012.
- 78. Meeting with Fitness to Practise Coordinator - Faculty of Health, Education and life Sciences - 12 February 2015.
- 79. Birmingham City University - Faculty of Health, Education and Life Sciences - Fitness to Practise Report 2013/2014.

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

What we found before the event

No evidence identified.

What we found at the event

We found that there is a robust cause for concern process that effectively manages any students' issues of poor performance in practice. We were provided with examples of when the procedures have been implemented effectively. (36-38,42, 52-58,77)

We are confident from our findings that practice placement providers have a clear understanding of procedures to address issues of students' poor performance in practice. These practices include student support but also ensure that students are competent and fit to practice in accordance with both the university and NMC requirements to protect the public.

Pre-registration midwifery Programmes:

Mentors, sign off mentors, practice placement managers and students all have a clear understanding about the procedures that will be followed if poor performance in practice is presented by a student. They confirm that issues are identified early and acted upon with the involvement of the link lecturer, practice placement manager and head of practice learning. (36-38)

Specialist practitioner in district nursing programme:

We found that practice teachers, managers and students have a clear understanding about the procedures that will be followed if poor performance is experienced by students and gave examples of how it was followed. They confirmed that issues are acted upon with the involvement of the programme leader and have confidence that issues are thoroughly investigated as required. The cause for concern flow chart is in the student's handbook and the practice teacher's handbook. (42,52-58,80)

Evidence / Reference Source

- 36. NHS Trust meetings with Heads of Midwifery (Birmingham Women's Hospital and City Hospital) – 12 February 2015.
- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the Head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
- 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
- 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.
- 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.
- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
- 77. Birmingham City University - Faculty of Health, Education and Life Sciences - Presentation by Head of Practice Learning- February 11 2015.
- 80. Student course handbook Community Specialist Practitioner District 2014.

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

What we found before the event

The faculty has clear processes for accreditation of prior (experiential) learning (AP(E)L) through policy and process and an open and accurate infrastructure to ensure Quality assurance (QA) and academic requirements are met. (84)

The AEI has robust policy and processes to deal with assessment and claims of APL. Students developing profiles for AP(E)L will receive tutorial support from the Personal Development Department (PDD). 10 students have successfully completed portfolios over the past year. The Head of the PDD acts as the faculty of health AP(E)L coordinator and is responsible for monitoring the operation of the procedure within the Faculty and supporting staff engaged in the approval and assessment of claims. Weekly meetings are held where claims are recorded, discussed, processed and monitored. In

In addition, the faculty have appointed a professional navigator within the PDD to assist prospective/current students. Close working partnerships between programme teams and the professional navigator has ensured that all students are aware of the possibilities and process for accreditation of prior learning whilst also providing an insight into the academic support available within the AEI Programme documentation, particularly marketing materials articulate to students where APL is available and clearly direct them to sources of help and advice. Students express satisfaction with this aspect of the faculty's provision. Some programmes within the faculty receive few applications for AP(E)L for instance within the midwifery programmes, however, one student has recently returned from a period of intermission, restarted the programme and was granted AP(E)L for studies already undertaken.

What we found at the event

The faculty have clear processes for the APL and provides robust policies and procedures which present an open and accurate infrastructure which ensures that the NMC and QA academic requirements are fully met. (84)

We met the AP(E)L coordinator who informed us that there were few opportunities to use AP(E)L procedures and practices in the programmes being monitored. We were shown the mapping exercise that had been undertaken in relation to three students who had accessed the pre-registration midwifery programme after undertaking part of their studies at another university. The mapping was comprehensive and ensured that the NMC outcomes had been verified as met. The students had completed a profile of evidence for the outcomes being accredited. The claim was ratified by the scrutiny of the external examiner and the examination board. (81-84)

Specialist practitioner in district nursing programme:

We found that some of the district nursing students are able to AP(E)L for the nurse prescribing module because they have previously completed the V150 programme which has the same NMC outcomes as the V100 programme (the community practitioner nurse prescribing programme). The effective use of these AP(E)L procedures were confirmed by students we met in practice. (42)

Evidence / Reference Source

42. Meeting with the head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.

81. Meeting with AP(E)L coordinator - 12 February 2015.

82. Birmingham City University – Faculty of Health, Life Sciences and Education – AP(E)L Mapping Tool – BSc (Hons) Midwifery – not dated.

83. Birmingham City University – Faculty of Health, Life Sciences and Education – Letter of Confirmation of Credits for Access to BSc (Hons), Midwifery Short Course – March 2013.

84. Birmingham City University - Faculty of Health, Education and Life Sciences - Accreditation of Prior (Experiential) Learning (AP(E)L) Policy and Procedures - February 2012.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 3- Practice Learning

3.1 Inadequate governance of and in practice learning

3.2 Programme providers fail to provide learning opportunities of suitable quality for students

3.3 Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations

What we found before the event

The faculty has a process for service level agreements with partners and sound systems in place to ensure safe and supportive practice learning. They audit placements with practice partners in line with NMC requirements and ensure standards for learning and assessment in practice (SLAiP) compliance through preparation and update and a mentor portfolio. The faculty ensures that academic staff and practice partners are aware of how to bring concerns about a student's performance.

There are regular meetings between the faculty and partners as well as formal engagement with commissioners through the Education Commissioning for Quality Process (ECQ) at Associate Dean level.

A collaborative approach to undertaking the audit process is taken involving representatives from both the university and the practice partner organisations.

A faculty practice learning environment audit was developed towards the end of 2012. It was initiated and led by BCU in collaboration with practice partners and the University of Birmingham. It was accepted by faculty board for use in early 2013. The second version is for use where placement areas are shared with UoB. An online placement directory is available to students through iCity.

Audit and placement information is to be consolidated over the next six months into an

“ARC” placement system. The student placement evaluation system is accessible directly by practice partners providing ongoing instant feedback. Quarterly meetings held between faculty lead for practice quality BCU and practice partnership lead at University of Birmingham to enhance joint working in shared placement areas. At these meeting issues of allocation, mentor registers and audit are considered.

Students are informed of the importance and process for raising concerns through the university and placement induction. In addition the whistleblowing policy is provided to students on a USB stick.

The faculty practice learning environment audit has questions on raising and escalating concerns and there is a student self declaration in the practice assessment document.

The escalation of concerns database is held by the Faculty Practice Lead for Practice Quality. There is a plan to enhance the follow up on actions resulting from audits included in the exceptional reporting response. (73,74)

What we found at the event

We found evidence of robust partnership working with all practice placement providers at both strategic and operational levels which is evident in the joint work undertaken to build placement capacity across the different fields of practice and in response to reconfigurations or changes in service provision. Placement providers informed us of effective partnership working where there are students placed out in practice from two different universities. Education commissioners feel the faculty is proactive at managing potential issues and is highly responsive and effective when adverse issues arise which present a risk to the public.

The faculty has recently appointed to the post of faculty practice quality Lead and the role responsibilities are to take the lead in quality assurance mechanisms across the placement areas. There are already some very positive quality developments which include the implementation of a framework for reporting and learning from significant events in practice. The framework explains the process when significant events have been raised which may affect the educational suitability of a student placement area.

We found that placement management meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. We concluded that there are effective procedures in place to protect student learning and to assess if placements need to be withdrawn or rested and there were a number of examples of how these measures have been used successfully. (73,74, 92-98)

We found that the faculty’s responses to adverse CQC reports where students are placed are effective at protecting student learning and public safety. Action taken to protect the students learning through the provision of additional resources and collaborative work with placement providers is highly effective and ensures that students are not subjected to either poor educational or patient care practices. We did not find any evidence to suggest there are any adverse effects on students’ learning as a result of the adverse CQC reviews in midwifery placements in the Heart of England NHS Foundation Trust and community nursing student’s placements in the Wye Valley NHS Trust which were subject to adverse CQC inspection reports in January, February

and June 2014. (55,56,86-88)

Pre-registration midwifery programme:

We found that a raising and escalating concerns policy is in place in the university and placement provider organisations. Students, academics or practitioners can raise issues of concern arising in practice placements. Midwifery students are allocated a SoM throughout their programme. Educational audits are completed in partnership with the practice placement manager and link lecturer from the university and we observed three live mentor databases which evidenced sign off mentor's qualifications, annual updating, triennial review and placement audit register. All audits reviewed were in date and student feedback and evaluation is discussed in partnership with link tutors and practice placement managers and mentors. (36-38,73,74)

Specialist practitioner in district nursing programme:

There are clear processes for escalating concerns within the trusts and within the university and the students and practice teachers articulated them to us during the practice visits. The course leader district nursing programme communicates regularly with practice educators and other senior clinical managers in the NHS trusts and feels confident of being advised quickly of any clinical governance issues. All managers, practice teachers and students interviewed said that they felt confident about whistleblowing within the placements. Birmingham Community NHS Trust gives all staff the direct line and email address of both the chief nurse and the chief executive to raise concerns. (42,43,52-58,73,74,104,105)

A telephone conference took place with community nursing staff and students in the Wye Valley Community NHS trust which had been subject to an adverse CQC report in November 2014 and had escalating concerns. The community manager confirmed that a safe learning environment continues to be achieved and standards to support learning and assessment in practice are maintained. This was reinforced by the students and practice educators. Concerns around lone working and communication which had been raised by CQC had been resolved and all community workers including district nursing students are issued with mobile phones. (55,56)

A practice learning environment audit is used across the placement areas and is completed by the practice placement facilitator and the placement representative. This was confirmed by practice teachers and managers in all the placement areas. The audit tool is used to share information with other universities using the placement area. We viewed the live database of placements across two of the NHS trusts which demonstrated a robust procedure to initiating the completion of audits when due. All educational audits viewed were in date. (100-105)

Evidence / Reference Source

36. NHS Trust meetings with Heads of Midwifery (Birmingham Women's Hospital and City Hospital) – 12 February 2015.

37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.

38. Meetings with Student Midwives- February 11 and 12 2015.

42. Meeting with the head of public health and professional practice district nursing course leader and community

- practitioner nurse prescribing lead at the monitoring event 11 February 2015.*
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.*
 - 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.*
 - 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.*
 - 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.*
 - 55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.*
 - 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.*
 - 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.*
 - 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.*
 - 73. Birmingham City University - Escalation of Practice Concerns - January 2013.*
 - 74. Birmingham City University - Faculty of Health, Education and Life Sciences - Whistle Blowing / Escalating Concerns - Policy and Procedure for Students in University and Placement Learning - February 2012.*
 - 85. Meeting with Education Commissioning and Programme Quality Lead, West Midland, Health Education England – 12 February 2015.*
 - 86. Meeting with senior academic and senior managers from the Heart of England NHS Foundation Trust to discuss action taken in response to adverse CQC investigation Report – 11 February 2015.*
 - 87. Birmingham City University – Faculty of Health, Life Sciences and Education – A Framework for Reporting and Learning from a Significant Event in Practice – December 2014.*
 - 88. Clinical Placement Audits and Student Placement Feedback – Good Hope Hospital, Heartlands Hospital, Birmingham Women’s Hospital, City Hospital - 2013/2014.*
 - 92. Birmingham City University - Faculty of Health, Education and Life Sciences - Service Level Agreement for the Provision of Supervised Practice Placements - 2013/14.*
 - 93. Birmingham City University - Faculty of Health, Education and Life Sciences - Policy for Securing, Monitoring, Allocating, Evaluating and Terminating Nursing and Midwifery Practice Learning Opportunities - October 2013.*
 - 94. Birmingham City University - Faculty of Health, Education and Life Sciences - Placement and Work Based Learning Standards - October 2012.*
 - 95. Birmingham City University - Faculty of Health, Education and Life Sciences - Practice Learning Environment Audit – 2013.*
 - 96. Birmingham City University - Faculty of Health, Education and Life Sciences - Educational Audit Review Committee - Terms of Reference - November 2014.*
 - 97. Birmingham City University - Faculty of Health, Education and Life Sciences - Educational Audit Review Meeting - 18 December 2014.*
 - 98. Birmingham City University and University of Birmingham Practice Quality Lead Meeting - 21st November 2014.*
 - 99. Practice Learning Environment Audit Birmingham Community NHS Trust – Summerfield Hospital - June 2014.*
 - 100. Practice Learning Environment Audit Birmingham Community NHS trust – Hall Green District Nursing team - September 2014.*
 - 101. Practice Learning Environment Audit Coventry and Warwickshire Community Trust - June 2014.*
 - 102. Practice Learning Environment Audit Wye Valley NHS Trust - November 2014.*
 - 103. Presentation by the Faculty Practice Quality Lead 11 February 2015.*
 - 104. Meeting with the district nursing course leader and Community Practitioner Nurse prescribing lead at the monitoring event 11 February 2015.*
 - 105. Meeting with manager Coventry Community NHS Trust 12 February 2015.*

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

What we found before the event

The faculty has implemented a strategy for involving service users and carers in all aspects of its approved programmes of study; this includes a 'ladder of involvement' to assist programme teams in determining how they can incorporate such involvement within programmes. In addition, to assist in the implementation of this strategy the faculty has developed a policy for the preparation and induction of service users which includes processes to assure their safety and wellbeing. (106)

What we found at the event

We found that service users and carers contribute towards programme development and delivery. Service users who input to programme delivery feel valued and supported. A comprehensive strategy exists for service users and carer engagement which provides aspirations for future development. There are strong future plans especially in relation to service user and carer involvement within the admission and assessment processes which should ensure that the statutory requirements and needs of contemporary practice are fully embraced. (106, 107)

Pre-registration midwifery programme:

We found evidence that practice placement partners are involved in the recruitment of students and the design, delivery and evaluation of pre-registration midwifery programmes (6, 10). Service users contribute to questions used in the interview process and there are future plans for students and service users to participate in applicant interviews with the development and future validation of the new midwifery curriculum during 2015. Service users also contribute to the delivery of the curriculum and provide the opportunity to share their experience of maternity services from a service user perspective. (46-48, 113-116)

Specialist practitioner in district nursing programme:

Students, practice educators and the course leader all confirmed that service users and carers are involved in the development and delivery of the programme. Patient groups such as dementia awareness are asked to deliver sessions to students in the university. We spoke individually to two service users and two carers on the telephone who confirmed their understanding of the district nursing programme and that it produced nurses who were fit for the role. Service users are asked to give feedback on the quality of the care provided by district nursing students and we were shown examples of service user feedback on student district nursing interventions. (107-112)

The district nursing programme leader is leading a project called the carers project which involves putting on designated sessions at the university for carers for example diabetes care and stroke care. The intention is to extend this work into aspects of the district nursing programme.

The programme leader, managers, practice teachers and students confirmed that service users and carers are not yet on the student interview panels. However placement providers and the university confirmed that this was something that was a

work in progress. The district nursing course leader confirmed service users in their evaluations of the students interventions are asked to write a question that should be asked by the panel interviewing for a prospective district nursing student.

Service users and carers are asked to contribute to six pieces of work in the students professional practice workbook.

Evidence / Reference Source

6. Care Quality Commission - The Royal Orthopaedic Hospital NHS Foundation Trust - Quality Report - October 2014.

10. Care Quality Commission - Community Living & Support Services Limited - Prospect House - Quality Report - September 2014.

46. Birmingham City University - Faculty of Health, Education and Life Sciences - Practice Learning Environment Audit – 2013.

47. Birmingham City University - Faculty of Health, Life Sciences and Education Mentor Portfolio – 2014.

48. Clinical Placement Audits and Student Placement Feedback – Good Hope Hospital, Heartlands Hospital, Birmingham Women’s Hospital, City Hospital - 2013/2014.

106. Birmingham City University - Faculty of Health, Education and Life Sciences - Strategy for Involving Service Users and Carers in the Education and Training of Students undertaking Health and Social Care Programmes of Study - November 2010.

107. Telephone call to service user who provided teaching input to the midwifery programme - 11 February 2015.

108. User feedback on the evidence of interventions provided by the student community health nurse.

109. Call to service users Wye Valley Community NHS Trust 2015.

110. Copy of the Carers project Birmingham University 2014.

111. Call to carer from Hall Green Health Centre 11 February 2015.

112. Call to service user from Summerfield clinic 11 February 2015.

113. Birmingham City University – Faculty of Health, Life Sciences and Education – School of Midwifery and Child Health – BSc (Hons) Midwifery Full time 3 years – Critical Review 2014.

114. Service User and Carer Involvement in the programme – feedback of assessment. Service use video for interview process - 2014.

115. Birmingham City University – Faculty of Health, Life Sciences and Education – School of Midwifery and Child Health – BSc (Hons) Midwifery - Professional Practice Profile – Progression Point 1 – year 1 Academic Year 2015/16.

116. Service User Feedback on student midwives care delivery forms to be completed by mentor in association with service user - 2014/2015.

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

What we found before the event

No evidence identified before the event.

What we found at the event

We found that academic staff support students in practice placement settings.

Pre-registration midwifery programmes:

We found that link lecturers give regular and timely support, participate in mentor update sessions and assist practice placement managers and mentors in the management of placement capacity. Link lecturers participate in the education audits of practice placements and use findings from these audits and student feedback to inform mentor updates. Midwifery students and mentors told us that they are well supported in relation to learning and assessment in practice by the link lecturer through tripartite meetings. Students reported that lecturers are accessible by e-mail, text or telephone should they have an issue of concern. (37,38,43,117)

Specialist practitioner in district nursing programme:

District nursing students and practice educators told us that they are well supported in the practice setting by the programme leader and other link tutors. They received a practice visit at least twice during the full time programme and more if required. This requirement is set out in the professional practice workbook.

An action plan was presented by the programme leader evidencing the actions taken together with practice to support a student with difficulties. Managers, students and practice teachers all report that the course leader is easily accessible by email and telephone and is prompt in her response. (42,52-58,118)

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the Head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
- 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
- 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.
- 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.
- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
- 117. Copy of emails between failing student, practice educator and course leader November 2013.
- 118. Action plan between student, course leader, practice teacher and line manager January 2014.

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

What we found before the event

The faculty has policies and processes within academic regulations for the assessment of theory and practice including no compensation between elements of assessment. New assessment regulations are being introduced for level 4 and 5 study from September 2014 and these will apply to study at level 6 from September 2015. However exemptions have been sought to ensure that all students on NMC approved programmes are not allowed to compensate for failure in assessment tasks. They have a well-defined appeals and mitigation process as well as a student complaints process.

What we found at the event

We found that all mentors, sign off mentors and practice teachers are appropriately prepared for the role of supporting and assessing students. The preparation and completion of mentor updates is robust and there is a clear understanding held by sign off mentors about assessing and signing off competence to ensure students are fit for practice. (37,42,43,53,55, 57,119)

Pre-registration midwifery programmes:

We found that practice placement managers and employers support midwifery mentors to successfully complete an NMC approved sign off mentorship module to enable them to support and assess student midwives. (43)

Midwifery sign off mentors supporting pre-registration midwifery programmes confirmed that they are well prepared for their role in assessing practice. (37,43,54,56)

We viewed three live mentor databases and verified that all listed mentors hold a mentorship qualification and there are adequate numbers of sign-off mentors in place to meet student capacity.(119)

Specialist practitioner in district nursing programme:

The service managers and practice education facilitators support practice teachers and sign off mentors to complete NMC approved mentor qualifications. (52,53,55,57)

Practice teachers and sign off mentors we met confirmed they are well prepared for their role in assessing practice. (52,53,55,57)

We viewed the practice teacher and mentor databases and verified that all listed hold an NMC approved mentor qualification, are updated on an annual basis and that there are adequate numbers. Practice teachers and sign off mentors for district nursing students complete on an annual basis a placement quality self-assessment review form in which they verify they have attended updates for the programme and that they are confident to have the knowledge resources and support from the university to progress the student. (119)

Evidence / Reference Source

37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.

- 42. Meeting with the Head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
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- 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.
- 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.
- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
- 119. Observation and discussion of Mentor Data bases – 11 and 12 February 2015.

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with

What we found before the event

Monthly mentor / assessor update sessions at the university are advertised on the mentor and assessor website and sent to practice placement manager/education leads in partner organisations for dissemination. Regular sign off mentor training offered at university and delivered bespoke in partner organisations and disseminated. The details of attendees at updates at the university are communicated with practice partners to enable the updating of mentor register.

The faculty practice learning environment audit is mapped against the NMC (2008) Standards to support learning assessment in practice and requires the use of the mentor register as evidence against audit standards.

A mentor web link to BCU website exists: this link is the mentors and assessors website. This web link has all the newsletters archived and lots of other useful information for mentors.

What we found at the event

We found that mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet their requirements for triennial review and understand the process.

Pre-registration midwifery programmes:

We found that all sign off midwifery mentors have attended annual updates and a clear process is in place for meeting the requirements of triennial review, which is clearly documented on the live register. We confirmed that midwifery students are supported by sign off mentors who worked with them a minimum of 40% of the time in practice. (37,38,43)

Specialist practitioner in district nursing programme:

We found that mentor and assessor updates are provided on a monthly basis by both the placement providers and the university. Practice teachers and service managers told us that this rolling programme of updates is effective in enabling the release of practice teachers and sign off mentors to attend updates. (52,55,57)

We verified the attendance at annual updates and triennial review on the live mentor register held in each trust visited. (121,122)

At the practice meetings we confirmed that district nursing students are supported by practice teachers for at least 40% of the time. Student district nurses and practice teachers confirmed that they were rostered together for almost 100% of the time. The practice teachers in Birmingham Community NHS trust were employed solely to support students and learning generally in the trust. (42,43,52-58)

Practice teachers and sign off mentors for nurse prescribing confirmed that they had the nurse prescribing qualification and that they are active nurse prescribers. (53,55,57)

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the Head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 43. Meetings with mentors/sign off mentors and Practice Placement Managers - February 11 and 12 2015.
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
- 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
- 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.
- 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.
- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
- 121. Birmingham Community Healthcare NHS Trust Mentor/Assessor updates 2014.
- 122. Birmingham City University Qualified Assessor Updates Autumn 2014.

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

What we found before the event

To ensure that students are appropriately supported in practice there is a mentor self-declaration in each student's assessment of practice document.

A review of local mentor registers is undertaken every six months.

What we found at the event

We found that the records of mentors, sign off mentors and practice teachers are accurate and up to date and fully meet NMC requirements. (119,123-126)

Pre-registration midwifery programmes:

Systems are in place to ensure accurate updating of the live mentor registers.

We found that the trusts held live mentor databases and found the mentors and sign off mentors in midwifery placements were up to date. A colour coding system indicates when a mentor is current, needs an update in the next three months or has missed the time limit and is no longer live. Practice placement managers inform mentors and sign off mentors in a timely manner when updates are due and ward managers are informed to facilitate the release of staff to attend an update session. Students are only allocated to a mentor/sign off mentor who is on the live register. (37,38,43,119)

Specialist practitioner in district nursing programme:

We viewed live mentor registers and found that the practice teachers and sign off mentors were all up to date. An electronic system alerts the practice placement coordinator if the mentor needs updating or has missed the time limit and is no longer live. We were shown a mentor registration form which must be completed to allow them to be entered on the mentor data base. The mentor registration form is signed by the line manager agreeing to the named member of staff attending updates and agreeing to review the practice teachers portfolio for triennial review. (42,43,52-58,123-126)

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.*
- 38. Meetings with Student Midwives- February 11 and 12 2015.*
- 42. Meeting with the head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.*
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.*
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.*
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- 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.*
- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.*
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.*
- 119. Observation and discussion of Mentor Data bases – 11 and 12 February 2015.*
- 123. Meeting with practice placement facilitator and practice placement coordinator Mosley Hall Hospital Birmingham-viewing electronic data base - 11 February 2015.*
- 124. Birmingham Community Healthcare NHS trust Mentor Registration form - 2014.*
- 125. Meeting with practice placement facilitator and practice placement coordinator Mosley Hall Hospital - 12*

February 2015.

126. Birmingham-viewing electronic data base - 11 February 2015

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

- To strengthen service user and carer engagement in both the admissions process and the assessment strategy for the 18 month and three year BSc (Hons) /Graduate Diploma Midwifery programmes

Findings against key risks

Key risk 4 - Fitness to Practice

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

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

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

What we found before the event

Pre-registration midwifery programmes

In the NSS 2013, 91% of midwifery and nursing students were satisfied overall.

Students spend up to 60% of their time on placement, participating across the full range of shifts including night duty and weekends. They experience a mixture of teaching, self-directed learning and practice-based clinical placements, through which they are expected to participate in the care of child-bearing women. Clinical placement commences within a few weeks of starting the programme, fully supported by a midwifery mentor and personal tutor. Students attend seminars, lectures, small group work and skills workshops, as well as carrying out case study analysis, simulation and reflections on practice.

Student experience is enhanced by the midwifery virtual case creator, which provides a highly interactive online simulation of clinical situations. It enables students to develop skills, prioritise care and make practice related decisions in a safe environment.

Specialist practitioner district nursing programme:

The course develops a broad and deeper knowledge and understanding of the complex issues involved in this area of specialist practice, as well as fostering an evidence-base that will empower patients/clients families and communities.

The role of the district nurse is continually changing in response to policies and the changing needs of communities. The pathway has been designed to provide district nurses with the ability to critically reflect on practice, develop appropriate strategies to promote the development of practice, evaluate current patterns in delivery of care using frameworks for assessment and demonstrate an awareness and understanding of the nature of multi-cultural community nursing practices.

What we found at the event

We found that students undertaking programmes that lead to becoming a registered midwife or the district nursing qualification achieve the NMC learning outcomes and competencies for entry to the register. We found that students emerging from the programmes are considered fit for practice by employers and educational commissioners and external examiners confirm that the programmes are of high quality and meet all statutory requirements. The personality grid used in the specialist practitioner district nursing programme is innovative, contemporary and fully consistent with the national drive to ensure that nurses and midwives are compassionate and caring and these practices are worthy of wider dissemination. We found that the evidence base with regards to the attendance of pre-registration midwifery students on the delivered theoretical components of the programme would benefit from being made more explicit in programme documentation so that the requirements are clear to all participants. (85,133,134-136)

Pre-registration midwifery programmes:

We found that midwifery students report that they benefit from effective learning and teaching strategies, which include simulated learning. They are given opportunities to rehearse and develop caring and practical skills before they go into placement areas. Students are supported in developing their skills in obstetric emergencies and undertake objective structured clinical examinations (OSCE's) as part of their programme. An additional source of support for the professional and personal development of student midwives is the allocation of a named SoM in the maternity services for the duration of the programme and the important contribution of midwifery supervision for public protection. (37,38,43,115,127-133)

Specialist practitioner in district nursing programme:

The programme leader, managers, practice teachers and students all told us that the programme produces practitioners who are fit for specialist practice. This was also confirmed by service users and carers.

External examiner reports confirm that the curriculum and a range of assessments are appropriate to enable the NMC learning outcomes to be met. (43,52-58,136-138)

Evidence / Reference Source

37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
38. Meetings with Student Midwives- February 11 and 12 2015.
43. Meetings with mentors/sign off mentors and Practice Placement Managers - February 11 and 12 2015.
52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
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57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
85. Meeting with Education Commissioning and Programme Quality Lead, West Midland, Health Education England – 12 February 2015.
115. Birmingham City University – Faculty of Health, Life Sciences and Education – School of Midwifery and Child Health – BSc (Hons) Midwifery - Professional Practice Profile – Progression Point 1 – year 1 Academic Year 2015/16.
127. Faculty of Health Department of Nursing and Women's Health (2013- 2015) BSc (Hons) /Graduate Diploma Midwifery Programme Skills Inventory - 2014/15.
128. Faculty of Health Department of Nursing and Women's Health BSc (Hons) Midwifery Three-Year Programme Skills Inventory - 2014/15.
129. Faculty of Health Department of Nursing and Women's Health BSc (Hons) Midwifery - Professional Practice Profiles Progression Point 2 (Year Two) Delivery Suite, Postnatal Care, Community - 2014/15.
131. Faculty of Health Guidelines for Determining Unsafe Practice in Student's Academic and Simulated Summative Assessments - 2014.
132. Faculty of Health Standards for Quality Assuring and Enhancing Student Academic and Placement Learning assessments - 2014.
133. External Examiner Reports – Department of Midwifery and Child Health - 2013/14.
134. Birmingham City University Student Absence Reporting - 2014.
135. Birmingham City University BSc (Hons) Midwifery and Graduate Diploma /BSc (Hons) Midwifery Shortened Attendance Patterns by Module 2013/2014.
136. External Examiner Report Session 2013/14 PG diploma/BSc (Hons) Community Health Nursing Specialist Practitioner (Community Nursing in the Home/District Nursing).
137. Practice Quality Self-Assessment Review Form 2013-2014.
138. Professional Practice workbook for community specialist practitioners Birmingham City University 2014.

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

No evidence identified before the event.

What we found at the event

We found that students achieve the NMC practice learning outcomes and competencies at progression points and for entry to the register for both registered midwife and specialist practitioner district nursing. (85,133,136)

Pre-registration midwifery programmes:

We found the essential skills and competencies and European Directive requirements are identified in the assessment of practice documents. Sign off mentors and mentors report clear understanding of the practice assessment documents. We found the tripartite approach to the assessment of practice is important for the reliability of assessing judgements, as well as identifying any cause for concern and implementing action plans. (37,38,43,85)

We found that the NMC standards for pre-registration midwifery education are clearly articulated in the practice assessment documentation and understood by students and sign off mentors. The mechanisms to assess clinical practice allow students to develop skills and achieve competence with opportunities to receive feedback from mentors. Students and mentors find the assessment documentation straightforward with clear guidelines for use. Midwife sign off mentors facilitate students to achieve all NMC competencies and requirements and inform us that they have been involved in the development of the new curriculum, which is due for re-approval in 2015. Midwifery students, mentors and managers report that students are well prepared for practice and third year students and senior 18-month students report that they will be competent and fit for practice on completion of both midwifery programmes. (127-132)

HoM confirmed they are satisfied with the calibre of students completing the programme and are able to employ those who apply for midwife posts.

Specialist practitioner in district nursing programme:

We found that the service managers, practice teachers and students interviewed in practice placements consider that the programme produces practitioners who are fit for specialist practice. We also found that this was confirmed by service users and carers. (52-58)

We found that district nursing students and practice teachers confirm that the practice assessments assess the NMC learning outcomes and that this includes the NMC standards and competencies for community practitioner nurse prescribing. We were shown copies of completed placement quality self-assessment review forms in which practice teachers state that the practice area is appropriate for teaching and learning of specialist practitioner district nurses.(52-58, 137,138)

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
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- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
- 85. Meeting with Education Commissioning and Programme Quality Lead, West Midland, Health Education England – 12 February 2015.
- 127. Faculty of Health Department of Nursing and Women's Health (2013- 2015) BSc (Hons) /Graduate Diploma Midwifery Programme Skills Inventory - 2014/15.
- 128. Faculty of Health Department of Nursing and Women's Health BSc (Hons) Midwifery Three-Year Programme Skills Inventory - 2014/15.
- 129. Faculty of Health Department of Nursing and Women's Health BSc (Hons) Midwifery - Professional Practice Profiles Progression Point 2 (Year Two) Delivery Suite, Postnatal Care, Community.
- 131. Faculty of Health Guidelines for Determining Unsafe Practice in Student's Academic and Simulated Summative Assessments - 2014.
- 132. Faculty of Health Standards for Quality Assuring and Enhancing Student Academic and Placement Learning assessments - 2014.
- 133. External Examiner Reports – Department of Midwifery and Child Health - 2013/14.
- 136. External Examiner Report Session 2013/14 PG diploma/BSc (Hons) Community Health Nursing Specialist Practitioner (Community Nursing in the Home/District Nursing).
- 137. Practice Quality Self-Assessment Review Form 2013-2014.
- 138. Professional Practice workbook for community specialist practitioners Birmingham City University 2014.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

- To ensure that the attendance criteria for the completion of theoretical hours is explicit within all registered midwife programme documentation.

Findings against key risks
<p>Key risk 5- Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>The faculty have well established governance and quality assurance processes and policies in place including a benchmark policy, programme specifications, module requirements, Professional statutory and regulatory bodies' exemption processes and a complaints policy and process. The university has Erasmus policies and procedures in place and is committed to the research concordat.</p>
<p>What we found at the event</p>
<p>We found that all modules and programmes are subject to programme evaluation and there is clear evidence that issues are followed through to resolution and that feedback is provided on action taken to students and clinically based staff. (139)</p> <p>The faculty is currently in the early stages of introducing the ARC system which will enable the students to have the opportunity to evaluate their practice placement experience by answering the evaluative questions. On completion of the evaluation the practice quality administrator will upload the evaluations. Evaluations that are identified as meeting the red criteria will be escalated to the faculty practice lead for the placement area for further exploration.</p> <p>We found that the introduction of quality days across the faculty to review the effectiveness of the programmes of study and especially the assessment strategy of all approved programmes was innovative and worthy of wider dissemination. The quality days involved the participation of students, mentors, sign off mentors, practice teachers, academic staff and external examiners. (133,136)</p> <p>Pre-registration midwifery programmes:</p> <p>We found that practice learning environments were evaluated positively by students. Practice placement managers confirm that they access student evaluations and feedback on placement learning experiences and act on emergent issues. They also ensure that evaluation data is available to individual placement areas and work in partnership with link lecturers in resolving emergent issues with an action plan. (37,38,43)</p>

Specialist practitioner in district nursing programme:

Students and practice teachers we met confirmed that they are regularly consulted both formally and informally about the programme. They reported that the course team always respond to their suggestions and concerns. Practice teachers said they are invited to the quality day where they are able to input to the curriculum and contribute to the quality enhancement of the programme. (42,52-58).

We were shown by the programme leader a summary of the evaluation of professional practice form which the district nursing students complete. The summarised report is fed back to practice teachers and they are able to collate this with the audit of professional practice placement and mentor that they have completed.

The programme leader and practice education facilitator confirm that they have feedback across student evaluations, service user feedback on the student district nursing interventions, feedback on the practice learning experiences, and act on emergent issues.

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.
- 52. Meeting with practice education facilitators Birmingham Community NHS Trust 11 February 2015.
- 53. Meeting with practice teachers Birmingham Community NHS Trust 11 and 12 February 2015.
- 54. Meeting with District nursing students Birmingham Community NHS Trust 11 and 12 February 2015.
- 55. Conference call to practice teachers Wye Valley NHS Trust 11 February 2015.
- 56. Conference call to district nursing students Wye Valley NHS Trust 11 February 2015.
- 57. Meeting with practice teachers Coventry Community NHS Trust 12 February 2015.
- 58. Meeting with district nursing students Coventry Community NHS Trust 12 February 2015.
- 133. External Examiner Reports – Department of Midwifery and Child Health - 2013/14.
- 136. External Examiner Report Session 2013/14 PG diploma/BSc (Hons) Community Health Nursing Specialist Practitioner (Community Nursing in the Home/District Nursing).
- 139. Birmingham City University – Faculty of Health, Life Sciences and Education – Management of Practice Evaluations Guidelines – December 2014.

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

What we found before the event

The faculty conducts programme approval, reapproval and periodic review in line with university and regulators requirements and has in place systems which ensure the accuracy of information uploaded to the regulator.

The student complaints procedure applies to complaints from current or recent students. (140)

What we found at the event

We found that there had been 18 complaints in the academic year 2013/14. The nature of these complaints varied: admissions (2 cases); expectations (3 cases); treatment (10 cases); other (3 cases). All cases are investigated within the faculty and all students are offered an appointment to discuss their complaint in person. Appropriate members of staff and practice partners from trusts will be asked to provide information where appropriate in determining whether the student's complaint is justified or not. Information from the investigations is fed back into the quality loop to improve processes for other students. There were no official complaints from placement providers, commissioners or others in this academic year. (142)

We found that there are rigorous processes fully implemented to ensure that external examiners fulfil all aspects of their role including monitoring the assessment of practice. External examiners reports are comprehensive, very supportive of the high quality of the programmes and the academic support given to students and fully meet the requirements of the role to ensure that the programmes are consistent with other programmes delivered by other providers. (133,136)

We found that external examiners participate in quality days with academic staff, mentors and students to review the quality of the learning and assessment strategy within programmes and we concluded that this was an innovative practice which was worthy of wider dissemination. (133,136)

Pre-registration midwifery programmes:

All students, mentors and practice placement providers report being aware of how to raise concerns and complaints in practice settings. The external examiners report satisfaction with the standards set for the awards are appropriate for qualifications at this level and the midwifery content of the programme is consistent with the quality assurance benchmark and NMC requirements. (37,38)

Specialist practitioner in district nursing programme:

The programme leader, practice teachers, trust manager and students report being aware of how to raise complaints and concerns. The course leader and practice teachers said that channels to raise complaints are raised at induction. (42, 52-58)

External examiners confirm that the programmes are meeting learning outcomes and NMC standards. There is the opportunity to meet students and practice teachers in practice and the course team said they were responsive to external examiners comments. (136)

Evidence / Reference Source

- 37. Meeting with midwifery programme team and Lead Midwife for Education – 11 February 2015.
- 38. Meetings with Student Midwives- February 11 and 12 2015.
- 42. Meeting with the head of public health and professional practice district nursing course leader and community practitioner nurse prescribing lead at the monitoring event 11 February 2015.
- 43. Meetings with mentors/sign off mentors and practice placement managers - February 11 and 12 2015.
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- 133. External Examiner Reports – Department of Midwifery and Child Health - 2013/14.
- 136. External Examiner Report Session 2013/14 PG diploma/BSc (Hons) Community Health Nursing Specialist Practitioner (Community Nursing in the Home/District Nursing).
- 140. Birmingham City University - Faculty of Health, Education and Life Sciences - Student Complaints Procedure - October 2012.
- 141. Birmingham Women’s NHS Foundation Trust: The Friends and Family Test and Student Nominations 2014-2015.
- 142. Birmingham City University - Faculty of Health, Education and Life Sciences - Report on Complaints 2013/2014.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 28 Jan 2015
Meetings with:
Director of Academic Quality Associate Head of School, Allied and Public Health Professions Faculty Practice Quality Lead Head of Department Midwifery and Child Health / Lead Midwife For Education Programme Leader - Specialist Practitioner - District Nursing Programme Programme Leader - Pre-registration Midwifery Programme Programme Leader - Post registration 18 month midwifery programme
At monitoring event
Meetings with:
Dean of Faculty of Health, Education and Life Sciences Associate Dean, Quality and Commissioning, Associate Dean, Student Learning Experience Head of School, nursing, midwifery and social work Associate Head of School, nursing, midwifery and social work Director of Student Governance Director of Academic Quality Faculty Practice Quality Lead Head of Department Midwifery and Child Health / Lead Midwife For Education and Midwifery programme team. Programme Leader - Specialist Practitioner - District Nursing Programme Programme Leader - Pre-registration Midwifery Programme Education Commissioning and Programme Quality Lead, West Midland, Health Education England Programme Leader - Post registration 18 month midwifery programme Head of Department of Public and Community Health. Community Practitioner Nurse Prescribing Course Leader. Service User AP(E)L Coordinator

Fitness to Practice Coordinator Placement Manager Matron x 2
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Meetings with:

Mentors / sign-off mentors	9
Practice teachers	8
Service users / Carers	6
Practice Education Facilitator	4
Director / manager nursing	5
Director / manager midwifery	2
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	22 Lead Nurse Education Support/Sisters. lead Midwife Governance and Quality Manager Matrons Ward Manager/Community Manager Student practice teacher. Placement education coordinator.

Meetings with students:

Student Type	Number met
Registered Midwife - 18 & 36M	Year 1: 12 Year 2: 1 Year 3: 7 Year 4: 0
Specialist Practitioner - District Nursing (Mandatory Integrated Nurse Prescribing)	Year 1: 8 Year 2: 1 Year 3: 0 Year 4: 0