

2017-18

Monitoring review 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; Return to Practice Midwifery
Date of monitoring event	25-26 Oct 2017
Managing Reviewer	Peter Thompson
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Heather Bower, Susan Way
Placement partner visits undertaken during the review	<p>Pre-registration midwifery:</p> <p>City Hospital, Sandwell and West Birmingham Hospitals NHS Trust: education department, delivery suite, and midwife-led birth centre</p> <p>Allen's Croft Children's Centre, Birmingham</p> <p>Birmingham Women's Hospital, Birmingham Women's and Children's NHS Foundation Trust: education department, birth centre, labour ward and postnatal ward</p> <p>Return to practice midwifery:</p> <p>Good Hope Hospital, Heart of England NHS Foundation Trust, maternity services</p>
Date of Report	06 Nov 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

As set out in the NMC QA framework, which was updated in 2017, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

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

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

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

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

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

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

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

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

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

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
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 AEI 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 appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
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 (FHELS) at Birmingham City University (BCU) provides a range of NMC approved programmes that include pre-registration nursing and midwifery programmes. The school of nursing and midwifery (the school) is one of four schools within the faculty. The school provides the pre-registration nursing programme in the fields of adult, mental health, child and learning disabilities nursing, the pre-registration midwifery programmes and return to practice nursing and midwifery programmes.

The focus of this monitoring review is pre-registration midwifery; the 36-month programme, and the shortened midwifery programme which is delivered over 86 weeks; and, the return to practice midwifery programme.

The pre-registration midwifery programmes were approved on 1 May 2015 for six years. The 36-month pre-registration midwifery programme is provided as a BSc (Hons) midwifery award. The shortened programme has two routes: a BSc (Hons) midwifery award and a graduate diploma in midwifery award.

Target numbers for the recruitment of students into the pre-registration midwifery programmes is set at 96 per year, which are allocated between the two programmes, with a maximum of 70 admitted to the 36-month programme per year. In September 2017, 74 students commenced the 36-month programme and 24 commenced the shortened programme. The shortened programme is supported and funded by Health Education England West Midlands (HEEWM) and the 36-month programme is self funded by the student.

The return to practice midwifery programme was approved on 13 September 2011 and has an extension to the approval granted by the NMC until 31 August, 2019. There have been six intakes between September 2014 and September 2017. The programme reduced the number of intakes to one per year in 2016 in response to demand and to make intakes viable. Six students commenced the programme in September 2017. Each student is sponsored by a NHS provider and funding for the programme is from HEEWM. Of the six students, four are placed in NHS placements in areas outwith BCU's placement circuit in Kettering General Hospital NHS Foundation Trust; Royal Berkshire NHS Foundation Trust; and, Nottingham University Hospitals NHS Trust.

The monitoring visit took place over two days and included visits to practice placements to meet a range of stakeholders. Communication via telephone took place with key practice staff and return to practice midwifery students placed at Kettering General Hospital NHS Foundation Trust; Royal Berkshire NHS Foundation Trust and Nottingham University Hospitals NHS Trust took place. Particular consideration was given to the midwifery student experiences in the Birmingham Women's NHS Foundation Hospital, which was subject to an inspection by the the Care Quality Commission (CQC) in 2016, and at City Hospital, within the Sandwell and West Birmingham Hospitals NHS Trust which was subject to inspections by CQC in 2015.

The CQC raised concerns relating to maternity services in both NHS providers. In addition we visited a range of maternity services including hospital and community services.

Summary of public protection context and findings

Our findings conclude that the university has systems and processes in place to monitor and control the risk themes: resources and admissions and progression to meet NMC standards and assure protection of the public. The key risk practice learning has an identified weakness which requires improvement. The key risk themes fitness for practice and quality assurance are not met and the university is required to implement an action plan to ensure these risks are controlled.

31 May 2018: The university implemented an action plan to address the unmet outcomes. Evidence has been submitted to demonstrate completion of the action plan. The key risk themes fitness for practice and quality assurance are now met and the identified risks are controlled. The control of the key risks is outlined below.

Resources: met

We confirm from our findings that the university has adequate academic staff with experience and qualifications that are commensurate with their role in delivering the pre-registration midwifery programmes and the return to practice midwifery programme to meet NMC standards.

We conclude that there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration midwifery programmes and the return to practice midwifery programme to meet NMC standards.

Admissions and progression: met

We conclude that selection and admission processes follow NMC requirements. Disclosure and barring service (DBS) checks and occupational health clearance are completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

The university has procedures in place to manage issues of concern about a student's professional conduct whether academic, or practice related. We found evidence of effective implementation of these procedures which demonstrates the rigour of the process in ensuring public protection.

Practice placement providers understand and are able to implement the university's procedures in addressing issues of poor performance in practice. This process ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Practice learning: requires improvement

Our findings conclude that the university has effective partnerships with practice placement providers at all levels and with AEs who use the same practice placement locations.

The university has worked in partnership with education commissioners and practice placement providers in responding in a timely and appropriate manner following concerns raised by external quality monitoring, which may impact on the practice learning environment.

Policies regarding raising and escalating concerns are accessible and understood by students. We are confident that concerns are investigated and dealt with effectively by both academic staff and practice placement providers, and that the public is protected.

There is an established service user and carer group, and we confirmed that service users and carers are involved in all aspects of the pre-registration midwifery programmes. However, we found that involvement of service users and carers is not formally organised in the return to practice midwifery programme (3.2.1). This requires improvement.

We found evidence of investment in the preparation and support of sign-off mentors. All sign-off mentors are appropriately prepared for their role of supporting and assessing pre-registration midwifery and return to practice midwifery students. Sign-off mentors understand and comply with practice assessment documentation and signing-off competence to ensure students are fit for practice.

Fitness for practice: not met

Our findings conclude that learning, teaching and assessment strategies in the pre-registration midwifery programmes and the return to practice midwifery programme enable students to meet the required programme learning outcomes at progression points and the NMC standards and competencies for entry to the NMC register.

We confirmed that audited practice placements enable students to achieve all required practice learning outcomes in accordance with NMC standards for the pre-registration midwifery programmes and the return to practice midwifery programme.

We concluded from our findings that students enrolled on the shortened pre-registration midwifery programme are not completing the required hours of theory and practice to comply with the European Union (EU) directive (2005/36/EC amended by Directive 2013/55/EU) within the programme. We found that the university's strategy in response to the amended EU directive is for students to complete and log the additional 150 hours in their own time. The amendment to the programme hours has not been formally approved through Mott MacDonald/NMC approval processes. The university must implement an urgent action plan to review and modify the shortened pre-registration midwifery programme hours to ensure that all hours in theory and practice are met within the scheduled programme.

The shortened pre-registration midwifery programme requires students to maintain their registration on part one of the NMC register, which is not a NMC requirement.

The university must clarify the purpose of requiring students to maintain this registration and ensure that this is clearly communicated to students (4.1.1)

31 May 2018: The university implemented an action plan to review and modify the shortened pre-registration midwifery programme hours to ensure that all hours in theory and practice are met within the scheduled programme.

A review of the evidence confirmed that students enrolled on the shortened pre-registration midwifery programme are completing the required hours of theory and practice to comply with the EU directive (2005/36/EC amended by Directive 2013/55/EU) within the programme.

In addition, the university confirmed that it is not a university requirement for students undertaking the shortened pre-registration midwifery programme to maintain their registration on part one of the NMC register. However, the three midwifery placement providers confirmed that employment contracts require that students maintain registration on part one of the NMC register. A definitive statement has been communicated by the university to all students undertaking the shortened pre-registration midwifery programme.

The key risks are now controlled and the NMC Standard is met.

Quality assurance: not met

We found that the practice placement portfolio contains reference to statutory supervision and supervisor of midwives. As this legislation has now been removed, practice documentation needs to reflect the changes to the legislation and all reference to statutory supervision must be removed.

We conclude from our findings that the university has failed to follow up and conclude the requirement to modify the shortened pre-registration midwifery programme to comply with the amended EU directive. The university must implement an action plan to review its internal quality assurance processes to ensure that proposed modifications to NMC approved programmes are effectively followed up and concluded to meet NMC requirements (5.1.1).

31 May 2018: The university implemented an action plan to review and strengthen its internal quality assurance processes and to remove all reference to the supervision of midwives from the practice documentation.

A review of the evidence confirmed that the university now has clear quality assurance mechanisms in place to ensure compliance with NMC requirements for programme modifications and follow up. All practice documentation no longer contains any reference to supervision of midwifery.

The key risks are now controlled and the NMC Standards are met.

Summary of areas that require improvement

31 May 2018: A review of progress against the university action plan took place.

Documentation submitted by the university confirms that the shortened pre-registration midwifery programme has the required hours of theory and practice to comply with the EU directive (2005/36/EC amended by Directive 2013/55/EU) within the programme.

All programme documentation, including practice documentation, has been amended to remove all references to statutory supervision and the supervisor of midwives.

The university has clarified that it is not a university requirement for students undertaking the shortened pre-registration midwifery programme to maintain their registration on part one of the NMC register. However, the three midwifery placement providers confirmed that employment contracts require that students maintain registration on part one of the NMC register. A definitive statement has been communicated by the university to all students undertaking the shortened pre-registration midwifery programme.

The key risks are now controlled and the NMC Standards are met.

The following areas are not met and require urgent attention:

The shortened midwifery programme does not meet the required hours of theory and practice to comply with the EU directive (2005/36/EC amended by Directive 2013/55/EU) within the programme.

- The university must review and modify the shortened pre-registration midwifery programme to ensure the required 3000 programmed hours are met within the scheduled programme.

The students studying the shortened pre-registration midwifery programme are required to maintain their registration on part one of the NMC register, which is not a NMC requirement.

- The university must clarify the purpose of requiring students to maintain this registration and ensure that this is clearly communicated to students.

The faculty has not demonstrated that internal and external QA processes were followed through and completed in relation to the modification to the shortened pre-registration NMC approved programme.

- The university must review their QA processes to ensure that programme modifications to NMC approved programmes are followed up and effectively concluded to meet NMC standards.
- Practice documentation must be reviewed to remove any reference to statutory supervision and the supervisor of midwives.

The following area requires improvement:

The return to practice midwifery programme does not have formalised service user and carer engagement in the development and delivery of the programme.

- The university is required to improve service user and carer involvement in the return to practice midwifery programme.

Summary of areas for future monitoring

- Service users and carers engagement in the return to practice midwifery programme.
- Students on the shortened pre-registration midwifery programme meet the required 3000 hours of theory and practice to comply with the EU directive (2005/36/EC 'on the recognition of professional qualifications' as amended by Directive 2013/55/EU).

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic team confirmed that there is an adequate number of suitably qualified academic staff to deliver the midwifery programmes. The midwifery programme team works closely with practice placement providers to recruit to, deliver and monitor all midwifery programmes. There are strategic and operational joint meetings with practice staff to address any programme issues or concerns.

Staff reported that there are good relationships with practice placement providers and there are clear policies to ensure that students are fit for practice at progression points and on completion of the programme. We were told that the majority of students are employed locally following NMC registration as a midwife.

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

Sign-off mentors told us that they are adequately prepared for their role and are supported by the trust to complete annual updates and to complete their triennial review. Sign-off mentors demonstrate a clear understanding of their role in assessment of practice and follow the protocol for managing failing students. Sign-off mentors demonstrate enthusiasm for the role. There is a clear commitment by the trust to ensure all midwives are supported to undertake the mentor course following their preceptorship programme. Practice placement managers and clinical educators told us that they receive information from the university in adequate time to plan placements and to allocate students. They told us that there are adequate opportunities for students to achieve their practice competencies in the range of available placements.

Practice placement providers informed us of the high level of support available for return to practice midwifery students. They told us that the programme is flexible in order to meet the student's individual learning needs and programme outcomes. Staff from remote practice placement areas commented on the excellent communication between the programme lead and the sign-off mentors.

Employers told us that the return to practice midwifery programme suitably prepares students for re-admission to the NMC register and that they employ the returning midwives once registered.

The commissioner confirmed that there is a good working relationship with the university; academic staff are responsive and flexible in their approach to midwifery education. Annual quality monitoring activities indicate that all contractual requirements are met to a high level. We were told that partnership working with placement providers and with other universities sharing placements is effective and ensures that responses to external adverse reporting is timely and appropriate in mitigating risks.

The commissioner confirmed that there are excellent employment opportunities for all students who successfully complete the programmes. Placement providers confirmed students as fit for practice following successful completion of the programmes.

Students

Students told us that the pre-registration midwifery programmes effectively prepare them for practice at all stages of the programme. They feel well supported by academic and practice staff in achieving all programme requirements and in meeting the standards for entry to the NMC register. They have a good understanding of the process to follow to escalate concerns in practice.

Students reported that there are no overall difficulties in getting their practice competencies completed and signed off. Overall, students told us they are satisfied with the pre-registration midwifery programmes and after successful completion of the programme they wish to gain employment in their local trusts.

Return to practice midwifery students told us that engaging in the introductory taught days helped rebuild their confidence and competence prior to commencing practice

placements. They confirmed they are well supported in practice and like the flexibility of the placements to support their individual learning needs.

Service users and carers

Three service users were interviewed as part of the review. One service user had engaged in programme development of the pre-registration midwifery programmes and had participated in one student selection interview for the pre-registration midwifery programmes.

Relevant issues from external quality assurance reports

We considered CQC reports published in the 12 months which preceded the monitoring visit and related to practice placements used by the university to support students' learning. These external quality assurance reports provide the review team with context and background to inform the monitoring review (5, 8-13).

The findings from the following CQC inspections identified areas which could adversely affect the students' practice learning experience:

Worcestershire Acute Hospitals NHS Trust. Date of report: 8 August 2017 (8)

This trust has been under special measures since 12 December 2015 after an inspection visit from CQC on 14 to 17 July 2015. Subsequent visits in December 2016 and April 2017 found that, although there were some improvements, the services overall remained inadequate. Reports published on 20 June and 8 August 2017 confirmed special measures remain in place. Urgent improvements were required in services provided by the adult emergency department, medical care, surgery, maternity and gynaecology, children and young people, and the minor injuries unit.

University response

On 29 June 2017, BCU provided an exceptional report to the NMC and gave details of the action plan that had been implemented to address the key concerns raised in the report (15, 17).

At the initial visit we were informed that BCU midwifery students are not allocated to the Worcestershire Acute Hospitals NHS Trust (16).

Birmingham Women's NHS Foundation Trust. Date of report: 2 November 2016 (9)

The CQC carried out an announced inspection visit to the trust from 12 to 14 April 2016 and three unannounced visits on 15, 25 and 27 April 2016, as part of the CQC's comprehensive inspection programme.

The CQC report, published on 2 November 2016 graded the service as requires improvement. Issues identified included the need for safe storage and prescribing of medication, secure storage of records, correct maintenance of equipment, reduction in waiting times, and improvement in infection prevention measures. Additionally, there were several actions regarding the need to identify, monitor and mitigate all risks relating to developing the complex abortion service pathway.

University response

On 14 November 2016, the university provided an exceptional report to the NMC and gave details of the action plan that had been implemented on 5 November 2016, to address the key concerns raised in the report (15). An updated action plan was provided by BCU on 26 September 2017, with a further review planned for 2 November 2017 (15, 17).

Royal Orthopaedic Hospital. Date of report: 4 January 2017 (10)

The CQC reported an overall requires improvement outcome following an unannounced focussed inspection, on 20 July 2016, to the high dependency unit to gain assurance of high dependency paediatric care. The CQC report, published on 4 January 2017, stated that the paediatric high dependency services require improvement in relation to issues that included: governance procedures; hand hygiene; security risks; and, the need to implement a paediatric early warning score chart.

University response

On 29 June 2017, the university provided an exceptional report to the NMC about the findings of the CQC report in relation to the Royal Orthopaedic Hospital, and gave assurances that an action plan had been developed to monitor the educational suitability of the placement area (15, 17).

Birmingham and Solihull Mental Health NHS Foundation Trust. Date of report: 1 August 2017 (11).

The CQC carried out an inspection of core services within the trust on 27 to 30 March 2017. The report, published on 1 August 2017, rated the services as requires improvement for issues relating to safety of care, effectiveness of care and leadership.

University response

On 24 August 2017, the university provided an exceptional report to the NMC and gave details of the action plan that had been implemented to address the key concerns raised in the report (15, 17).

Sandwell and West Birmingham Hospitals NHS Trust. Date of report: 26 March 2015 (12).

CQC inspected the hospitals in 2015 and the report was published 26 March 2015. An overall rating of requires improvement was reported for responsiveness and leadership, and inadequate for safety. BCU reported the concerns at the time and developed an action plan.

University response

On 29 September 2017, BCU provided an exceptional report to the NMC with an updated action plan in relation to ongoing concerns of services at City Hospital and Sandwell General Hospital with a further review planned for 11 October 2017.

Beech Hill Grange Nursing Home, Sutton Coldfield. Date of report: 20 July 2017 (13)

The CQC carried out an unannounced inspection on 20 June 2017. The CQC report, published on 20 July 2017, gave an overall grade of requires improvement. All five elements of the inspection were graded as requires improvement. This care provider is listed in the university's current placement list as an independent provider providing a placement within an older persons' care environment who may also be living with dementia.

University response

The university carried out a risk assessment and formulated an action plan on 22 July 2017 to address issues that may adversely impact on the quality of the learning environment for students. We were told that all nursing homes are monitored under the university's surveillance systems (16-17).

Wye Valley NHS Trust. Date of report: 3 November 2016 (5).

The trust was rated inadequate overall and placed in special measures following an inspection in June 2014. It was re-inspected in September 2015 and remained in special measures. When CQC inspectors returned in July 2016, they found the trust had made improvements and it is now rated as requires improvement overall.

CQC carried out an announced visit from 5 to 8 July 2016 and an unannounced inspection on 11, 17 and 18 July 2016 as part of its comprehensive programme of revisiting trusts who had been under special measures. The overall outcome was that the services required improvement and safety of care, effectiveness of care, and leadership were all found to require improvements; responsiveness of care was found to be inadequate.

University response

We were told that district nursing students are allocated to the trust and that the university has carried out a risk assessment and formulated an action plan on 5 November 2016 to address issues that may adversely impact on the quality of the learning environment for students (17).

What we found at the event

We found that the university works closely with all practice placement providers to monitor the outcomes of external monitoring reports. There are effective communication channels in place between university senior management and directors of nursing and midwifery in placement provider organisations (17-19, 66).

See section 3.1.1

Follow up on recommendations from approval events within the last year

The school confirmed there were no NMC programmes approved in 2016-17 (1, 16).

Specific issues to follow up from self-report

A specific issue identified in the 2016-2017 self-assessment report was the need to ensure that the strategy for recruitment is responsive to the new market of fee paying healthcare students, and that recruitment to pre-registration nursing and midwifery programmes remains healthy (1).

At the event, programme leads confirmed that the university has recruited to target and, although the number of applicants for pre-registration midwifery had been reduced, there was no discernible change in the demographics of the students recruited (64-65).

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**
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**

Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes

What we found before the event

We found that the midwifery team comprises 16 academic staff. Of these: 13 have a teaching qualification recorded with the NMC; one staff member is nearing completion of a recordable teaching qualification; and, two new staff members have no recorded teaching qualification (38, 54-56).

Academic staff curricula vitae confirm that teachers are able to support the application of specialist knowledge and skills and are appropriately qualified and experienced to deliver the pre-registration midwifery and return to practice midwifery programmes. Academic staff are engaged in research and practice development and fulfil a range of external roles that include journal review, external examiners for other AEIs, CQC advisor, and honorary contracts with local healthcare providers (35-36, 54).

What we found at the event

We found that the university has effective monitoring processes in place to ensure academic staff maintain active NMC registration. Senior staff confirmed that the school has processes to support, monitor and record academic staff meet revalidation requirements (52-53, 56, 64-65).

We were informed that the head of the midwifery department plans the workload of academic staff. This includes 20 percent of time for engagement in practice by each midwifery teacher (56, 65).

Academic staff confirm that their qualifications, clinical experience and professional development activities enable them to deliver contemporary pre-registration midwifery and return to practice midwifery programmes. They told us that they are supported in maintaining clinical links and to engage with midwifery practice (64-65, 72).

The lead midwife for education (LME) told us that she represents midwifery at many strategic meetings in the university and with NHS maternity placement providers which enables her to influence the direction of midwifery education. She has led the most recent curricula review and she is the line manager for members of the midwifery teaching team. She is involved in national activity as a member of the strategic LME UK-wide forum (18-20, 51, 78, 103-105).

We confirmed that the LME, who is the head of the midwifery department, has due regard and a NMC recorded teaching qualification (54-55).

Academic staff confirm that the university supports the LME to fulfil the role and responsibilities required by the NMC. It was evident during meetings with heads of midwifery (HoMs) that the LME engages at an operational and strategic level on matters related to midwifery (31-32, 63-64, 69, 78, 81, 85-86, 96).

Pre-registration midwifery

We found there are designated programme leads for the 36-month programme and the shortened programmes who have due regard, current NMC registration and a recorded teacher qualification (54-56, 64, 72).

The pre-registration midwifery programme team and academic managers confirm that there is sufficient time within the workload allocations to support ongoing scholarly activity and professional development (64-65, 72, 74-75).

We found that teaching resources are adequate to support a range of learning within the university, including skills teaching, which was confirmed by pre-registration midwifery students (73).

Return to practice midwifery

We found that there is a designated programme lead who has due regard, current NMC registration and a recorded teacher qualification (54-55, 64-65).

The programme is supported by members of the return to practice nursing team as well as academic staff from the pre-registration midwifery team (16, 52, 64-65).

We conclude from our findings that the university has adequate appropriately qualified

<p>academic staff to deliver the pre-registration midwifery programmes and the return to practice midwifery programme to meet NMC standards.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>Documentary evidence demonstrates ongoing partnership working between the university and NHS placement providers to ensure that there are sufficient numbers of appropriately qualified mentors and sign-off mentors to support students on the pre-registration midwifery programmes and the return to practice midwifery programme. Statements of compliance and contractual agreements with placement partners pledge that resources are provided and maintained to support students (2, 16-20, 99). Annual reports of the programmes under review confirm that the programme leader maintains close liaison with placement providers to identify suitable placements within existing placement capacity (52-53). We found that return to practice midwifery students are supported by NHS placement providers outside the university's geographical placement area. Resources are committed when NHS placement providers agree to support students (16, 92).</p>
<p>What we found at the event</p>
<p>We confirmed that there are robust mechanisms in place to provide and maintain sufficient resources for the number of students in placement areas. These mechanisms are managed through the learning environment assurance framework (LEAF) which establishes lines of communication with each placement provider and monitors capacity and quality through six-monthly reviews of mentor registers, educational audits and student evaluations, service reconfigurations and any concerns raised either internally or through external quality inspections. LEAF activity is coordinated by the faculty lead for practice quality (17-20, 65). We found that educational audits ensure that resources are in place for the number of students in placement areas where there are additional or other learner support demands made of practice placement areas (81, 86, 113). All students, service representatives and sign-off mentors told us that there are sufficient appropriately trained and qualified personnel to support students in practice placements. Students confirmed that they work with their mentor for 40 percent of the time and receive sufficient support to enable them to safely meet programme learning outcomes and competencies (73, 82-88).</p>

Sign-off mentors confirmed that they work with and support students in practice for 40 percent of the time to enable them to meet practice competencies and they confirmed that others deputise in their absence (84, 87-88, 93-94, 97).

Pre-registration midwifery

We were told that negotiations between individual trusts and BCU placement lead are fundamental to securing practice placements. Senior staff from the university and from NHS placement providers confirmed that students to date have all been allocated to appropriate placements areas (65, 85-88).

Practice placement managers, clinical educators and sign-off mentors all confirmed that there are an adequate number of sign-off mentors to support pre-registration midwifery students in placements in the two trusts we visited. Our meetings with students supported this, and students reported that there are no overall difficulties in their practice requirements being signed off. Where a sign-off mentor becomes unavailable, plans are put in place to ensure another sign-off mentor adequately supports the student for the assessment process (82-88).

Students and mentors described safeguards in place to guarantee that students are supernumerary, and confirmed that these are followed. There is a reporting mechanism available for students specifically to raise concerns if their supernumerary status is compromised and such concerns are reported directly to the faculty lead for practice quality and are investigated (82-84, 127).

Return to practice midwifery

We confirmed that the applicant takes responsibility for negotiating their clinical placement with an NHS trust for the return to practice midwifery programme. This is explained clearly on the university course webpage and to every prospective candidate by the programme leader (52, 90-92).

Students and placement managers confirmed that they were required to produce proof, in the form of a letter from the sponsoring trust, of having secured a placement and this includes confirmation that the placement has been audited and that a sign-off mentor is in place to support their learning (90, 92).

The programme lead told us that pre-placement checks are made to ensure that sufficient sign-off mentors are in place to support students on their practice placement which consists of a hub and spoke arrangement. Applicants are signposted by the programme lead to any known key contacts at NHS providers with capacity to support return to practice midwifery students (90, 93-95, 97).

We confirmed that return to practice midwifery students are supernumerary for the duration of their placement experiences and are released to attend spoke placements away from their hub location. This was confirmed by students, sign-off mentors and placement managers (90, 92-97, 112, 129).

We conclude that there are sufficient appropriately qualified mentors and sign-off mentors available to support the numbers of pre-registration midwifery and return to practice midwifery students allocated to practice placements at all times.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

We found that selection and admissions processes are transparent, reliable and inclusive (26-28).

There is documentary evidence which confirms that admission processes meet NMC requirements. There are clear entry requirements, which include numeracy, literacy, and the international English language testing system (IELTS), which is set at seven in all areas (26, 108-109).

What we found at the event

We confirmed that selection processes use the NHS values-based approach and involve academic staff and practice placement providers. The university has a joint undertaking with placement providers for representatives to participate as selection panel members. They are given a briefing by the admissions tutor that includes equality and diversity training, if required (27-28, 80, 107).

Service users confirmed that they participate in formulating questions and scenarios to be used for student selection and they are not involved in face-to-face interviews (23, 27-28, 64-65, 80, 107, 115).

The university carries out health and character requirements, including occupational health and DBS checks on admission to the programmes being monitored. This was confirmed by students who told us policies are in place to support this process. The information is shared with placement providers prior to students commencing practice placements (22, 27, 73, 82-85, 87-88, 93-94, 97).

There is a policy for the management of students who are under 18 years of age at programme commencement to protect students and the public. Academic staff and placement providers confirmed that they understand and implement the policy, as required (26, 66, 71-72, 74-75).

Pre-registration midwifery

Placement managers and academic staff described their involvement in student selection. Academic staff complete equality and diversity training as part of their induction to the university and complete mandatory updating (35, 65, 72).

The admissions lead informed us that all practitioners invited to join interview panels are required to confirm that they have completed equality and diversity training and, if necessary, they must complete the online training provided by the university (66, 72, 74-75, 107, 115).

Return to practice midwifery

We found that students are offered an interview upon receipt of personal statement, submission of references and confirmation that they have a placements' sponsor (52, 90-92, 109).

Interviews for a place on the programme are, where possible, conducted jointly between the programme lead and a trust representative who is normally the key contact that the applicant has approached, or a delegated contact from within the maternity services. Where the intended sponsoring NHS provider is remotely located, selection may be a two-stage process, with a local interview conducted by the sponsoring trust, followed by a university interview. We were told that the sponsoring NHS provider carries out an enhanced DBS check and occupational health clearance before confirming acceptance of the applicant (90, 92).

We confirmed that the university checks for evidence of the applicant's previous NMC registration, and verifies that they have met requirements for numeracy and literacy (90-91, 93-94).

We were told that all students meet with the LME after they have received the application pack from the NMC. An assessment of the learning needs of the student is undertaken by the programme lead, including the number of practice hours required to be completed by the end of the programme and the requirements necessary for re-admission to the register (72, 90-94).

We conclude that the admissions process meets NMC requirements. There are adequate safeguards in place to prevent unsuitable students from entering the pre-registration midwifery programmes and the return to practice midwifery programme.

<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>We found that the university has clear policies and procedures for raising and escalating concerns about a student's conduct which includes any fitness to practise issues. The university reported that fitness to practise procedures had been used once during 2016-2017 which did not relate to pre-registration midwifery students or students undertaking the return to practice midwifery programme (16, 21, 24-25, 41-42, 63).</p>
<p>What we found at the event</p>
<p>AEI staff confirmed they follow agreed procedures to address issues of poor student performance, and we saw examples of support provided to failing pre-registration midwifery and return to practice students (72, 76, 100, 110, 116).</p> <p>All students confirmed that they know about and understand the importance of fitness to practise, and other related, procedures, including those related to academic performance and professional behaviour. Information is provided for students within programme handbooks and on the university intranet (73, 82-83, 85, 87-88, 93-94, 97).</p> <p>The university requires that health and character forms are signed and completed at all appropriate progression stages and on completion of the programme, and full record keeping of compliance is undertaken (72-73, 76, 110).</p> <p>The LME demonstrated robust and transparent processes for signing students off for admission to the NMC register which includes declarations of health and conduct made by students on programme completion, which is compliant with NMC requirements (69, 104).</p> <p>Programme staff confirmed that they understand and follow processes to ensure that all outcomes are achieved within a progression point period and that the 12-week period is used only in exceptional circumstances (30-34, 52-53, 72, 108-109).</p> <p>Pre-registration midwifery</p> <p>We saw an example of a fitness to practise investigation relating to a pre-registration midwifery student which demonstrated that the university policy is followed and is robust. We confirmed that fitness to practise data is evaluated and shared at faculty level to identify any lessons learnt (6, 24-25, 41, 67).</p> <p>Our findings conclude that the university's procedures address issues of poor performance in both theory and practice for the pre-registration midwifery</p>

programmes and the return to practice midwifery programme.
Risk indicator 2.1.3 - 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
We found that the university has a clear policy and procedures to manage accreditation of prior learning (APL) (29).
What we found at the event
We were informed that the APL policy and process is not used within the pre-registration midwifery programmes or the return to practice midwifery programme (72).
Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
We saw documentary evidence that procedures are in place for mentors and sign-off mentors to address issues of poor performance in practice (21, 24-25, 41-42, 122).
What we found at the event
The practice assessment documentation used by pre-registration midwifery students and return to practice midwifery students includes processes for managing failing students in practice. This involves the sign-off mentor and the link lecturer who develop and implement an action plan, as required. If necessary, the formal fitness to practise process can be initiated (33, 72, 74-75, 110, 114). A cause for concern flow chart is available in the mentor portfolio to inform on the reporting process and student handbooks provide details of the conduct expected of students in practice placements (114, 121, 129). We were told by mentors, members of the education teams and students that they have a clear understanding about the procedures that will be followed if poor performance of students in practice is identified. They gave examples of how the process was implemented to address poor student performance or inappropriate

behaviour. They confirmed that issues are identified early and acted upon with the involvement of the link lecturer and/or personal tutor. They have confidence that issues are thoroughly investigated, as required (73, 81-88, 92-97).

We found service managers, practice and sign-off mentors are confident in using the processes for raising and escalating concerns about students' performance and the fitness to practise process. They report that university lecturers are responsive and provide good support when concerns are raised. They are confident that actions taken ensure that the public is protected (66, 81-88, 92-97).

We conclude from our findings that practice placement providers have a clear understanding of, and confidence to, initiate procedures to address issues related to students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

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

We found evidence of partnership working between the university and service providers at strategic and operational levels (2, 14, 17).

The university has a memorandum of agreement with the University of Birmingham to collaborate in the management of shared placements. This agreement covers educational audits, assessment of risks following CQC inspections and joint responsibility for exceptional reporting to the NMC (50).

The university led a partnership working group with other AELs to carry out a thematic analysis of CQC inspections carried out in the West Midlands, and developed shared approaches to managing the quality of placements and improving surveillance (14).

The faculty has systems in place which ensure that patient and student safety is at the forefront of any action plans arising from adverse practice learning, clinical governance, and risk issues requiring joint action. Quality of placements is monitored and managed through a LEAF which establishes lines of communication with each individual placement provider. The quarterly meetings consider intelligence derived from service reconfigurations, student evaluations, concerns raised and escalated by staff, external inspection activity such as CQC, educational audits and regular checks made on mentor registers. The LEAF meeting is chaired by the faculty lead for practice quality and attended by the deputy chief nurse, or designated representative, and the educational lead from the placement providers. LEAF reports directly to the head of school. It has a remit to carry out risk assessments and to decide whether students need to be removed from placements and to formulate action plans to address the trigger points identified (18-19).

We found that the university has exceptionally reported all serious concerns and incidents to the NMC in line with the NMC QA framework. In 2016-2017 five exceptional reports were submitted to the NMC following a succession of CQC inspection reports. On each occasion the university demonstrated joint working with NHS placement partners in providing robust action plans, where appropriate, and actions and deadlines for completion are clearly stated (15, 17).

What we found at the event

The education commissioner and practice placement managers confirmed that all adverse clinical risks are communicated in a timely way to the university either through direct contact with the university or through strategic joint meetings such as the LEAF meeting (19, 66, 70).

Senior academic staff and placement managers described robust surveillance mechanisms in place to ensure that practice placements are monitored and placements would be withdrawn from the placement circuit and reintroduced, where necessary. We were given details of where a student had been withdrawn from a practice placement but this related to shortage of office accommodation and the student was located elsewhere. We found that collaboration between education and

practice placement providers is supported and structured by agreed service level agreements (66, 70, 81-88, 93-94, 96).

NHS providers supporting return to practice midwifery students confirmed that the university always checks on the outcomes of CQC inspections, mentor registers and educational audits before agreeing to enrol students (89, 92-96, 116). The programme lead confirmed that prior to allocating students at a distance, checks are made that the placement supporting the student has a current and satisfactory educational audit and is not subject to current or recent CQC inspections that have raised concerns (90, 92, 113). We saw examples of action plans which had been formulated at LEAF in collaboration with remote placement providers and the programme lead confirmed that risk assessments had taken place before confirming support for return to practice midwifery students (17, 90, 92).

We confirm that educational audits of practice learning environments are understood, and evidence confirms they are carried out according to established processes to verify the validity of a safe practice learning environment and meet NMC requirements. We concluded that actions arising from educational audits are reported, reviewed and completed and the overall monitoring of the process is undertaken at LEAF meetings (19, 33, 39, 85-86, 106).

Programme leads confirmed that mechanisms through LEAF ensure that all clinical governance and risk issues in placement settings are made known to the university in a timely way (49, 66, 72).

Sign-off mentors and practice placement staff described the raising and escalating concerns policy and told us they are confident to follow the policy. They told us they receive good support from academic staff when supporting students who had raised a concern. They gave us examples of concerns that had been raised and we concluded that the policy and processes had been followed (66, 82-86, 96).

Pre-registration midwifery

We visited Birmingham Women's NHS Foundation Trust and Sandwell and West Birmingham Hospitals NHS Trust which had been rated by the CQC as requires improvement and had been exceptionally reported by BCU to the NMC. We found that midwifery managers, academic and practice staff are aware of the action plans implemented in response to concerns raised in the CQC reports and are involved in ongoing reviews to ensure that issues identified are resolved. We were told that the action plans are reviewed at both the LEAF meeting and at strategic placement meetings within the trust (66, 72, 74, 81-88).

Return to practice midwifery

We found that pre-registration midwifery and return to practice midwifery students are able to describe the process for raising and escalating concerns which arise in practice and know where to find the policy. Students could identify the members of both academic and practice staff who would support them if they were to raise and escalate a concern. They gave two examples of when concerns about care had been escalated. Students confirmed that they had been supported in writing statements.

We found evidence that each case had been investigated and managed successfully as per policy guidelines and the outcome was fed back to the students (73, 81-88, 93-97).

We conclude that there are effective partnerships between education and service providers at all levels and with AEs who use the same practice placement locations.

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 NMC approved programmes which gives guidance to academic staff about how they can be involved. In addition, the faculty has developed a policy for the preparation and induction of service users which includes processes to ensure their safety and wellbeing. This has been further developed by establishing a service users group across the faculty to ensure that professional groups have opportunities to learn from each other and share best practice (2-4, 23).

What we found at the event

We met with several service users and carers who described their involvement in pre-registration midwifery education. This included the preparation of materials for a selection of students and sharing their stories with student midwives (80).

One service user described her involvement on the pre-registration midwifery programme board and that she had provided feedback on programme development. She also contributes to sessions on the programme regarding the support for vulnerable women and perceives that the sharing of experiences enables students to understand service user and carer perspectives. The service users confirmed that they feel appreciated by the programme team and that their views have been considered in programme evaluations and development (73, 80, 117).

Pre-registration midwifery

Students confirmed that they complete case studies throughout their programmes which provide good opportunities to ask questions and learn about service user journeys (73, 82-83, 87-88).

Students told us that service users contribute to some aspects of the delivery of the programme including experience of bereavement, cardiac conditions and care of vulnerable women. They felt this enhances aspects of their learning by providing the user perspective (73, 117).

We confirmed that service users had completed feedback about care provided by students in their practice placement portfolios. Students told us that their mentors approach the women (and their partners where appropriate) for feedback and they value this approach and the feedback (76-77, 101, 111, 114).

Students and academic staff confirmed that practitioners are involved in programme delivery. They provide a range of specialist learning experiences for students that includes maternal diabetes, breast feeding initiatives, mental health and substance misuse (44, 117).

We confirm that service users and carers are engaged in programme delivery, and evaluation of students' performance is an integral component of the assessment of practice (43, 72, 76, 89, 117).

Return to practice midwifery

Sign-off mentors and students confirm that feedback to students from service users and carers is not formally organised and is variable (93-97).

We were given several examples of contributions made by service users and carers and practitioners to the delivery of theory in the pre-registration midwifery programmes. Return to practice midwifery students have opportunities to access these sessions, however, these are not timetabled for all students. There is limited evidence of formalised involvement of service users and carers in the programme and this requires improvement (44, 93-97).

We conclude from our findings that practitioners and service users and carers are involved in all aspects of the pre-registration midwifery programmes. However, the involvement of service users and carers in the return to practice midwifery programme requires improvement.

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

What we found before the event

The faculty has policies to ensure that academic staff maintain involvement in practice and provide support for students. Midwifery teachers fulfil the role of link lecturers and are responsible for carrying out educational audits in partnership with practice representatives (35, 42, 53-54).

Midwifery teachers attend a tripartite meeting with student midwives and sign-off mentors to discuss the sign-off mentor's assessment of the student's competency (2-4, 108).

What we found at the event

<p>Academic staff described their role in practice and told us they regularly visit their link placement areas, take the lead at mentor updates within the trust, participate in tripartite assessment of practice and are available to support practice staff who raise concerns about students. This was confirmed by practice staff who told us that there are excellent links with the midwifery academic staff. They could name their link lecturers and are confident in contacting them, if required (33, 72, 74-75, 82-84, 87-88, 93-94, 97).</p> <p>Students told us that they are allocated to a personal tutor who is also their link lecturer. They confirmed that their personal tutor attends the final tripartite sign-off meeting with their sign-off mentor. In the rare circumstance that the personal tutor cannot attend, all students confirmed that another midwifery lecturer would deputise. We verified this process when reviewing completed practice placement profiles and records of placement visits (76, 82-83, 85, 87-88, 93-94, 97).</p> <p>Return to practice midwifery</p> <p>We confirmed that remote placement areas are confident that they can contact the programme lead with any queries and that these are responded to in a timely manner. In non-remote areas we found that students and sign-off mentors are aware of the link lecturer and contact information is provided on placement notice boards. The link lecturer is actively involved in: supporting students who may require an action plan for additional support in practice placement; undertaking educational audits; and, contributing to sign-off mentors' updates (90, 93-94, 96-97).</p> <p>We conclude that academic link lecturers and other midwifery academic staff effectively support pre-registration midwifery students and return to practice midwifery students in practice placement settings.</p>
<p>Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>We found that the faculty has systems in place to select, prepare, monitor and update mentors, sign-off mentors and practice teachers. Live records of mentors are held by the placement providers and are reviewed by the university at six-monthly intervals (2-3, 18-19, 59, 120-122).</p>
<p>What we found at the event</p>
<p>Senior managers in placement provider organisations and the HEEWM education commissioner confirmed that the university and placement partners statement of compliance (2105) is still in force, and gives assurance that sufficient prepared and</p>

updated mentors are available to support the allocated numbers of students for the pre-registration midwifery programmes and the return to practice midwifery programme (19-20, 49, 65-66, 70, 99, 101).

Midwifery managers and practice placement managers told us there is a commitment for midwives to commence a mentor preparation course at the end of their preceptorship programme which ensures there is a continuous pool of midwives who are appropriately prepared for their role in assessing practice. This was confirmed by practice mentors and evidenced within the mentor registers (66, 82-84, 87, 93-96).

Mentors and placement managers told us that there are effective systems in place to provide ongoing support for mentors and sign-off mentors. This includes regular newsletters which provide information about triennial review, practice assessment, educational audit activity and mentor updating opportunities. In addition, mentor handbooks contain information about: pre-registration midwifery programmes; the return to midwifery practice programme; policies relating to fitness to practise and raising and escalating concerns; and, contact details of key staff (40, 66, 82-84, 87, 93-96, 122).

Sign-off mentors told us that they are enabled to attend an annual mentor update as part of their trust mandatory training. They are facilitated to complete their triennial review paperwork at each mentor update which ensures that all sign-off mentors are up to date at the end of the triennial period. We were shown examples of triennial paperwork to aid completion of this NMC requirement (40, 66, 81-88, 93-96, 120).

External examiners' reports confirm that sign-off mentors understand and comply with the requirements for practice assessment and complete practice assessment documentation appropriately (57-58).

Sign-off mentors told us they feel confident to complete the practice assessment documents and gave examples of how they make decisions about a student's level of competence in the pre-registration midwifery and return to practice midwifery programmes. This was verified through completed practice placement profiles and ongoing achievement records from a sample of students at all stages of the pre-registration midwifery programme (40, 66, 76, 82-84, 87, 93-97, 110).

We conclude from our findings that mentors and sign-off mentors are properly prepared for their role in assessing practice.

Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students

What we found before the event

Documentary evidence confirms that mentor registers are maintained by the placement providers and are managed by the education teams, who check to ensure

sufficient mentors and sign-off mentors are available to support the planned student numbers allocated to practice placements (18).

The university confirmed that the number and type of practice learning environments are sufficient to accommodate and support students' learning, and assessment of competence (1).

What we found at the event

Senior academic staff and practice placement providers told us that practice placement providers are required to submit a mentor register declaration form to the university at six monthly intervals (August and February). This declaration requires confirmation that there are sufficient and sustainable up to date practice staff who meet the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) to adequately support the number of students undertaking NMC approved programmes provided by BCU (18, 64, 66).

The mentor register declaration is reviewed by the faculty placement team and triangulated against capacity identified in completed educational audits and the planned student allocation schedules to ensure sufficient 'live' mentors are available to support the students. Any concerns raised are escalated to the head of school who then consults with the director of nursing for the relevant practice placement provider (64, 66, 81, 86, 116).

We viewed records of mentors within each practice placement organisation we visited. We confirmed the mentor registers are accurate and up to date and contain records of all essential data which provides assurance that mentors are up to date. There is a colour coding system which ensures students are assigned to appropriate and adequately prepared sign-off mentors (81, 85-86, 89, 96, 113).

Senior staff in practice placement organisations confirmed that changes resulting from service reconfigurations are communicated to the university in a timely way to enable effective management. The faculty lead for practice quality and heads of department have regular contact with strategic leads within placement providers. The LEAF provides a forum for identifying placement areas likely to have staff changes as a result of service reconfigurations (18-19, 49, 51, 66).

Our findings confirm that the university has systems in place to ensure that only appropriate and adequately prepared mentors/sign-off mentors are assigned to students.

Outcome: Standard requires improvement

Comments:

Practice learning 3.2.1

The return to practice midwifery programme does not demonstrate formal organisation of service user and carer involvement in the programme development or delivery. The university is required to improve service user involvement in the return to practice midwifery programme.

Areas for future monitoring:

- Service user and carer involvement in the return to practice midwifery.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

We found documentary evidence that the pre-registration midwifery programmes and the return to practice midwifery programme are mapped against the relevant NMC standards (3-4, 7, 108-109).

What we found at the event

We found that the documentation for the pre-registration midwifery programmes and the return to practice midwifery programme identifies learning and teaching strategies and student support to enable students to achieve NMC outcomes and competencies at progression points and for entry to the register (108-109).

We confirmed that students on all programmes being reviewed are provided with programme handbooks and have access to an online virtual learning site 'Moodle' which provides: information relating to the programme; access to learning materials; guidance for caseload management; and, opportunities for inter-professional learning (37, 72, 82, 84, 87-88, 114, 129).

An online 'ARC' placement information site, managed by the faculty placements team,

provides information about placement allocations; placement profiles; and, also provides an interface for students to complete placement evaluations (48, 106).

All students confirmed that they can monitor their progress and further development through formative and summative assessment processes and feedback systems that include regular meetings with their personal tutor (73, 82-83, 93-94).

Our findings confirm that programme annual reports are comprehensive and provide evidence that programme providers collect, analyse and report appropriate information/data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities (52-53, 67).

All successful students, completing the midwifery programmes, are seen by the LME and information about maintaining professional registration is provided (67, 104, 116).

Pre-registration midwifery

Students described a range of teaching and learning methods that are used across the programmes, including simulated learning in the skills laboratories. We confirmed that teaching and learning content and practice experiences are diverse and fulfil all NMC competencies and standards. Completion of practice assessment documentation by sign-off mentors enables both formative and summative feedback (53, 57, 72-73, 76-77, 82-83, 87-88, 108, 118).

Students told us there has been some confusion about the programme expectations in relation to caseloading. The programme teams have responded to this with an action plan through which the guidelines for caseload management have been reviewed and improved; an online Moodle-based support site has been provided; and, academic staff provide improved guidance through briefings at progression points and reflection during personal tutor meetings. We confirmed that students are able to meet the minimum requirements for caseloading experience. This was verified by completed caseload documentation that was viewed during the visit and was confirmed in external examiner reports (46, 53, 57, 67, 73, 77, 98, 118, 130).

Students studying the 36-month pre-registration midwifery programme told us that mandatory training occurs in the university at the beginning of the first year. We were informed that previous cohorts had to arrange subsequent mandatory training in their relevant trust, however, this has now changed. We saw evidence of timetabled mandatory skills training at the start of each progression point prior to placement. Students from the shortened programme told us that most of their mandatory training occurs in the university but some is arranged in the trust. Mandatory training in the trust is dependent on availability of sessions, which has caused a delay for some students. However, we are assured that all students have access to mandatory training which adequately prepares them for practice placements (46-47, 67, 73, 129, 131).

We found that attendance is monitored in theory and practice. Any shortfalls in meeting NMC and EU requirements are addressed through adjustment in placement hours, and students are required to make up any theoretical time by completing a learning activity which is recorded and submitted to the programme lead (34, 67, 70,

114, 116, 130).

Our findings conclude that learning, teaching and assessment strategies in the 36-month pre-registration midwifery programme enable students to meet the required programme learning outcomes at progression points and the NMC standards and competencies for entry to the NMC register.

Students studying the shortened pre-registration midwifery programme told us about the intensity and demands of the programme on their workload particularly having to complete an extra 150 hours of CPD in their own time. We asked the programme team to clarify why they had to complete the 150 hours and were informed that this was to rectify the shortfall in hours to comply with EU directive (2005/36/EC 'on the recognition of professional qualifications' as amended by the Directive 2013/55/EU) (73, 78).

We confirmed the shortened pre-registration midwifery programme is approved for 2850 hours and the deficit of 150 hours is achieved outside of the programme schedule (3, 73, 108). We found that the university's strategy in response to the amended EU directive is for students to complete and log the additional 150 hours in their own time. The amendment to the programme hours had not been approved by the NMC (78-79, 108, 123).

We viewed documentation which requires students on the shortened programme to maintain their NMC registration on part one of the register during the programme; failure to do so would result in the student being interrupted from the programme until the registration was renewed, or failure to re-register would result in discontinuation from the programme. We explored whether this was a contractual requirement with employers as this is not a NMC requirement and found this was not the case (78, 123-126).

Return to practice midwifery

We saw examples of individual student experience pathways. Students and academic staff described the process of identifying the students' prior learning and experience and taking it into account to provide a foundation on which they can meet programme outcomes and NMC competencies (72, 90-91, 93-94, 97).

Students confirmed the use of simulated learning, particularly during the introductory six days. Fifty percent of the programmed sessions take place with return to practice nurses, but due regard is applied when applying the content of the session to the midwifery context (72, 90, 93-94, 97, 129).

Students are aware of opportunities for joining sessions with the pre-registration midwifery students but reported that these are often difficult to attend due to an overlap of timetables (93-94, 97).

Student feedback identifies that they find the shared learning valuable and appreciated the opportunities to develop and to rehearse skills within the clinical simulation environment in preparation for practice placements (52, 110, 119).

The programme lead confirmed that students receive guidance and are aware of

revalidation requirements through briefings, email correspondence and programme content. Students told us that their programme enables them to meet all NMC outcomes and that they are prepared for and understand future revalidation requirements (90, 93-94, 97, 129).

We conclude that learning, teaching and assessment strategies in the 36-month pre-registration midwifery and the return to practice midwifery programmes enable students to meet the required programme learning outcomes at progression points and the NMC standards and competencies for entry to the NMC register.

Students enrolled on the shortened pre-registration midwifery programme are not completing the required hours of theory and practice within the programme to comply with the amended EU directive. The university must implement an urgent action plan to review the shortened pre-registration midwifery programme hours to ensure that EU requirements are met within the programme of study. In addition, the university must clarify the purpose of the statement whereby students are required to maintain their registration on part one of the NMC register as this is not a NMC requirement.

Risk indicator 4.2.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

We found that documentation and student support enables students to achieve NMC learning outcomes and competencies at progression points and for entry to the NMC register. We found the essential skills and competencies and EU directive requirements are identified in the assessment of practice documentation (3-4, 7, 109-110).

External examiner reports identify that the assessment strategy is appropriate for the programme being monitored, that marks awarded are consistent and that the standard of feedback is good (57-58).

What we found at the event

Pre-registration midwifery

We confirm that practice assessment documentation clearly demonstrates the practice competencies which must be achieved by students studying the pre-registration midwifery programmes. Quantitative practice requirements are clearly identified within the ongoing record of achievement and practice assessment profile (76, 87-88).

Students and sign-off mentors confirmed that they understand their responsibilities and the process involved in signing off practice competencies and grading midwifery practice. We met with students enrolled on the shortened programme who were in their first week of placement and they were able to explain the practice assessment requirements and process to us. Sign-off mentors confirmed they are confident in signing off students' competence at the point of registration (73, 81-88, 93-94, 97).

The placement plan for both programmes demonstrates that students engage with a wide range of practice learning experiences. Third year students told us that they have experienced a wide range of practice placements although some students have yet to complete a placement in a low risk midwifery led birth unit. They confirmed that they would have this opportunity later in the year. Students confirmed that sign-off mentors facilitate their learning and assist them to gain the experiences they need to successfully complete the programme (73, 83-84, 87).

Midwifery managers informed us that most students are employed by their placement trust on successful completion of the programme and NMC registration. They told us they are confident in employing BCU midwifery students, subject to trust selection policies and procedures. We were told that the rate of employment for students completing the programmes is 98 percent (64, 67, 70, 82, 84, 87-88, 94, 96).

Return to practice midwifery

We found that an individualised bespoke practice experience programme is provided for return to practice students and that this is formulated by the programme lead based on an individual assessment of the student's prior learning and experience. (72, 90-91). Students and sign-off mentors confirmed this and we saw examples of individual programme plans (72, 90-91, 93-97).

Students and sign-off mentors confirmed that strategies for learning and support in practice are effective and aid the development of competence in preparation for completing the programme and returning to the register (94-95).

The professional practice portfolio (PPP) is a comprehensive document that is explained in detail to the students before they commence practice placements (90, 94, 110).

Students and sign-off mentors confirm their understanding of, and demonstrate appropriate use of, the PPP (72, 90-91, 93-94, 97). The sign-off mentors confirmed that preparation to use the PPP is provided by the programme lead who continues to check and clarify any issues after students commence placements. Sign-off mentors acknowledge that return to practice midwifery students are well prepared in the understanding and use of the PPP (65, 72, 90-91, 93-97).

Practice assessment documentation confirms that the assessment of the student is achieved through a two-part practice portfolio. Achievement is assessed by an appropriately prepared sign-off mentor, supported by a professional midwife advisor (PMA) (67, 90, 110).

Senior practice managers and the education commissioner confirmed that students

who successfully complete the programme are able to practise safely and effectively (64, 70).

Our findings confirm that audited practice placements enable students to achieve all required practice learning outcomes in accordance with NMC standards for the pre-registration midwifery programmes and the return to practice midwifery programme.

Outcome: Standard not met

Comments:

Students enrolled on the shortened pre-registration midwifery programme are not completing the required hours of theory and practice within the programme to comply with the amended EU directive. The university must review the programme hours to ensure that EU requirements are met within the programme of study.

In addition, the university must clarify the purpose of the statement whereby students are required to maintain their registration on part one of the NMC register as this is not a NMC requirement, and ensure that this is clearly communicated to students.

The university implemented an action plan to review and modify the shortened pre-registration midwifery programme hours to ensure that all hours in theory and practice are met within the scheduled programme. The action plan also required the university to consider whether students on the shortened pre-registration midwifery programme are required to maintain their registration on part one of the NMC register.

31 May 2018: Follow up Documentary Evidence from Birmingham City University. Standard now met

31 May 2018: A review of the evidence confirms that all students enrolled on the shortened pre-registration midwifery programme are completing the required hours of theory and practice to comply with the EU directive (2005/36/EC amended by Directive 2013/55/EU) within the programme.

The university reviewed the additional 150 programme hours required for current students in the September 2016 cohort of the shortened pre-registration programme. Support and monitoring mechanisms by personal tutors were revised and culminated in the final verification that 3000 hours in theory and practice have been achieved by all individual students. Rigorous checking that the programme hours are met have been completed by the LME and the final award assessment board.

For students who commenced the programme in September 2017 an internal minor modification to the programme has been completed to ensure the approved programme hours equate to 3000 hours in theory and practice. This minor modification has been approved by the NMC. The structure of the shortened pre-registration midwifery programme is now compliant with the 3000 hours required by the EU directive (2005/36/EC amended by Directive 2013/55/EU).

This compliance has been achieved through agreement for additional funding for the programme from HEEWM; changes to individual student contracts by the three individual NHS trust employers; consultation about the revised programme structure

with agreement from the pre-registration midwifery students; and, consultation and agreement about the revised programme structure from the designated programme external examiners.

In addition, the university confirmed that it is not a university requirement for students undertaking the shortened pre-registration midwifery programme to maintain their registration on part one of the NMC register. The university carried out consultation with the three midwifery placement providers and confirmed that employment contracts require that students maintain their registration on part one of the NMC register and this is checked through NHS trust performance review and human resources processes. A definitive statement has been communicated by the university to all students undertaking the shortened pre-registration midwifery programme.

The key risks are now controlled and the NMC Standards are met.

Evidence to support completion of the action plan:

- Process mapping for September 2016 cohort, November 2017
- Correspondence with commissioners regarding funding requirements for September 2017 programme changes, 8 December 2017
- Agreement with placement providers for a programme extension for the September 2017 cohort, undated
- Definitive policy and statements concerning the requirements of employers that students maintain part one NMC registration, and information provided to all students, December 2017
- Revised programme plan to meet 3000 programme hours requirement for entry to the part two of the NMC register (18-month programme) Contained in revised programme handbook, 2017-2018, undated
- BCU internal completion of all minor modification procedures, 1 December 2017
- Confirmation of NMC approval of minor modification to shortened pre-registration midwifery programme, 14 December 2017
- Email to September 2017 student cohort notifying them of changes to programme schedule, 16 November 2017
- Confirmation of student consultation meetings held on 7 November 2017
- Correspondence with external examiners, 13 November 2017
- Summary of pre-assessment board checks for individual student's achievement of NMC requirements for registration, 21 May 2018
- Minutes of BSc (Hons) midwifery assessment board, 22 May 2018
- Letter from pro-vice chancellor and acting head of school/LME to confirm final checks were made for September 2016 cohort for shortened pre-registration

midwifery programme prior to professional and academic award, 29 May 2018

Areas for future monitoring:

- Students on the shortened pre-registration midwifery programme meet the required 3000 hours of theory and practice to comply with the EU directive (2005/36/EC 'on the recognition of professional qualifications' as amended by Directive 2013/55/EU).

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

We found that students and practice placement providers have a range of opportunities to provide feedback and to evaluate all aspects of the pre-registration midwifery programmes and the return to practice midwifery programme (2, 19, 43, 52-53, 60, 105).

What we found at the event

We found that evaluation systems operate consistently, use a diverse range of data sources from theory and practice, and provide appropriate reporting and dissemination of findings to all key stakeholders, including students and practice placement staff, to enhance programme delivery (2, 19, 43, 52-53, 68, 100, 105).

All students told us that placement evaluations are undertaken electronically in the university for each placement area. Practice placement staff confirmed that they receive feedback from placement evaluations and that any issues raised by students are followed up. Students gave examples of the programme team's response to their evaluations, for example the need for an orientation for students on the first day of the practice placement which was addressed by providing an 'orientation hour' and also the request to have timetables, in year one of the programme, in advance of sessions, which was resolved (60, 73, 82-83, 85, 87-88, 93-94, 111-112).

We found that programme leads complete annual reviews using a range of data

sources and the reviews contain evidence of actions and outcomes on programme evaluation, student feedback and evaluation and external examiner reports (52-53).

Students are open in identifying areas in need of improvement and told us about difficulties with attendance tracking, caseload management and the quality and consistency of information sometimes provided by the programme team. We saw confirmation that these issues are being addressed through clear action plans, each with review and completion dates (46 48, 52-53, 68, 73, 82-84, 87-88, 105-106, 128).

We were informed that the LME has established listening groups with planned sessions to receive and to provide feedback about progress made in response to any students' concerns. We confirmed that these are well attended and that students have been involved in formulating any action plans arising from students' concerns (68, 105).

We found that some of the programme documentation, specifically the practice placement portfolio, contains reference to statutory supervision and the supervisor of midwives. As this legislation has now been removed, practice documentation needs to reflect the changes to the legislation and all reference to statutory supervision must be removed (76).

The university has a comprehensive range of internal QA systems to ensure achievement of both academic and practice outcomes. The academic and professional awards are confirmed at final assessment boards and are commensurate with the awards approved conjointly by the university and the NMC (31-32, 68, 103).

The LME demonstrated accurate and up-to-date records of external examiners which confirms that the university ensures external examiners' professional currency and eligibility requirements are met, including for NMC registration and revalidation (61-62).

External examiners' reports confirmed the quality of theory and practice based learning and the achievement of students undertaking the pre-registration midwifery programmes and the return to practice midwifery programme. Any issues raised by external examiners are responded to directly by the programme lead and, if necessary, are clearly actioned within programme reviews (52-53, 57-58, 68).

Our findings conclude that the university had initiated the process to make changes to the shortened pre-registration midwifery programme to comply with EU directive (2005/36/EC 'on the recognition of professional qualifications' as amended by Directive 2013/55/EU). However, this was not effectively followed up or concluded through the established NMC modification process. The university must implement an action plan to review its internal quality assurance processes to ensure that proposed modifications to NMC approved programmes are effectively followed up and concluded to meet NMC requirements.

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

We found that concerns policies and processes are clearly articulated and enhanced by a flow chart. The processes provide guidance and support students who raise a concern or complaint and for staff involved in handling complaints or supporting students and/or placement staff (21, 45).

What we found at the event

We found documentary evidence to confirm that the university has robust policies and procedures for managing complaints (2, 45, 100, 102).

We found that 18 complaints were raised by pre-registration midwifery students in 2016-2017; seven complaints related to the quality of mentorship and 11 related to concerns about patient care. Academic staff described how these concerns were managed and confirmed that students are always provided with the outcomes of any investigations. All outcomes are reported to LEAF which is monitored by the faculty lead for practice quality, who ensures that timely, appropriate, and proportionate action is taken on concerns or complaints raised in practice learning settings (18-19, 68, 72, 100).

Midwifery managers and practice placement staff told us that there are clear policies and procedures available to enable students to raise a concern or complaint in practice. Examples were provided to demonstrate how students' concerns had been managed by the trust in line with raising and escalating concerns and complaints policies (68, 74-75, 81, 85).

All students told us that they feel confident to raise a concern in practice and gave examples of concerns they had raised and how academic and placement staff had resolved the concern (82-84, 87-88, 94).

We found sign-off mentors are confident in using the concerns and complaints procedures and in supporting students, and gave examples of concerns which had been followed up (73, 82-84, 87-88, 93-94, 97).

We were told that feedback from external examiners' engagement and reporting of assessment in practice is provided annually within programme reviews, at annual quality meetings within the faculty and directly to sign-off mentors by the education team within the trusts (68).

Our findings conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: Standard not met

Comments:

The university failed to follow up and conclude the modification to the programme hours in the shortened pre-registration midwifery programme to comply with EU directive (2005/36/EC 'on the recognition of professional qualifications' as amended by Directive 2013/55/EU).

The university must implement an action plan to review its internal quality assurance processes to ensure that proposed modifications to NMC approved programmes are effectively followed up and concluded to meet NMC requirements (5.1.1).

We found that some of the programme documentation, specifically the practice placement portfolio, contains reference to statutory supervision and the supervisor of midwives. As this legislation has now been removed, practice documentation needs to reflect the changes and remove all reference to statutory supervision (5.1.1).

31 May 2018: Follow up Documentary Evidence from Birmingham City University. Standard now met

31 May 2018: The university implemented an action plan to review and strengthen its internal quality assurance processes and to remove all reference to the statutory supervision of midwives from the programme documentation. A review of the evidence confirms that the university has clear mechanisms in place to ensure compliance with NMC requirements for programme modifications and follow up.

Systems and processes have been strengthened to control the risk which include clearly defining the role of the official correspondent in conveying changes in NMC requirements to programme teams and checking that appropriate actions have been completed. Regular staff briefings for all school academic staff are scheduled to disseminate NMC requirements which is supported by an online dedicated information resource. A flow diagram which provides guidance about NMC modification processes has been developed and provided to academic staff.

A review of the evidence confirmed that the pre-registration midwifery programme documentation no longer contains any reference to supervision of midwifery.

The key risks are now controlled and the NMC Standards are met.

Evidence to support completion of the action plan:

- Dissemination event for staff following NMC monitoring, 5 December 2017
- Schedule for 'NMC sharing and NMC ready' meetings with academic staff, February 2018 to July 2018
- Programme modification process map aide for staff, 2018
- Screenshot of quality assurance MOODLE SITE, 6 December 2017
- Clarification of the role of the official correspondent within the QA processes and programme monitoring, 31 May 2018
- Revised pre-registration midwifery programme handbooks, 2017-2018
- Revised pre-registration midwifery programme practice assessment

documentation, undated

Areas for future monitoring:

- The university recognises, initiates and follows up to conclusion any modifications to NMC programmes to meet NMC requirements.

Evidence / Reference Source

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29. *FHELS accreditation of prior (experiential) learning policy and procedures, 2013*
30. *BCU quality assurance handbook, 2010*
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32. *FHELS assessment board minutes, 2016-2017*
33. *FHELS standards for quality assuring and enhancing student academic and placement learning assessments, extract from quality assurance handbook, 2010*
34. *Department of midwifery daily record of placement attendance, 2017*
35. *FHELS staff development policy, 2010*
36. *BCU link to research pages and activity: <http://www.bcu.ac.uk/health/research>:
<http://www.bcu.ac.uk/health/research/research-activity/research-themes>*
37. *FHELS link to inter-professional learning opportunities <http://www.bcu.ac.uk/health/student-information/student-opportunities>*
38. *FHELS staff NMC PIN and revalidation record, 2017*
39. *BCU practice learning audit policy and template, 2013*
40. *Midwifery department mentor's newsletter, September 2017*
41. *FHELS determining unsafe practice, undated*
42. *FHELS preparing and supporting staff who support and assess students on placement, 2012*
43. *Pre-registration midwifery: examples of service user feedback, 2015 -2017*
44. *Pre-registration midwifery: record of practice partner contributions to midwifery programme, 2016-2017*
45. *BCU concerns and complaints procedure, undated*
46. *Online viewing of Moodle, 25 October 2017*
47. *South circuit induction power point presentation, 2016*
48. *BCU: ARC - placements on the web (POW) student user guide, screen shot, 2017.*
49. *BCU and University of Birmingham placement planning committee, terms of reference, 2015.*
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64. *PowerPoint presentation; overview of school provision and introductory presentation, 25 October 2017*
65. *Managing reviewer meeting with senior team to discuss resources, 25 October 2017*
66. *Managing reviewer meeting with senior team to discuss shared governance and practice placement partnership, 25 October 2017*
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68. *Managing reviewer meeting to discuss quality assurance, 26 October 2017*
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72. *Meeting with programme teams, pre-registration midwifery and return to practice midwifery, 25 October 2017*
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75. *Meeting with midwifery link lecturer for Birmingham Women's Hospital, Birmingham Women's and Children's NHS Foundation Trust, 26 October 2017*
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77. *FHELS sample of completed caseload documents, 36-month and 18-month pre-registration midwifery programme, all years, seen, 26 October 2017*
78. *Managing reviewer meeting with to discuss EU and NMC requirements for 18-month pre-registration programme, 26 October 2017*

79. NMC portal, Mott MacDonald request for minor modification event, screen shot, March 2017
80. Meeting with service users and carers, 25 October 2017
81. Pre-registration midwifery reviewer visit to City Hospital, Sandwell and West Birmingham Hospitals NHS Trust, education department. Meeting with nurse education team and midwifery clinical educators; review of mentor registers, rosters and educational audits, 25 October 2017
82. Pre-registration midwifery reviewer visit to City Hospital, Sandwell and West Birmingham Hospitals NHS Trust, delivery suite. Meeting with students and sign-off mentors, 25 October 2017
83. Pre-registration midwifery reviewer visit to City Hospital, Sandwell and West Birmingham Hospitals NHS Trust, Serenity midwife-led birthing unit. Meeting with students and sign-off mentors, 25 October 2017
84. Pre-registration midwifery reviewer telephone call with mentor from Birchfield Children's Centre, 25 October 2017
85. Pre-registration midwifery reviewer visit to Allen's Croft Children's Centre. Meeting with community matron: review of mentor registers, educational audits, 25 October 2017
86. Pre-registration midwifery reviewer visit to Birmingham Women's Hospital, seminar room. Meeting with deputy head of education quality, practice placement manager and community matron: review of mentor registers, duty rotas and educational audits, 26 October 2017
87. Pre-registration midwifery reviewer visit to Birmingham Women's Hospital, assessment and birthing centre. Meeting with students, sign-off mentors and clinical manager, 26 October 2017
88. Pre-registration midwifery reviewer visit to Birmingham Women's Hospital, post-natal wards 3 and 4. Meeting with students, sign-off mentors and clinical managers, 26 October 2017
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90. Return to practice midwifery reviewer meeting with programme lead for return to practice midwifery, 26 October 2017
91. Return to practice midwifery student journey case folders, 2016-2017
92. Management of remote placements for the return to practice midwifery programme, 2017
93. Return to practice midwifery reviewer telephone discussions with a student, sign-off mentors, preceptor lead and education lead, Nottingham University Hospital NHS Trust, 25 October 2017
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95. Return to practice midwifery reviewer telephone discussions with a practice educator Royal Berkshire NHS Foundation Trust, 25 October 2017
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99. BCU and placement partners statement of compliance HEEWM, 24 April 2015
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118. Students evaluation of modules, pre-registration midwifery various dates 2016-2017
119. Students evaluation of module, return to practice pre-registration midwifery, 2017
120. Schedules for mentor updates, 2017
121. FHELS mentorship portfolio, 2012
122. FHELS mentor's handbook, 2017
123. Department of midwifery: evidence required for Mahara ePortfolio and CPD hours log, 2016
124. E-mail correspondence from placement provider confirming requirements for maintenance of part one NMC registration and arrangements for checking, 26 October 2017
125. Correspondence from programme lead to 18-month pre-registration midwifery students confirming processes for revalidation, 25 February 2016

126. Department of midwifery: flow diagram showing how the department ensures that 18-month pre-registration midwifery students maintain part one NMC registration, 2016

127. FHELS raising concern about supernumerary status, undated

128. Online viewing of FHELS SharePoint system, 26 October 2017

129. Return to practice midwifery programme handbook, 2017-2018

130. Samples of pre-registration midwifery students and return to practice midwifery students files, all years, 2015-2017

131. Department of midwifery: schedule of mandatory training, years one, two and three of pre-registration midwifery programme, 2017

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 10 Oct 2017
Meetings with:
Head of school of nursing and midwifery Associate head of school of nursing and midwifery Faculty lead for quality assurance Lead for quality assurance, school of nursing and midwifery Lead midwife for education Programme lead for return to practice midwifery programme Programme lead for 36-month pre-registration midwifery programme Programme lead for 18-month pre-registration midwifery programme Educational commissioner Health Education England West Midlands (HEEWM)
At monitoring event
Meetings with:
Head of school of nursing and midwifery Associate head of school of nursing and midwifery Lead for quality assurance, school of nursing and midwifery Lead midwife for education Programme lead for return to practice midwifery programme Programme lead for three-year pre-registration midwifery programme Programme lead for 18-month pre-registration midwifery programme of school Programme lead for return to practice nursing programme Interim consultant midwife - Birmingham Women and Children's Hospital Nurse education team member - Sandwell and West Birmingham NHS Trust Nurse education team member - Sandwell and West Birmingham NHS Trust Practice placement manager - Birmingham Women and Children's Hospital Practice placement manager - Heart of England NHS Foundation Trust (HEFT) Practice placement manager - Heart of England NHS Foundation Trust (HEFT)

Meetings with:

Mentors / sign-off mentors	11
Practice teachers	
Service users / Carers (in university)	3
Service users / Carers (in practice)	
Practice Education Facilitator	9
Director / manager nursing	1
Director / manager midwifery	11
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	4 One consultant midwife One head of practice education Two practice placement managers Two midwives (recently studied return to practice midwifery programme)

Meetings with students:

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

Return to Practice Midwifery	Year 1: 3 Year 2: 0 Year 3: 0 Year 4: 0
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