

2013-14

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

Programme provider	Canterbury Christ Church University
Programmes monitored	Registered Nurse - Adult; Registered Midwife - 18 & 36M
Date of monitoring event	29–30 January 2014
Managing Reviewer	Janet James
Lay Reviewer	Gary Leong
Registrant Reviewer(s)	Carys Horne, Heather Bower
Placement partner visits undertaken during the review	<p>Canterbury Christ Church University, Medway campus and skills laboratory</p> <p>Medway Maritime Hospital, Medway NHS Foundation Trust, Milton ward, Byron ward and accident and emergency department. Gillingham, Kent Unit - birth centre, delivery suite, postnatal ward, transitional care unit</p> <p>William Harvey Hospital, East Kent Hospitals University NHS Foundation Trust, Ashford, Kent - birth centre, accident and emergency department, Cambridge K ward</p> <p>Medway Community Healthcare : Rainham adult integrated team</p>
Date of Report Publication	4 July 2014

Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation. We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

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

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

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

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

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement" When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers hold NMC recordable teaching qualifications and have experience /qualifications commensurate with role			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	Requires Improvement	Standard Not met
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Introduction to Canterbury Christchurch University's Programmes

Canterbury Christ Church University, Faculty of Health and Social Care has delivered a range of inter-professional programmes for several years which include nursing and midwifery. This monitoring review focuses on pre-registration nursing adult field and pre-registration midwifery, three year and 18 month shortened programmes. To date the programmes are reported as successful by students, mentors, employers and education commissioners.

There is partnership working with all practice placement providers to build placement capacity across the different fields of practice and in the joint development of new audit and placement evaluation tools. The university has invested in a new electronic practice education management system (PEMS) which will enable programme monitoring and evaluation data to be triangulated and shared with partners more effectively.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in Medway NHS Foundation Trust which was subject to adverse Keogh and Care Quality Commission (CQC) reports in July and October 2013.

Summary of public protection context and findings

Our findings demonstrate the university has robust and effective admissions and progression procedures to ensure students entering and progressing on the programmes meet NMC standards and requirements which is fundamental to protection of the public.

We found evidence that practice placement providers participate in the selection and admission processes for both nursing and midwifery. Their role is to inform judgements about the candidates' commitment to patients, understanding of care and compassion and to evaluate appropriate values and behaviours. All interviewers attend a preparation session and have equality and diversity training and the patient voices website is used for scenarios to trigger group discussions. Practice placement partners are confident that the interview process is appropriate for the selection of students with the appropriate values and attitudes for effective nursing practice.

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

A robust fitness to practise process addresses issues of concern whether academic, or professional misconduct. Examples of fitness to practise cases, and their outcomes demonstrate the rigour of the process in ensuring public protection.

There are sufficient mentors and sign-off mentors to support students in practice and all academic, practice staff and students are aware of the procedures to address issues of poor performance. Mentors, sign-off mentors, and practice placement facilitators (PPFs) have the opportunity to participate in the university's process for the moderation of

practice assessment which enhances the quality of the practice assessment process.

The students we interviewed reported that mentors and sign-off mentors discharge their role to a high standard and are well aware of the requirements of the assessment process including progression points and sign-off elements. These are important aspects of public protection.

Our findings demonstrate that the level of partnership working with all practice placement providers is excellent at both strategic and operational levels. We found evidence of this in the joint work undertaken to build placement capacity across the different fields of practice and joint development of new audit and placement evaluation tools. All of which enhance the student experience and serve to protect the public.

Students achieve the required learning outcomes and competencies at the end of the programmes.

Students told us that they felt confident and competent to practise and to enter the professional register. Patient testimonials also confirmed that students are caring, compassionate and skilled in practice. Mentors, practice managers, employers and the education commissioners all reiterated that students are fit for practice and for award on completion of their programme. This is a reassuring addition to the public protection agenda.

One of the main practice placement providers, Medway NHS Foundation Trust was subject to adverse Keogh and CQC reports in July and October 2013. Academic staff have worked effectively with clinical staff, both at strategic and operational levels to identify and control any risks to the protection of the public and the education of students. From the evidence provided we concluded that the NMC key risks are controlled in the delivery of the nursing and midwifery programmes. Measures are in place to ensure that students experience good role models and mentorship.

Summary of areas that require improvement

None identified.

Summary of areas for future monitoring

- The development of the academic in practice role.
- Review progress made in service user involvement in the programmes.
- Timely and appropriate assignment feedback for all students.
- The external examiner engagement with students and mentors (pre-registration nursing).
- Consideration of tripartite meetings for midwifery students at the end of each year to ratify the overall assessment of practice grade.
- The inclusion of a tripartite meeting at the end of each year in the pre-registration midwifery programme to discuss progress and ratify grading of practice.

Summary of notable practice

Practice Learning

A new educational audit tool has been designed with input from practice placement providers. It is multi-professional and based on criteria devised by both academic and clinical staff. The tool addresses issues identified in the Francis report (2013) and the lessons learned by other programme providers who have had to address adverse CQC inspection outcomes. The audit tool is worthy of wider dissemination.

PPFs and practice development midwives (PDMs) play a key role in preparing mentors and supporting students in practice. These staff displayed exemplary levels of professionalism and commitment to continuing to raise the standard of mentor preparation.

Fitness for practice

In the Rainham adult nursing integrated team the experiential approach to teaching the skill of leg ulcer bandaging is commended. It is effective and enlightening for students.

Summary of feedback from groups involved in the review

Academic team

We found the faculty to be very supportive of the nursing and midwifery programmes and the wider university has made substantial investments in a range of IT resources to enhance programme delivery. Plans are being developed to restructure the faculty with the aim of providing clearer lines of communication for stakeholders and enhancing the management and delivery of the programmes.

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

The mentors, sign-off mentors, PPFs and PDMs appeared without exception, extremely competent, effective and caring individuals. These qualities were evidenced to a very high standard. One example is that one of the PPFs has started a mentor's 'newsletter' and introduced a monthly 'marvellous mentor' award. Based on the feedback received from students, a mentor of the month is named and given a book token as an award. The book token is purchased by the organiser out of her own funds.

Students

We found that nursing students are articulate and objective in their feedback. They reported good quality teaching and learning and evaluate their practice learning experiences very positively.

Midwifery students are enthusiastic and positive about their programmes. Students on both the three year and 18 month programmes reported to us that lecturers are enthusiastic, easily accessible and supportive. Third year students confirmed they are well prepared for holding a caseload and for registration with the NMC on completion of

the programme. Most are planning to apply for a post in the trust where they have been working.

Service users and carers

We found evidence of indirect service user involvement in recruitment and direct involvement in teaching and the formative aspects of practice assessment for both nursing and midwifery programmes. However, there is scope for wider involvement in curriculum development and implementation.

Relevant issues from external quality assurance reports

Keogh reviews and Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning.

Medway Maritime Hospital, Medway NHS Foundation Trust :

Review into The Quality Of Care And Treatment provided by 14 Hospital Trusts in England: Keogh Report. July 2013.

The Keogh review identified the trust urgently needs a single, coherent quality strategy and action plan, supplemented by systematic staff training and roll out.

A number of urgent actions are required related to: improving the overall safety and experience of patients; reviewing staffing and skill mix to ensure safe care and improve patient experience; improving early senior clinical review of patients in some areas, particularly the emergency department; implementing a universal escalation protocol to rapidly identify patients at risk of deteriorating.

Medway NHS Foundation Trust – since April 2011 the trust has been in breach of its general duty to exercise its functions effectively, efficiently and economically and for its governance duty.

A new senior management team was appointed between April 2012 and September 2013. This included a new director of nursing and a medical director.

Medway NHS Foundation Trust: Key Findings and Action Plan Following Risk Summit. July 2013

Following a risk summit in July 2013 an extensive action plan was implemented.

Medway Maritime Hospital, CQC Inspection report. Maternity Services, Oct 2013. Action required in 28 days. Following a risk summit in July 2013 an extensive action plan was implemented.

CQC inspection of Medway NHS Foundation Trust in August 2013 reported the standards: Respecting and involving people who use services; care and welfare of people who use services; and management of medicines all require actions.

The standards related to staffing, supporting workers and assessing and monitoring the quality of service provision all had enforcement action taken.

CQC maternity services survey 2013: Survey of women's experiences of maternity care:

Medway NHS Foundation Trust scores are “about the same” as other equivalent trusts across England.

Medway NHS Foundation Trust: CQC visit to Accident and Emergency (A&E), 24 December 2013. This report was not available at the time of monitoring visit.

During the monitoring visit we found there are good communication channels with practice partners which ensure that any clinical governance issues are flagged up to the university very quickly.

When adverse Keogh and CQC report outcomes were identified senior staff from the university visited Medway NHS Foundation Trust to ascertain whether mentors and students needed additional support or whether students should be removed from any placements.

The faculty director of practice learning met all students who were allocated to the trust. Students confirmed they were well supported and supervised, able to learn and to raise concerns should they arise. This has been followed up by close monitoring of any practice issue reports, placement evaluation data and other forms of student feedback. The director of practice learning acts as key point of liaison with placement providers and spends time each month with all major partners.

We found clear evidence from across the placement circuit that areas are withdrawn if they have not been audited; there are insufficient mentors; poor quality mentorship or if a cause for concern has been raised by students, clinical or academic staff.

The trust has been under significant scrutiny during the last year and has action plans in place to address the issues raised. Placement /ward managers are seen as integral to the success of these plans.

During November 2013 a team of academic staff and students from the faculty and PPFs from two other trusts audited all placement areas within Medway NHS Trust using the new audit tool. Practice areas were noted as very busy and managing learning within this context is challenging. The outcomes of the audit led to action plans for individual placement areas and/or the academic links which support them. The plans are followed up on a tracking tool. For example, the development of clear mechanisms to provide assurance that students are allocated to prepared and updated mentors and that they work with them 40% of the time. Other outcomes required action by the faculty or the trust.

The faculty increased the support from academics in practice. The trust was allocated funds to increase staffing levels and enable practitioners to undertake their education role. These actions are monitored throughout the year by the director of practice learning and education leads. Building a current picture of the trust has enabled both organisations to work together with a clear focus for the coming year. Data is presented in the trust directorates to facilitate ownership of action plans at the organisational level.

The new audit tool which is being rolled out across the whole placement circuit demonstrates how the CQC report outcomes and issues raised in the Francis report are addressed.

Criteria in the audit tool includes; the placement team are engaged in developing the patient experience; ensuring patient/client feedback is used to enhance the care of the individual or service; there are robust appraisal processes in place; the workplace

culture facilitates development of professional practice; there are mechanisms to enable practitioners to raise any concerns they may have about the placement experience; practitioners participate in self and peer evaluation to facilitate their own development and contribute to the development of others; the environment is supportive and active learning is encouraged; students and staff can explain how the complaints policy works in practice; risk management policies and processes in place are clearly understood by staff; evidence of engagement with the university on student fitness to practise issues; practitioners can identify aspects of conduct / practice that would trigger their concerns and practitioners meet regulatory requirements for supporting and assessing students.

It is evident that the PPFs and PDMs are working with academic staff to ensure that students are well supported and have good role models. These issues are fully considered when practice placements are allocated.

The trust has received support from NHS England in the region and is taking action to make improvements. There has been a rapid recruitment drive and the number of qualified midwives and nurses has increased.

We found that the off duty rotas show a significant improvement, for example an increase from four midwives to six or seven on the labour ward. There is a sufficient mentor to student ratio and the students' learning opportunities and experiences are good. Mechanisms are being put in place to address previous failings.

Despite the challenges posed by the environment in the accident and emergency department at the Medway Maritime Hospital where there is a lack of space within rather dated surroundings the students experience good mentorship and learning opportunities.

The midwifery teaching team have an action plan to ensure that issues identified in the CQC report on maternity services at Medway Maritime Hospital are addressed in theory as well as in practice.

All CQC compliance reports relevant to placement areas used by the Canterbury Christchurch University for approved nursing and midwifery programmes were considered but did not require further discussion as part of this review.

Evidence / Reference Source

1. Review into The Quality Of Care And Treatment provided by 14 Hospital Trusts in England: Keogh Report. July 2013
2. Medway NHS Foundation Trust: Key Findings and Action Plan Following Risk Summit. July 2013
3. Medway Maritime Hospital, CQC Inspection Report. Maternity Services, October 2014
4. Medway NHS Foundation Trust Data Pack 9th July, 2013
5. Medway Maritime Hospital, CQC Inspection Report. Maternity Services, October 2013
6. Report on audit of Medway Maritime NHS Trust practice learning environment, November 2014
7. Placement Evaluation Reports
8. Medway NHS Foundation Trust Faculty risk register – practice learning
9. Medway NHS Trust practice learning meetings, March 2013, June 2013, September 2013 and January 2014
10. Medway NHS Trust nursing & midwifery education university link group action plan minutes: Sept ember

2013, November 2013 and agenda January 2014

11. Faculty practice learning committee minutes, March, May, July, September, November 2013 and January 2014
12. Tracking tool for audit action plans at Medway NHS Trust January 2014
13. Action plan for midwifery placements at Medway Maritime Hospital, November 2014
14. Interviews with LETB Education quality manager, Head of academic planning & quality, Lead midwife for education (LME), Director of practice learning, PEFs, PDMs, mentors and students, 29- 30 January 2014
15. Off Duty Rotas.

Follow up on recommendations from approval events within the last year

All of the recommendations made at approval events have been addressed.

Evidence / Reference Source

1. Canterbury Christchurch university self-assessment report 2013/14

Specific Issues to follow up from self-report

All actions highlighted in the self- report are complete. Specific issues followed up include:

The V150 and V300 prescribing programmes have not been commissioned since they were approved.

Programme organisation and assignment feedback: see section 5.1.1.

Programme evaluation and communication of actions to stakeholders: see section 3.3.1 and 5.1.1.

Involvement service users and carers: see section 3.2.1.

Mentor registers, annual update and triennial review: see section 3.3.2 and 3.3.3.

Quality of placements and student learning experiences: see CQC section (above) and section 3.1.1.

Evidence / Reference Source

1. Canterbury Christchurch university self- assessment report, 2013-14
2. Canterbury Christchurch university self- assessment report, 2012-13
3. Canterbury Christchurch university earned autonomy report, 2011-12

Findings against key risks
<p>Key risk 1 – Resources</p> <p>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>
<p>Risk indicator 1.1.1 - registrant teachers hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role</p>
<p>What we found before the event</p>
<p>All registrant teachers have relevant experience.</p>
<p>What we found at the event</p>
<p>We saw evidence that the majority of teachers supporting NMC programmes hold current registration and hold or are working towards a teaching qualification that can be recorded with the NMC.</p> <p>Programme leaders act with due regard and hold qualifications and experience commensurate with their role. They have current registration and an NMC recordable teacher qualification.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Canterbury Christchurch university self- assessment report, 2013-14 2. Staff data check lists, January 2014 3. NMC website professional register, January 2014
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>There are sufficient mentors/sign-off mentors for each student and due regard is upheld.</p>

<p>What we found at the event</p>
<p>We found that there were sufficient appropriately qualified mentors and sign-off mentors.</p> <p>We informed that the numbers have increased at Medway Maritime Hospital following the recent recruitment exercise along with a decision that all new staff will undergo mentor preparation. The training leads have introduced a buddy system where students are assigned a main mentor and a second mentor to assist when the main mentor is unavailable. The students informed us that they know who their mentors are and confirm that that they work with them 40% of the time, in addition to having the opportunity to work with other mentors. It was reported that mentors are readily available and very supportive.</p> <p>We saw evidence of an allocation system that ensures that there are sufficient updated mentors with due regard to support the number of students assigned to each placement. However there are a significant number of sign-off mentors who have not completed either an annual mentor update or a triennial review in both of the trusts we visited. We can confirm that none of the students in the areas visited were assigned to any of these staff and are confident that the risk is controlled although this could be made clearer.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Live mentor databases at Medway Maritime Hospital and William Harvey Hospital 2. Interviews with LME PEFs, PDMs, midwives, ward managers, mentors, nursing and midwifery students, 29 and 30 January 2014
<p>Outcome: Standard met</p>
<p>Comments: no further comments.</p>
<p>Areas for future monitoring: none.</p>

<p>Findings against key risks</p>
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</p>

<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>The six C's are embedded in the interview processes for recruiting students. This is more explicit in some pathways than others. A working group was convened to develop a holistic approach to identifying the candidate's personal values and beliefs and the potential for developing these. Interview components were identified to assist the interviewees to demonstrate this, such as discussion groups, interaction with service users and evaluation techniques.</p>
<p>What we found at the event</p>
<p>We were informed that both Medway Maritime Hospital and William Harvey Hospital hold open days for prospective midwifery students. These provide an overview of the maternity services and the work of midwives and involve university and practice staff on both sites.</p> <p>We can confirm that practice placement providers participate in the selection and admission processes for both nursing and midwifery. Their role is to inform judgements about the candidates' commitment to patients and understanding of care and compassion and to evaluate appropriate values and behaviours.</p> <p>All interviewers attend a preparation session and have equality and diversity training. The patient voices website is used for scenarios to trigger group discussions. Service user input to selection processes is to be further developed from February 2014.</p> <p>There is a flowchart and timeline to ensure DBS and occupational health clearance is obtained before students begin placements.</p> <p>We were informed that in January 2014 the health registry identified seven students who had incomplete occupational health clearance but had just started placements. The students were withdrawn immediately and all cases were assessed to confirm there had been no risks to patients or the public. The error has been thoroughly investigated and the processes have been strengthened with additional safety checks put in place to avoid the possibility of any further occurrence. In addition, practice placement partners run random checks by submitting a list of students' names and asking the university to confirm their clearance status prior to placements. In future as part of the admission process the PEMs system will ensure DBS and occupational health clearance and mandatory training are completed before a student can proceed to placements.</p>
<p>Evidence / Reference Source</p>
<p>1. Canterbury Christchurch university self- assessment report, 2013-14</p>

2. Procedure for placement providers to participate in selection and admission processes, January 2014
3. Flowcharts and timelines for DBS and occupational health clearance
4. Occupational health investigation report, January 2014
5. Sample interview sheets, 2013
6. Lists of interviewers for nursing and midwifery programmes, 2013-14
7. Midwifery interview schedule and record, 2013
8. Adult nursing - recruitment process review, 2013
9. Interviews with pathway leaders and students
10. Open Day Programmes

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

What we found before the event

Faculty and university policies and processes are in place to manage fitness to practise and academic poor performance

What we found at the event

We found that all academic and practice staff and students are aware of the procedures to address issues of poor performance. For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points and the twelve week rule. The records of the exam boards demonstrate that students are removed from the programme if they fail to meet requirements.

Cases of inappropriate behaviour or failure to declare cautions and convictions are addressed by the faculty student fitness to practise panel. The outcomes range from a period of supervision to withdrawal from the programme and/or referral to the NMC.

The outcomes of the fitness to practise panel confirms that cases are dealt with appropriately to support the student but most importantly to protect the public.

Evidence / Reference Source

1. Report from faculty student fitness to practise panel, March, July and December 2013
2. University code of student professional conduct, undated
3. Adult nursing procedures for failure in practice, 2011
4. Board of examiners meeting minutes, September 2013

<ol style="list-style-type: none"> 5. Summative assessment of practice submission and moderation process 6. Midwifery assessment of practice: student handbook, 2013 7. Procedures for failure in practice, undated
<p>Risk indicator 2.1.3- programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Mentors/signoff mentors know how to raise concerns with the university about either poor practice of students or inappropriate behaviour.</p>
<p>What we found at the event</p>
<p>We can confirm that the PPFs, PDMs and mentors are fully aware of the procedures which are in place and can give examples of how they are implemented to address poor student performance or inappropriate behaviour.</p> <p>Mentors contact the PPF/PDM in the first instance. A tripartite meeting is arranged between the student, mentor and academic in practice. The mentor and student are supported to write an action plan which will assist the student to progress. This is reviewed at a summative assessment and the student will pass or fail accordingly.</p> <p>For midwifery the tripartite meetings tend only to occur if there is a concern about a student's practice. They are not used for successful students or to ratify grading of practice at the end of each year. The team may wish to consider holding a tripartite meeting at the end of each year for every student to discuss progress and ratify grading of practice.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Canterbury Christchurch university self- assessment report, 2013-14 2. Interviews with LME, pathway leaders, PPFs, PDMs, mentors and students, 29 -30 January 2014 3. Midwifery assessment of practice transcript (APT)
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>

There were no accreditation of prior learning (APL) claims during the academic year. The APL processes in place allow for transfer from other institutions and accreditation of prior learning.

APL is not applicable to midwifery.

What we found at the event

We found that there are mapping tools for APL across nursing or midwifery programmes. The tool for nursing is considered rigorous for example when students transfer in from another university. However, it can be onerous when it is used to map existing students transferring from one curriculum to another within the faculty, for example, on return from maternity leave.

Evidence / Reference Source

1. Faculty APL policies and procedures, March 2012
2. Adult nursing mapping document - Transfer into year 2 (completed sample)
3. Midwifery mapping process - interrupted programmes
4. Mapping to 78 week midwifery programme (completed sample)

Outcome: Standard met

Comments:

- In the pre-registration midwifery programme the tripartite meetings tend only to occur if there is a concern about a student's practice. They are not used for successful students or to ratify grading of practice at the end of each year. The team may wish to consider holding a tripartite meeting at the end of each year for every student to discuss progress and ratify grading of practice.

Areas for future monitoring:

- The inclusion of a tripartite meeting at the end of each year in the pre-registration midwifery programme to discuss progress and ratify grading of practice.

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

Services have been reconfigured in Kent and Medway Partnership Trust and in Kent Community Health Care Trust. There is also a change of PPF role. As a result there are challenges in maintaining mental health opportunities for midwifery and children's nursing students and community experience in general. Action has been taken by the university and practice placement partners to address these issues.

Placement evaluation data indicates that students are less satisfied with placements outside their own professional context.

There is a need to manage changing capacity in learning disability placements for adult students.

(Note service reconfiguration and the implications for programmes are also mentioned in the university self-report, 2011- 12).

There is a risk of governance and quality assurance structures failing to meet post Francis requirements.

A project to implement a new management system is supported by the university. It will be completed by July 2014.

A new audit tool has been developed in collaboration with providers and placement evaluation questions have been enhanced. An organisation based approach to audit was successfully piloted in Maidstone and Tunbridge Wells in April 2013 and then used at Medway NHS Foundation Trust in November 2013. This will be rolled out to all main NHS providers in 2014. The audit team consists of students, PPFs external to the trust and academic staff external to the organisation being audited. Action plans are collated and monitored monthly by the director of practice learning.

Medway NHS Foundation Trust now commissions twenty students from the University of Greenwich in addition student numbers from Canterbury Christ Church University. Placement overlaps have been identified and small changes have been agreed to reduce the risk of overload. A three monthly joint meeting is hosted by Medway NHS Foundation Trust and both universities attend. There is an agreement to share quality assurance, mentor updates and audits.

What we found at the event

We found that the level of partnership working with all practice placement providers is excellent at both strategic and operational levels. This is evident in the joint work undertaken to build placement capacity across the different fields of practice and joint development of new audit and placement evaluation tools.

We were informed that two key stakeholder events were held in April and July 2013. These were facilitated with the support of the England centre for practice development and involved key internal and external stakeholders in developing a shared vision and purpose for practice learning, a framework to underpin the vision and priorities for the way forward.

The director of practice learning communicates regularly with PPFs and other senior staff in the trusts and is confident she would be very quickly advised of any clinical governance issues. There are a range of forums at strategic and operational level which ensure that appropriate information is shared. The faculty maintains a practice learning risk register which is red, amber, green RAG rated and all issues are tracked on the register until they are resolved. The processes for joint actions arising from adverse clinical governance issues places patients and students safety at the forefront of all action plans.

Practice issue reports can be raised by students, academic staff or practitioners in response to any concerns. They are monitored by the director of practice learning and escalated as appropriate. Last year this reporting process was extended to include any concerns arising in an academic context (for example, through tutorials or assignments). Guidelines for responding to concerns have been developed in collaboration with placement providers and are currently being implemented.

We were made aware that service reconfigurations are taking place across all fields of practice. The university has worked with placement partners to identify new practice placements or alternative approaches to meeting the learning outcomes so that no students or programmes are disadvantaged. From September 2013, instead of having one placement contract, as with the previous SHA, the university has established separate placement agreements with each trust and also for private, voluntary and independent sector placements.

The Education commissioning quality (ECQ) reports which are provided to the LETB confirm that there are systems in place to manage all aspects of education. The faculty tend to be cautious in rating their achievements in the practice arena, preferring to recognise the potential for issues to arise rather than failing to recognise potential risks. This is considered to be a strength as they recognise the need for constant vigilance to be transparent in all reporting.

The new audit tool and process was piloted in the Maidstone and Tunbridge Wells practice learning environment in April 2013 and it is now being rolled out across the whole placement circuit. Practice placement partners comment that the audit tool is much improved. The involvement of students in the audit process is evaluated as particularly valuable. A tracking tool is used to RAG rate and follow up the completion of the action plans arising from the audit process.

Overall the practice learning environments are evaluated very positively by students. The evaluation process has been improved to ensure there is full compliance by students. The feedback from audit reports suggests that in some instances in relation to the adult nursing field, the systems for sharing data with placement areas need to be improved.

The feedback from students involved in “alternative or sampling” placements is not always favourable. Initiatives are in place to improve the students experience but the results are not reflected yet in the data as the changes were made at the beginning of the academic year. The evaluation form is not designed for short placements and this may also affect the results. A new form is to be introduced.

Feedback from the moderation of practice assessment is provided for practice partners. Again the feedback from audit reports would suggest that in nursing this process needs to be strengthened. A mechanism has been developed and will be implemented as part of the new PEM system which enables data to be triangulated and shared with partners more effectively.

PEMs will make evaluation data available to individual placement areas and to the organisation as a whole, immediately following each student’s placement. To ensure that the data addresses the current context of health care the evaluation questions have been revised with input from all of the main placement providers and different professional groups. The new questions align with some of the criteria in the audit tool which address the areas identified in the Francis report (2013). This approach will enable the trusts to better monitor their practice learning environments and the outcomes will inform the audit process.

Evidence / Reference Source

1. Canterbury Christchurch university self- assessment report, 2013-14
2. Audit Report: Maidstone and Tunbridge Wells practice learning environment, April 2013
3. Audit Report :Medway NHS Trust practice learning environment November 2014
4. Placement evaluation reports, Semester 2, 2012-13:
 - Medway NHS Trust,
 - Maidstone and Tunbridge Wells NHS Trust,
 - Medway Community Health NHS Trust,
 - Kent & Medway Partnership Trust,
 - Kent Community Health NHS Trust,
 - East Kent University Foundation Trust.
5. Action plan - Midwifery placements Medway Maritime Hospital November 2014
6. Action plan, Kent Community Health Trust
7. Tracking tool for audit action plans at Medway NHS Trust January 2014
8. Tracking spread sheet - all audit action plans, January 2014
9. Risk register practice learning, January 2014

10. Practice learning meetings:
 - East Kent Hospitals University NHSFT June, September and October 2013
 - Kent Community Health Trust May 2013
 - Medway NHS Trust March 2013
 - Maidstone and Tonbridge Wells NHS Trust March 2013
11. Practice Learning Communication:
 - Kent Community Health Trust March to August 2013,
 - Kent & Medway Partnership Trust, September 2013 and January 2014,
 - Medway Community Health September 2013 to January 2014,
 - Medway NHS Trust September 2013 to January 2014
12. University link group action plan from meeting, September 2013, minutes November 2013 and agenda January 2014
13. The fifteen steps student challenge / evaluation of student placements, August 2013.
14. Faculty practice learning committee minutes, March, May, July, September, November 2013 and January 2014.
15. Heads of midwifery and LMEs meeting, agenda, February and October 2013
16. University of Greenwich education link meeting 18th November 2013
17. Interviews with PPFs, PDMs Head of Midwifery, ward managers, students and mentors, 29-30 January 2014

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

What we found before the event

Service users and carers commentary in the ongoing achievement records (OARs) provides formative feedback for students and demonstrates that students provide compassionate person centred care supported by their mentors and practice assessors.

What we found at the event

We found robust evidence that practice placement partners are involved in the design and delivery of programmes.

In the pre-registration nursing (adult) programme service users provide written comments in the OAR on the care that they receive from students. They are also involved in ongoing programme delivery. However the students interviewed gave the impression that this could be strengthened.

In the pre-registration midwifery programmes there is evidence that service users were involved in the design of the shortened midwifery programme and are involved in teaching some sessions. They also provide testimonials in the OAR which allows

<p>students to reflect on the care they give.</p> <p>Service user involvement is acknowledged by the academic team as an area for further development. There will be an audit across the faculty this academic year with a view to sharing best practice.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> 1. Canterbury Christchurch university, Self- Assessment Report, 2011-12 2. Canterbury Christchurch university, Self- Assessment Report, 2013-14 3. Principles of good practice for service user and carer involvement, undated 4. Overview of service user involvement in the adult nursing curriculum, 2013-14 5. Students OARs 6. Interviews with PPFs, PDMs, mentors and students, 29 -30 January 2014
<p>Risk indicator 3.2.2 - academic staff support students in practice</p>
<p>What we found before the event</p>
<p>The role of the academic in practice is under review.</p> <p>Expectations about the role have been agreed with placement providers and a draft role is formulated. An implementation plan is on hold subject to a faculty restructure.</p>
<p>What we found at the event</p>
<p>PPFs/PDMs informed us about highly effective working relationships with the academic staff.</p> <p>Adult nursing students told us that when issues arise, the academic staff provides excellent support although the response at times may vary.</p> <p>We concluded from the audit reports that other visits by academic staff to placement areas are perceived as ad hoc rather than planned and despite the name of academic links and lists of their visit dates being displayed on notice boards practitioners, in some areas, are unaware of their link person or their intended visits. The academic in practice role is viewed as student centred, rather than supporting the wider learning environment. The role has been reviewed and changes are planned however, these are on hold subject to the imminent restructure of the faculty. There is scope to develop the academic in the practice role so that it is more proactive rather than being focused on reacting to emergent issues in practice.</p> <p>We were told by midwifery students that academic staff are very responsive to requests and that they publish the times they will be visiting each hospital, that is, weekly at</p>

Medway Maritime Hospital and fortnightly at William Harvey Hospital. Students can drop in if they need to see them. The academic staff do not visit community areas as regularly as they would visit the hospital. Only one student remembered a lecturer arranging to visit her in the community but the visit was cancelled. The team may wish to consider publishing regular times to visit students in the community as well as in the hospital, particularly for junior students.

Evidence / Reference Source

1. Canterbury Christchurch university self- assessment report, 2013-14
2. Tracker log of practice issues followed up by academic staff, January 2014
3. Faculty practice learning committee minutes, January 2014
4. Interviews with PPFs, PDMs, mentors and students, 29- 30 January 2014
5. Student notice boards Medway Maritime and William Harvey Hospitals, 29 -30 January 2014

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

What we found before the event

The university has a NMC approved mentor preparation module.
Mentors are adequately prepared for their role.

What we found at the event

We found that PPFs and PDMs play an important role in placement allocation, preparing mentors, supporting students and in maintaining the live mentor database in both Medway Maritime and William Harvey Hospitals.

Students informed us that the majority of mentors and sign-off mentors discharge their role to a high standard and are well aware of the requirements of the assessment process including progression points and sign-off elements. Practice assessment documents and OARs confirm that mentor input is clear and appropriate to the student's level of study. Students also reported that PPFs and PDMs provide exemplary support and input in the assessment process.

We were informed that mentors, sign-off mentors, and PPFs have the opportunity to participate in the university's process for the moderation of practice assessment. This enables them both to share their learning with colleagues and to make recommendations that will enhance the quality of the practice assessment process.

In the pre-registration midwifery programme the majority rather than all mentors have

sign-off status. Work is in progress to address this situation and the mentor preparation module now prepares midwives to achieve sign-off status. Previously mentors had to demonstrate competence in signing students off after the module was completed.

It was evident that mentor updates involve feedback on the outcomes of the audit process and of student evaluations. They identify strengths and areas of weakness which need to be addressed.

A variety of different methods of updates are available including a self-directed learning pack. Mentors are required to attend a face to face update at least once every three years.

The PPF at the William Harvey Hospital has established a “marvellous mentor” scheme in which she personally funds a small reward in the form of a book token for the mentor identified each month as excellent in student feedback.

Evidence / Reference Source

1. Canterbury Christchurch University, self- assessment report, 2013-14
2. Mentor update power point slides, 2013-14
3. Faculty of health and social care moderation of practice assessment process
4. Summary of mentor feedback from moderation panel S cohorts, September 2013
5. Summary of student feedback from moderation panel S cohorts, September 2013
6. Power point presentations nursing and midwifery mentor updates, 2012-13
7. Live mentor databases Medway Maritime and William Harvey Hospitals
8. Review of completed OARs
9. Interviews with PPFs, PDMs, ward managers, mentors and students, 29- 30 January 2014

Risk indicator 3.3.2 - mentors, sign off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review.

What we found before the event

Triennial review is centrally managed by practice placement facilitators rather than being owned at placement level.

What we found at the event

We found that the systems in place involve PPFs prompting mentors when they are due for updating and triennial review. The university and its practice placement partners identified that the processes are centrally managed and there is a need to embed

responsibility at placement level to ensure currency of the mentor register.

For the pre-registration nursing (adult) programme there is scope for consideration of approaches which more firmly embed the updates within the mentor's appraisal and mandatory updating.

We found that the completion for updates and triennial review varied between areas. Where they have been less good the issue has been identified on the university's risk register, addressed with practice partners and highlighted during the contract review process with the education commissioner. Improvements are generally evident over time.

For the pre-registration midwifery programmes there are sufficient sign-off mentors to support the number of students placed in each area. However, approximately one third of mentors have not had an annual update and/or an up-to-date triennial review.

We were informed that mandatory midwifery update programmes now incorporate mentor updating sessions into their annual programmes. Previously, this was addressed in each area on a more ad hoc basis. Triennial reviews are undertaken by supervisors of midwives in Medway Maritime Hospital and by managers as part of the appraisal process in William Harvey Hospital. This is a recent change and there is some catching up to do in relation to recording completed updates and triennial reviews.

Evidence / Reference Source

1. Live Mentor Databases: Medway Maritime and William Harvey Hospitals
2. Mandatory update programme: Medway Maritime and William Harvey Hospitals
3. Interviews with PPFs, PDMs, matron, ward managers, mentors and students, 29 -30 January 2014
4. Notes of practice assessor's forum, February, October and December 2013

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

What we found before the event

The mentor registers will be viewed during the visit.

What we found at the event

We can confirm that in the trusts we visited the mentor registers are accurate and up to date. This was also the case for the private independent and voluntary sector registers. The registers are RAG rated to show when updates and triennial reviews are due.

Where there have been concerns regarding the currency of the mentor register in particular trusts action plans have been put in place and improvements noted. This has

enabled the university to reduce the risk rating for the organisation accordingly. The emerging themes are discussed with the clinical education and standards team.

Evidence / Reference Source

1. Mentor Registers all trusts and private independent and voluntary sector, January 2014
2. List of mentor updates in trusts and area specific updates by PPFs

Outcome: Standard met

Comments:

- Service user involvement is acknowledged by the academic team as an area for further development.
- For the pre-registration midwifery programmes there are sufficient sign-off mentors to support the number of students placed in each area. However, approximately one third of mentors have not had an annual update and / or an up-to-date triennial.

Areas for future monitoring:

- Review progress made in service user involvement in the programmes.
- Review progress made in midwifery mentors achieving sign off status and attendance at annual up dates.

Findings against key risks

Key risk 4 - Fitness to Practice

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

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

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

What we found before the event

Pre-registration nursing (adult) and pre-registration midwifery programme documentation identifies learning and teaching strategies and student support to enable

students to achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register.

What we found at the event

Students confirmed to us that they benefit from appropriate teaching and learning strategies which include simulated learning.

In adult nursing this includes the innovative use of family profiles which link into all modules throughout the programme and enable students to apply their theoretical learning to a patient scenario.

In midwifery 'Sim-mom' is used to provide effective simulated learning and "Authentic Ward" creates a 'real time' environment for students to participate in experiential learning.

The requirements of the European Directive including the specified hours of theory and practice are met in the approved curricula.

We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice.

All students reported to us that they feel confident and competent to practice and to enter the professional register on completion of their programme.

Evidence / Reference Source

Adult Nursing:

1. Pathway specification. 2012
2. Module handbooks, 2014-14
3. Student handbooks 2009 and 2012
4. Curricula year plan 2009 and 2012
5. Examples of family profiles x 4
6. Overview of how EU directives are met
7. EU Directives activities, on CLIC learn

Midwifery:

1. Student programme handbooks, 2012
2. Sample timetables x 4 modules
3. Programme for multidisciplinary skill drills training
4. Authentic ward power point presentation
5. Interviews with pathway leaders PPFs, PDMs, matron, ward managers, mentors and students, 29 -30 January 2014

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

What we found before the event

Pre-registration nursing (adult) and pre-registration midwifery programme assessment of practice documentation identify the practice learning outcomes, competencies and proficiencies students have to achieve.

What we found at the event

We found the essential skills and competencies and European Directive requirements to be fully identified in the assessment of practice documents. Samples of completed documents confirmed that students achieve the required outcomes at progression points and at the end of the programme.

The students reported to us that they feel confident and competent to practise and to enter the professional register on completion of the programme. Patient testimonials confirm that students are caring, compassionate and skilled in practice. Mentors, practice managers, employers and the education commissioners all confirmed that students are fit for practice and for award on completion of their programme.

Evidence / Reference Source

Adult nursing:

1. Practice learning handbook 2012
2. Developing practice skills handbook, 2013
3. Years 2 and 3 clinical skills acquisition document
4. Patient testimonials in OARs
5. Student portfolios

Midwifery:

1. Student programme handbooks, 2012
2. Practice learning student handbook, 2012
3. Year 3 assessment of practice
4. Case loading hospital / community placements
5. Assessment of practice tools
6. Midwifery transcript end of year sign off
7. Patient testimonials in OARs

8. Interviews with pathway leaders PPFs, PDMs, matron, ward managers, mentors and students, 29 -30 January 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

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

Issues for future monitoring 2011- 12 identified:

- Monitor the use and dissemination of programme evaluation and feedback from both students and stakeholders.
- Monitor the consistency and legibility of feedback provided for academic assignments across programmes.

University self report, 2013- 14 identified:

- Low National Student Survey scores identified in some programmes for organisation and management.

The action plan includes the following:

Develop and implement toolkit following analysis of collated information from identified programmes.

Develop an individual student timetable that will enhance notifications to students. Programme teams will ensure notice of timetable changes are placed on the CLIC learn site as soon as practicable.

Streamline submission to feedback timeline and encourage the adoption of electronic

assignment management within programmes.

Discuss marking delays in feedback and inconsistency at module meetings.

Provide faculty workshops and staff development regarding provision of feedback to students. (Note this was also identified in the self-report for 2011- 12).

Programmes to ensure that actions and outcomes are reported to students via student staff liaison meetings, the university 'you said, we did' feedback campaign on the CLIC learn site and the programme management committee meetings.

Programme teams will communicate with students via the CLIC learn site with regular updates.

What we found at the event

We found that programme evaluations from students and stakeholders are disseminated across the faculty as part of annual programme review. Examples of good practice include the publication of a new bi-monthly e-zine for students in the pre-registration adult nursing programme and the enhanced use of the CLIC learn virtual learning environment to disseminate actions and outcomes from programme evaluation and from the NSS/USS feedback. Midwifery students are provided with 'you said – we did' feedback which demonstrates that issues they raise are addressed.

The NSS/USS 2013 action plans show appropriate responses to student feedback and a commitment from the organisation to continuous improvement.

Actions and outcomes are also reported to students' representatives at student staff liaison meetings and programme management committee meetings. The students confirmed to us that their feedback is acted upon and that they believe that active steps are taken to address weaknesses and enhance programme delivery.

In relation to improving the organisation of the programmes, the teaching teams ensure that notice of timetable changes is placed on the CLIC learn site as soon as practicable. Wherever possible the teams avoid cancelling sessions but on the rare occasions it is necessary the content is rescheduled or covered by alternative means. Students reported that when lectures are cancelled the details are not always communicated to them in an efficient and timely way.

External examiners note a significant improvement in the consistency and legibility of the feedback on academic assignments. Standardised marking grids have been introduced and typed rather than handwritten feedback has been a requirement for all programmes from January 2014. The electronic submission of assignments and feedback has been piloted within the shortened midwifery programme and in some modules of the inter-professional programmes. Students evaluate this positively and told us that it has resulted in much improved feedback. The intention is to steadily increase e-submission and e-feedback across the faculty.

Nursing students stated that assignment feedback is rarely published on the date specified. This clearly causes them anxiety and detracts from their overall perception of the programme and their student experience. The university policy requires feedback to be provided within three weeks. The adult nursing team stated this is difficult to achieve

given the high numbers of students and their geographical distribution over different education sites. They have tried to mitigate the problem however there is a need for further work to ensure timely information is provided and to address the current negative perceptions of students. We were informed that an electronic assessment management (EAM) working group has been established to consider how improvements can be made.

Evidence / Reference Source

1. Canterbury Christchurch university self- assessment report, 2013-14
2. Canterbury Christchurch university self- assessment report, 2012-13
3. Earned autonomy report, 2011-12
4. Pre-registration inter-professional learning pathway management committee minutes, May and November 2013
5. Electronic assignment management working group, terms of reference
6. Faculty of Health and Social Care, moderation of practice assessment, terms of reference
7. Adult nursing curriculum implementation group, Jan, April, July and October 2013
8. Adult nursing annual pathway review report, 2012-13
9. Adult nursing USS 2013 action plan
10. Midwifery annual review report, 78 week and 3 year programmes, 2012-13
11. Midwifery 'You said – we did' feedback to students on NSS outcomes, 2013
12. Midwifery director's report, 78 week programme, October 2013
13. Midwifery management committee meeting, November 2013
14. Interviews with pathway leaders, mentors and students, 29 -30 January 2014

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

What we found before the event

A number of adult pathway students had difficulties with completing assessment of practice documents in agreed time frame. The feedback from practitioners identified OAR was labour intensive. The OAR has been reviewed and revised by the pathway team.

What we found at the event

We found that in general all parties confirmed that any concerns and complaints raised

are appropriately dealt with and communicated to relevant partners (see section 3.1.1).

Students told us of an exemplary level of support offered by PPFs, personal tutors and academics in practice following one adverse event which concerned a patient in a placement area. The students confirmed that the incident had been clearly understood and appropriate action was taken with those involved.

PPFs confirmed that they access student evaluations and feedback on placement learning experiences and act on emergent issues. Midwifery mentors have previously found the OAR difficult to complete. This has been fed back to the university and the OAR has been revised and is now evaluated much more positively by practice staff and students.

The external examiner for the pre-registration nursing (adult) programme reviews practice assessment documents and is offered the opportunity to meet with students and mentors, however to date they have not taken this offer up. The programme team should consider how they can ensure that external examiners engage with students and mentors.

The external examiner for the pre-registration midwifery programmes has provided positive comments following visits to placements, interaction with students and the observation of objective structured clinical examinations (OSCEs).

Evidence / Reference Source

1. Interviews with head of midwifery, LME PPFs, PDMs, matron, ward managers, mentors and students, 29 -30 January 2014
2. Pre-registration nursing: assessment of practice documents
3. Pre-registration midwifery: assessment of practice documents
4. Response to external examiners' reports, January 2014
5. Midwifery external examiner feedback form, August 2013

Outcome: Standard met

Comments:

- The external examiner for the pre-registration nursing (adult) programme reviews practice assessment documents and is offered the opportunity to meet with students and mentors, however to date they have not taken this offer up. The programme team should consider how they can ensure that external examiners engage with students and mentors.

Areas for future monitoring:

- The external examiner engagement with students and mentors pre-registration nursing (adult)



Protecting the public through quality assurance
of education and supervision of midwives



Personnel supporting programme monitoring	
Initial visit on 07 January 2014 prior to monitoring event. Meetings with:	
Head of academic planning & quality APQ administrative officer Faculty director of quality Faculty director of practice learning Lead midwife for education Midwifery pathway director (3 year programme) Midwifery programme director (shortened programme) Adult nursing pathway director Adult nursing lead for practice learning	
During monitoring event. Meetings with:	
Dean of the Faculty Head of academic planning & quality APQ administrative officer Faculty, Director of quality Faculty, Director of practice learning Lead midwife for education Midwifery pathway director (3 year programme) Midwifery programme director (shortened programme) Adult nursing pathway director Adult nursing lead for practice learning	

Meetings with

Mentors / sign-off mentors	13
Practice teachers	0

Service users / Carers	0
Practice Education Facilitator	5
Director / manager nursing	2
Director / manager midwifery	4
Education commissioners or equivalent	1
Designated Medical Practitioners	0
Other:	2 Clinical Skills facilitators

Meetings with students:

Student Type	Number met
Nursing - Adult	Year 1: 5 Year 2: 2 Year 3: 7
Midwifery – Three years	Year 1: 2 Year 2: 1 Year 3: 6
Midwifery – 18months	Year 1: Year 2: 10 Year 3: