

2015-16

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

Programme provider	University of Birmingham
Programmes monitored	Mentorship; Registered Nurse - Adult
Date of monitoring event	09-10 Mar 2016
Managing Reviewer	Bernie Wallis
Lay Reviewer	Jane Suppiah
Registrant Reviewer(s)	Kevin Gormley, Joanna Dunn
Placement partner visits undertaken during the review	<p>Adult nursing placement providers NHS:</p> <p>Birmingham Community Healthcare NHS Trust: Kings Heath Integrated Multidisciplinary Team; Weoley Castle Integrated Multidisciplinary Team, Moseley Hall Hospital</p> <p>Royal Orthopaedic Hospital NHS Foundation Trust (ROH) ward 2</p> <p>University Hospital Birmingham NHS Foundation Trust (UHB) wards 302,623,726</p> <p>Non NHS:</p> <p>St Marys Hospice</p> <p>Mentorship programme:</p> <p>Birmingham Community Healthcare NHS Trust; Sparkbrook Health Centre; Northfield Integrated Multidisciplinary Team; Moseley Hall Hospital</p> <p>University Hospital Birmingham NHS Foundation Trust (UHB)</p>
Date of Report	22 Mar 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies 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.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures 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.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

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

Introduction to University of Birmingham's programmes

The University of Birmingham (UoB) School of Nursing is located in the College of Medical and Dental Sciences which is the largest of the university's five colleges following an organisational restructure and relocation two years ago. The School of Nursing is part of the Institute of Clinical Sciences comprising medical, dental, pharmacy, bio-medical science and physician assistant students.

The school provides a BNursing (Hons) nursing (adult, child and mental health) programme and post qualifying programmes, including a mentorship programme. This monitoring review focuses on the pre-registration nursing (adult) programme and the mentor preparation programme.

The university was reapproved to deliver the pre-registration nursing programme in 2011 and the mentor preparation programme in 2015.

Students entering the pre-registration nursing programme undertake a common foundation first year, at the end of which students progress into their chosen field of nursing. There are approximately 300 students on the programme which has one intake per year approximately two thirds of which are adult nursing students. The programme is commissioned by Health Education England West Midlands (HEWM). The placement circuit is shared with students from Birmingham City University (BCU). There is a service level agreement with HEWM and a memorandum of understanding with BCU in relation to the shared placement circuit.

The mentor preparation programme is a 20 credit programme available at academic level six and level seven. There are three intakes a year of approximately 17 students per cohort. Birmingham Community Healthcare NHS Trust (BCHNT) commissioned an additional three intakes for 2015-16 for which additional resources were secured.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. We paid particular attention to the student learning experiences at the ROH in light of adverse Care Quality Commission (CQC) outcomes.

Summary of public protection context and findings

Our findings are that the University of Birmingham has systems and processes in place to monitor and control two of the five key risks to meet the NMC standards and to assure public protection.

Two key risks, practice learning and fitness for practice do not meet the NMC standards required to ensure public protection.

The practice learning risk requires urgent attention to ensure that the university has access to complete and accurate registers of mentors across all of its placement providers.

The fitness for practice risk requires urgent attention to ensure students meet all theory and practice components for each stage of the BNursing (adult) programme. In addition, the university does not monitor that BNursing students experience the 24 hour care cycle. This requires improvement.

The university produced an action plan to address the unmet outcomes and a return visit to the university on 6 July 2016 confirmed that the action plan has been fully implemented and the identified risks are now controlled.

The key risk admissions and progression requires improvement to ensure a process is in place to record that practitioners participating in student selection interviews have undergone equality and diversity training and meet NMC standards. In addition details of the international English language test system (IELTS) requirements on the university website are not consistent with NMC requirements.

The control of the key risks is outlined below.

Resources: met

Our findings conclude the university has adequate appropriately qualified academic staff to deliver the BNursing (adult) and mentor preparation programmes to meet NMC standards.

There are sufficient appropriately qualified mentor and sign-off mentors to support the number of students studying the BNursing (adult) and mentor preparation programmes.

Admissions and progression: requires improvement

We found admissions procedures meet NMC requirements, ensuring all pre-registration nursing (adult) students have disclosure and barring service (DBS) checks, occupational health clearance and mandatory training before proceeding to their first practice placement experience. Nurses undertaking the preparation of mentor programme also have health and good character and current NMC registration confirmed. These compulsory procedures are undertaken in order to protect the public.

We found that service users contribute to the selection process of BNursing (adult) students through providing materials they have developed which explore the value base of the applicants. Selection panel members include practitioners and academic staff with due regard. We confirmed that academic staff members have undertaken equality and diversity training in preparation for their role in face-to-face interviews.

However we found that the university does not have a process in place to record that practitioners participating in the BNursing (adult) programme student selection interviews have undergone equality and diversity training and meet NMC standards. This requires improvement.

The BNursing (adult) programme does not accept international students however the school is required to check the IELTS statement information on the university website conforms to NMC requirements.

The university has robust processes and systems in place to deal with and also pre-empt poor performance in theory and practice. Practice placement providers have confidence in the processes to address issues of poor performance in practice and their ability to implement them.

The university implemented an action plan to address the absence of a university process to check practitioners involved in student interviews have completed equality and diversity training and to correct the IELTS information for the BNursing programme on the university website.

A return visit to the university on 6 July 2016 confirmed that a process has been put in

place to ensure practitioners have undertaken equality and diversity training prior to participating in student interviews. The IELTS information on the university website has been updated and now complies with the NMC English language requirements for pre-registration nursing programmes. The key risks are now met.

Practice learning: not met

Our findings conclude there is robust and effective partnership working between the university, practice placement partners, the commissioner and other approved education institutions (AEIs) at both strategic and operational levels to support the programmes.

We found there is clear articulation of how the issues raised by external quality assurance (QA) monitoring are addressed through strategic partnerships. There is clear evidence of the university working in partnership with placement providers to address issues and support students learning in placement areas which have issues raised in CQC reports. All stakeholders confirmed the integrity of this process. We saw evidence of escalation of concerns and exceptional reporting to the NMC.

We found that students and staff are confident in the procedures for raising and escalating concerns in practice.

Practitioners and service user and carer involvement is well embedded in the pre-registration nursing (adult) programme. The service user perspective is at an early stage of development in the mentor preparation programme.

We found that there is robust academic support for students and mentors in the practice placement areas.

We conclude that mentors and sign-off mentors are appropriately prepared for their role and are supported to be able to attend updates sufficient to meet the requirements for triennial review and undertake practice assessment.

We found inconsistencies in the approach taken to maintain accurate and up to date mentor registers and were not assured that the university has access to complete and accurate registers of mentors across all of its placement providers.

We conclude from our findings that there are significant weaknesses in the systems and processes of maintaining a live mentor register, which requires urgent attention to meet NMC requirements and ensure public protection. The school is required to complete an action plan to ensure a robust system is put in place for the maintenance of accurate and up to date recording in mentor registers to meet NMC requirements. The school must ensure as a matter of urgency that students who are currently in placement are allocated to up to date mentors in those organisations where the mentor register is not accurate to assure protection of the public.

The university implemented an action plan to address the lack of rigour in maintaining accurate mentor registers.

A return visit to the university on 6 July 2016 to review progress made against the action plan confirmed that revised systems and processes are in place to ensure that students currently in placement are allocated up to date mentors and mentor registers are accurate and up to date. No students are being supervised by out of date mentors.

There have been substantial and significant changes to the live mentor register and

associated IT system in Birmingham Community Healthcare NHS Foundation Trust. However the IT system supporting the mentor register requires improvement to ensure automatic changes to deadline dates are extended to the triennial review part of the register to strengthen the risk control. The key risk requires improvement.

Fitness for practice: not met

We found that learning, teaching and assessment strategies in the mentor preparation programme enable students to meet the required programme learning outcomes and the NMC standards and requirements.

We conclude that learning and teaching strategies in the BNursing programme enable students to meet NMC learning outcomes. There is a robust system for recording and verifying student hours in practice placements. However there is no collation at designated points in the programme that students complete the required theory hours to provide assurance that students meet the NMC requirements.

In addition we found the BNursing (adult) programme regulations are non-compliant with NMC requirements as students are not required to successfully complete all theory modules (up to 20 credits per stage). We found that some students in their second and third year of the programme have been allowed to progress carrying failed modules. This requires urgent attention to ensure these students meet all theory and practice components for each stage of the programme.

The school is required to complete an action plan to ensure students currently studying on the programme meet all learning outcomes for each stage of the programme and at the point of completion to ensure the students are fit for practice on entry to the register in order to ensure NMC standards are met and assure protection of the public.

We were told by pre-registration nursing (adult) students that they experience the 24 hour care cycle. This was confirmed by mentors and is included in the continuous assessment of practice (CAP) timesheets. However, this is not collated by the university and requires improvement to strengthen the risk control.

We found external examiner reports confirm the preparation of mentor programme and BNursing (adult) programme effectively prepare students to meet NMC standards. Employers, mentors and the commissioner told us that students completing the pre-registration nursing (adult) programme are safe, competent and fit for practice.

The university implemented an action plan to address the lack of monitoring of programme theory hours, to ensure students experience the 24 hour seven day care cycle and to ensure that students meet all theory and practice components for each stage of the programme.

A return visit to the university on 6 July 2016 to review progress made against the action plan confirmed that revised systems and processes are in place to ensure that students meet the required theory hours of the programme and their experience of the 24 hour seven day care cycle is monitored. Students currently studying on the programme have met the learning outcomes of all theory modules, all learning outcomes at each stage of the programme and at the point of completion. The key risk is now met.

Quality assurance: met

We found the university has a comprehensive range of QA processes in place that manages and controls risk and addresses areas for development and enhancement in

programme delivery for the BNursing (adult) and mentor preparation programmes.

There are comprehensive processes to ensure student concerns and complaints raised in the practice learning setting are appropriately dealt with and communicated to relevant partners.

External examiners have due regard and there is evidence that they are engaged in the scrutiny of the assessment of theory and practice.

We did not find any evidence to suggest there are any adverse effects on students' learning experiences in placements in the ROH, which was subject to an adverse CQC report.

Summary of areas that require improvement

A follow up visit to the university on 6 July 2016 confirmed that systems and processes are now in place to address all of the issues identified below with the exception of the live mentor registers which requires improvement and is detailed below.

The following areas are not met and require urgent attention:

- The university does not have access to complete and accurate registers of mentors across all of its placement providers.
- The school must ensure a robust system is put in place for the maintenance of accurate and up to date recording in mentor registers to meet NMC requirements. The school must ensure as a matter of urgency that students currently out on placement are allocated to up to date mentors in organisations where the mentor register is not accurate to assure protection of the public.
- The university must have a process in place to collate that students complete the required theory hours to provide assurance that students meet the NMC requirements.
- The BNursing (adult) programme regulations are non-compliant with NMC standards and requirements as students are not required to successfully complete all modules. This has resulted in some students in their second and third year of the programme being allowed to progress carrying failed modules. This requires urgent attention to ensure these students meet all theory and practice components for each stage of the programme.

A follow up visit to the university on 6 July 2016 reviewed evidence and confirmed that systems and processes are now in place to address all of the following issues.

The following areas require improvement:

- The university should have a process in place to record that practitioners participating in the BNursing (adult) programme student selection interviews have undergone equality and diversity training and meet NMC standards.
- The university should introduce a process to monitor that pre-registration nursing (adult) students experience the 24 hour care cycle.
- The IELTS information provided on the university website for potential international students information should be checked to ensure it conforms to

NMC requirements.

During the follow up visit on 6 July 2016 the following key risk still area requires improvement.

- The university should ensure that the IT system supporting the mentor register in the NHS community trust provides a fully automated function across all elements of the register.

Summary of areas for future monitoring

- Equality and diversity checks by the university for practitioners involved in interviews for the BNursing (adult) programme.
- Live mentor registers are maintained, are accurate and up to date and regular audits of the registers are undertaken by the AEI.
- Progress on the development of service user input to the mentor preparation programme.
- Adherence to the NMC standards for progression.
- The university monitoring of theory hours in the pre-registration nursing programme.
- The university monitoring of student nurses experience of the 24 hour care cycle.
- Monitor response rates for student evaluation.

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

Mentorship

The programme team has good working partnerships with practice placement providers, and are working closely with Birmingham Community Healthcare Trust that has commissioned the mentor preparation programme from the university for the first time. The team told us that they have offered additional support to students from the community, and have visited students in practice.

Adult nursing

The programme team work closely together in supporting students and links with practice placement providers are very good.

There is a general view among the team that the programme is rigorous and robust and that students on successful completion of the programme are fit for purpose and employable.

The team confirmed that there are agreed and transparent processes in place to deal with student issues as and when they arise.

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

Mentorship

The practice placement managers (PPMs) and clinical development facilitators (CDFs) told us that they work closely with the programme team and are well supported by the university. Support by the PPMs/CDFs for the mentors' role as supervisors was described as good.

All mentors, clinical educators, PPMs/CDFs expressed confidence in the programme and described students as fit for practice as mentors on completion of the programme.

Adult nursing

Nursing students from this programme are described by managers as motivated and high calibre individuals that make a strong contribution to the delivery of care to patients when on placement. They integrate well into teams and are noted for their leadership and management potential.

Mentors, employers and the education commissioner are very confident that the programme equips students with the skills to become compassionate and highly capable adult nurses.

Mentors and PPMs told us that they have good working relationships with link tutors. They are clear about their responsibilities in instances when a student's practice gives cause for concern and about processes for escalating unresolved issues.

All mentors/sign-off mentors, PPMs and education leads confirmed that there is a high level of support for students during each of their practice placements.

Students

Mentorship

Students are positive about the support offered by the programme leader and complimentary about the teaching input. The students all reported that they get the five days protected learning time. They confirmed that they obtain good support from their mentors in practice.

Adult nursing

Students told us that they are enjoying their programme and feel motivated and enthusiastic about their future nursing career.

They described a transparent and open culture within the School of Nursing where concerns are listened to and acted on. Students confirmed that timetables, assessment and other programme details are always available in advance and rarely changed. They valued the continuity provided in the personal tutor system.

Students appreciate the input and support from mentors and link tutors when in practice placement. If matters of concern arose around their programme or placement experiences they were able to identify next steps.

Service users and carers

Service users are very positive about their involvement in the programme which includes, for example, the creation of patient testimonies for use in student recruitment interviews and role play scenarios with students. They are impressed with the calibre of students graduating from the BNursing programme.

The mentorship programme team told us that they are working with the service user group in the school to develop video scenarios for service user feedback. Mentorship students collect service user feedback on student performance using a variety of methods.

Relevant issues from external quality assurance reports

CQC reports were considered for practice placements used by the university to support students' learning. These external QA reports provide the review team with context and background to inform the monitoring review.

The following reports required action(s):

Sandwell and West Birmingham Hospitals NHS Trust published 26 March 2015 - requires improvement. The CQC visited 14-17 October 2014. The trust requires improvement for responsiveness and leadership and was inadequate for safety in terms of staffing levels, incident reporting and follow-up, data/record handling and storage. The trust includes City Hospital and Sandwell Hospital (1).

Sandwell Hospital published 26 March 2015 - overall requires improvement. The CQC visited 14-17 October 2014. Urgent and emergency services, medicinal, surgery and child and young people services require improvement, end of life services was good and outpatient service was inadequate (2).

Birmingham City Hospital published 26 March 2015 – requires improvement. The CQC visited 14-17 October 2014. Ratings were good for effectiveness and caring; requires improvement for responsiveness and leadership and inadequate for safety of services. There was inconsistency in medicines management, concerns about levels of nursing staff, and on two wards (D25 and D11) basic care needs were not met (3).

Following the CQC visit the UoB and the trust developed an action plan. The outcome of the action plan reports that there are a sufficient number of student mentors with an ongoing collaborative approach to monitoring student experience. Student placement

evaluations are positive as are educational audits confirming that the specific areas have a suitable learning environment and students remain on placement. There are regular link lecturer visits and the UoB continues to monitor and follow up any further indications of poor quality. This trust is used by the AEI for child placements. The UoB will review progress in July 2016 (1-3, 9).

Birmingham Heart of England NHS Trust published 1 June 2015 – requires improvement. The CQC visited 8-11 December 2014. The trust requires improvement in relation to safety, responsiveness and leadership. Staff sickness and attrition are highlighted as a concern. The trust includes Good Hope Hospital, Birmingham Heartlands Hospital and Solihull Hospital (4).

Good Hope Hospital published 1 June 2015 – requires improvement. The CQC visited 8-11 December 2014. The following services require improvement; urgent and emergency services, medical, maternity and gynaecology, outpatient and diagnostics. Staff sickness and attrition levels were highlighted as a concern as well as completion of appraisals. The practice placement teams were noted in the report for providing excellent links between the trust and the university in supporting more than 600 students on all three hospital sites (5).

Birmingham Heartlands Hospital published 1 June 2015 – requires improvement. The CQC visited 8-11 December 2014. The following services require improvement; urgent and emergency services, medical, surgery and child and young people services. End of life services was good and outpatient service was inadequate (6).

Solihull Hospital published 1 June 2015 - overall requires improvement. The CQC made an unannounced inspection on 8-11 December 2014. Urgent and emergency services, medical, maternity and gynaecology services require improvement. Outpatient and diagnostics was rated as good. The practice placement teams were noted in the report for providing excellent links between the trust and the university in supporting more than 600 students on all three hospital sites. (7)

The UoB and the trust action plan was implemented. Audits and placement evaluations confirm that the specific areas have a suitable learning environment. This trust is used by the the UoB for child placements. A review on progress is scheduled by the UoB in July 2016 (4-7, 9).

Royal Orthopaedic Hospital NHS Foundation Trust (ROH) published 4 December 2015. The CQC visited 28-29 July and 5 August 2015. The trust requires improvement in relation to safety of services, effectiveness, responsiveness and leadership. Caring was rated good. The CQC found that staff in the high dependency unit (HDU) cared for patients but were not paediatric trained. In the outpatients department (OPD) safeguarding training needs to be improved and the privacy and dignity of patients was compromised. This trust is used by the UoB for adult placements (8).

What we found at the monitoring visit:

We found the UoB and the trust are working in partnership in progressing a joint action plan. Educational audits and placement evaluations have been reviewed as part of this plan. The university and trust have agreed that the two key areas requiring improvement by the CQC remain suitable for student placements and ongoing monitoring is in place to manage the risk. Adult nursing students we spoke to were positive about their practice placement experience at the ROH (87, 127).

Follow up on recommendations from approval events within the last year

The mentor preparation programme was approved on 30 April 2015.

Two recommendations were made:

- Consider use of masters level module within a suitable Pg Cert pathway in the future.

The team has further developed their framework of programmes and students are now able to use accreditation of prior experiential learning (APEL) credits into the MSc advanced clinical practice and MRes programmes (9, 79).

- Consider the award of credits for the portfolio.

A programme meeting was held in February 2016 at which it was decided no credits would be awarded for the portfolio at the present time. However a task and finish group of previous students from the programme has been set up to explore the issue further (9, 79).

Specific issues to follow up from self-report

The following areas were identified as potential risks for future monitoring from the approval of the mentor preparation programme (9):

- Monitor the resources available to ensure that students continue to have protected study time and access to academic tutors and PPMs within the NHS trusts.

During the monitoring visit we found that students have the five days protected study time, but reported that they have to ask for this early so it is included in the off duty rota in time (93-94, 96-97).

- Access to the programme by students from the community healthcare sector as this is a new development.

During the monitoring visit we found that there are small numbers of students from the community trust who require additional support from the university and CDFs due to a shortage of supervising mentors in some areas (80, 94-97).

- Students are aware of the differences between the two academic levels and how these are addressed within the module content.

We found that students are aware of the differences in academic levels, and are given the option to choose the level of study if they have a first degree (93-94, 96-97). The programme team and students confirmed that additional tutorial support is offered to students studying level seven (80, 94).

Other risk areas identified in the annual self-report are as follows:

- Reduced student satisfaction with the personal tutorial system, support and academic feedback.

The policy on personal tutoring has been revised at university and school level including

termly monitoring of students' practice assessment documents, and mandatory training reviews (10-12, 35). The university policy has changed and all feedback must be returned to students within three weeks. New academic feedback guidelines have been circulated to academic staff and incorporated in the online marking system (9-10, 99) (see section 2.1.2).

- A number of health services are undergoing reconfiguration.

The self-assessment report identifies in particular the reconfiguration of mental health services for the under 25 year olds. Service provision will move from Birmingham Solihull Mental Health NHS Foundation Trust to Priory Health Care. This will affect placement provision and allocations for mental health and child field student nurses. Discussions at the joint placement forecast meetings held between the UoB and BCU have indicated that the risk to placements will be minimal and is more likely to increase capacity, especially for the child field nursing students. A review of the status is scheduled for July 2016 or when reconfiguration occurs if earlier. Senior nurses and academic staff confirmed organisational change is monitored and the impact on placements is considered at a range of placement meetings (9, 13-15, 99, 101).

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**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.

What we found before the event

Following organisational restructure there have been a number of new academic staff appointments to the BNursing (adult) programme and in particular to the mentor preparation programme in response to an increased number of student intakes in 2015-16. The programme leader is an experienced mentorship lecturer/NMC registered nurse and recorded teacher on a 0.5 whole time equivalent (WTE) 12 month fixed term contract (17). An additional 0.5 WTE administrator was appointed to support this programme.

The BNursing (adult) programme leader holds current NMC registration as a nurse (mental health and adult) and is a recorded teacher. All field leaders for the BNursing (adult) programme hold current registration as nurses with due regard and are recorded teachers or studying towards this (17).

Maintaining professional registration is monitored through completion of a proforma by the academic staff member and manager at the point of re-registration/revalidation. The line manager verifies eligibility to practice and sends this to the college human resources department (32).

There is a staff development guide and support and development is available through the centre for learning and development (CLAD) and people and organisation development (POD) (30, 33).

What we found at the event

We were told that there has been a substantial number of new staff appointments in the last two years to replace staff that have retired or left the university.

We are assured that the resource for the mentorship programme will be reviewed when the university is informed of its forthcoming commissioned student numbers. The programme leader for this programme has a full time fixed term post in the school, of which 0.5 WTE is allocated to the mentorship programme. The school are in the process of securing a permanent full time academic appointment to continue supporting this and other programmes (98).

We found that teaching staff have qualifications and experience commensurate with their role and we confirmed all academic staff have current NMC registration. The majority of academic staff supporting the programmes have NMC teacher status (17,131).

We found that the process in place for monitoring NMC registration is effective and suitable safeguards are in place to assure public protection (118).

There is a school staff development plan and also a research plan which feed into the individual personal development review (PDR) annual cycle. All academic staff are engaged in scholarly work and dissemination of findings. The school is working towards 100 percent of academic staff having honorary contracts with local NHS trusts.

We were told by senior academics and senior nurses that academic staff are actively supported to have an honorary contract with practice placement provider organisations for clinical, research or practice development activity. A reciprocal arrangement has been agreed with the trust chief nurses to enable clinical staff to engage in teaching and research in the university. University and practice staff gave us examples of these appointments (79, 98-99, 101, 120-121).

We were told that the programme leader for the mentor programme does not have an honorary contract with a trust as she is relatively new in post, but she spends time supporting practice based learning through working with PPMs/CDFs in practice, visiting mentor preparation students in practice and through liaising with designated medical practitioners supporting the non-medical prescribing programme (V300) (80).

From discussions with the teaching team, students and mentors we found there is sufficient capacity in the teaching team to deliver the pre-registration nursing programme. The teaching team told us that if there are shortfalls in expertise, for example midwifery and learning disabilities, remedial and peripatetic arrangements are in place to ensure content is addressed and the quality of the programme provision is

<p>maintained (79, 81-93, 108, 111).</p> <p>Our findings conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) and mentorship programmes to meet NMC standards.</p>
<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 is on-going partnership working to ensure sufficient numbers of qualified mentors/sign-off mentors to support numbers of students. This includes: support from commissioners in ensuring placement providers have sufficient mentor/sign-off mentors through formal agreements including the education and partnership agreement (EPPA), and learning development agreements (LDA) with the trusts; support and monitoring of capacity through education commissioning for quality (ECQ) requirements; and, monitoring through educational audits and partnership meetings with trusts and BCU who share the placement circuit. Mentor/sign-off mentors for the BNursing (adult) programme students also mentor BCU student nurses (38-42, 52).</p> <p>There is an education support and development infrastructure within the trusts for mentors, mentor students and students with PPMs and clinical education facilitators (CEFs) playing a key role. We found documentary evidence of a range of communication networks through which mentor capacity is monitored (14-15).</p> <p>The university has responded to the demand for preparing more mentors from Birmingham Community Healthcare NHS Trust in providing three extra intakes in 2015-16 commissioned by HEWM.</p>
<p>What we found at the event</p>
<p>We found that placements provide students with a supportive environment in which they have sufficient access to mentors and sign-off mentors. We are assured from discussions with managers, mentors and students that placement providers effectively accommodate the learning needs of UoB students alongside students on placement from other AEIs, mentors for newly qualified nurses in their preceptorship year and supervisors for qualified nurses training to be mentors (82-85, 96-97).</p> <p>Mentorship</p> <p>Students told us they are well supported in practice, and are allocated a mentor/supervisor during the programme (93-94, 96-97). Supervising mentors confirmed that they are able to allocate sufficient time to offer guidance and support to their mentees, understand their role and responsibilities and that they are well supported in practice through PPMs/CDFs or clinical educators (92-97).</p> <p>The PPMs/CDFs told us that they check the mentor is current on the mentor register (92, 95). The programme team told us that they visit the community-based students in</p>

practice, and provide additional support alongside the CDF where there is a shortage of mentors. This was confirmed by students and the CDF (80, 94, 96-97).

Adult nursing

During our visits to practice placement areas all students, mentors/sign-off mentors and clinical managers confirmed that planning of placements was well organised, structured and appropriate. We confirmed that students are placed in practice placement areas with sufficient mentors and that CDFs allocate students to an alternative placement area if this is not the case.

Students told us that they access short spoke placements in both acute and community settings that complement and enrich their learning experiences. During spoke or pathway placements good communication is maintained. Where required, completed and signed documentation is included in the student's ongoing record of achievement. Students consistently told us that they have the chance to work with other registered nurses and health and social care professionals during their placement experience, and are encouraged to look for these opportunities (82-83, 85, 103).

Students on their final placement are allocated to a sign-off mentor and without exception mentors act with due regard, work regularly with students meeting the 40 percent engagement requirement by the NMC and understand their role and responsibilities. Mentors are supported in their role by the PPMs and CDFs. Students told us that in addition to their allocated mentor, they are often assigned a buddy to work with and secondary mentors (82-83, 85). Mentors told us that this is important when a student may not be able to mirror their mentor's work pattern for example successive 12 hour night shifts. The majority of mentors told us that they directly fed back to colleagues their experience of working with students for whom they were not the named mentor (96-97).

We conclude from our findings that there are a sufficient number of appropriately qualified mentors/sign-off mentors to support the number of students for practice learning and assessment in both programmes.

Outcome: Standard met

Comments:

Community-based mentor students are visited by academic staff in practice, and provide additional support alongside the CDF where there is a shortage of mentors.

Areas for future monitoring:

- Support in practice for community based nurses supporting mentor students.

Findings against key risks
<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>Students on the mentorship programme are selected and nominated by their employers. Entry requirements for the BNursing (adult) programme include numeracy, literacy and science. Students have a face to face interview with an academic staff member and practitioners. Service users who are part of the public engagement in nursing (PEN) group are not directly involved in the selection of students but inform the process through production of video scenarios to inform the values based approach to selection (26, 43-44, 73).</p> <p>We were told that all academic staff complete mandatory equality and diversity training which is available via online training and is embedded into induction for new staff (26, 50-51).</p> <p>DBS enhanced disclosure and satisfactory occupational health check/immunisations are required for all applicants to the BNursing (adult) programme prior to commencing placements. The DBS status is identified for each student in the practice placement administration system (PPAS). A letter from the admissions tutor requires new students to self-declare in relation to DBS and fitness to practise, including whether the individual has been subject to fitness to practise on a previous healthcare programme at another AEI. There is a college enhanced disclosure panel which includes practitioner representation that considers DBS concerns (46-48).</p>
<p>What we found at the event</p>
<p>We found that admission processes for both programmes are in partnership with practice placement providers.</p> <p>Mentorship</p> <p>Admission for the mentor preparation programme is in partnership with the NHS trusts (80, 92, 95). Mentor preparation students are not interviewed by the university. A declaration form is completed by their manager as part of the admissions process confirming DBS, health, NMC registration, fitness to practise and agreement the student will have the protected learning time to complete the programme (99, 101, 128).</p> <p>The programme team verify the DBS declaration and current NMC registration. Criminal convictions are declared on the university enrolment form and the programme team told</p>

us about how they recently dealt with a disclosure of a spent conviction (80, 128).

Adult nursing

Overall we found robust evidence that the BNursing (adult) programme recruits suitably educated applicants of good character and good health (81-82, 109).

The annual attrition rate in the programme is normally below the national average and within the commissioner's 13 percent threshold with the exception of 2014-15. Following further analysis of data the programme team changed the entry grades for numeracy, literacy and science, and added a written piece of work to the selection process. In addition the review of the applicants supporting statement is now assessed using a values based criteria (43-44, 59, 106, 115).

There is a school policy to manage the learning experiences of students less than 18 years of age entering practice placements (117).

The BNursing (adult) programme does not accept international students however the IELTS statement information on the university website does not conform to NMC requirements and requires improvement (43).

Mentors and PPMs reported being routinely invited to participate in selection and admission processes; of the mentors we spoke to only a small number took up the offer to participate (81-91). There is a process in place to ensure university academic staff involved in student selection have undertaken equality and diversity training and we saw recorded evidence of this (98-99, 119).

All practitioners we spoke to confirmed that they had undertaken mandatory equality and diversity training at their employing organisations (81-85, 92). However the university has no process in place to confirm that practitioners scheduled to participate in interviewing applicants have undertaken and successfully completed equality and diversity training. This requires improvement to ensure NMC requirements are met (NMC Standards for pre-registration nursing education 2010, requirement 3.8).

Students confirmed that a member of academic staff and a practitioner representative were involved in their selection interview (81-91). In addition to face to face interviews the selection process includes the use of videos of patient stories developed by members of the school's PEN to enhance the values based approach used (81-82, 102).

We verified that the university's student database (PPAS) records occupational health assessment and DBS results. We tracked the academic records of three students that graduated in 2015 and verified evidence of applicants' suitability for the programme in terms of their qualification, universities and colleges admissions service (UCAS) personal statements, and assessment scores at shortlisting and interview (109).

Nursing students are required to sign terms and conditions, a code of professional conduct and fitness to practise statement on commencement of the programme which incorporates health and good character. Students are required to re-confirm compliance with the code annually and are not allowed to proceed into practice placement until this has been confirmed. On return to the programme after interruption of studies a student's DBS may be repeated, and confirmation of health status, as appropriate, combined with reconfirmation by the student of fitness to practise (45, 70, 76).

Students told us that each year they are contacted by the university to self-report any

changes to their personal conduct and associated circumstances (health and good character) (81-93, 108, 111, 124).

Evidence from the student admissions database summarises the outcomes of assessment at progression points. We verified that there is evidence of the grade awarded and clinical competences of individual students achieved at progression points and at the point of the final award. We verified that paper and electronic copies (since 2014) of summative assessments of practice are stored (109).

Final sign-off confirmation on completion of the programme and for entry to the NMC register is undertaken by the programme director and processed at the exam board (106, 109)

Our findings conclude that the university has clear systems and processes in place to ensure suitable individuals gain entry to the pre-registration nursing (adult) and mentorship programme and progress to qualification. The university is required to introduce a checking process to ensure that practitioners who are scheduled to participate in selection of applicants to the BNursing programme have undertaken and successfully completed equality and diversity training.

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

What we found before the event

The school has policies and procedures in place for addressing poor performance in theory and practice.

There is a new university code of practice on assessment, assessment feedback and personal tutoring with associated guidance for staff in response to reduced student satisfaction with the personal tutorial system, support and academic feedback (10-11). The revised guidance for personal tutors includes termly monitoring of students continuous assessment of practice documents, and mandatory training reviews (10-12, 35). Feedback on academic work is to be returned to the student within three weeks. New feedback guidelines have been circulated to staff and incorporated in the online marking system (10).

Guidance is provided for mentors and they have clear processes to follow if they have concerns about a student's conduct or performance in practice. PPMs and link tutors provide support to mentors and are involved when concerns are raised about a student. Module co-ordinators meet with mentors supporting students who are failing in practice (31).

There is a school welfare tutor, a reasonable adjustments officer, a university disability key worker scheme and clear policies for supporting students with disability or who may require reasonable adjustments (45, 49, 75).

Students are required to abide by the university and programme specific professional codes. There are comprehensive policies, procedures and committee structures (university and college) in place when there are concerns about a student's fitness to practise (49). There is practitioner involvement and student representation from the

wider university on panel hearings. A new role of fitness to practise and an appeals case manager at college level was reported in the self-assessment report 2014-15. This report also provided data on cases and outcomes (29).

What we found at the event

We are assured that the university has robust processes and systems in place to deal with and also pre-empt poor performance in theory and practice.

Mentorship

We found that all academic and practice placement staff and students are aware of the procedures to address issues of poor performance in theory and practice (80, 92-97).

Adult nursing

Academic staff members and students confirmed that personal tutors meet with students following each practice placement and remain allocated to students through the three years of study. Both students and academic staff told us that this fosters a strong pastoral relationship and the ability to give personalised academic support (81-83, 103).

The programme and module leaders monitor academic attendance and initiate intervention to address issues such as poor performance based on the specifics of a situation. The college also has a welfare tutor who supports, signposts and refers students to appropriate services in order to pre-empt or deal with issues affecting academic performance. Student representatives confirmed that the student body overall feels that issues are fairly addressed (75, 82, 103-104).

The school has a clear process for investigating and escalating fitness to practise issues and has clearly documented the outcomes, lessons and action taken to address these over the past 15 months. Eight cases in total were considered between September 2014 and February 2016. Seven were resolved at the summary stage leading to a reprimand of the student, for issues such as social media usage. One case went to the college fitness to practise committee (CFPC). A total of four cases were heard in 2013-14, of which two were resolved at the summary stage for issues such as conduct in class and on placement. Two cases went to the CFPC, of which one student was withdrawn from the programme (74, 81-82, 104).

Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders, including adult nursing and mentor students.

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

What we found before the event

Mentors are supported in monitoring the progress of students by the PPMs and link tutors and have access to guidance. CAP documentation is clear in structuring and

capturing ongoing monitoring of students' performance and conduct including action plans. Mentor and sign-off mentor toolkits and the policy and procedure for managing practice learning detail how to manage a failing to achieve student or concerns about a student's conduct including the support networks available (31, 36).

Students, mentors and sign-off mentors are made aware of these processes through the programme handbook, CAP document, and mentor toolkits, at student induction and as part of mentor and sign-off mentor preparation and updates (18, 36-37, 63).

What we found at the event

Academic staff, managers in placement areas and several students highlighted the transparent process in place to inform practice placements of reasonable adjustments required for specific students (82-84).

Senior nurses told us the university responds quickly if there are concerns about a student's performance in practice (101).

Mentorship

We were told by mentors, clinical educators, PPMs/CDFs and students that they have a clear understanding about the procedures that will be followed if there are concerns about a student's performance in practice. All mentors supervising mentor students would initially contact their PPM/CDF and some gave examples of doing this for a struggling mentor preparation student (92-97).

During the mentor preparation programme students are informed about processes for supporting struggling students, and complete an action plan in their portfolio demonstrating how they would support such a student in practice (92-97, 107).

Adult nursing

Mentors/sign-off mentors reported clear procedures and guidance for dealing with poor student performance and told us that they are supported by the PPMs and link tutors on occasions when this has happened. There are numerous examples provided of enacting the guidance with full effect and closure. Sign-off mentors are without exception sufficiently confident to make balanced decisions regarding student progress and are clearly aware of the need to make the best use of available support when making pass/fail decisions (83-91, 108).

We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of 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.

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

What we found before the event

There is a school accreditation of prior learning/accreditation of prior experiential learning (APL/APEL) process and a college APL contact (53).

The mentorship programme does not use APL. The BNursing (adult) programme follows the school APL process however applicants rarely use this opportunity (26).

What we found at the event

Mentorship

The mentorship programme lead told us that they had not received requests for APL for the programme but they would be able to facilitate this process, if required (80).

Adult nursing

The admission tutor deals with requests for APL. The documentation template confirms a maximum of 50 percent APL is allowed. AP(E)L claims are via submission of a portfolio and are assessed by a relevant tutor (53).

We were told that in recent years only one student who transferred from another AEI has used this process. We saw the completed documentation for this student which evidenced that the claim is mapped against NMC competencies and relevant stages of the programme. Theory and practice hours will be ratified at the forthcoming examination at which the external examiner will be in attendance (53, 99, 106, 112).

Outcome: Standard requires improvement

Comments:

There was no evidence that the university has a process in place to record that practitioners participating in BNursing (adult) student selection interviews have undergone equality and diversity training. This requires improvement.

The BNursing (adult) programme does not accept international students however the school needs to check the IELTS statement information on the university website conforms to NMC requirements.

6 July 2016: Follow up visit to University of Birmingham. Standard now met

A return visit to the University of Birmingham on 6 July 2016 evidenced that the standard is now met.

The university has a process in place to ensure that practitioners have completed equality and diversity training prior to participating in student interviews. This process involves the practitioner completing a self-declaration form which includes the date such training was completed to ensure currency. This was confirmed by the programme team and NHS trust education leads we spoke to.

The university webpage for international student entry has been updated and now reflects the NMC requirements for the IELTS.

Evidence to support the standard is met includes:

- Meeting with university programme team, School QA and placement lead, College QA manager, 6 July 2016
- University of Birmingham equality and diversity training self-declaration form, undated
- University of Birmingham International student entry requirements – English language requirements – Group D nursing. Webpage viewed 6 July 2016
- University of Birmingham Quality and Placement report for the CDC annual review day 29 June 2016 (items- IELTS; interviewing and diversity training)

Areas for future monitoring:

- Equality and diversity checks by the university for practitioners involved in student interviews.

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

There is a range of partnership groups and engagement at both strategic and operational level. The university has a partnership with HEWM who commission and monitor the quality of the programmes.

A practice based learning committee meets once per term which is a primary communication forum for link tutors, PPMs/PDFs and mentors. This committee considers all aspects of practice learning receiving reports of educational audits, mentor capacity, themes arising from student evaluations, concerns raised and fitness to practise issues. PPMs/PDFs attend the curriculum development committee which is a subgroup of the school quality committee. There is a Birmingham PPM/PDFs focus group to which programme representatives attend. The link tutors (clinical liaison team) attached to placement areas work closely with mentors and PPMs/PDFs in the support of student learning, educational audits and mentor preparation and update (13, 24, 31, 54-55).

What we found at the event

We found robust evidence of effective partnership working between the university and NHS trusts, independent providers and education commissioners.

At a strategic level we were told the head of the School of Nursing attends the monthly nursing strategic collaboration committee with chief nurses from across the trusts at which the programme, placements and mentorship are discussed. In addition there are individual meetings between the head of nursing and each chief nurse. Senior nursing representatives from the trusts told us they participated in the university selection process last year for the professor of nursing appointment and are represented on fitness to practise panels at the university (98, 101).

The commissioner told us they meet with senior college and school staff at regular intervals and there is regular communication in the interim. They confirmed practitioners are involved and influence programmes at the university (98-101). Academic and practice representatives told us they work together through a range of groups such as the practice based learning committee each term, the ECQ meetings are held twice per year to inform the ECQ report and an annual review day is held with all stakeholders (22, 54-56, 99, 101).

The shared placement circuit with BCU is formalised through a memorandum of understanding and the universities have joint placement planning meetings to refine existing responsibilities for monitoring the quality of placements and undertake forecasting of placement and mentor capacity. The educational audit tool is used by both AElS; the responsibility for completion is clearly delineated and completed reports are shared. We were told this established partnership with BCU continues to evolve to create a seamless quality practice learning circuit for students and mentors. Trust managers told us this arrangement is working effectively at placement level (14-16, 99, 101, 105).

Learning development agreements are in place with NHS trusts via the commissioners and separately for the voluntary/independent sectors placements. The university maintains the database of educational audits for the independent/voluntary sector which we viewed. A traffic light system is used; all were in date for placements currently used and action plans addressed (41, 105, 124).

We found robust partnership working between frontline staff responsible for the academic and practice learning of students. Mentors and managers described their relationships with link tutors and other academic staff as good. Link tutors are easy to contact and responsive according to placement provider staff (83-84).

We were told by senior nurses and academic staff that reconfiguration of services are notified to the university through written communication and the impact of changes are addressed at a range of collaborative meetings (15-16, 25, 98-99, 101).

The process for raising and escalating concerns is included in the student's CAP document, student handbook and available to mentors through mentor support materials. The policy and process is addressed during the university induction session for students and is incorporated in the placement induction checklist for BNursing (adult) students (34, 63, 78). Students are clear and consistent in describing the process of

how they would raise a concern about care. Several described having done this and that this had been dealt with satisfactorily without the need for escalation (82-83, 85).

Processes and protocols for escalating concerns are all clearly, confidently and satisfactorily articulated by mentors (81-97, 108).

The commissioner confirmed that they are kept informed by the university of any escalating concerns. The same multi-professional 'escalation of concerns form' is used by both the trusts and the university. We were told by university staff, and senior nurses that any concerns that may pose a risk to practice learning, including CQC outcomes, are escalated and managed in partnership through their communication networks. We viewed evidence of exceptional reporting to the NMC for 2015-16 relating to adverse CQC outcomes and progress and updates on associated action plans (29, 98-101,127).

Educational audits are undertaken biannually and conducted collaboratively between placement staff and link lecturers. When there is a concern adversely affecting the quality of the learning environment a re-audit is undertaken and yearly thereafter. Any action plan identified is reviewed by the link tutor and discussed with the clinical manager at six monthly intervals (31). During periods of changing circumstances action plans are recorded and audit records amended accordingly. The best examples of this were in the case of temporary closure or change to a designated service, or a reduced ratio of mentors to students. In all the educational audits we viewed actions were clearly recorded and reported as resolved (31, 80, 83-97, 124).

The needs of students with disabilities are addressed on an individual basis and are considered, where required, at the placement induction with the student with links to the school and college disability support network (63).

Our findings conclude there is robust and effective partnership working in place both at strategic and operational levels and across AEIs to support the programmes and ensure NMC risks are effectively managed.

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

What we found before the event

A PEN group which includes service users and carers was formed in 2012. Their involvement in nursing programmes includes recruitment and selection, programme development, learning and teaching and research. The activities and outcomes of the group are reviewed annually as part of a programme review (27-29).

The BNursing (adult) CAP documentation requires input from practitioners and service users. Mentors engage with service users and incorporate feedback about the student in relation to various elements of the competencies (63). Practitioner representatives are part of the constitution of the programme boards.

What we found at the event

School and practice staff confirmed practitioner involvement in a variety of aspects of programme development and delivery citing particular input from nurse specialists as an example. The honorary contract arrangement facilitates this process. Practitioners also told us of their involvement in programme review to inform forthcoming modifications to the programme (99, 101).

We found robust evidence of systems in place to involve service user and carer experience. Group members have provided patient testimony videos used in pre-registration nursing student selection interviews and regularly provide a user view on programme development and review days and at revalidation panels. Group members and other service users have been involved in telling patient stories about living with long-term conditions to student cohorts and taking part in role play scenarios simulating a carer's experience on the bereavement of a relative. There is service user representation on programme boards. Pre-registration nursing students confirmed that they have experienced service user involvement in the programme and find this experience 'grounding' and 'enriching' (78, 83, 85, 102-103).

We were told by service users that mentors record service user and carer feedback on students in the CAP document and base this on their observations of student interactions with patients and carers or their direct feedback (82-83). This was confirmed by adult nursing students who reported a good level of service user and carer involvement in the delivery of the programme. They also identified a process in their CAP document for capturing the views of service users regarding the quality of care they were able to provide (85-93, 108, 111, 124).

The mentorship programme is co-delivered with a local trust facilitating substantial involvement of practitioner involvement in design, development, delivery and student support. We found evidence of mentorship students collecting service user feedback on student performance using a variety of methods. There is no standard documentation to collect service user feedback, with some mentors asking for informal verbal feedback and others using standard trust patient experience forms or cards (92-97).

Service user and carer involvement in the mentorship preparation programme is under development. The programme lead told us that they are working with the PEN group to develop video scenarios for service user feedback, and will integrate these into the mentor preparation programme (26, 80).

We spoke to one service user on a placement visit who told us that students always introduce themselves by name, tell them they are a student and always inform them of what is going on (83).

Our findings conclude that service user/carers' and practitioners' experience and expertise informs the development and delivery of the curriculum.

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

What we found before the event

There is a clinical liaison team of link tutors. The role specification and responsibilities of the link tutor includes engagement with educational audits and support to mentors and

students. Liaison with the PPM/CDF for the purposes of supporting students is fundamental to the role. Where there is a concern relating to an individual student failing to achieve on the placement the responsibility lies with the module leader who meets with the mentor (24-25, 31).

What we found at the event

Students consistently told us that they are well supported by academic staff in practice placement settings (82-83).

Mentorship

Mentor preparation students told us that they are mainly supported in practice placement settings by either clinical educators or PPMs/CDFs. The clinical educators, PPMs/CDFs told us that they are well supported for their role by the programme team who are responsive and supportive. Community based mentor preparation students told us that they have received placement visits from the programme team, and reported that academic staff are supportive and respond quickly to emails (92-97).

Adult nursing

Students, mentors/sign-off mentors and clinical managers all reported having close working relationships with link tutors and they are clearly visible although not standardised in terms of their visit to practice placements. Prior to placement, students receive a lecture dedicated to placement preparation. They meet with link tutors prior to and at a mid-point in their placement (81-91).

Our findings conclude that there is robust academic support for students and mentors in the practice placement settings.

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

There is a well-established mentor preparation programme. In addition there is a training package specifically to prepare sign-off mentors (36, 58, 68, 72).

The LDA with all placement providers commits to providing enough mentors to meet the commissioned numbers of pre-registration nursing students releasing staff to undertake mentor preparation and achieve sign-off mentor status (38-39, 41).

There are trust based resources to support mentor development. The mentor toolkits provide detailed guidance on making judgements and decisions within the assessment process (36-37).

What we found at the event

<p>Mentors confirmed that they are well prepared and supported in their role and all reported high levels of satisfaction with the preparation programme (83-89, 97, 108, 111).</p> <p>The mentor preparation programme covers the Standards for supporting learning and assessment in practice (SLAiP) (NMC, 2008). Students demonstrate practical achievement under each of the domains in the portfolio (72, 107).</p> <p>Students told us they do not have problems being released from work to attend the three university days and the two study days, but have to be organised to get this in the off-duty schedule in time. PPMs/CDFs hold a pre-course meeting for mentor students and told us that they will be reminding all students to arrange the study days before the programme starts. PPMs/CDFs told us that managers sign that they will release students for the five days in a 'manager support declaration' form that is included in an information pack from the university, and that they have not had students approach them with difficulties about being released (92-97, 128).</p> <p>The programme team, students and PPMs/CDFs told us that the programme includes a session where the other local university's practice assessment document is discussed and demonstrated, and this is confirmed on the timetable (80, 92-97, 129).</p> <p>PPMs/CDFs told us that sign-off mentor preparation is either done in the trust via simulations, a toolkit and supervised sign-offs in practice or through another local university and supervised sign-offs in practice (92, 95).</p> <p>We conclude that mentors and sign-off mentors are appropriately prepared for their role.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>There is a university mentor update website and an e-mentor update with a certificate of completion. The link tutor organises group mentor updates for those in the third sector. The personal tutor reviews the student's CAP document which enables monitoring of the mentor status and provides feedback to the trust based PPM if there are any anomalies (9, 26, 37, 63).</p>
<p>What we found at the event</p>
<p>We found that mentors are supported to maintain their update training and triennial reviews by their managers and CDFs. The senior nurses told us that meeting the requirements for triennial review is a challenge and gave examples of initiatives to ensure mentors meet this requirement. In one trust this is linked with the mentor's third update session which is flagged on the mentor register. In the community trust we were told drop in sessions for triennial reviews are provided which are working well (83-97, 101).</p>

Mentors, clinical educators and PPMs/CDFs told us that they are all released to attend annual updates, and can attend this face to face or online (92-97).

Completion of the annual update is recorded differently in each practice placement organisation which maintains their own register of mentors and sign-off mentors. Within the student CAP document the mentor must confirm that they have completed an update (83-91, 108).

We conclude that mentors are able to attend updates sufficient to meet the requirements for triennial review and undertake practice assessment.

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

What we found before the event

Mentor registers are held in the NHS trusts and independent/voluntary sector organisations. There is a communication process with the AEI which replicates the mentor data held by trusts that have a formal data sharing agreement. Independent and smaller placement providers are required to hold mentor details. This information is then entered into the PPAS and added into the educational audit document. There is a student verification process to triangulate the information and identify if the mentor changes/relocates or a new mentor is appointed. The student informs the university who their mentor is by email before starting placement or no later than the end of the first week of placement. Any anomalies are followed up with the PPM in the trust (23, 31, 35, 63).

Mentor registers held by placement providers for which there is no data sharing agreement are subject to periodic auditing by the university as part of the regular placement partnership visits (31, 63).

What we found at the event

Adult nursing

The voluntary sector placement provider we visited maintains a small but transparent and accurate register of mentors; the register clearly captures mentor updates and triennial review details.

We found that Birmingham Community Healthcare Trust (BCHT) and the ROH do not have robust processes in place to ensure that mentor training updates and triennial reviews completed by staff are recorded centrally. BCHT lacks clear lines of accountability to ensure that the central mentor register is kept up to date. There are gaps in the register at ROH in relation to triennial review. We found that there are compensatory mechanisms in both organisations at local level that ensure students are placed with live mentors. Service managers keep local lists of live mentors and trigger training updates. However the lack of central verification and recording of this data presents an inherent risk as the local systems we observed do in some instances depend on the personally held knowledge of key individuals (84-97).

Mentorship

The mentor register at one local acute trust was up to date, but required manual checking of staff and flagging when updates are due. The PPMs told us that this was their role, and that the system was shortly being changed to one based on the NHS electronic staff record which would be more automated (92).

We are not assured that the university has access to up to date registers of mentors across all of its placement providers.

We conclude from our findings that there are significant weaknesses in the systems and processes of maintaining a live mentor register that require urgent attention to ensure NMC requirements are met and public protection is assured. The university must ensure as a matter of urgency that students are allocated to up to date mentors in organisations where the mentor register is not accurate.

Outcome: Standard not met

Comments:

There were gaps related to triennial review in the register at ROH. At BCHT in particular there is a lack of clear lines of accountability to ensure that the central mentor register is kept up to date. Compensatory mechanisms at local level ensure students are placed with live mentors. However the lack of central verification and recording of this data presents an inherent risk as the local systems we observed did in some instances depend on the personally held knowledge of key individuals.

The university and the trusts need to work collaboratively to ensure that each mentor register is complete and accurate, and clearly records all necessary details to ensure a level of confidence in the records of mentors and sign-off mentors. The university must ensure as a matter of urgency that students are allocated to up to date mentors in organisations where the mentor register is not accurate.

6 July 2016: Follow up visit to University of Birmingham. Standard now requires improvement

A return visit to the university on 6 July 2016, to review progress on the action plan, confirmed the standard requires improvement.

The university and NHS trust placement providers took prompt action to ensure students that were currently on placement were not supervised by out of date mentors. The CAP documents of students were also rechecked to ensure the status of the signatory mentor was valid. A revised 'mentor register' checks process has been agreed by the university and practice partners to strengthen the process of ensuring each mentor has been updated prior to being allocated a student. This process was agreed with practice partners at the practice-based learning committee and the university's annual placement review day. An additional check has been introduced as part of this process whereby the university receives the names of the mentors allocated to students prior to the student commencing placement. Quarterly checks are carried out by the relevant clinical liaison tutor (CLT) attached to the placement area and the role of the CLT has been revised in partnership with practice and students to reflect this. In addition, random checking by the CLT of mentors against allocated students has strengthened the management of this risk. The CAP document requires mentors to declare they are live on the mentor register and this was confirmed by the mentors/sign-

off mentors and all of the students we spoke to. The university has also invested in an additional administrator resource effective from September 2016 to support the mentor register checking process.

We found the mentor register at the Royal Orthopaedic Hospital (ROH) accurate and up to date in the recording of mentor preparation, updates and triennial review. The register is held and managed centrally within the trust by the education lead/PPM who works collaboratively with the university to ensure the register is live. Mentors/sign-off mentors we spoke to confirmed mentor updates and triennial reviews are pre-booked and are part of the trust mandatory training. Each mentor retains this information in their mentor booklet. CLTs from the university support the face-to-face delivery of mentor updates in the trust. Triennial reviews are completed via the annual PDR process.

At BCHT we found a substantial process review has been undertaken and a more robust centralised process for maintaining a live mentor register is now in place. The education lead told us the trust worked with the university to redesign the process to ensure a reliable method of student/mentor allocation with ongoing regular liaison. The trust has invested an additional administrative resource to support the centralised management of the system with a fixed term appointment of an administrator pending a substantive appointment.

There is a clear line of accountability for maintaining the BCHT mentor register from the senior nurse for education and administrative support team working with the CDF. The senior nurse receives monthly reports on the status of the live mentor register which has strengthened the governance of mentor status in the trust. The senior nurse confirmed that the process of undertaking triennial reviews for mentors has also been revised, which is linked with the revalidation process. This was confirmed by the mentors/sign-off mentors we spoke to.

We found the mentor register at BCHT has an effective traffic light rating for the recording and monitoring of mentor preparation and updates. Trigger emails are sent to mentors due for mentor update and triennial review. This was confirmed by all of the mentor/sign-off mentors we spoke to. There is also a follow up mechanism with team leaders who are copied into mentor reminder emails. However we saw seven errors in deadline dates for triennial review on the live register which was a result of human error when inputting information on this part of the system as it is not fully automated. No students were allocated to out of date mentors and there was no risk to public protection.

We conclude the IT system supporting the mentor register requires improvement to ensure automatic changes to deadline dates are extended to the triennial review part of the register and provide effective management of this risk and protection of the public.

Evidence to support the standard requires improvement includes:

- Royal Orthopaedic Hospital (ROH) mentor register viewed 6 July 2016
- Meeting with education lead (PPM) Royal Orthopaedic Hospital (ROH), 6 July 2016
- Meeting with two mentors and two third year students Ward 3 Royal Orthopaedic Hospital, 6 July 2016
- Meeting with one sign-off mentor, one third year and one first year student Ward

1 Royal Orthopaedic Hospital, 6 July 2016

- Birmingham Community Healthcare Trust mentor register viewed, 6 July 2016
- Meeting with education lead Birmingham Community Healthcare Trust, 6 July 2016
- Meeting with clinical development facilitator (CDF), mentor register administrators Birmingham Community Healthcare Trust, 6 July 2016
- Meeting with one sign-off mentor and one second year student Summerfield IMT Birmingham Community Healthcare Trust, 6 July 2016
- Meeting with one sign-off mentor, one mentor student and one second year student Selly Oak IMT/Stirchley Birmingham Community Healthcare Trust, 6 July 2016
- Birmingham Community Healthcare Trust mentor process for live register – flowchart, 23 June 2016
- Birmingham Community Healthcare Trust practice teacher/mentor information – form, 23 June 2016
- Birmingham Community Healthcare Trust - Screen shots of corrected errors in the mentor register viewed, 6 July 2016
- Meetings with university programme team, 6 July 2016
- Emails between university and NHS trusts confirming status of mentors allocated to students 30 June-5 July 2016
- University of Birmingham, Nursing -clinical link tutor (CLT) role 2016
- University of Birmingham, Nursing – mentor and mentor register checks process – Version 1 2016
- University of Birmingham School of Health and population sciences – notes of Practice- based learning committee meeting – items 2016/08 and 2016/10 29 June 2016
- Email from university pre-registration quality lead to nursing lecturers confirming the new mentor register checking process, 1 July 2016
- University of Birmingham Quality and Placement report for the CDC annual review day 29 June 2016 – items mentor register checks; CLT role

Areas for future monitoring:

- Live mentor registers are in place, are accurate and up to date and regular audits of the registers are undertaken by the AEI.
- Progress on the development of service user input to the mentor preparation programme.

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 – documentary evidence to support 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

What we found before the event

The BNursing pre-registration programme leads to NMC registration in adult, child and mental health nursing. Year one is a common foundation with students moving into their chosen fields of practice from year two. A variety of learning and teaching strategies are used across the programme including essential skills development and mandatory training to prepare students for practice. A range of formative and summative assessment is threaded throughout theoretical and practice elements of the programme. Simulation is used as a formative learning and assessment strategy but these curriculum hours are not used to account for summative assessment of practice. Attendance recording of practice hours is incorporated into the CAP (26, 57, 63-67).

The mentor preparation programme enables students to meet the requirements to be a mentor (67).

What we found at the event

Mentorship

We found the programme timetable is clearly linked to the SLAiP domains, and students must demonstrate achievement of each domain in the practice portfolio (107, 129). We found students understand the requirements of the programme. They told us that the learning, teaching and assessment strategies are effective in preparing them for their role as a mentor (80, 92-97).

Adult Nursing

Students demonstrated a full awareness of the construction of their programme of study. They understand the assessment strategy and appreciate opportunities for formative and summative personal and professional growth and development. They reported making the best use of lectures, practical skills sessions, tutorials and simulated learning to develop the requisite skills and understanding around all areas of nursing practice. Students and mentors all commented that the theoretical and practice elements of the programme are integrated well. Students are aware that their

programme must adhere to European Directive requirements and positively commented about the valuable breadth of theoretical and practical experiences that had been gained through meeting these requirements (57, 63, 64-66, 69, 73, 79, 82-91, 123).

All students understand who to contact and the documentation to complete should they be absent from either class or practice placement (82-90). Whilst the programme handbook requires 70 percent attendance as per the university regulations, students and academic staff told us that there was an expectation that they would attend 100 percent of their academic lectures. Students are aware of how to catch up on work they had missed and told us that they were required to submit written evidence of having achieved the learning objectives to their module tutor for sign-off (18, 82-91, 106).

We were told by academic staff the requirement for 100 percent attendance throughout the programme is made clear at induction including the requirement to undertake night duty and make up time due to sickness (106, 126). We saw signed student attendance sheets for several modules in years one, two and three which the module co-ordinator has responsibility for monitoring. The module co-ordinator reviews attendance and performance during the course of the academic year and any concerns are brought to the attention of the programme director and addressed (98, 113, 125).

We saw evidence of correspondence and work students are required to complete when they miss sessions, to evidence to the module co-ordinator that they have addressed the learning outcomes for the session (98, 113, 122, 125). Students are required to sign attendance at mandatory training sessions (such as manual handling) and are not allowed to proceed into placement until they have completed these sessions. We saw that this evidence was retained in the CAP and monitored by the personal tutor (35, 67, 98, 105, 108). However there was no collation at designated points in the programme of theory hours completed by students; therefore we are not assured that students meet the required 2,300 hour of academic study (35, 67, 98, 105-106, 108). This is a significant weakness in the system and requires urgent attention to ensure NMC programme requirements are met.

Students told us that they work weekends and shifts across the 24 hour day, and attendance on practice placements is recorded and retained in the CAP document and checked by the tutor at scheduled interviews. We saw evidence of this in completed CAP documents. Whilst there is robust tracking by the university of the practice hours completed by the student and recording on the PPAS system, there was no evidence of collation of student engagement in the 24 hour care cycle within this process. This requires improvement to strengthen the risk control (82-91, 105-106, 108-109).

We found non-compliance against the NMC requirements relating to programme progression regulation. The regulations applied until 2015 state compensation and condonement are not allowed for practice modules and they are 'not normally allowed' for academic modules. However, we found that with the exception of practice modules, students are not required to achieve all module outcomes for theoretical modules at progression points; therefore this does not meet the standards and requirements for pre-registration nursing programmes (NMC, 2010). In line with university regulations, students are being allowed to progress through the programme with a minimum of 100 credits (20 credits short) having failed up to 20 credits equating to one theoretical module in each academic year (18, 82, 106).

The school has already addressed this anomaly through the university exemption to the

regulations process. We saw documentary evidence of university approval which was applied for the intake which commenced in autumn 2015 but cannot be applied retrospectively (114). Some students currently in their second and third year have been allowed to progress carrying failed modules, and this will need urgent attention by the programme team to ensure these students have met the NMC programme requirements before progressing to the next stage/graduating.

Our findings conclude that there is a significant weakness in the documentary evidence to support students' achievement of all NMC learning outcomes and competencies at progression points and for entry to the register for the BNursing programme. This requires urgent action to ensure students currently studying on the programme meet all learning outcomes for each stage of the programme and at the point of completion to ensure the students are fit for practice on entry to the NMC register in order to assure protection of the public.

Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

Students at the end of the first year select their field of practice, however they are not guaranteed they will get their choice as allocation needs to match commissioned places. This point is made very clearly at the point of application, on the programme website, at the point of selection and in the terms and conditions students must agree to when commencing the programme (70).

What we found at the event

Mentorship

The programme team, students, mentors, clinical educators and PPMs/CDFs told us that students have to achieve all the NMC competencies in practice in order to pass the portfolio. All confirmed that students are required to facilitate learning and assessment with a student during the programme, and that completing the programme is delayed until the practice experience can be facilitated. The portfolio is marked as pass/fail by either appropriately qualified clinical educators/PPMs or the programme team. Mentors told us that they are aware of their responsibility and accountability when signing off a nurse to meet the SLAiP standards and have confidence to fail them, if necessary (92-97).

Practice staff involved in marking told us there is clear guidance and support on marking the portfolios. The programme team confirmed that they moderate the work and a selection of portfolios is seen by the external examiner, which are noted in the annual external examiner report (80, 92, 107, 110).

Adult nursing

Students uniformly told us that practice placements provide sufficient opportunity to gain

the practice competencies to progress in their learning. Students told us that they are responsible for reviewing the learning outcomes they need to achieve with their mentors at the start of their placements and that this focuses practice learning.

Students and mentors told us that the CAP document is a clear and useful document and an effective vehicle for recording student progress and learning outcomes. Students told us that the CAP, together with mentor interviews and reflective sessions with personal tutors, means that they are confident in the progress they are making towards NMC requirements and clear about areas to focus on (82-83, 96-97).

Students must demonstrate safe practice of essential skills and mentors sign this off in the CAP document (81-93).

PPMs told us practitioners are involved in the moderation of the CAP documents and external examiner reports confirm they also see a sample. External examiner reports confirm the programme effectively prepares the students for registration and the academic award (101, 111).

Employer representatives and the commissioner told us that pre-registration nursing (adult) students completing programmes are safe, competent and fit for practice. Employers told us UoB newly qualified nurses are sought after, quick to learn and demonstrate leadership potential (100-101).

Outcome: Standard not met

Comments:

Some students currently in their second and third year of the BNursing (adult) programme have been allowed to progress carrying failed modules, and this needs urgent attention by the programme team to ensure these students have met the NMC programme requirements before progressing to the next stage/graduating. It is essential that before students are permitted to progress from one stage of the programme to the next that all components, theoretical as well as clinical, are successfully completed and verified by the exam board.

We found that the academic team for the BNursing (adult) programme does not collate evidence of academic learning hours achieved by students; therefore we are not assured that students meet the required 2,300 hour of academic study, standards for pre-registration nursing standard 4.1 (NMC, 2010).

Whilst BNursing (adult) students and mentors told us they experienced the 24 hour care cycle and this is captured in their CAP timesheets, this is not collated centrally. This requires improvement.

6 July 2016: Follow up visit to University of Birmingham. Standard now met

A return visit to the University of Birmingham on 6 July 2016 evidenced that the standard is now met.

The university took urgent action to identify second and third year students who had been allowed to progress carrying failed modules. We saw a comprehensive mapping for each student affected which illustrated their achievement of the relevant module learning outcomes against the progression point aims and learning outcomes, module learning outcomes within the relevant stage of the programme and also included evidence of achievement of the European Directive and the NMC domains. We were told this evidence is subject to ratification by the board of studies and external

examiners ensuring students progressing into year three have met all of the NMC and programme requirements at the second progression point and those graduating have met all NMC programme requirements for eligibility to enter the NMC register. The risk is now managed; the NMC requirements for progression and completion are met and protection of the public is assured.

The university has processed a modification to the programme in relation to university attendance regulations which ensures the NMC requirement for students to complete a minimum of 2300 theory hours can be clearly evidenced. We saw confirmation of this in the minutes of the college approval and review committee that 100 percent attendance is required for the BNursing programme. Students we spoke to were aware of this change and academic staff in the school and relevant university departments have been notified. The programme team and all students we spoke to confirmed that registers are taken at university and work has to be submitted to the tutor if more than three lectures are missed.

The university has invested additional administrative resource with effect from September 2016. This additional resource will help manage the new centralised process for tracking and recording theory hours for each individual student, in addition to the recording and monitoring of practice hours. Recording and monitoring of student exposure to 24 hour/seven day care has been strengthened and is also part of this centralised process. The procedure for monitoring attendance on placement has been revised accordingly. The recording sheet in the student CAP document which is verified by the personal tutor will, from September 2017, record the shifts worked by students within each practice learning experience instead of hours, in order to capture the full cycle of care. This change was discussed and agreed with practice staff at the recent practice-based learning committee meeting and is verified in the minutes. Students we spoke to confirmed they had undertaken night duty and weekend shifts, including one student who required reasonable adjustments. This was also confirmed by mentors.

Evidence to support the standard is now met includes:

- University of Birmingham School of Health and population sciences – notes of practice-based learning committee meeting – items 2016/04, 29 June 2016
- Meetings with programme team, 6 July 2016
- Online viewing of student profiles detailing mapping of learning outcomes to meet progression point and programme requirements, 6 July 2016
- University of Birmingham College of Medical and Dental Sciences – College approval and review committee minutes item 3.5, 15 June 2016
- Email from School pre-registration QA lead to school academic staff and university departments regarding change to BNursing programme attendance requirements, 1 July 2016
- University of Birmingham, Nursing Bachelor of Nursing Programme – programme modification request and Appendix 2 academic hours -procedure - effective September 2016, undated
- University of Birmingham, Nursing Bachelor of Nursing Programme –placement hours – attendance procedure, undated

- University of Birmingham BNursing programme CAP verification sheet, undated
- University of Birmingham Quality and Placement report for the CDC annual review day 29 June 2016 – items academic hours; placements - weekend and night duty shifts
- Meeting with education lead Birmingham Community Healthcare Trust, 6 July 2016
- Meeting with one sign-off mentor and one second year student Summerfield IMT Birmingham Community Healthcare Trust, 6 July 2016
- Meeting with one sign-off mentor, one mentor student and one second year student Selly Oak IMT/Stirchley Birmingham Community Healthcare Trust, 6 July 2016
- Meeting with education lead (PPM) Royal Orthopaedic Hospital (ROH) 6 July 2016
- Meeting with two mentors and two third year students Ward 3 Royal Orthopaedic Hospital, 6 July 2016
- Meeting with one sign-off mentor, one third year and one first year student Ward 1 Royal Orthopaedic Hospital, 6 July 2016

Areas for future monitoring:

- Adherence to the NMC standards for progression.
- The university monitoring of theory hours in the pre-registration nursing programme.
- The university monitoring of student nurses experience of the 24 hour care cycle.

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

There is a process to evaluate practice learning through the PPAS system. This information is analysed by PPMs and posted on PPAS which can be viewed by academic and placement staff (13, 31, 54). Responsibilities for concerns relating to placements are clearly identified where placements are shared with other AEIs (15-16). There is a university process for approval and review of programmes and annual review

and monitoring at module and programme level which incorporates student evaluations (59-62).

The ECQ measures the university against an agreed set of commissioning contract performance indicators and includes quantitative and qualitative data. School representatives and practice placement partners meet at intervals through the year to inform the return of data (52, 55-56).

There is a programme board held three times per year. Representatives include the programme team, students, a PEN representative and practice placement providers.

There is a clear infrastructure for student representation on each programme supported by the university code of practice, staff student liaison committee at school level and a staff liaison contact in the school that has access to all internal and external reports related to each programme (71).

There is a clear policy for the nominations and appointment of external examiners processed at school, college and university level. There is an associated code of practice for external examiners and guidance for staff. Students are made aware of the role of the external examiner in the BNursing (adult) programme. External examiners for both programmes have current NMC registration and due regard (17-20).

What we found at the event

We verified that students have access to a range of channels through which they can give feedback on their academic and practice learning experience.

Mentorship

Comments made by students with regard to strengths and suggestions to improve the programme are reflected in the annual module review report, providing an accurate reflection of the evaluations overall (93-94, 96-97, 116).

The programme leader told us that there are three additional questions in the module evaluation on practice support, but that there is no separate evaluation for practice learning. Mentors, clinical educators and PPMs/CDFs do not have internal trust evaluations for practice learning for mentor preparation students, but when asked, most spontaneously suggested that this was something they should do and develop (80, 92-97).

The programme team told us that the external examiner has recently visited practice, and this was confirmed by practice placement partners who also told us that the external examiner would send them a copy of their report (80, 92). The programme team told us that the external examiner reviews portfolios, and an example of this was seen and confirmed in the external examiner report (80, 107, 110). Students are given information about the external examiner on 'canvas' which is a virtual learning environment site (130).

Adult nursing

There is a robust system of student representation within the BNursing (adult) programme. Student representatives told us that there is pro-active engagement with student concerns at all levels within the school, they felt listened to and that a regular

staff/student representative liaison committee met where issues are resolved and action taken (82-83,103).

Students, practice and academic staff told us that students are invited to give feedback on their practice placements online, via PPAS, the results of which are disseminated to placement providers. Placement providers are sent an email reminder through this system when new feedback information is uploaded. All placement areas, PPMs and CDFs can view this information for their area (101, 105-106).

Mentors and sign-off mentors did not report receiving direct feedback regarding student evaluation of their placements. However, the system in place requires them to access the PPAS system where this is readily available. Senior nurses told us they access student evaluations and the university brings to their attention any issues of concerns arising in a timely manner. Emerging themes and trends are discussed at the joint practice based learning committee (99, 101).

Students told us that they completed practice placement feedback and are comfortable in giving an honest opinion about placement experiences (82-83, 85).

The programme team told us that there is a new university online evaluation, which was used for the first time last year. The response rates are variable and the university is considering how these can be improved (80-81).

Students told us they complete module and end of year evaluations. No reports of programme changes were noted by the students however we saw evidence of 'you said we did' through posters displayed in the school. This detailed several areas raised by students that had been actioned, such as providing more timely assessment feedback from academic staff (77).

We were told by the education commissioner that their quality monitoring of programmes includes accessing student feedback and student representatives groups and undertaking individual and focus group meetings with students to capture their views and ensure student feedback is acted upon. Although they access the university results of the National Student Survey (NSS) they also undertake a separate student survey (100).

We found external examiners' reports made reference to practice learning, sampling CAPs, and school responses to any issues raised. Senior nurses are not aware of any feedback from external examiners about practice learning but are confident that if there were any concerns these would be fed back in their regular meetings with the university. We confirmed that there is a close working relationship between teaching staff and the external examiners (19-23, 31, 81, 108, 111, 124).

Our findings conclude that the university has robust processes in place to ensure student feedback and evaluation is captured and acted upon to enhance programme delivery.

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

There is a student charter and a clear university student complaints process (21, 23). Programme documentation for the BNursing (adult) programme incorporates the process for raising concerns within the practice environment, providing a clear framework for the student to follow and the support provided by academic and practice staff throughout. This framework makes clear links with placement provider policies. Information provided to students clearly differentiates between raising and escalating concerns about care and a concern about aspects of the placement. Guidelines are available for students and staff (18, 34).

What we found at the event

No students, mentors, clinical educators or PPMs/CDFs have raised concerns in practice placements, in relation to mentor preparation students. They were clear about the need and process for raising concerns, and students confirmed that this is covered during the programme (92-97).

There were five students' concerns escalated to placement providers in 2013-14 and none reported in 2014-15. One student's complaint has been processed this year relating to mentor conduct and is currently under investigation by the NHS trust. The student's placement was changed (9, 26).

Managers within provider placements find feedback productive and report that they take this into account when planning future student placements and service improvements. Academic staff and students described effective staff/student liaison mechanisms for dealing with student concerns and expectations in an open and transparent manner (81, 83-84, 103-104).

Students, mentors and sign-off mentors all reported an agreed process of communication and reporting of issues of concern around practice placement. There was a clear appreciation amongst representatives we spoke to regarding the need for full and transparent investigation and completion and evidence from mentors and clinical managers of follow through to satisfactory completion with regard to areas of concern and complaints (82-93, 108, 111, 124).

Students told us they are made aware of the placement concerns process at university and practice placement induction and in the programme handbook. This was confirmed by academic staff and senior nurses. Mentors are reminded of the process through mentor updates and resource toolkits (18, 101).

Our findings conclude that the university has comprehensive processes in place to ensure student concerns and complaints are appropriately dealt with and communicated to relevant partners. The university has a comprehensive range of QA processes in place that manage risk and address areas for development and enhancement in programme delivery.

Outcome: Standard met

Comments:

Response rates from online evaluations by students are variable.

Areas for future monitoring:

- Monitor response rates for student evaluation.

Evidence / Reference Source

1. CQC report Sandwell and West Birmingham Hospitals NHS Trust published 26 March 2015
2. CQC report Sandwell Hospital published 26 March 2015
3. CQC report Birmingham City Hospital published 26 March 2015
4. CQC report Birmingham Heart of England NHS Trust published 1 June 2015
5. CQC report Good Hope Hospital published 1 June 2015
6. CQC report Birmingham Heartlands Hospital published 1 June 2015
7. CQC report Solihull Hospital published 1 June 2015
8. CQC report Royal Orthopaedic Hospital NHS Foundation Trust 4 December 2015
9. University of Birmingham self-assessment report, 2015-16
10. Code of practice on personal tutoring and academic feedback 2015-16 version 1.5, 3 July 2015
11. University of Birmingham: Staff guide to personal tutoring, undated
12. Student mandatory training record BNursing, 2015
13. University of Birmingham practice based learning committee: terms of reference draft, 22 August 2013
14. Birmingham City University and University of Birmingham placement planning committee: Terms of reference draft, 10 August 2015
15. Birmingham City University and University of Birmingham placement planning meeting and agenda, 3 November 2015
16. University of Birmingham: Memorandum of understanding with Birmingham City University, 12 January 2015
17. NMC register accessed 1, 7, 9 March 2016
18. University of Birmingham BNursing handbook, 2015-16
19. University of Birmingham: Code of practice on external examining (taught provision), 2015-16
20. University of Birmingham: Working with external examiners (taught provision) -guidance for university staff, undated
21. University of Birmingham: Code of practice on student concerns and complaints, 2015-16
22. Health Education West Midlands (2014) ECQ findings report – University of Birmingham adult nursing – Review of academic year 2013-14
23. University of Birmingham: The complaints procedure for students – webpage, undated
24. Role of the clinical liaison team (CLT) undated
25. University of Birmingham link tutor list, 2015-16
26. Initial visit meeting between managing reviewer and School of Nursing staff, 23 February 2016
27. PEN conference evaluation outcomes, September 2012
28. Service user and carer involvement in nurse education, updated 5 November 2015

29. *University of Birmingham self-assessment report, 2014-15*
30. *University of Birmingham: Academic staff learning and development guide, 2013-14*
31. *University of Birmingham: School of health and population sciences – nursing. Policy and procedures for management of practice based learning, undated*
32. *University of Birmingham: College of medical and dental sciences – process for professional registration, updated August 2013*
33. *Encouraging excellence: People and organisational development/centre for learning and development, 2013*
34. *University of Birmingham: BNursing. Raising and escalating concerns (whistleblowing) – guidance for staff and students, undated*
35. *Personal tutor meetings and CAP document verifications version 2, undated*
36. *University Hospital Birmingham and University of Birmingham: Sign-off mentor toolkit 2013, updated 24 June 2013*
37. *Mentor update website <http://mymds.bham.ac.uk/emenotoring/hone.asp>, 2015-16*
38. *NHS West Midlands: EPPA, June 2010*
39. *NHS West Midlands: Learning development agreement – schedule and guidance, 2009/10*
40. *West Midlands SHA and University of Birmingham national contract agreement – schedule two, 1 April 2006*
41. *Service level agreement for the provision of supervised clinical practice for University of Birmingham nursing students at Birmingham St Mary's Hospice, undated*
42. *Birmingham City University and University of Birmingham: Practice learning environment audit, 2013*
43. *<http://www.birmingham.ac.uk/undergraduate/courses/med/nursing.aspx>*
44. *University of Birmingham undergraduate offer guide, undated*
45. *Code of professional conduct and fitness to practise – nursing, undated*
46. *PPAS accessed 9 March 2016*
47. *DBS/FtP declaration letter from admissions tutor BNursing for UCAS cycle, 2015-16*
48. *College of medical and dental sciences: DBS enhanced disclosure panel, 2015-16*
49. *University of Birmingham Code of practice on procedures for misconduct and fitness to practise committee, 2015-16*
50. *University of Birmingham: Promoting equality and celebrating diversity, January 2013*
51. *University of Birmingham: Equality scheme, 2011-15*
52. *Placement provider annual ECQ self-assessment – nursing, 2013-14*
53. *University of Birmingham APL mapping tool in pre-registration nursing programmes, 2014-15*
54. *University of Birmingham college of medical and dental sciences: School of health and population sciences: Notes of practice based learning review day, 14 July 2015*
55. *ECQ trust/University of Birmingham meetings – template, undated*
56. *Notes of ECQ meeting: Royal Orthopaedic Hospital/University of Birmingham, 8 July 2013*
57. *University of Birmingham: Bachelor of Nursing (Honours) with professional registration – programme*

specification, undated

58. University of Birmingham: Mentor preparation programme specification, undated

59. University of Birmingham: Annual review 2013/14 data – undergraduate programmes. Programme review forum

60. University of Birmingham: Nursing quality assurance and education committee, undated

61. University of Birmingham: BNursing programme and mentor preparation module review, 16 July 2015

62. University of Birmingham: College of medical and dental sciences – programme approval and review committee, August 2014

63. University of Birmingham: CAP documents year one, year two adult, year three adult, undated

64. University of Birmingham: Student nurse ongoing record of achievement sign-off placement BNursing – mentor declaration, undated

65. BNursing year one skills timetable, October 2014 to March 2015

66. BNursing year one timetable, 2015-16

67. BNursing mandatory training record (part of the ongoing record of achievement), 2015

68. Mentor preparation module and assessment guide, 2014-15

69. College of medical and dental sciences: strategy for IPL, draft 04 February 2013

70. BNursing: Agreeing to terms and conditions, 2016

71. University of Birmingham: Code of practice on the student representation system, 2015-16

72. NMC mentor preparation programme approval report, 2015

73. NMC pre-registration nursing BNursing approval report - adult, 2011

74. Fitness to practise BNursing: summary report, September 2014 - February 2016

75. Welfare summary; report of processes and activity, February 2016

76. Guidance for students: Student discipline/fitness to practise investigations, August 2015

77. College of medical and dental sciences 'listening to our students' - you said, we did - poster – nursing, 2016

78. PEN group documentation including; terms of reference; role description for group members; minutes of meetings July and October 2015, January 2016, vision document 2015 - 16; mapping exercise of user engagement in curriculum areas, February 2015

79. University of Birmingham School of Nursing presentation, 9 March 2016

80. Meeting with programme team for mentor preparation programme, 9 March 2016

81. Meeting with programme team for pre-registration nursing adult – BNursing programme, 9 March 2016

82. Meeting with first year students from pre-registration nursing adult – BNursing programme, 9 March 2016

83. Practice placement visit St Mary's Hospice Birmingham: Meetings with adult nursing students, mentors and sign-off mentors and review of audit report and mentor database 9 March 2016

84. Practice placement visit Moseley Hall Hospital Birmingham: Meetings with clinical development facilitators and review of review of audit report mentor database, 9 March 2016

85. Practice placement visit Kings Heath IMT Birmingham Community Healthcare Trust: Meetings with adult nursing

students, mentors, sign-off mentors and clinical development facilitators and review of audit report 9 March 2016

86. Practice placement visit Weoley Castle IMT Birmingham Community Healthcare Trust: Meetings with adult nursing students, mentors, sign-off mentors and clinical development facilitators and review of audit report, 9 March 2016

87. Practice placement visit Royal Orthopaedic Hospital Birmingham ward two: meetings with adult nursing students, mentors, sign-off mentors, practice placement manager and review of audit report and mentor database, 9 March 2016

88. Practice placement visit University Hospital Birmingham ward 302: Meetings with adult nursing students, mentors, sign-off mentors and review of audit report, 10 March 2016

89. Practice placement visit University Hospital Birmingham ward 623: Meetings with adult nursing students, mentors, sign-off mentors and review of audit report, 10 March 2016

90. Practice placement visit University Hospital Birmingham ward 726: Meetings with adult nursing students, mentors, sign-off mentors and review of audit report, 10 March 2016

91. Practice placement visit University Hospital Birmingham: Meetings with senior nurses/practice placement managers related to BNursing programme and review of audit report and mentor database, 10 March 2016

92. Practice placement visit University Hospital Birmingham: Meetings with practice placement managers and clinical educators related to mentor preparation programme and review of audit report and mentor database, 9 March 2016

93. Practice placement visit University Hospital Birmingham: Meetings with mentor students, mentor supervisors and review of audit report, 9 March 2016

94. Practice placement visit Sparkbrook Health Centre Birmingham Community Healthcare Trust: Meetings with mentor students, mentor supervisors and review of audit report, 9 March 2016

95. Practice placement visit Sparkbrook Health Centre Birmingham Community Healthcare Trust: Meeting with clinical development facilitators related to mentor preparation programme, 9 March 2016

96. Practice placement visit Moseley Hall Hospital Birmingham: Meetings with mentor students, mentor supervisors and clinical development facilitator, 10 March 2016

97. Practice placement visit Northfield IMT Birmingham: Meetings with mentor students, mentor supervisors and review of audit report, 10 March 2016

98. Meeting with head of nursing, 9 March 2016

99. Meeting with School of Nursing quality and placement lead, college quality manager and college placements administrator, 9 March 2016

100. Meeting with commissioner Health Education England West Midlands, 9 March 2016

101. Meeting with senior nurses from four NHS trusts, 9 March 2016

102. Meeting with PEN group service users and carers, 9 March 2016

103. Meeting with PEN group student representatives, 9 March 2016

104. Meeting with college fitness to practise lead and college welfare tutor, 9 March 2016

105. Meeting with college placement administrator to view PPAS, 9 March 2016

106. Meeting with director of BNursing programme, 10 March 2016

107. Review of two completed portfolios of evidence for mentor preparation programme students, 10 March 2016

108. Review of three completed CAP documents and one in progress for BNursing adult students, 10 March 2016
109. Review of three complete student profile records from admission to eligibility to register for BNursing adult students, 10 March 2016
110. External examiner report, mentor preparation programme, 2015-16
111. External Examiner reports x two, BNursing programme (adult), 2014-15
112. Completed APL claim for named BNursing adult student, 2015
113. BNursing (adult) programme completed attendance sheets for several modules in years one, two and three, 2015-16
114. College of medical and dental sciences: Request for exemption (from university assessment regulations) November 2015 and approval by academic policy and regulation committee, 11 December 2015
115. Annual review of 2014/15 undergraduate programme data BNursing
116. Annual module review 2015/16: Mentor preparation for registered nurses, 8 March 2016
117. University of Birmingham Under 18s policy, undated
118. School of Nursing: NMC registration, diversity training and ID fraud checks, undated
119. Diversity training record of School of Nursing staff attendance update, 11 November 2015
120. College of medical and dental sciences, Institute of Clinical Sciences: School of Nursing staff development strategy, undated
121. College of medical and dental sciences, Institute of Clinical Sciences: Research in the School of Nursing strategy for development, March 2016
122. BNursing (adult) sample of completed work by students who missed taught sessions in a range of modules, viewed 10 March 2016 and associated emails between students and tutors, dated 10 March 2015, 16 and 30 October 2015
123. University of Birmingham college of medical and dental sciences, Institute of Clinical Sciences: Report to nursing curriculum committee – development of IPL strategies across BNursing programme, undated
124. Independent sector educational audit database, viewed 9 March 2016
125. University of Birmingham: Job specification – module coordinator, undated
126. University of Birmingham: 'Getting the most out of student life' presentation slides for student induction BNursing, September 2015
127. School of Nursing: NMC exception reports, responses and updates in relation to CQC reports for practice placement provider organisations, 13 May 2015, 25 February 2016, 07 March 2016
128. University of Birmingham: mentor preparation course information (containing information leaflet, initial interest form, manager support declaration, enrolment form), undated
129. University of Birmingham: Mentor preparation module timetable, February 2016 (primary care)
130. University of Birmingham: 'Canvas' site for mentor preparation module, accessed 10 March 2016
131. University of Birmingham: School of Nursing – staff CVs, accessed 9 March 2016

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 23 Feb 2016	
Meetings with:	
School quality and placement lead Programme director BNursing Adult field lead BNursing Programme director mentor preparation programme	
At monitoring event	
Meetings with:	
Programme director for mentor preparation programme Previous programme director for mentor preparation programme College quality manager College placements administrator Programme director BNursing Adult field lead BNursing Teaching team BNursing (adult) x 4 Education commissioner School lead for quality and placements Head of School of Nursing Welfare tutor Fitness to practice panel chair Mentor/sign-off mentors Clinical managers/nurse in charge Students Service users Senior nurses Practice placement managers Clinical development facilitators	
Meetings with:	
Mentors / sign-off mentors	16

Practice teachers	
Service users / Carers	3
Practice Education Facilitator	3
Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	9 1 x clinical educator 1 x college welfare tutor 5 x clinical manager/nurse in charge 1 x college quality manager 1 x placements administrator

Meetings with students:

Student Type	Number met
Mentorship	Year 1: 7 Year 2: 0 Year 3: 0 Year 4: 0
Registered Nurse - Adult	Year 1: 9 Year 2: 8 Year 3: 9 Year 4: 0

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