

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

Approved education institution	Birmingham City University
Programmes monitored	<p>Pre-registration nursing: BSc (Hons) Nursing (Adult) BSc (Hons) Nursing (Adult) – Nursing Degree Apprenticeship MSc Adult Nursing (pre-registration)</p> <p>BSc (Hons) Nursing (Child) BSc (Hons) Nursing (Child) – Nursing Degree Apprenticeship MSc Child Nursing (pre-registration)</p> <p>BSc (Hons) Nursing (Learning Disabilities) BSc (Hons) Nursing (Learning Disabilities) – Nursing Degree Apprenticeship MSc Learning Disabilities Nursing (pre-registration)</p> <p>BSc (Hons) Nursing (Mental Health) BSc (Hons) Nursing (Mental Health) – Nursing Degree Apprenticeship MSc Mental Health Nursing (pre-registration)</p> <p>MSci Nursing (Adult/Child – Dual Award) MSci Nursing (Adult/Learning Disabilities – Dual Award) MSci Nursing (Adult/Mental Health – Dual Award) MSci Nursing (Learning Disabilities/Child – Dual Award) MSci Nursing (Mental Health/Child – Dual Award) MSci Nursing (Mental Health/Learning Disabilities – Dual Award)</p> <p>Pre-registration midwifery: BSc (Hons) Midwifery MSci Midwifery with Public Health MSc Midwifery</p> <p>Nursing associate: FdSc Nursing Associate (Higher Apprenticeship) FdSc Nursing Associate</p>

Date of monitoring visit	4-7 June 2024
Lead QA visitor	Suzanne Crozier
Lay visitor(s)	Sifelani Chikunya Philip Stephenson Sandra Stephenson
Registrant visitor(s)	Karen Hibbert Kudzai Mafuba Rachael Spencer
Observer(s)	Ian Felstead-Watts (Mott MacDonald) Sophia Hunt and Caroline Dobson (Nursing and Midwifery Council (NMC)) Andrew Tranter (NHS England Workforce, Training and Education (NHSE WTE))
Practice learning partner / employer partner organisation visits undertaken during the review	The Oleaster Centre, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) Heartlands Hospital, University Hospitals Birmingham NHS Foundation Trust (UHBFT) Good Hope Hospital, UHBFT The Queen Elizabeth Hospital, UHBFT
Date of report	28 June 2024

Executive summary

Our findings conclude that Birmingham City University (BCU) doesn't have systems and processes in place to monitor and control the following risk themes to meet NMC standards and assure protection of the public:

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

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

Learning culture: not met

We aren't assured that all risk indicators in relation to learning culture are successfully managed by BCU and their practice learning partners (PLPs)/employer partners (EPs). Standards 1.1 and 1.2 are not met.

Programme learning outcomes, learning activities, systems and processes promote self-reflection and education that's underpinned by the NMC Code. BCU with their PLPs/EPs promote a professional duty of candour within the student population and students give examples of how to raise a concern. Academic assessors, practice assessors and practice supervisors are aware of the importance of their role in preserving public safety. However, feedback from several nursing and midwifery students indicates a reluctance to report concerns and complaints due to fear of adverse consequences. **Standards framework for nursing and midwifery education (SFNME) (NMC, 2018) R1.5 is not met for nursing and midwifery.**

There's also inconsistent evidence that all concerns and complaints are investigated for nursing students. We're told that students and PLPs haven't experienced a timely and effective response to complaints and concerns raised which is impacting on student wellbeing. **SFNME R1.6 and R1.7 are not met for nursing.**

There's variable feedback from midwifery students related to the effective closing of the feedback loop when concerns are reported. This requires future monitoring.

We find that the pre-registration nursing and NA programmes are designed and co-produced with PLPs/EPs and people who use services and carers (PUSCs) however there's limited evidence of PUSC involvement in the midwifery programme. **SFNME R1.12 is not met for midwifery.**

Educational governance and quality: not met.

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

We find that BCU and their PLPs/EPs work in partnership at a senior level. PLPs/EPs tell us that they've a good working relationship with BCU. There's evidence that the leadership team from BCU meet regularly as part of the Birmingham and Solihull (BSoL) group to monitor and quality assure practice experiences. However, nursing students report significant incidents in practice learning environments where there's no evidence to indicate they've been exceptionally reported to the NMC. **SFME R2.13 is not met for nursing.**

Nursing, midwifery and NA students, practice assessors and practice supervisors tell us that there are many students within practice learning environments across the region. Students tell us that this, along with programme organisation, impacts on learning opportunities available to them. The capacity and range of learning opportunities for nursing students requires ongoing monitoring and while there's placement capacity for current midwifery student numbers, there are concerns related to ongoing capacity and this too should be monitored.

Student empowerment: not met

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

There's evidence that BCU assign students to suitably prepared academic assessors. PLPs/EPs assign students to suitably prepared practice assessors. Students tell us they're assigned to appropriately qualified practice supervisors, and they know who their academic assessor is for each part of the programme, although they may not have met them.

We find evidence that the critical concern in relation to the use of simulated practice learning (SPL) is mitigated by the removal of SPL from the nursing programme and the implementation of additional practice placement weeks. We're assured that when SPL was delivered this was as previously approved and that the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023) were in place.

We find that students don't always receive information in a timely way. Students and practice staff often experience late notification of practice placement allocations related to ineffective communication from BCU. **SFME R3.2 is not met for nursing.**

Students also tell us of difficulty with late release of timetable information. A change in timetabling processes is being implemented from academic year 2024-2025 and the impact of this on student experience is an area for future monitoring.

There's an integrated spiral curriculum for the nursing programmes which includes preparation for practice and practice induction. We find that mental health nursing students feel unprepared for placement due to perceived ineffective induction processes that aren't explicitly relevant to the students' field of nursing practice or delivered collaboratively with PLPs. **SFNME R3.15 is not met for nursing.**

There are inter-professional learning (IPL) opportunities available to students in practice learning environments, however evidence related to IPL opportunities in the theoretical part of the nursing, NA and midwifery programmes is weak. This is an area for future monitoring.

We find there are established systems and processes for students to raise concerns and complaints which are known to students. However, we receive feedback from multiple nursing students that indicates they're exposed to behaviour that undermines their performance and confidence while in practice learning environments. Students are then unwilling to report concerns due to fear of adverse consequences. **SFNME R3.12 is not met for nursing.**

Documentary evidence relating to pastoral support is limited and we find that students on the Bachelor of science (BSc) with honours (Hons) nursing routes receive inconsistent support from academic staff when seeking clarification related to their learning and assessment. This relates to a lack of response and/or poor communication. **SFNME R3.14 is not met for nursing.**

Students tell us that university support systems and the library are excellent, and they're supported with reasonable adjustments in theory and practice.

Educators and assessors: not met

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

SFNME R4.1 is not met for nursing. This requirement is not met due to not meeting SFNME R4.2, R4.7 and R4.9.

BCU and their PLPs/EPs provide access to training and education for academic and practice staff involved with the delivery and assessment of students. There's evidence of workload planning for staff at BCU as well as staff development and induction for new staff.

Feedback from students indicates that some academic and practice learning staff don't always act as professional role models. While not witnessed by the quality assurance (QA) team during the visit, there are clear examples from students of unprofessional behaviour and responses from a small number of staff. **SFNME R4.2 is not met for nursing.**

Students tell us that they're often well supported by the practice education teams in the trusts. However, feedback from PLPs indicates that BCU doesn't always liaise and collaborate effectively to support the supervision and assessment of nursing students. This relates to smaller organisations that provide practice learning opportunities, rather than the larger organisations that work in partnership with BCU. **SFNME R4.7 is not met for nursing.**

We find that nursing students are disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions taken following their feedback. Feedback from practice supervisors and practice assessors indicates that feedback about student experience isn't always considered appropriately by BCU. **SFNME R4.9 is not met for nursing.**

There's also variable feedback from midwifery students related to the responses and actions taken following their feedback to BCU. This is therefore an area for future monitoring.

Curricula and assessment: not met

We aren't assured that all risk indicators in relation to curricula and assessment are successfully managed by BCU and their PLPs/EPs, in order to protect the public. Standard 5.1 is not met.

There's evidence to demonstrate that the pre-registration nursing, midwifery and NA programmes weight theory and practice learning appropriately to meet the programme standards.

We find that students on the Master in science (MSci) dual award nursing routes, particularly those undertaking the mental health field, express concern related to the structure and sequencing of their theory and practice learning. Students feel ill-prepared when undertaking placement experiences in the third and final year of their programme and report that practice supervisors have high expectations of students' capability related to their year of study rather than related to their prior experience. **SFNME R5.6 is not met for nursing.**

We also find that students on the BSc (Hons) nursing routes in the mental health, child and learning disabilities fields feel ill-prepared for field specific placements given the integrated nature of the modules in years one and two of the programme. Feedback from practice supervisors and practice assessors supports these concerns. **SFNME R5.7 is not met for nursing.**

Practice assessors, practice supervisors, academic assessors and students tell us that students are assessed across a range of practice settings. There's evidence of student reflections and PUSCs contributing to assessment.

Standards framework for nursing and midwifery education (SFNME) (NMC 2018, updated 2023)		
Theme	Risk Indicator	Outcome
1. Learning culture	1.1 The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld.	Standard 1.1 is met for NA
		Standard 1.1 is not met for nursing and midwifery
	1.2 The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.	Standard 1.2 is met for nursing and NA
		Standard 1.2 is not met for midwifery
2. Educational governance and quality	2.1 The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the UK with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.	Standard 2.1 is met for NA and midwifery
		Standard 2.1 is not met for nursing
	2.2 The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, people who use services and carers, students and all other stakeholders.	Standard 2.2 is met for nursing, NA and midwifery

3. Student empowerment	3.1 The AEI, together with their practice learning partners is unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018).	Standard 3.1 is met for NA and midwifery
		Standard 3.1 is not met for nursing
	3.2 The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.	Standard 3.2 is met for NA and midwifery
		Standard 3.2 is not met for nursing
4. Educators and assessors	4.1 The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.	Standard 4.1 is met for NA and midwifery
		Standard 4.1 is not met for nursing
5. Curricula and assessment	5.1 The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.	Standard 5.1 is met for NA and midwifery
		Standard 5.1 is not met for nursing

Standard is met	Standard is not met
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Introduction to NMC QA framework

The NMC

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the United Kingdom (UK) and NAs in England. They maintain a register of professionals eligible to practise and investigate concerns and take action where appropriate through fitness to practise (FtP) processes.

The NMC wants to make sure that nurses, midwives and NAs are consistently educated to a high standard, so that they're able to deliver safe, kind and effective care at the point of entry to the register and throughout their careers. They also want to make sure that patients, PUSCs and the public have a clear understanding of what nurses, midwives and NAs know and are competent to do.

Standards for nursing and midwifery education

The responsibilities and powers of the NMC in relation to education and training and QA of education are set out in the [Nursing and Midwifery Order](#). The NMC set standards for education and training and these standards shape the design and content of programmes to ensure that nurses, midwives and NAs are consistently educated to high standards and are able to achieve the required standards of proficiency before joining the register. This is one of the primary functions of the NMC in ensuring that they fulfil their role of protecting the public.

QA and how standards are met

QA of education gives the NMC the confidence that education institutions are meeting the standards for education and training through approval of education institutions, their PLPs, EPs in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that approved education institutions (AEIs), their PLPs/EPs and programmes continue to meet the education standards.

If QA identifies that an education institution isn't meeting the NMC standards, they must take action so the education institution returns to compliance. Where the NMC finds that standards aren't being met, they can withhold or withdraw approval of programmes.

The NMC [QA Framework](#) and [QA Handbook](#) puts safe, kind and effective care at the heart of what they do. The QA framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions and their PLPs/EPs must provide to meet NMC standards.

Education monitoring reviews

The QA framework outlines the NMC's data driven approach to monitoring. This approach to monitoring enables the NMC to be risk-based, focussing on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. Their monitoring approach promotes self-reporting of risks/concerns/issues by AEIs, and it engages nurses, midwives, NAs, students, PUSCs and educators in its processes.

The NMC may conduct a monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery and/or NA education in both the AEI and its PLPs/EPs. It's the role of the NMC's QA board to decide whether it's necessary to carry out a monitoring visit or extraordinary review. The circumstances for taking this action are described in the QA handbook.

The published QA methodology requires that QA visitors (who are always independent to the NMC) should make judgements based on evidence provided to them about the quality and effectiveness of the AEI and PLPs/EPs in meeting the education standards.

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

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

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

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

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

The NMC have the power to withdraw approval for an AEI or programme if the actions fail to demonstrate the standard is met.

The extraordinary review visit to BCU

In December 2022, concerns were raised within the media about whistleblowing, organisational culture and safe staffing within UHBFT. The trust previously received a 'requires improvement' rating within the Care Quality Commission (CQC) report published in October 2021. In March 2023 the CQC issued a section 29A warning notice to UHBFT. The significant risk identified related to safety concerns around parts

of the maternity service estate at Heartlands Hospital and includes the antenatal clinic and maternity triage area.

BCU is the largest provider of nursing and midwifery education within the UK and places large numbers of students, both direct entry and apprenticeship, across nursing, NA and midwifery within UHBFT.

Nursing programme

Following concerns raised regarding SPL and the subsequent review of documentation provided by BCU, the NMC's QA board weren't assured that the use of SPL is being appropriately utilised within the pre-registration nursing programme. This included concerns that SPL hours aren't being correctly counted towards the 2300 hours of practice learning required as part of the programme.

Midwifery programme

Significant concerns have been raised relating to students placed at UHBFT and their support and supervision. This includes the findings from NHSE WTE in the student listening event and national education and training survey in action outcomes which highlighted serious concerns from students placed at UHBFT and the support provided. Most students who took part in the listening event were from BCU.

The NMC provides BCU with the intended focus of the extraordinary review and a targeted review plan is shared with the AEI. The extraordinary review plan identifies the areas for review under the five key risk themes of the SFNME which are reviewed across academic and practice settings:

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

The review plan indicates specific areas that QA visitors scrutinise and triangulate evidence from findings during the visit (SFNME requirements highlighted in red in this report won't form part of the focus of this visit). (540)

The QA extraordinary review team includes a lead QA visitor, lay visitors and registrant visitors with due regard for the programmes under review. The QA visit team use the review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They conclude their findings in response to the risks identified, NMC standards and key risk areas.

Introduction to AEI's programmes

BCU is an established AEI. The college of nursing and midwifery (the college) is part of the faculty of health, education and life sciences (HELS). The college is approved to deliver programmes leading to eligibility to apply for registration with the NMC as a nurse (adult, mental health, learning disabilities or child fields) through a nurse degree apprenticeship, undergraduate and postgraduate (Master of science (MSc)) direct entry routes. BCU also offer postgraduate dual award routes in adult/child, adult/learning disabilities, adult/mental health, learning disabilities/child, mental health/child and mental health/learning disabilities. Eligibility to enter to the NMC register as a midwife is provided via a three-year undergraduate or four-year postgraduate programme alongside a two-year postgraduate shortened route for registered adult nurses. The college provide preparation for NMC registration as a NA via a direct entry and apprenticeship foundation degree in science (FdSc) route. BCU also deliver NMC approved post-registration programmes leading to specialist community public health nursing, return to practice (adult, child, mental health, learning disabilities), community practitioner nurse prescribing (V100 and V150) and independent and supplementary nurse prescribing (V300). (542-551)

The pre-registration nursing programme is in approval since 4 September 2019. The nursing programmes are modified on 8 December 2020 to enable the introduction of a pre-registration two-year full-time MSc nursing in all fields of practice, with a predominantly remote delivery of the theory element. This is in response to funding from Health Education England (HEE) to provide an alternate blended/online programme leading to registration as a nurse. (547-549)

The pre-registration midwifery programme is in approval since 18 May 2021. The BSc (Hons) midwifery is a level six programme, which is three years in length. The MSc midwifery with public health is an integrated master's programme which is four years in length. The BSc (Hons) and the MSc routes share structure and modules for years one to three, with the fourth year of the MSc route focusing on public health. The MSc midwifery programme is a level seven shortened programme designed to enable students already registered with the NMC as an adult nurse, to register as a midwife. (543-544)

The pre-registration two-year full-time FdSc NA is in approval since 22 March 2019. The NA programme is modified on 8 October 2019 to add an apprenticeship route. (542, 546)

All programmes are approved under the SFNME and the SSSA. The pre-registration nursing routes are approved under the Standards for pre-registration nursing programmes (SPNP) (NMC 2018, updated 2023) and Future Nurse: Standards of proficiency for registered nurses (FN:SPRN) (NMC, 2018). The NA programme is approved under the Standards for pre-registration NA programmes (SPNAP) (NMC 2018, updated 2023) and Standards of proficiency for NAs (SPNA) (NMC, 2018). The midwifery programme is approved under the Standards for pre-registration midwifery

programmes (SPMP) (NMC 2019, updated 2023) and the Standards of proficiency for midwives (SPM) (NMC, 2019). (542-551)

BCU works with several PLPs and EPs across the west Midlands region including NHS, private and independent healthcare providers. The main PLPs and EPs comprise; UHBFT, Birmingham Women and Children's NHS Foundation Trust (BWCFT), BSMHFT, Worcestershire Acute Hospitals NHS Trust (WAHT), Sandwell and West Birmingham Hospitals NHS Trust (SWBT), Birmingham Community Healthcare NHS Foundation Trust (BCHFT), Black Country Partnership NHS Foundation Trust, University Hospitals of Derby and Burton NHS Foundation Trust, Royal Orthopaedic Hospital NHS Foundation Trust (ROHFT), Walsall Healthcare NHS Trust (WHT), Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT), Wye Valley NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust (UHCWT). (550)

The NMC require assurance that their standards are met and confirm that an extraordinary review of all pre-registration provision is required. Practice visits are conducted in UHBFT Heartlands Hospital and Good Hope Hospital for midwifery, adult nursing, child nursing and NA and in UHBFT Queen Elizabeth Hospital for adult and child nursing and NA. The Oleaster Centre (BSMHFT) is visited for mental health nursing. Staff from BWCFT, SWBT, BCHFT and UHCWT are included in the visit meetings. (541)

Relevant issues from external QA reports

CQC reports

In relation to system regulator reports of significance to this review, the CQC report for UHBFT is published on 14 February 2024. The report describes findings from an unannounced visit in April 2023 and four subsequent visits. The inspection reports on:

- Urgent and emergency care at Queen Elizabeth Hospital, Heartlands Hospital and Good Hope Hospital as there were concerns about the quality of services.
- Neurosurgery at Queen Elizabeth Hospital because of concerns about the quality of services.
- Cancer services (focused) at Queen Elizabeth Hospital because the CQC received information of concern about the service.
- The section 29A warning notice was followed up in relation to the medical services at Good Hope Hospital.
- The section 29A warning notice was followed up in relation to the maternity services at Heartlands Hospital. (534)

The overall trust rating for 'well led' doesn't change and remains 'good'. The overall finding was 'requires improvement' and the relevant issues to the extraordinary review are noted as:

- Patients weren't always protected from harm. There were serious concerns relating to safeguarding practices within the emergency departments. Services didn't manage medicines well. Not all staff had received mandatory and safeguarding training, including training which became a legal requirement. Staffing remained a significant concern across the trust, especially within the medical services at Good Hope Hospital.
- Individual needs weren't always met, the trust had still not implemented the 'accessible information standard'. People couldn't always access the service when they needed it or receive the right care promptly.
- Staff didn't always feel respected, supported and valued. Leaders didn't always run services well and didn't always manage risk effectively. Governance systems weren't always effective. (534)

The report describes improvements within the maternity services at Heartlands Hospital with care being provided more promptly. The report also highlights that care provided within the trust was evidence based and reflected national guidance and that staff treated patients with compassion and kindness. (534)

The CQC publish the outcomes of an inspection visit to BSMHFT on 14 April 2023. Following this inspection, the CQC issue the trust with a section 29A warning notice requiring the trust to make significant improvements regarding the trust deploying enough staff to work with patients and that those staff receive the right training, professional development and have access to supervision and appraisal. Other relevant findings in the report are that there are significantly low compliance rates with staff managerial and clinical supervision and staff training. Staff continue to raise concerns about workplace culture, not all risks to patients are well managed and there isn't a consistent approach to promoting dignity and respect. (537)

There are also three other CQC reports since 2021 for BCU PLPs which have a 'requires improvement' finding:

The CQC carries out an inspection of BWCFT in 2022 and the report is published on 3 March 2023. The CQC identifies that BWCFT 'requires improvement' for several reasons which include insufficient staff, unsafe medicine management, poor record keeping and patient risk assessments alongside not always involving children, young people and families in care decisions. (535)

WAHT is subject to a CQC short notice comprehensive inspection of urgent and emergency care and medical care at Worcestershire Royal Hospital and Alexandra Hospital in 2022 with the findings of 'requires improvement' published on 6 April 2023. The relevant findings are that patients weren't always protected from harm; staff didn't always have up to date training in key skills including safeguarding training and medicines weren't always managed safely. (536)

The CQC inspects WHT in September, October and November 2022 and publish the report on 25 January 2023. The trust requires improvement because medicines aren't always managed safely, infection control risks aren't always controlled and care records weren't always complete. In addition, there are concerns that arrangements to ensure mental capacity weren't robust. (538)

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

There are no modifications or approvals to the BCU programmes in scope for 2022-2023.

There are no approval or modification visits in 2022-2023.

Areas for future monitoring identified at previous approvals and modifications are reported as they inform the lines of inquiry that arise from the evidence submitted.

The modification to the nursing programme for the online MSc route identifies the audit and monitoring of equality, diversity and inclusion (EDI) training for PUSC groups for future monitoring. PUSC engagement is also a condition of the NA approval and a recommendation in the midwifery approval. The nursing modification report additionally recommends that BCU adopt a model of online IPL. The implementation of IPL is also a condition for the approval of the midwifery programme. (543, 549, 551)

The approval of the NA programme (direct entry) is subject to a condition regarding the supernumerary status of students and the implementation of this for students is an area for future monitoring. The modification to the NA programme identifies the need to monitor resources and programme quality in view of increasing student numbers. (542, 551)

Specific issues to follow up from AEI self-report

The 2022-2023 annual self-report (ASR) submitted by BCU provides a summary of the response to the concern regarding the use of SPL raised by the NMC in November 2023. The existing pre-registration (direct entry) nursing programme (BSc (Hons)/MSci) is approved for the delivery of 80 hours of SPL in line with the SPNP. The ASR reports that during the COVID-19 pandemic, the BCU skills and simulation team develop new and emerging technologies to deliver simulation. Subsequently, following the raising of a concern by the NMC, BCU recognise that not all activities delivered as SPL should be considered as contributing to practice learning hours. BCU describe mitigation in that the affected cohorts will undertake an additional period in clinical practice to address the practice learning hours shortfall identified. An exception report is submitted to the NMC on the 23 January 2024 to clarify BCU's position. The evidence supplied by BCU prior to the review visit doesn't provide the information required for the review team to assess if the SFNME, SSSA and SPNP are met. Further evidence is requested

at the initial visit and the communication with the NMC regarding the critical concern is provided by BCU. Additional clarification is sought during the review visit. (174, 539, 558)

The ASR identifies two NHSE WTE quality reviews in 2023 for the MSc nursing and MSc midwifery programmes. It's reported that no further actions are necessary. The ASR also identifies risks within the nursing, midwifery and NA programmes that may impact on meeting the SPNP, SPMP and SPNAP. The risks relate to negative press about the culture and leadership at UHBFT which is part of ongoing monitoring by the NMC and to whistleblower information about students being bullied at Sandwell General Hospital (SWBT) which BCU report as being mitigated by the processes they have in place. There have been patient safety concerns at Woodbourne Priory Hospital, an independent drug and alcohol clinic, which were exceptionally reported and are now closed. The section 29A notice for the maternity services at Heartlands Hospital is also identified as a risk which the NMC are reported as holding as a 'watching brief'. BCU report ongoing action planning with UHBFT and other AEIs as mitigation. The 'requires improvement' CQC findings for both UHBFT and BSMHFT published in 2023 are described as an ongoing risk to student experience which is also being managed through partnership working with the trusts and other AEIs. A student concern about poor quality patient care in WHT is escalated to the NMC but closed on receipt of additional information. The ongoing concerns about the clinical environment within BCU PLPs are a line of inquiry for which the review team has requested further evidence. Two further risks relating to system errors and Royal College of Nursing (RCN) strike action are also noted as mitigated. (174)

The ASR presents the 2023 National Student Survey (NSS) results for BCU undergraduate direct entry nursing and midwifery programmes. The data is coded and ranked by the NMC to reflect a comparison to other AEIs, and this places children's nursing and adult nursing at BCU 28 out of 53 and 53 out of 80 respectively. Across the undergraduate programmes, scores for 'organisation', 'being able to contact staff' and 'students knowing that their feedback has been acted upon' are coded red by the NMC. BCU provide a response to the red scores which reference actions to improve communication and signposting to services for nursing alongside meeting assessment deadlines for midwifery. BCU provide a summary of other actions taken to enhance the student experience which include a review of assessment, the development of out of area placements in nursing, steps to improve community in the online midwifery programme and module delivery for the NA programme. The review team triangulate progress on these actions during the visit. (174, 539)

BCU report on a range of ways that PUSCs are involved in learning activities within the nursing, midwifery and NA programmes. Across the programmes BCU report there's diversity in the range of PUSCs and scenarios used within learning activities. The impact is reported as being measured informally through student feedback. Evidence submitted for the extraordinary review includes some feedback from PUSCs on their experience and additional evidence is requested at the initial visit. (74, 181-183)

BCU report on how protected time for reflection is achieved for each of the programmes. In the direct entry and nurse degree apprenticeship nursing programme routes students are encouraged to undertake reflective practice. If discussed with and recorded by practice supervisors, this can be attributed as practice learning hours. The midwifery programme is described as allowing some reflective time to count as practice learning hours as agreed with their practice supervisor or professional midwifery advocate (PMA). The maximum number of hours that may count in this way isn't identified by BCU although it's confirmed that breaks aren't included in practice learning hours. Learners on the NA programme have a minimum of 10 hours protected learning time per week. (174)

The ASR reports a comprehensive approach to assessing award gaps and data is presented for each programme along with appropriate actions. BCU report that field identity for single award nursing programme routes is achieved through placement experience and an increasing theoretical focus in year three. The dual award programme routes are now in their final year and BCU recognise the challenges students report in switching between fields. Actions include field specific skills refresh and a focus on experts by experience (EBE) activities. BCU also report on the plans in place to ensure that the midwifery programme meets SPMP R3.6 related to students gaining experience of leadership and team working with different maternity providers. (174)

Summary of feedback from groups involved in the review

Academic team

We meet with the senior leadership team from the college who confirm that the programmes are well staffed. The process of identifying staff to fill vacancies is described including checks on registration status if required. We're told that the college has staffing to cover all four fields of nursing as well as two NA lecturers. There are NA team vacancies but there are plans in place to manage the impact on students by utilising apprenticeship skills coaches to support learning. The process for ensuring staff are up to date with mandatory training is confirmed and we're told that this is monitored by the HELS senior team. (567, 596)

Senior AEI and programme team staff confirm the course monitoring and enhancement (CME) process and we're told that the new college structure which is in place supports greater oversight of QA. There are quartile reviews of programme performance with the AEI vice chancellor. The new structure and staffing also supports work with a large range of partners and there's a clinical advisor post which is central to communication with PLPs/EPs. We're told that the college meets regularly with other AEIs in the region to discuss and plan placement capacity. Arrangements are in place to manage the change to SPL within the nursing programme. (566-567)

The pre-registration nursing programme team tell us they're all NMC registrants. They describe a clear onboarding and induction process for new appointees, with a

probation period of up to 18 months which includes the completion of a teaching qualification for those who are new to higher education. New team members are allocated two buddies from different parts of the college to ensure they've the support and information they need. (572-573)

Within the college there's a skills and simulation team; simulation sessions are now only within the theory hours for the nursing programme. We're told that there are no longer SPL hours within the nursing programme. The NA programme has never used SPL. All sessions are delivered by subject experts sometimes with PUSCs and all are evaluated by students. (572-573, 589)

The midwifery academic team tell us that they comprise the deputy head of college and lead midwife for education (LME), lecturers and senior lecturers. The team are all NMC midwifery registrants. There's a process for preparing academic assessors incorporating a BCU academic assessor module and mandatory training including EDI and safeguarding. The midwifery team tell us that the academic assessor is involved in a tripartite meeting with the practice assessor and student at the final summative assessment in practice each year, but is also involved if there are any concerns about a student's progress in practice. The midwifery team are all personal tutors; three are PMAs and all except for the LME are link lecturers. The link lecturer and academic assessor roles are understood by the midwifery programme team, although the team tell us they've only very recently recommenced link lecturer activities face to face in PLPs post COVID-19. (571, 573)

The programme team tell us that practice governance for midwifery is led by one of the midwifery academics. They confirm there's quarterly meetings with each PLP where capacity, student placement evaluations and educational audits are discussed. They confirm that BCU are included in PLP communications and discussion regarding system regulator reports and outcomes. (571, 573)

Programme teams confirm that the educational audit of practice is attached to ARC (the name of the placement management system, not an acronym or abbreviation). BCU works in partnership with their PLPs/EPs and other AEIs in the Birmingham region to ensure practice learning environment audits are up to date. There are placement capacity meetings every four weeks and a central placement allocation team that allocate the different placement areas. A 'fair share' model is used across the five AEIs in the region and the PLPs. (567-568, 572-573)

Partnership working:

Practice supervisors/practice assessors

Nursing and NA practice assessors and practice supervisors tell us that they complete preparation for their role which is usually delivered by the trust education team. They feel well prepared and supported to undertake their role and they know how to escalate concerns and access further support if needed. However, this is done through the trust

education team. Most practice assessors tell us they've no contact with BCU and would go through the trust team if they needed anything. There's limited contact with academic assessors unless there's a problem with a student. Practice assessors state that for many students they receive placement allocations in a timely manner. However, there's been some issues recently with students being allocated at short notice and confusion about how many weeks the placement is for. This results in an unmet risk indicator for nursing – SFNME R3.2. Practice assessors can confirm that educational audits take place, but they're not directly involved in their completion. They can give examples of students who've reasonable adjustments in place and how this is managed. They confirm that all students are supernumerary on placement and that the NA apprentices receive their protected learning time. (579, 586, 588)

Midwifery practice assessors tell us they're allocated a student at the beginning of the academic year and meet with the student throughout the year to review progress and provide feedback. Most practice supervisors and practice assessors we meet tell us they've sufficient time to meet with students to discuss their progress, but this can be affected by staffing levels and service pressures. They tell us they're supported in their role by the midwifery practice education team. They comment that students graduating from BCU are fit for practise. Practice assessors are clear about their responsibility to assess their student over the year with a clear timeline for formative and summative assessment. Practice supervisors and practice assessors confirm the process for raising concerns about student behaviour and performance. Their first point of contact is the midwifery practice education link. PLPs confirm they've sufficient, evidence-based information to objectively and accurately assess that a student has progressed and meets the SPM, including where concerns have been raised. (578, 582, 584)

Practice supervisors and practice assessors tell us that while there's placement capacity for current midwifery student numbers, there are concerns related to ongoing capacity on delivery suite. This is an area for future monitoring. They confirm that student supernumerary status is maintained and all students we meet confirm they're always supernumerary. (578, 582, 584)

Employers and senior PLP representatives

Senior PLP/EP representatives confirm effective partnership working with BCU particularly at programme management level. They confirm that information is shared at a strategic and operational level between BCU and the partners. There are systems and processes in place to ensure BCU is alerted to any regulator visits and their outcomes. Action plans are developed collaboratively and shared. PLPs/EPs are aware of the exceptional reporting process to the NMC and participate in the development of these as necessary. They tell us they're working with BCU to implement an additional 80 hours of placement for nursing students to ensure that the SPNP is met. (569-570)

PLP/EP representatives give examples of meetings that are held to ensure/enhance partnership working; these include QA, placement capacity and 'superhub' meetings. Senior PLP/EP managers tell us that they receive collated feedback from student

evaluations of placement. They tell us that an alert is created to the education team for certain trigger words and this is then followed up and managed appropriately. PLPs/EPs are clear about the benefits of having shared policies across BSol which ensure all the AEs and partners work collaboratively. PLPs/EPs agree that if they need to contact BCU, they can usually get a quick response. However, some partners feel there are too many emails and feel it would sometimes be better to just speak to someone. (570)

The NA programme leader tells us there are regular catch ups with EPs. How frequently these occur depends on the size and complexity of the EP. The EPs confirm this, with UHBFT, the largest of the EPs, having weekly catch ups. PLPs tell us they've monthly catch ups with the pre-registration nursing, NA and midwifery teams. (570, 573)

The senior managers we meet comment that students graduating from BCU are fit for practise on successful completion of the programme. PLPs/EPs enable induction for all students, and this includes information on raising concerns including freedom to speak up guardians. All PLPs/EPs have an established preceptorship process for newly qualified midwives. There are opportunities for student IPL with obstetricians and anaesthetists, and students are included in reflective and debriefing activities. (569, 570, 578)

Students

We meet with a wide range of students from the pre-registration programmes provided by BCU. The nursing and NA student meetings on campus are with mixed groups of different programmes, years and fields due to a communication issue regarding rooms and times. Some students are distressed, and we hear that many nursing students don't feel valued by BCU and that they're 'just a number'. Some report having excellent personal tutors who support and communicate with them effectively. However, many report difficulties in communication with BCU staff and the organisation of their programme and induction for placements. They tell us there's a lack of support, with examples of long delays getting responses to emails or not getting a response at all. Often when asked, students are unable to confirm the name of their programme leader. Students tell us they know the name of their academic assessor, but many haven't met them, and they're not clear as to why they change each year. We also hear about significant issues with timetable and programme information and concern about the integrated approach to the curriculum and a focus on adult nursing. This leaves some students feeling unprepared for placement. This feedback leads to unmet risk indicators for nursing – SFNME R3.2, R3.14, R3.15, R5.6 and R5.7. The student representatives that we meet are informed about the programme and during the meetings are able to signpost their peers to the additional support available at BCU and confirm that staff and other programme information is available on Moodle (the virtual learning environment (VLE)). (576-577, 579, 586)

Experience on placement is also variable. We're told of supportive practice learning environments where students are enabled to learn but also of a significant number where this isn't the case. One student describes placement as being a very hard and lonely time with no support from BCU staff. Students know how to raise concerns about their experience but many report receiving either no response or a dismissive response from BCU staff. Students tell us they delay complaining about practice placement areas and staff for fear of reprisals. This leads to unmet risk indicators for nursing – SFNME R3.12 and R4.2. When there are significant safety concerns for students or staff, we hear that support is available, but students tell us they're not sure of the outcome of any investigations. (576-577)

Midwifery students tell us they're provided with the timetable for the year, and feel prepared for their first placement having undertaken clinical skills teaching including moving and handling and that they're taught about the NMC Code, duty of candour, informed consent and how to raise concerns in practice. Year two (long and shortened course) and year three students tell us that the programme increases in complexity with increasing expectations of knowledge and competence. Students tell us they're clear about their named academic assessor and are allocated a practice assessor and practice supervisor. (574, 578, 584)

All students confirm the process for module and placement evaluation. We're told of examples from midwifery where changes are made following module evaluations, but this isn't consistent across the midwifery modules. Nursing students tell us that they frequently don't get feedback on changes made because of their comments. This leads to an unmet risk indicator – SFNME R4.9. (574, 576, 579, 586)

Most NA students we meet tell us they're happy with their programme. They know their personal tutor and have 12-weekly tripartite meetings with their academic assessor and practice assessor. The model of delivery for NA students mean they regularly see members of the programme team face to face. They tell us they're offered one to one support if they need it, staff stay behind at the end of sessions in case they've any questions and feedback from assessments is good indicating how they can improve their work. Personal tutors go through feedback with the student if needed. (579, 586)

NA students feel well supported in practice, they know who their practice assessor is and have clinical educators for additional support. The support in practice is mainly from the clinical education team. NAs are happy to feedback to BCU and raise concerns. They complete module and placement evaluations and give a change in the off-duty schedule as an example of how their feedback is listened to. NAs who've been on the NA led ward praise the experience. There are registered nurses on the ward if they needed them, but they feel they're able to develop their confidence and competence while on the ward. (579, 586)

Students tell us the library and other learning resources are excellent and most report positive experiences in gaining reasonable adjustments and additional support for study skills. The extenuating circumstances process is well understood by students

who also describe the stress caused by the rigorous approach in place. This is particularly the case for those students who've suffered a bereavement or other serious issue if they didn't have a supportive personal tutor to advocate for them. (576-577)

PUSCs

PUSCs are inducted to work with BCU. There's a faculty process to recruit them and they're 'looked after' at college level. PUSCs are involved in the recruitment of students by formulating interview questions, the development of module content, preparation for practice and quality days to review programmes. PUSCs undertake training as casual workers in the university, and this includes EDI to prepare them for their role. PUSCs we meet confirm their involvement in the practice assessment of students (nursing and NAs). This is confirmed by students. Practice supervisors and practice assessors gather feedback from PUSCs on the students' performance in practice which contributes to the assessment. Feedback from PUSCs is recorded in the practice assessment document (PAD). (572-573)

We meet with PUSCs in person in clinical practice and on campus. The maternity PUSCs we meet on campus tell us they've only recently been invited to contribute to midwifery education provision. They tell us they're keen to contribute further to the midwifery programme moving forwards but engagement thus far is limited. This leads to an unmet risk indicator for midwifery – SFNME R1.12. PUSCs are asked to give feedback on their experience of student performance and care in practice. This is recorded in the student's electronic midwifery ongoing record of achievement (eMORA). Four PUSCs we meet in practice placement describe consenting explicitly to student midwives providing supervised midwifery care. They find this a positive experience and one tells us that they can't tell the difference between the student and qualified midwife providing care. (578, 584-585)

Summary of areas for future monitoring

There's variable feedback from midwifery students related to the effective closing of the feedback loop when concerns are reported. This requires future monitoring. (Related to SFNME R1.7)

While there's placement capacity for current midwifery student numbers, there are concerns related to ongoing capacity and this should be monitored. (Related to SFNME R2.15)

The capacity and range of learning opportunities for nursing students requires ongoing monitoring. (Related to SFNME R2.15)

A change in timetabling processes being implemented from academic year 2024-2025 and the impact of this on student experience should be monitored. (Related to SFNME R3.2)

Evidence related to IPL opportunities in the theoretical part of the nursing, NA and midwifery programmes is weak. This is therefore an area for future monitoring. (Related to SFNME R3.16)

There's variable feedback from midwifery students related to the responses and actions taken following their feedback to the AEI. This is therefore an area for future monitoring. (Related to SFNME R4.9)

Findings against themes

Theme one: Learning culture

Risk indicator 1.1 – The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld.

Requirements – 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9
NB: 1.2 – The Code (NMC, 2018)

What we found before the review

BCU provide narrative and documentary evidence of the processes in place to demonstrate that the safety of people is a primary consideration in all learning environments. The HELS health and safety committee considers risks to students and staff on campus. There's a BCU data protection policy updated in 2023 and evidence of appropriate control of data breaches in the college. The BCU safeguarding policy makes clear the role of staff and identifies the head of student services as having responsibility for delivering the work of the university safeguarding board. The safeguarding policy is operationalised in the college by trained staff and there's evidence of appropriate referral and support for students. The college has a raising and escalating concerns guidance document for university staff and students on placement. This document is developed in collaboration with PLPs/EPs. The document clearly outlines five steps to follow if a student has a patient care concern. There's a FtP policy which is also developed in partnership with PLPs/EPs and BCU provide documentary evidence of how this is applied to the programmes in the college. There's evidence that students and practice staff are informed of the policy. The review narrative reports that students are asked each year at re-enrolment to confirm their good health and good character status and there's a criminal conviction policy and processes for managing Disclosure and Barring Service (DBS) screening on admission to the programmes. Induction activities for students on placement highlight safety concerns and their duty of candour and this is also discussed as part of initial interviews with practice supervisors and practice assessors. The ASR evidences appropriate escalation of risks

to patient or student safety and this is managed collaboratively via 'superhubs' with PLPs/EPs. (1-25, 36-39, 50, 97, 167, 294-296, 450-452)

The review narrative describes several ways in which students are supported to use reflection to prioritise the wellbeing of people. This is evidenced in the approach to academic misconduct and FtP where reflection supports students to practise in accordance with the NMC Code. Reflection is also used to support the development of proficiencies within the Midlands, Yorkshire and East of England PAD (MYEPAD), eMORA and NAPAD and within module assessments. Staff are engaged in critical self-reflection as part of the annual review process and the college ensures registrants can revalidate and remain on the register. (45-46, 68-78, 518-526)

BCU provide documentary evidence and narrative that confirms students are informed that they must obtain informed consent from people before being involved in their care. Students are asked to sign a student agreement which is clear about the need to respect those that they work with in line with the NHS constitution. Informed consent is a feature of all programmes within the professional practice modules and is also made clear in the MYEPAD, eMORA and NAPAD. All learners are required to adhere to local trust policy on consent and this is explained within induction activities. (26, 49, 81-88, 92, 140)

Evidence supplied by the AEI prior to the visit demonstrates that BCU educators, academic assessors, practice assessors, practice supervisors, the LME and others involved in supervision, learning and assessment understand their role in preserving public safety. This is evidenced within PLPs/EPs and BCU policy documents and examples of student and staff preparation materials. There's a shared standard reporting procedure for raising concerns about public safety and BCU staff undertake mandatory safeguarding training. (89-103)

There's documentary evidence that BCU and their PLPs/EPs have policies and systems in place to support students and educators to understand how to raise concerns or complaints. The NHS education contract and BSoL shared learning agreement illustrate a partnership approach to supporting learners to raise concerns. There's a HELS raising and escalating concerns procedure with a flow chart for students and staff. Teaching materials evidence professional expectations for students in relation to raising concerns, and this is repeated in trust policies and guidelines. BCU has a prevention of bullying and harassment policy and there are student 'speak up and speak out' ambassadors to encourage and support students to raise concerns without fear of consequences. (1-2, 37, 40-41, 96, 105-118)

There's documentary evidence that BCU and their PLPs/EPs have governance systems in place to ensure complaints or concerns raised by students are investigated and dealt with effectively. BCU provide narrative and a range of evidence in relation to how concerns or complaints are investigated. There are examples of how student complaints about practice learning and university experience are managed. There are also examples of when students have raised concerns about the safety and wellbeing

of PUSCs, and these have been managed in collaboration with PLPs/EPs. The FtP policy requires collaborative working with PLPs/EPs and there's also evidence which describes how BCU safeguarding and health and safety policies are applied to the pre-registration programmes to ensure student wellbeing. The academic misconduct procedure enables learning for students promoting academic integrity. There's a student nurse navigator role which provides additional pastoral support if concerns are raised. The ASR and additional evidence describe exception reporting of incidents to the NMC and there are weekly quality meetings within the college where CQC and NMC exception reports are reviewed and followed up. The learning environment assurance framework (LEAF) and BSoL standard operating procedures promote the importance of practice staff raising concerns about students or the learning environment. (1-3, 6, 21-24, 37, 65, 72, 74-75, 119-135)

BCU documentary evidence includes information in relation to duty of candour and this is described within the handbooks for the pre-registration nursing, midwifery and NA programmes. There's preparation for practice materials that describe how students are reminded of the importance of being open and honest. Duty of candour is also outlined within the student learning agreements. A shared commitment to quality patient care is outlined in the BSoL shared learning agreement. This is supported by induction and teaching materials for both students and practice assessors/practice supervisors. There's evidence of students raising concerns directly and via placement evaluations. Some of these concerns refer to poor care and an unsupportive learning environment. The review team triangulate BCU's response to these during the visit. (2, 81, 96, 102, 109-110, 113, 136-141, 207, 211-212, 217)

What we found at the review

The midwifery, nursing and NA programme teams, academic assessors, practice assessors and practice supervisors understand their role in preserving public safety. The nursing and NA programme teams as well as senior PLP/EP representatives confirm there are appropriate forums and meetings where outcomes of system regulator reports and action plans are discussed, monitored and evaluated. (568, 570-573, 578-579, 582, 584, 586)

Students confirm that consent and safety of people is prioritised on the midwifery programme. They tell us they're taught about consent and duty of candour from day one, during induction, and it's continuously reiterated throughout the programme. They tell us of many examples of how consent is sought from patients in their care. PLPs/EPs confirm every practitioner must ask for consent at the point of care. (570, 574)

Students tell us they'd raise a concern by speaking to a member of the practice staff and some know of the raising and escalating concerns policies. A significant number of nursing students tell us that although they're prepared to raise a concern, they'd do this after the placement in case there are any adverse consequences or in case competencies don't get signed off. NA students are more confident in both raising and

escalating concerns and do this in a timely manner. Most nursing students don't always involve BCU with regard to raising concerns as many found communication with them slow and erratic. (576, 579, 586)

NA students tell us that communication with the BCU NA team is good. They feel confident to raise concerns and feel supported. The model of delivery for NAs means that they're in regular contact with BCU through taught sessions and 12-weekly tripartite reviews where they can raise concerns. NAs tell us they're well supported with reflective practice which is recorded in their NAPAD and reviewed by their practice supervisor and practice assessor. They've further opportunities for reflection as part of a weekly student forum. Practice education teams tell us of reflective sessions following the applying theory and practice pathway, with students encouraged to write a reflective piece. Matron-led reflective practice sessions for first- and third-year nursing students support resilience and a positive mindset. Nursing students confirm 2.5 hours of reflective practice per week, recorded in their MYEPAD. They also confirm numerous opportunities for ad hoc reflection supported by practice supervisors, practice assessors and the practice placement team. Practice supervisors and practice assessors confirm students have 2.5 hours reflective practice which they support, for example, by signposting students to research subjects which they then discuss together. (579-580, 586-588)

The midwifery programme team, practice staff and students tell us that student reflection is recorded in the eMORA, and as a separate weekly log of reflection for which they're given 2.5 hours in addition to rostered off duty. Students tell us that they reflect on and in practice and that reflection supports their learning. (568, 571, 574, 578, 582, 584)

Pre-registration nursing and NA students tell us that they're taught about seeking informed consent from patients at the beginning of the programme. Practice supervisors and practice assessors confirm that students can seek consent when they attend practice. Practice supervisors and practice assessors tell us that they support students with seeking consent from patients. Four PUSCs we meet in practice placement describe consenting explicitly to student midwives providing supervised midwifery care. (578, 580, 584, 587-588)

Senior representatives of the PLPs/EPs and the programme teams for nursing, midwifery and NA confirm there are processes in place to manage placement capacity to ensure sufficient learning opportunities, practice supervisors and practice assessors for students. While this is confirmed by practice assessors and practice supervisors we meet, they express concerns related to ongoing capacity in some areas. Students confirm they're all allocated practice supervisors, practice assessors and academic assessors and are always supernumerary in practice. (568, 570, 572-574, 578-579, 582, 584, 586)

Although students understand the importance of being open and honest with people in accordance with the professional duty of candour, students' fear of adverse

consequences means they sometimes aren't. The programme teams and PLPs/EPs tell us that students are made aware of speak up guardians and how to raise concerns during preparation for practice and placement inductions. Nursing students we meet confirm this. Many don't quote specific policies they follow but would contact the practice supervisor, practice assessor or ward manager. NAs we meet tell us they know how to raise concerns, are aware of PLP/EP policies and are supported to do so. Hospital senior managers tell us that raising and escalating concerns, including the role of the freedom to speak up guardian, is discussed with NAs at their initial week induction and the week-long transition week. However, most student nurses we meet tell us they're reluctant to raise concerns and complaints while in practice due to fear of adverse consequences such as not having their MYEPAD signed off. Despite this fear students tell us that if it's a patient safety issue, they'd report this immediately. Unfortunately, students give us examples where they've tried to raise issues about placements with BCU and have either not received a response or they've felt unsupported. We hear of nursing students being told on placement that they're students and aren't there to complain. (570, 572-573, 579-580, 586-588)

Midwifery students are aware of the procedures for raising concerns and can describe the policy and flow charts. They tell us they'd be confident to raise a concern about patient safety, and one tells us that they witnessed poor clinical practice and escalated this to the matron and their personal tutor. They were supported in statement writing by the personal tutor, matron and the trust's safeguarding lead, and the student also received follow-up support in respect of their own wellbeing. Midwifery students' experience is however like the nursing students with the majority telling us of their reluctance and fear to report concerns and complaints until after the placement was completed, with only a small proportion feeling empowered and well-supported to do so. These reports of fear of victimisation made to us by the students are confirmed by some of the midwifery practice assessors and practice supervisors we meet in the focus groups and visits. The practice assessors and practice supervisors are clear that some students are afraid of midwives and they feel intimidated. Practice supervisors and practice assessors tell us where incidents of incivility are identified they're dealt with, but students are still unwilling to report in some cases. (574, 578, 582, 584)

Some midwifery students report they're not clear on what action is taken in response to complaints or concerns while they're on the midwifery programme and are unable to provide examples of when they've been informed of the outcome of a cause for concern or complaint process. However, we also hear several positive comments, including examples of incidents that students were able to report and escalate, where they felt supported. For example, a student who witnessed and escalated an incident of poor care on placement. The student tells us they received an email on the same day and was supported to give a statement to the safeguarding team. They confirm having debriefs and receiving follow up support to check on their wellbeing. There are also good examples of initiatives put in place by practice education teams to improve relationships between students and midwives on the wards such as the "tea and chat sessions" implemented in some areas. The variability in closing of the feedback loop for midwifery students is flagged as an area for future monitoring. (574, 578, 582, 584)

NA students tell us they're confident to raise any concerns or complaints in practice and are fully supported to do so. One NA gives us the example of raising a concern at a tripartite meeting regarding what they felt to be a placement offering little learning opportunity. Their academic assessor arranged a further two-week exposure to mental health elsewhere which was beneficial. NA practice supervisors and practice assessors we meet tell us they bring forward issues rather than wait until the next scheduled tripartite meeting. They tell us that the raising and escalating concerns policy is attached to the welcome email they send on allocation to NA students. They tell us they always keep NAs updated and close the feedback loop. NAs we meet all confirm this. Nursing students who've raised a concern tell us they're not informed of any actions taken and so are unclear if the issue is resolved. (580, 587-588)

Nursing students tell us that not all concerns and complaints are investigated and dealt with effectively. One student was placed in a student-led ward and encountered numerous challenges and concerns which they reported. The student feels very let down by BCU. Two nursing students feel they were loosely supervised by registrant staff on the student-led wards and their readings and recorded information was changed on several occasions. This was reported but the students weren't told the outcome of their complaints. This student-led ward was described by three students as "unsafe". A significant number of nursing students tell us they're scared to speak up. They're frustrated with the poor communication with BCU and rely on the support within practice placement, for instance the practice education team. (576, 579, 586)

The programme team tell us that BCU's practice learning hub liaises with PLPs/EPs and provides support to students during practice learning. They tell us students can use the placement team email inbox to raise concerns or speak with BCU staff at weekly drop-in sessions. However, both pre-registration nursing students, practice supervisors and practice assessors tell us BCU's response to concerns is poor and inconsistent. Practice supervisors and practice assessors tell us BCU's placement support team don't respond in a timely manner and sometimes they don't get responses at all. For example, a practice assessor tells us they sent an urgent 'safe and well' check request to the BCU placement team raising serious concerns about a student following them failing an assignment and a placement. They tell us they didn't receive a response. They tell us they considered contacting the emergency services themselves. (580, 587-588)

Our findings conclude that BCU together with their PLPs/EPs don't fully prioritise the safety of people and enable the values of the NMC Code to be upheld. We find that feedback from several nursing and midwifery students indicates a reluctance to report concerns and complaints due to fear of adverse consequences. We also find inconsistent evidence that all concerns and complaints are investigated, with several nursing students experiencing a lack of timely and effective response to complaints and concerns raised which is impacting on their wellbeing.

Risk indicator 1.2 – The AEI, together with their practice learning partners are

unable to evidence that education and training is valued in all learning environments.

Requirements – 1.10, 1.11, 1.12, 1.13, 1.14

What we found before the review

BCU and PLPs/EPs have several processes in place to assure that the learning culture and environment are fair and inclusive. There's an EDI strategy with faculty level EDI committees who meet regularly to consider progress with EDI aims and projects. BCU has signed up to the race equality charter and the mental health charter programme. There's a student disability and mental health policy with reasonable adjustment guidance. There's evidence that BCU and PLPs/EPs work collaboratively to support reasonable adjustments for students in practice. Documents also illustrate how adjustments are made for simulation activities within the university setting and how students are supported to make adjustments for PUSCs. There are student inclusivity ambassadors who work with staff to co-design inclusivity events for their peers. This includes a neurodiversity café and events to celebrate cultural diversity. The centre for academic success and the educational development service provides specific support for widening participation which includes training and support for academic staff. (142-161, 375, 389, 446)

BCU has a CME policy and procedure in place to promote programme improvement and advance the quality of learning using information and data. CME enables critical review of programmes to assure the standards of university award and enhance the student experience. If data indicates standards aren't being met, then a course action plan is required. An example of a recent plan for the NA programme is provided which illustrates action taken to improve student performance. CME policy and procedure also require programmes to demonstrate how the SPNP, SPMP and SPNAP are continuing to be met. Changes to the external examiner (EE) policy in 2023 has led to enhanced external scrutiny of assessment metrics and informs action planning at module and programme level. The ASR evidences compliance with exception reporting and processes for modifications to NMC approved programmes. Programme leaders plan quality days with relevant stakeholders and there's evidence of processes in place to respond to module evaluation data through quality improvement plans. BCU promotes student engagement in the NSS and an internal programme survey and there's evidence of action plans arising from this data. The faculty has guidelines for the management of practice evaluations, and there's documentary evidence of partnership working with PLPs and EPs to enhance the student learning experience on placement. Good practice in practice learning is recognised and shared, and any concerns or issues are addressed via a red/amber/green rating system. (79, 161-180, 247, 455, 468)

NMC programme approval documentation confirms that stakeholders are involved in the design of the pre-registration nursing, midwifery and NA programmes. Documents provided prior to the review evidence varying degree of engagement with the nursing,

midwifery and NA programmes by different stakeholders. There's evidence of PUSC engagement in the nursing programme where lived experience access provider (LEAP) participants contribute to simulation activity. There's also evidence that this is valued by students and that feedback is sought from the LEAP participants about their experience. Student feedback on module teaching is acted on using 'you said we did' activities. There are also QA meetings with PLPs/EPs where ongoing involvement in the programmes is facilitated. (164-165, 167-168, 170-174, 181-186, 468, 527-529, 531-532, 543, 547, 551)

There's some evidence that BCU works collaboratively with service providers to demonstrate and promote IPL. Documentary evidence describes interdisciplinary teaching in both theory and practice settings. There isn't an explicit IPL strategy or an update on how IPL is being delivered online for students on the two-year MSc nursing programme route. Practice placements are organised to facilitate inter-professional pathway learning experiences. The evidence presented indicates these are opportunities to work with other registrants rather than with other students from different professional groups. The review team explore this further during the visit. (187-193, 471-472, 559)

BCU provides opportunities for research collaboration and evidence-based improvement for staff and students. Students are supported to present at national and international conferences and to engage with national professional networks relevant to their programme. There's evidence of student engagement in improvement projects. These include the co-design of a new 'support to study' assessment tool and the communication to support its implementation. There's also an internal BCU student award which was won by a student nurse for an improvement project within an emergency department. Students are also nominated for external awards. The staff learning and development policy evidences opportunities for staff to take study leave and engage in research and improvement projects. This is supported by the HELS workload allocation model. (194-197, 200-206, 410-411, 434, 469, 556)

What we found at the review

Students tell us that their equality and diversity requirements are considered, respected and protected on the programme. Students who've disclosed disabilities and learning differences tell us there's a process for identifying individual needs and that reasonable adjustments are made. Most students we meet tell us their reasonable adjustments as part of their disability and additional learning support are attended to in theory settings. Practice staff tell us they understand the process of reasonable adjustments and give us examples of specialised equipment and changes to shift patterns. All students we meet tell us that reasonable adjustments in relation to practice are addressed. (572-574, 578-579, 584, 586)

All nursing and NA students tell us of excellent opportunities provided in practice by the practice education teams. They tell us of inclusive, additional learning such as simulation offered to all students. NAs tell us they're very satisfied with the learning

culture on placement. Nursing students tell us that it's a lottery with placement settings with some having negative experiences, but that they also receive excellent support in other settings. The programme team and PLPs/EPs tell us of the gold LEAF award which recognises excellent feedback in placement evaluations. (572, 580, 587-588)

Many placement areas offer high levels of support to nursing and NA students through their clinical education staff and provide additional training and simulation opportunities. Many nursing students we speak to tell us they're taught at BCU about the NMC principles of being kind, caring and compassionate but many feel strongly that academic staff don't treat their students in this way. However, NA students do recognise that academic and practice staff are "there for them" and tell us there's a positive learning culture. They feel well supported. (576, 579, 586)

The midwifery PLPs we meet confirm being invited by BCU to programme development stakeholder meetings. They tell us of examples of their contributions for example, development of postgraduate coursework for neonatal and infant physical examination (NIPE) and their discussions with the programme team to make programmes more accessible. The midwifery programme team tell us that PLPs were fully involved in 2021 programme developments and a range of PLP clinicians are involved in programme delivery. (568, 570)

Some nursing practice assessors tell us they're invited to annual quality days where programmes are reviewed, discussed and developed. These days include the EEs, PUSCs and PLPs/EPs. They're also invited to participate in student recruitment and open days. Senior PLP/EP leaders tell us of many means by which the quality of the programme is monitored with BCU and other AEIs in the region. BCU senior staff are also able to tell us how programme quality is assured through CME and cite the examples of attention to EDI data within the college. (567, 569, 576, 579, 586)

The nursing programme team tell us that PUSCs are involved in a range of activities across all programme routes. The PUSCs we meet confirm they're involved across the programmes, with particular input into the NA and MSc nursing programmes. They tell us of their role in co-design, recruitment, approval visits, delivery of programme content, objective structured clinical examinations and reviews of modules and programmes. For the MSc nursing routes they act as reflective coaches, offering a safe space for students to speak from the heart. They work in small groups and one to one, following the students throughout the programme. They tell us of café style conferences where they share their experiences with students. They attend module away days to review and consider what went well and how the module could be improved. A PUSC tells us that following a module where they deliver content, they meet with the module lead to review the module, including students' evaluations. (572, 576, 579, 583, 586)

The midwifery programme team tell us that PUSCs were last involved in the design of the programme in 2021. They tell us of the difficulties of keeping in contact with users of maternity services due to the transitory nature of childbirth. They also cite challenges

of involving women from disadvantaged groups. They cite a range of examples of PUSCs who've delivered taught sessions on the programme. They also tell us of the opportunities that students have to experience caseloading on the programme. Students tell us they receive feedback from PUSCs during their placements, which is used to support their practice assessment and progression. However, we're not able to triangulate the involvement of women who use maternity services in the ongoing co-production and evaluation of the midwifery programmes. At the visit, we meet six women who've been contacted by the university for the first time, less than two weeks before the visit to BCU. The women we meet tell us they've had no meaningful or demonstrable engagement with the BCU midwifery programme team prior to the visit. Considering this, we're unable to triangulate and confirm ongoing PUSC involvement in the co-production and evaluation of the midwifery programme. (568, 574, 578, 584-585)

IPL opportunities are available to most students in their practice setting but are more limited at BCU. Nursing students can't tell us of any significant IPL opportunities within BCU. In their practice setting there are opportunities to work alongside other students from different disciplines and universities as well as a range of registrant staff and consultants. NA students tell us they've IPL opportunities to learn with and from speech therapists, prison nurses and social care students. (576, 579, 586)

PLPs we meet confirm that midwifery students in practice work with a range of professionals, such as obstetricians, anaesthetists, neonatal nurses, social workers and paramedics. Students tell us of IPL in practice learning areas but can't tell us of IPL in the theoretical components of their midwifery programme. The programme team tell us of a session with learning disabilities nursing students and that they're planning a mass casualty scenario with paramedic and nursing students in the future. This is an area for future monitoring. (570, 574, 578, 582, 584)

Senior PLP/EP leaders confirm that there are opportunities for students to be involved in quality improvement projects. Students are involved in the development of patient safety guidelines and are encouraged to use their protected learning and reflective time in practice to engage in research and innovation opportunities. We don't meet any students who've taken part in these activities, but we do meet students who report a range of learning activities and additional study opportunities while on placement. (569, 575-576)

Our findings conclude that BU together with their PLPs/EPs are unable to evidence that education and training is valued in all learning environments. We're not assured that BCU has meaningful engagement with PUSCs in the midwifery programme.

Outcome: NOT MET

Comments:

SFNME R1.5 is not met for nursing and midwifery.

Feedback from several nursing and midwifery students indicates a reluctance to report concerns and complaints due to fear of adverse consequences.

SFNME R1.6 and R1.7 are not met for nursing.

We find inconsistent evidence that all concerns and complaints are investigated. Several nursing students haven't experienced a timely and effective response to complaints and concerns raised which is impacting on their wellbeing.

SFNME R1.12 is not met for midwifery.

Triangulation with PUSCs doesn't provide assurance of meaningful engagement in the ongoing co-production and evaluation of the midwifery programme.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- There's variable feedback from midwifery students related to the effective closing of the feedback loop when concerns are reported. This requires future monitoring. (Related to SFNME R1.7)

Findings against themes

Theme two: Educational governance and quality

Risk indicator 2.1 – The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the UK with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.

Requirements – 2.1, 2.2, 2.3, 2.5, 2.6, 2.8, 2.9, 2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21

NB: 2.3 – NMC Programme specific standards

What we found before the review

The college provides evidence of compliance with relevant legal, regulatory, professional and educational requirements. Programme specifications identify derogations to the BCU academic regulations to ensure compliance with the SFNME for all programmes. There are mapping documents which evidence how the programmes meet the FN:SPRN, SPNA and SPM and the approval documents confirm the SPNP, SPNAP and SPMP are addressed. There's a FtP policy and processes in place to assure criminal disclosures are managed on admissions and through the programmes. Students are required to confirm health and character status on re-enrolment, and support is offered to enable disclosure of disabilities. The ASR provides evidence of compliance with annual and exceptional reporting to the NMC. (27-35, 122, 124, 149, 174, 208-210, 213-216, 219-222, 225-239, 482-483)

There's evidence that BCU adopts a partnership approach to the delivery and QA of programmes with PLPs and EPs. CME reports are compiled annually by programme teams and critically reflect on feedback from stakeholders including PLPs/EPs. Each programme has a quality day to which stakeholders including PUSCs and students are also invited. The initial evidence provided doesn't indicate who or how many of the stakeholders are able to attend. Programme handbooks and the MYEPAD, eMORA and NAPAD identify the lines of communication to support student learning. Senior staff within the college attend meetings with PLPs and EPs and there's evidence of required actions being tracked and communicated. (2, 47, 164-165, 207, 212, 217-218, 223, 249-252, 487)

BCU use a values-based recruitment process to ensure alignment with professional and employer expectations. There's some evidence of measures used to address underrepresentation, for example a policy to ensure that applicants with a criminal conviction are treated fairly and a new university wide 'accelerate' plan to target marginalised groups. There's also an access and participation plan which sets out BCU's plans for inclusion, and details outreach work and the financial support available for students. Entry requirements are detailed in the programme specifications and these include business and education technology council qualifications, access to higher education (HE) programmes and foundation years. The evidence supplied to illustrate the outcomes of recruitment activity doesn't demonstrate the impact of these activities on underrepresented groups. The review team explore this during the visit. (161, 208-210, 213-216, 253-256, 355)

BCU has a policy and procedure for the recognition of prior learning (RPL) and programme specifications indicate when RPL is permitted in line with the SPNP and SPNAP. There's a faculty RPL lead who oversees applications which are then moderated by programme leads and EEs. At the initial visit, evidence is requested to illustrate the involvement of EEs in RPL and this is provided. Support is provided to students and there's an information leaflet which evidences this. There's also blank RPL forms which illustrate the learning to be recorded to meet NMC requirements. (208-216, 257-262, 555, 561)

There's evidence of induction to the nursing, midwifery and NA programmes in both

university and practice. Documents illustrate reference to information and support for students alongside local and national policy expectations. All learners are required to complete mandatory training and obtain DBS and health clearance before placement. (48-49, 63-64, 263-267, 322)

There are signed statements of compliance between BCU and BSoL and BCU and UHBFT for the NA and MSci nursing programmes. These examples confirm the resources required to deliver the programmes as presented at approval. The BCU city south campus provides teaching space including simulation suites and classrooms. Risk assessments are carried out for university-based activities and monitored by the health and safety committee. There are audits in place for practice learning areas with records held by BCU. Initial evidence provides two examples of audits and further examples are requested at the initial visit which are provided. (43-44, 280-282, 560)

BCU quality processes for approval and CME require programmes to evidence professional, statutory and regulatory body compliance. The BSoL education partnership agreement evidences a partnership approach to managing improvement and assuring programme outcomes between BCU and PLPs/EPs. This is operationalised through a BSoL nursing and midwifery faculty group which is jointly chaired by BCU and a PLP. There's a workplan which provides evidence of a collaborative approach to workforce development, educational capacity, learner experience and continuation and management of risk. The workplan references additional student placement hours required in response to the change in the use of SPL. The BSoL faculty group manages issues escalated from the profession specific 'hubs' and responds to NHSE WTE as required. There's also a nursing and midwifery practice advisory group and an NHSE WTE blended learning contract review group. Within the college there are academic leads for accreditation and for practice, and the head of college holds weekly quality meetings. The evidence supplied doesn't make clear the relationships between, and the impact of, these groups on improving quality along with the accountability for meeting regulatory requirements. Further clarification is requested at the initial visit. (2, 79-80, 133, 174, 273-279)

BCU identifies programme leads and deputies for midwifery and NA programmes who are responsible for confirming that the required proficiencies and programme outcomes are met. There are cohort leads for the nursing programmes. Programme leads confirm achievement of the NMC requirements for FN:SPRN, SPM and SPNA at exam boards. Initial documentation doesn't evidence a full list of programme leads for all programmes. This is requested at the initial visit. (243-246, 268, 272, 288-292, 406-408, 481)

BCU provide some examples of EE annual reports, although not all programmes and routes are represented. There's also no evidence of response to issues raised by the EEs, for example in relation to induction and communication and access to practice modules. A larger sample and responses are requested at the initial visit and further EE annual reports are provided. The reports confirm oversight of practice and the RPL process. There's an external expertise policy which describes the expectations of EEs

at BCU and a faculty EE tracker which records appointments. The NMC personal identification number (Pin) is checked on recruitment and suitable expertise is confirmed by senior staff. There's evidence of EE involvement in programme modification. Exam board minutes provide assurance of external consideration of theory and practice learning. It isn't clear how assurance is provided that EEs are appropriately qualified and experienced to report on theory and practice learning for all of the programmes within this review. A list of EEs and Pins is requested at the initial visit. (104, 180, 243-246, 248, 268-272, 283-287, 293, 484, 555)

What we found at the review

Senior PLP/EP staff tell us that student nurses are prepared for practice. We're told they're happy to employ graduates from BCU as they're fit for practise on completing the programme. Programme teams, PLPs, EPs and students for the nursing programme tell us that all placements are field specific. Students' experience of the integrated theoretical teaching in years one and two of the programme varies, with those on the smaller fields telling us that modules don't prepare them well for their field specific placements. Mental health and child nursing students tell us that the programme is adult focussed. Child nursing students we meet give an example of working only with adult manikins even though age-appropriate models are available. Students tell us of their frustration when trying to have proficiencies signed off in areas where practice supervisors may not think these are appropriate. However, students and practice assessors confirm that students can meet all required outcomes. (569, 572-573, 576-577, 579-580, 586-588)

The LME tells us that their role is to oversee education in the midwifery programme. As a senior leader in the college, the LME attends several committees, including the BSoL nursing and midwifery education faculty and Birmingham maternity partnerships. The LME assures us that their role as LME is recognised by the head of college and wider senior leadership at BCU. The midwifery programme team confirm that students meet the requirements of the SPMP, and students tell us that their theory and placement experience is well managed to facilitate this. This includes sufficient births for students to achieve the required number and experience of care in labour, supervised on a one to one basis. The eMORA on the ARC system is a live document and student progress is monitored by the practice module leaders, academic assessors and LME. The practice module leads and LME confirm that individualised plans are made for any student with hours or numbers to make up, and we see documentary evidence of this at the visit. (568, 571, 574, 578, 581-582, 584)

The programme teams, LME and senior PLPs/EPs all confirm effective partnership working across Birmingham through BSoL. They tell us that PLPs/EPs are involved in all consultations. We hear of education quality days attended by PLPs, EPs, PUSCs and the EE and regular LEAF meetings. Senior staff tell us of meetings with BCU's head of nursing and midwifery to discuss the students' learning experience. Senior EP staff for the NA programme tell us of excellent communication and collaboration with

the NA programme lead with weekly meetings and an open-door policy. (567-573, 580, 587-588)

Senior staff at BCU tell us of a range of measures in place to ensure that recruitment is fair and transparent and addresses underrepresented groups. We hear of the monitoring of programme data within the faculty which includes quarterly performance reviews. There's a RPL lead in the faculty, and we're provided with evidence of how RPL is implemented for all nursing programme routes including EE oversight. (566-567, 594)

Midwifery students tell us they receive placement inductions which include organisational policies. Students tell us they feel well supported on placement by their practice assessors and practice supervisors and the midwifery practice education team. Nursing students have varying experiences of receiving information which prepares them to understand local policies and governance processes. We're told that preparation for practice is adult focussed and practice supervisors in mental health areas confirm this, telling us that students need more insight into the reality of practice. (572, 574, 578, 580, 584, 587-588)

We meet nursing students in mixed cohort, programme and field groups. Experience varies between individuals, but we hear of two serious incidents in practice which would require exception reporting to the NMC. Students tell us that they did receive support from BCU at the time although they're not aware of the outcome of either investigation. Inquiries by the review team find that the information and evidence required by the NMC in relation to these incidents hasn't been supplied as an exception report. (174, 576)

Senior staff from PLPs/EPs and BCU confirm the approach to ensuring resources are in place to deliver the nursing, midwifery and NA programmes. We're told that this includes the additional 80 hours of practice learning for student nurses needed to mitigate the risk to programme standards following removal of SPL. There are regular meetings with other regional AEIs to discuss and plan placement allocations. We're told that programme plans for the nursing programme are updated to reflect changes in placement capacity and these are shared with the review team as additional evidence. (567, 569, 590)

Resource meetings are held regularly within the college to monitor staffing and other resources. The team tell us that the programme management enhancement meeting also monitors the staffing resource as well as teaching enhancement, access and participation and QA. The senior AEI team tell us that staff are supported in their roles and have the appropriate experience and registration. Staff field identity is maintained through communities of practice which also enable awareness of current policy and research. The review team is provided with a list of programme leads, although some nursing students report uncertainty about who their programme leader is. The student representatives who we meet are more confident in accessing programme information. The programme teams tell us that pre-registration nursing and NA programmes have

leads for each route. There are however no field specific professional leads. The nursing programme team tell us all shared module teams include representation from each field. Mental health and child nursing students tell us there's limited direct learning with field specific lecturers in the shared modules. (567, 572-573, 576-577, 580, 587)

The senior AEI and programme teams tell us that EEs are involved across all programmes. We're told of the quality processes in place to ensure EEs are appropriately qualified and registered. They tell us EEs review RPL applications, theory assessments across all grade bandings and practice modules. EEs have access to Moodle and students' PADs. They attend assessment boards and programme level quality days. Additional evidence is provided to illustrate EE involvement in all aspects of the programmes. (567, 572, 591, 594)

Our findings conclude that BCU together with their PLPs/EPs are unable to evidence that there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements. We hear of a number of significant incidents in nursing practice learning environments where there's no evidence to indicate they've been exceptionally reported to the NMC.

Risk indicator 2.2 – The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, people who use services and carers, students and all other stakeholders.

Requirements – 2.4, 2.7, 2.11, 2.14, 2.16, 2.19

NB: 2.4 – NMC Standards for student supervision and assessment (NMC 2018, updated 2023)

What we found before the review

BCU provide evidence of compliance with the SSSA. There's a regional approach to SSSA implementation and PADs for nursing, midwifery and NA programmes. Practice assessors and practice supervisors are prepared to undertake their role and there's evidence of communication with academic assessors. The quality of practice learning is assured through service level agreements and the processes in place for securing monitoring, allocating, evaluating and terminating placements. Practice learning environments are audited in partnership with PLPs/EPs and completed audits are held by BCU. The audit process is overseen by the college academic lead (CAL) and monitored through the LEAF process. This ensures that any change to service configuration or other concerns are managed in partnership between BCU and PLPs/EPs. Students are required to provide placement evaluations, and these are reviewed by the CAL and practice quality leads. The college shares outcomes of practice evaluations with PLPs/EPs and there's some evidence that actions are followed up. There's also evidence of exception reporting to the NMC in response to practice learning concerns. Additional evidence of completion of actions is requested at the initial visit. BCU has processes in place to review learning environments within the

university campus. There's a regular health and safety board which manages and mitigates any risks in the university buildings. All simulation spaces are subject to audit and risk assessment in line with SSSA requirements. (2, 6-8, 10-13, 43-45, 102, 151, 175, 282, 294-296, 308-310, 477-479)

PLPs, EPs and PUSCs are invited to participate in open day events, taster days and applicant interviews across the nursing, midwifery and NA programmes. Interviews for the apprenticeship programme routes are employer led. PLPs release staff to participate in student recruitment and have participated in the development of selection activities. There's evidence that PUSCs are involved in the selection of students for all programmes. Stakeholder guidance ensures that selection activities are relevant and culturally sensitive as well as reflecting the needs and views of PUSCs. (297-307, 355)

BCU have a FtP procedure that's available to staff and students via 'iCity', the university intranet. The FtP policy is student focused and explained to students in programme handbooks and in both theory and practice inductions. There's evidence of communication between BCU and PLPs/EPs to ensure consistent implementation. The MYEPAD, eMORA and NAPAD also contain information for students, practice supervisors and practice assessors to enable any concerns to be addressed swiftly. (48-50, 97, 122, 207, 211-212, 217-218)

The BCU review narrative identifies that students are provided with opportunities to experience learning outside of the UK through the HELS 'go abroad' scheme. Evidence describes the processes in place to support elective placements outside the UK and it's clear that these hours don't count towards programmes' practice learning hours. Students on the apprenticeship programme routes aren't able to undertake elective opportunities due to funding arrangements. (311-315)

The college provides some evidence that the staff involved in programme delivery are appropriately experienced and qualified. Staff are required to have or undertake a teaching qualification as part of their conditions of employment. Continuing professional development (CPD) opportunities are available for BCU staff, and visiting lecturers are also expected to undertake mandatory CPD activities and are invited to staff development workshops. There's evidence that PLPs/EPs and PUSCs involved in recruitment activities are suitably prepared. The initial evidence supplied doesn't confirm that all fields of the nursing programmes are led and delivered by appropriately registered staff. A list of programme leaders and their Pins is requested at the initial visit. (4, 240-241, 288-292, 316-319, 321, 428-431, 565)

What we found at the review:

The nursing, midwifery and NA programme teams, PLPs, EPs and practice assessors confirm that the SSSA are in place. All practice assessors and practice supervisors we meet confirm they've been prepared for the role and receive significant support from the trust practice placement team. Students report that they're supernumerary in practice and have practice supervisors and practice assessors allocated for their

placements. Senior AEI staff confirm that academic staff are prepared as practice supervisors for SPL activities and that the workload allocation model supports the role of academic assessor. We see evidence of how SPL activities used previously are mapped to the SPNP and SSSA. We're also shown the plans in response to the critical concern relating to SPL. This includes email communication with the NMC indicating that the mitigation in place for SPL is sufficient to enable completing students to register, pending further review at this visit. Academic staff tell us how SPL hours are counted, and that pre- and post-learning activities are monitored for completion. Students confirm that the SPL hours could only count if all activities are completed. From the documentary evidence seen and verbal triangulation at the visit, we're assured that, following the removal of SPL from the nursing programme and the instigation of further placement hours, students will meet the required practice learning hours by the end of the programme. (567, 570-573, 576, 578-579, 582, 584, 586, 589, 595)

The nursing programme team are confident that supernumerary status is maintained in placement areas. They tell us that practice assessors manage this and it isn't something that's being flagged as an issue in student feedback. The NA team are also confident that students are getting their protected learning hours (or supernumerary time for direct entry NAs). An off the job tracker is used to monitor this and it is always discussed at the tripartite meetings. (572-573)

The AEI and PLP/EP senior teams confirm how they're assured the learning environment is effective. We're told there's an open dialogue to manage challenges in the learning environment which is supported by a quality forum for each programme. There's a clinical advisor in post whose role is to lead this area of work in the college and enhance practice learning opportunities. The LME and senior midwifery managers we meet tell us that there are processes in place to monitor capacity and the allocation of placements. Senior midwifery managers confirm there are enough practice assessors and practice supervisors for the number of midwifery students they support on placements, however they identify that the numbers of students can be challenging on delivery suite. This is an area for future monitoring. (567, 569-571, 578, 582, 584)

Senior PLP/EP staff tell us they're routinely invited to take part in selection interviews. Nursing practice supervisors and practice assessors tell us of limited involvement in student selection interviews although a small number confirm involvement. PUSCs tell us they attend open days, develop questions for interviews and sit on recruitment interview panels. They tell us they all receive EDI and unconscious bias training and interview skills training, and wouldn't be able to participate without this. (570, 572-573, 576, 579-580, 583, 586-587)

The midwifery programme team tell us that maternity PUSCs have constructed questions for the question bank for recruitment and selection of new student midwives. Directors of midwifery and heads of midwifery tell us that they prioritise their staff attending the interviews for new student midwives. Midwifery students we meet tell us their selection interview consisted of a values-based multiple mini-interview which

involved scenarios featuring maternity PUSCs. Nursing students are unable to recall if PUSCs were involved in their selection activities. (568, 570, 574, 576, 578, 582, 584)

There's a clear FtP process in place. Senior PLPs/EPs and practice assessors tell us they're aware how to escalate concerns about students through the trust practice placement team. Senior PLP/EP staff confirm their involvement in FtP panels. Programme teams confirm that students are provided with information including attendance, duty of candour and FtP. This is confirmed by midwifery students. The LME confirms they're involved in FtP cases for student midwives. (568-570, 572-574, 576, 578-579, 584, 586)

The senior AEI team report that the college is well staffed following a recent recruitment drive. We're told that staff skill mix is considered and most staff are NMC registrants who are supported by non-registrant staff with appropriate skill and expertise. The nursing programme team confirm that the staff structure includes programme leads but not field specific leads. A list of programme leads and NMC Pins is provided as additional evidence. There are currently 10 vacancies for lecturers on the NA team. Plans are in place to recruit to these posts and a decision has been taken to designate six of the vacancies as roles for apprenticeship skills coaches. NA students tell us that programme delivery is effective and feel well taught and supported by academic staff. (567, 572-573, 579, 586, 596-597)

The LME tells us that there's a workload plan for the midwifery programme, that they've the staffing resources required to manage and support students on the programme and all the midwifery academic team are line managed by the subject academic lead. They tell us that all the midwifery academic staff receive mandatory training in EDI, safeguarding and Prevent (counter-terrorism training) and information technology security and that this is monitored for completion. They tell us that they also monitor NMC revalidation requirements for all midwifery academic staff. (568, 571)

Our findings conclude that BCU together with their PLPs/EPs ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, PUSCs, students and all other stakeholders.

Outcome: NOT MET

Comments:

SFNME R2.13 is not met for nursing.

Several nursing students report significant incidents in practice learning environments where there's no evidence to indicate they've been exceptionally reported to the NMC.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- While there's placement capacity for current midwifery student numbers, there are concerns related to ongoing capacity and this should be monitored. (Related to SFNME R2.15)
- The capacity and range of learning opportunities for nursing students requires ongoing monitoring. (Related to SFNME R2.15)

Findings against themes

Theme three: Student empowerment

Risk indicator 3.1 – The AEI, together with their practice learning partners are unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018).

Requirements – 3.1, 3.2, 3.4, 3.7, 3.8, 3.10, 3.15, 3.16

What we found before the review

BCU provides students with access to the resources they need to meet programme outcomes and NMC standards. There's evidence of induction and pre-enrolment activities to assist with orientation to the programmes. Programme handbooks describe the resources and support available, and this is repeated within the VLE Moodle. The university aims to ensure that all teaching and learning materials are made available on Moodle two weeks prior to module launch. There's some evidence in one module evaluation that students find this helpful. Module teams are available to support students and provide additional guidance. All students are invited to a trust induction prior to placement which signpost support and resources available for practice learning. (48-49, 58, 207-218, 322-324, 464)

Information about each programme is provided as part of the application process, on enrolment to the programme and through programme handbooks and Moodle pages. BCU provide students with a programme plan which details when placements occur, and there's evidence of introductory sessions with programme and module leads to aid understanding of how the curriculum is structured. There's clear evidence of both university and trust induction for students. Students sign a 'student agreement' which is discussed with their personal tutor and designed to confirm student understanding of programme requirements. Information about practice learning is provided through the professional practice modules on each programme and supported by collaborative

student trust induction. There's a published assessment schedule which is updated as necessary. Information regarding entry to the NMC register on completion of each programme is provided in the programme handbook and repeated by the programme leader on completion of studies. (19, 26, 48-49, 53-54, 207-218, 223, 263-264, 267, 325-336, 354-361)

There's evidence of a range of methods in place to enable learning and assessment for safe and effective practice. Learning is planned to take place in the classroom, skills laboratories and via various online and technology-based media including virtual and augmented reality. There's evidence of skill workshops on topics including electrocardiogram (ECG) and wound care, but it isn't clear how these are made available to all students. The college has a dedicated skills and simulation team that supports student learning on all programmes. The skills team have developed a programme of skills practice and clinical enhancement (SPACE) which is a student led resource. Students can book a time slot to practice clinical skills such as taking vital signs and basic life support. The physical resources are supported by virtual resources and information on Moodle. Simulation is identified as one of several pedagogical approaches and in response to a request for further clarification around the use of simulation hours additional evidence is provided. This includes a BCU clinical skills and simulation framework, examples of simulated activities and the simulation report submitted to the NMC as part of the response to the critical concern relating to the use of SPL. The use of simulation is explored further during the visit to provide an independent review of SPL related to the NMC's critical concern. Simulation may also take place in the practice environment to support contextualisation of skills such as cannulation and urinary catheterisation. Digital literacy is supported via digital literacy tool kits, and BCU provides information technology support for all students. (337-349, 433, 558)

BCU has implemented the SSSA along with PLPs, EPs and other AELs in the region. There's some evidence that resources are available to ensure that students are allocated to a nominated academic assessor and practice assessor for each part of the programme, however it isn't clear how this is communicated to students. The review team explore this during the visit in meetings with students, practice assessors and practice supervisors. There's evidence of academic assessor preparation and communication between practice assessors and academic assessors. A small sample of audits demonstrates how practice assessor numbers are monitored and actions taken if the audit standard isn't met. The evidence also describes how students are allocated supported learning time in practice by attending study sessions, simulated practice and trust-based learner forums (all with the SSSA in place). (2, 43-45, 58, 102, 151, 294-296, 346, 350-353, 446)

Students are provided with opportunities to learn with and from peers in their own professional group. BCU describe how they work collaboratively with PLPs and EPs to demonstrate and promote IPL. There's evidence of interdisciplinary teaching from clinical experts, although evidence of peer-to-peer IPL in theory and practice is weak. Examples provided from PADs describe students working with other registered

professionals rather than students. Interdisciplinary working is addressed through cross-field experience pathways in nursing. The nursing programme modification identified IPL as an area for future monitoring. The approval documentation for midwifery identifies a condition to further embed IPL within the programme. This was met with an implementation plan; however IPL doesn't appear to be embedded across the college. Additional evidence to illustrate the use of IPL is requested at the initial visit. This is provided and contains some examples of shared teaching, but IPL outcomes aren't explicit. There's however evidence of peer support between students and skill development in supervision. (45-46, 187-193, 208-218, 223, 311-313, 362-363, 543, 549, 558)

What we found at the review.

All students we meet tell us that the library and wider university student services are excellent. We're told help is available for academic writing, referencing and research techniques. (580, 587-588)

Placement availability is an area of discontent for many nursing students. Although some students tell us they're having a variety of placements and gaining different experiences, a number of those we meet feel they're repeating the same type of ward. Concerns are also raised about travel times and the quality of some placement areas. Students who've raised issues with placement allocation tell us they either don't get a response or they're told no placement changes will be made. Some students tell us they've excellent practice experiences and that they're being well prepared for their role with good academic, pastoral and professional support. However, the general feeling is that the nursing programme is disorganised, and this is exaggerated by the lack of communication with BCU staff and between BCU staff and PLPs/EPs. (576, 579, 586)

Midwifery and NA students are more satisfied with communication from their programme teams. Placement allocation documentation and students confirm they're allocated to a range of placements over the programme. Midwifery students we meet would like to move to a different trust during the programme to experience maternity provision in a different maternity provider and a diverse population, and are aware that this is planned by the programme team for cohorts starting from the next academic year. (574-575, 578, 584)

The midwifery students that we meet tell us that their programme is generally well organised. In most cases, changes are communicated early via Moodle, email or WhatsApp groups, for example recently when there were train strikes. However, students tell us that recently there's been significant problems with timetabling at the start of the academic year. A new timetabling process is to be implemented and this is an area for future monitoring. NAs tell us they've some late timetable changes, but placement allocations are given six weeks in advance. Regular tripartite meetings allow discussions regarding future placement needs and most feel quite well informed and supported by BCU and their EPs. (574, 579, 586)

Pre-registration nursing students tell us of regular late allocation of placements. Students tell us they often receive information a week or less before placements commence. Senior PLP staff, practice supervisors and practice assessors confirm late allocation of placements and frequent requests for changes to allocations, as well as placement extensions. They tell us this creates difficulties for students, especially for those needing to arrange childcare or to arrange other commitments. They give us an example of six changes that were made to three allocations in a space of two days. Students also tell us of confusion and poor communication over a change of an eight-week placement to 12 weeks. They tell us the email didn't explain why. Practice assessors and practice supervisors confirm they received the same email, again with no explanation. Nurse degree apprenticeship students tell us that there's a lack of clarity over the end date for their programme despite seeking information from BCU. Students tell us that this is causing them distress. They also tell us that as a result they're unable to plan for the future. (576-577, 580, 587-588)

Nursing students tell us of their frustration with the late notification of timetable changes and, at times, placement allocation. This is further compounded by additional changes once the initial changes are communicated. For example, additional teaching sessions are introduced involving teaching sessions between five and seven o'clock in the evening. For many students with family and carer commitments or those with other jobs this has posed significant challenges. Many nursing students express their anxiety and stress over the disorganisation of the curriculum and inflexibility of placement location. Some students express the view "we are just a number" or "for BCU it's just a business". The nursing programme team are aware of issues and have taken steps to address the students' concerns. (572-573, 576, 579, 586)

The midwifery programme team and students tell us that there's a spiral curriculum with increasing complexity at each level of the programme. This allows students to build knowledge and proficiency appropriate to their level. There's regular opportunity for reflection in theory and in practice. Some students tell us they'd like more time in skills teaching, especially at the start of the academic year, and have raised this with the programme team. All students confirm that clinical skills teaching is used appropriately to support their learning and preparation for practice. (568, 574, 576, 579, 582, 584, 586)

The nursing programme team also tell us there's a spiral curriculum with increasing complexity at each level of the programme. This is less well understood by the nursing students who report that the programme can feel repetitive. The NA students praise the resources provided by the library. Some students had booked the clinical skills facility (SPACE) to practise clinical skills and state this was excellent. However, other students don't appear to know this is available. The NA students comment they'd like more clinical skills teaching in their programme; this hasn't been fed back to the programme team. Nursing students tell us they particularly enjoyed the clinical skills teaching in year one. (572-573, 576, 579, 586)

The senior AEI and programme staff tell us that they no longer utilise SPL within the

nursing programme and that they've communicated their actions in relation to this to the NMC via the critical concerns process on 25 March 2024. We're shown plans of how the hours previously allocated to SPL are to be added into the programme placement plans. PLPs confirm they're aware of this change and although it will pose challenges in placement capacity, they're confident it can be managed. Students also tell us they're aware of the change, although there remains some confusion as to the impact this will have on individuals. The lack of communication around programme hours contributes to some of the distress we highlight in other areas of this report. We're also shown detailed lesson plans for the SPL activities used previously where the role of the practice supervisor is clearly identified, and activities are linked to the FN:SPRN. Students confirm that there was close monitoring of attendance and engagement with SPL. We're also shown an email sent to the NMC on 26 March 2024 which confirms the hours delivered as SPL were counted accurately as per approved programme. This permitted the upload of a qualifying cohort to the NMC register, pending further scrutiny of SPL at this visit. Based on the evidence we see and the mitigation in place to ensure sufficient practice learning hours are completed to meet SFNME and SPNP requirements, we're assured that related standards are met. (567, 569, 576-577, 589, 595)

Pre-registration nursing, midwifery and NA students tell us they always have supernumerary status or receive protected learning time on placement. The programme team tell us that they receive very few complaints from students about not being supernumerary or having protected learning time in practice. Practice staff tell us protected learning time/supernumerary status is included in their practice supervisor and practice assessor training and updates. (570, 572, 578, 580, 582, 584, 587-588)

Students are aware of the allocated 2.5 hours of reflection time per week which contributes to their practice hours as part of the initial programme approval. Some students, especially midwifery, can describe how they use this time to complete PADs and reflective activities which contribute to achievement of proficiencies. Some practice assessors and practice supervisors can also describe how students use this time and how they'd oversee this, but it isn't consistent. Programme teams and academic assessors confirm how practice hours are closely monitored via ARC. (567-568, 572, 574, 586)

The personal tutor role and the academic assessor roles are separate on the pre-registration nursing programme. There's a specific team of senior lecturers who are designated as academic assessors for all pre-registration nursing students. All academic assessors have completed preparation for the role which includes the BCU academic assessor module. There's a spreadsheet that logs the allocation of academic assessors to students; this ensures that students are allocated a different academic assessor in the second year. Most students tell us they know who their academic assessor is but only because their name is on the MYEPAD. (572-573)

The NA programme team is separate from the pre-registration nursing team. They tell us that the personal tutor and academic assessor role is combined for NA students,

and the students are allocated a different lecturer in year two to undertake these roles. Most NA students tell us they feel well supported by their personal tutors. They've 12-weekly tripartite meetings with their practice assessor and academic assessor to monitor their progression and wellbeing. (573)

Midwifery students confirm they're allocated a practice assessor for the series of placements over a programme year and an academic assessor for each part of the programme. The programme team confirm that academic assessors are the students' personal tutor, with a change of academic assessor and personal tutor each year. (568, 574, 578, 584)

The midwifery students we meet confirm they feel well prepared for practice learning. Students tell us they've a welcome week and placement launch, they're prepared for the eMORA and aspects of student empowerment and advocacy are also taught. They complete a range of mandatory training, both online and face to face. The programme team and the PLPs we meet also confirm the preparation and induction arrangements of students for practice learning. (568, 570, 574, 582)

Inductions to prepare students for nursing placement is reported as very variable with some nursing students feeling completely unprepared and others (predominantly NAs) feeling quite satisfied. Most PLPs/EPs offer their own induction which seems better tailored to the student experience and is supported by the practice education teams. In smaller PLPs the induction given is variable and so students are dependent on BCU for preparing them adequately before placement. We're told this doesn't always happen or is focussed on adult nursing. Senior PLP staff we meet on visits tell us they don't collaborate with BCU about this and have asked for conversations about induction. They tell us their work with students is very front loaded due to the lack of preparedness for placement. Practice supervisors and practice assessors tell us they've no knowledge of what's included in student inductions, with mental health placement staff concerned that students arrive without any knowledge of legal frameworks, such as the mental health act, within which they're required to operate. (576, 579-580, 586, 588-589)

Although opportunities for IPL exist in practice areas, all nursing students have very limited exposure to this at BCU. They can tell us of people talking to them as guest lecturers or EBEs but could provide no examples of IPL at BCU. This is an area for future monitoring. All students tell us of excellent learning alongside a range of clinical educators, PUSCs and allied health professionals in trust-provided learning. (566, 573, 576, 579-580, 586-587)

The senior midwifery PLPs we meet confirm the range of opportunities students have for IPL in practice. They tell us simulation in clinical areas is shared with all staff, for example students have opportunities to work with doctors, anaesthetists and NIPE and diabetes nurses. However, several students are unable to tell us where IPL is taught in theory learning. While some students recall IPL being mentioned in passing, on some modules. It's evident that this an area for improvement. (570, 574)

Our findings conclude that BCU together with their PLPs/EPs are unable to demonstrate that all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code. We find that nursing students often experience late notification of practice placement allocations related to ineffective communication from the AEI. We also find that mental health nursing students feel unprepared for placement due to perceived ineffective induction processes that aren't explicitly relevant to the students' field of nursing practice or delivered collaboratively with PLPs.

Risk indicator 3.2 – The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.

Requirements – 3.3, 3.5, 3.6, 3.9, 3.11, 3.12, 3.13, 3.14, 3.17, 3.18

What we found before the review

BCU adopts the regional approach to the implementation of the SSSA. There's some evidence that BCU have processes in place for securing and assuring placement learning experiences. Where concerns about placement learning for student midwives are exceptionally reported there isn't an audit trail of how this is managed. Clarification is sought during the initial visit and additional evidence is supplied, however the review team triangulate with students and PLP staff during the visit. Students are placed across various NHS trusts and other placement providers. Service level agreements are in place to enable student learning and access to specialist and interdisciplinary teams. Placements are planned to facilitate the achievement of proficiencies and engagement with PUSCs from diverse backgrounds and with differing care needs. There's evidence that educators, practice supervisors and practice assessors are prepared for their roles and are provided with the resource and support required to implement the SSSA. The PADs and student handbooks for the nursing, midwifery and NA programmes evidence the support and opportunities provided to achieve the relevant proficiencies. (2, 37, 43-45, 102, 122, 151, 294-296, 370-374, 557, 562)

Programme documentation for the midwifery, nursing and NA programmes describe students as being supernumerary or receiving protected learning time (NA), and this is confirmed for students in PADs and trust inductions. Practice assessors and practice supervisors are prepared and supported to meet the individual learning needs of the students including those who aren't achieving the required standard. Placement action plans (PAPs) evidence how this is applied in practice. There's a range of services at BCU to support student learning and to meet any additional needs or adjustments that may be necessary in the clinical or academic setting. These include disability support, occupational health and a reasonable adjustment process. BCU has an EDI policy and there's an EDI subcommittee in HELS that considers staff and student concerns. BCU

has a university policy to support students with disabilities and mental health needs, and a published mental health charter. The policy outlines key practices to support students and signposts staff to additional services such as Headspace and counselling services. Evidence is provided of reasonable adjustments and support plans being in place for students on nursing, midwifery and NA programmes. BCU provides staff development activity to enable academic staff to support students with reference to EDI requirements, and there are a range of policies and awards which demonstrate BCU's commitment to eliminating discrimination and creating an inclusive culture. (33, 34, 37, 42, 45-46, 48-49, 51, 105, 142-149, 161, 208-210, 213-216, 375-378, 389-405)

There's a change in circumstance policy and a returner pack to support management of programme interruptions. Students are informed how to request a break in study via the HELS student centre or the programme leader. A tracker is kept for monitoring interruptions and to support student return and reorientation or formal withdrawal. A spreadsheet identifies the reasons for midwifery students taking interruptions. There's also evidence of some analysis and action within the college in response to student interruptions in the 'aim to prevent, support and succeed project'. (265, 379-388)

The review narrative doesn't address the college's approach to learning and pastoral support, although this is captured in the programme approval documents, programme handbooks and supported by the EE reports. Following the initial visit, the narrative document is updated to indicate how programmes are designed to enable the development of safe, independent and reflective practitioners. (207, 211-212, 218, 543, 547, 551, 555, 564)

BCU provide some evidence of how students are empowered to prepare for independent reflective practice through the feedback provided in the MYEPAD, eMORA and NAPAD. Further evidence is sought during the visit from the PADs made available to view. Clinical practice modules encourage reflection on practice, and feedback on formative and summative assessment is designed to help students reflect and develop future practice. Details of how pastoral support is provided are explored during the visit. (45-46, 350, 364-368)

BCU have a range of QA processes which evaluate and enhance both theory and practice learning. Students complete practice evaluations via ARC, and there's evidence of how these are fed back to PLPs/EPs and appropriate actions taken. The student voice is present within the academic committee structure with student programme and cohort representation. There's a student voice committee which reports directly to the university learning, teaching, assessment and quality committee. There are also college listening events, although the outcomes of these for all programmes aren't evidenced. The review team triangulate in meetings with students during the visit. Examples are provided from the midwifery and nursing programmes of actions taken following representative feedback. There are student feedback forums, and students are also invited to programme annual quality days. Academic staff use both formal and informal feedback, along with programme survey data and module

evaluations, to inform enhancements and as part of CME reporting. (38, 51-52, 57, 117, 169, 172-173, 198-199, 369)

What we found at the review:

Students, PLPs, EPs, programme teams and practice assessors confirm that the SSSA are in place. All students are supernumerary in practice placements or have protected learning time and have identified practice supervisors, practice assessors and academic assessors who've been prepared for their role. Practice supervisors and practice assessors state they're well supported by the trust practice placement team. (533, 568, 572-574, 576, 578-579, 584, 586)

Midwifery students confirm they've opportunities throughout the midwifery programme to work with and learn from a range of people across placements and people with diverse needs. Midwifery students also caseload three women per year. The midwifery programme team tell us that birth numbers and hours achieved data is monitored by the practice module lead and programme lead. Placements are adjusted if needed to enable students to achieve the programme requirements. However, students we meet, particularly third years, are anxious about achievement of their birth numbers, which is impacted further by the high caesarean section rates. We're assured however that the programme team are aware and have plans to mitigate any risk. (568, 574, 578, 582, 584)

Some nursing students describe their placement learning as excellent with amazing support. However, some adult nursing students don't feel they've suitable opportunities to work with and learn from a range of people in a variety of practice placements. Many have only been offered elderly care, although practice placements can offer some spoke placement opportunities to offer further opportunities. Nursing students from all fields tell us of a lack of variety in placements, which is confirmed by practice supervisors and practice assessors. The programme team tell us the placement team monitor student allocation to ensure they're getting the variety of experience needed. NA and child nursing students tell us they've a range of learning and placement opportunities and seem more confident in their preparation for providing care to patients with diverse needs. (572-573, 576, 579-580, 586-588)

Pre-registration nursing and NA students tell us that they're directed to support and information which encourages them to take responsibility for their own health and wellbeing. We meet students who've reasonable adjustments in place. The majority feel this is working well, and any reasonable adjustments are in place in the theory setting. (576, 579-580, 586-587)

Midwifery students tell us there are a range of support mechanisms to promote and support their health and wellbeing while on the midwifery programme. Students have access to both PMAs in practice and educational PMAs within the programme team. The educational PMAs offer additional support to students on an ad hoc basis, in addition to timetabled restorative clinical supervision sessions in small groups

throughout each year. (568, 574, 578, 584)

Students tell us the university support services are excellent and they feel they're signposted to appropriate support most of the time. Some students also mention that poor communication with academic staff means accessing support can be slow and puts them off asking for help. Some NAs tell us of a feeling of BCU not supporting them effectively and of being signposted repeatedly to others rather than concerns or issues being resolved. (576, 579-580, 586-587)

We meet several students on the nursing, midwifery and NA programmes who've had to interrupt their studies for a variety of reasons. Mostly they tell us that they were properly supported by the university and their PLPs during their periods of intermission and on their return. Nursing students have varied experience of requesting compassionate leave, feeling that the BCU response was often not caring or considerate. A student being asked by BCU to provide a death certificate for a close family member's infant death was considered insensitive. While it's recognised that a degree of rigour is necessary, a number of students feel strongly that the BCU response was, at times, disproportionate, unsupportive and insensitive. One nursing student tells us that they did receive some helpful support when they moved house and felt BCU had responded in a helpful way. (574, 576, 578-579, 584, 586)

We meet many students who come to the focus groups because they want to share their poor experiences; several stay behind asking to speak to members of the review team individually. The focus groups are time limited, and we advise students to take their concerns to BCU through their processes. Although not a universal experience, pre-registration nursing students tell us of many experiences when they're exposed to behaviour that undermines their confidence in practice environments. A pre-registration nursing student tells us that in a previous placement they were repeatedly and constantly told by some practice staff that they weren't capable, and they shouldn't be there. The student was clearly distressed by sharing their experience in the review meeting. We hear from students who report they feel bullied when on placement, with one example of being belittled for not knowing about an aspect of care. Even students who may not have experienced such behaviour tell us they're unwilling to report concerns due to fear of adverse consequences, such as failing their placement, as their peers have reported issues. Students feel support is available in practice, especially when placed in the larger PLPs where there's a practice education team to support them. In several hospital trusts there are good examples of additional support, study and training days for students and additional clinical skills and simulation opportunities. This is much appreciated by students. However, a significant number of students express the opinion that they don't feel comfortable raising a concern or making a complaint while in practice, preferring to do this once their practice placement is over for fear of reprisals. (567-568, 576, 579-580, 586-587)

Midwifery students mostly feel that they're protected from discrimination, harassment and other behaviours that undermines their confidence. However, there are examples of fears of victimisation by midwives in practice learning. Students tell us however that

support from the programme team and trust-based educators mitigates this to some extent. (574, 578, 584)

All NA students tell us of good pastoral and study support available to them at BCU. The midwifery programme team tell us and students confirm that students are allocated a personal tutor each year and have regular personal tutor meetings scheduled through the year. They're also encouraged to contact personal tutors with pastoral queries. Most students tell us that their personal tutors are approachable and responsive. However, a few students tell us they find that the timing of the response and the response made isn't consistent between personal tutors. In practice-based learning, students tell us they'd initially approach the midwifery practice education team for support prior to contacting the university. (568, 574, 578, 584)

Personal tutor support for students on the nursing programme varies substantially, and students describe this as a 'lucky dip' which impacts on their experience and wellbeing. Some students meet tutors up to four times a year online or in person. Examples include a student who'd had a bereavement being invited for a chat, with both their personal tutor and placement teams keeping in contact via email. Another student going through divorce found their BCU personal tutor supportive; exceptional circumstances were applied to support their childcare needs. By contrast, some students don't know their personal tutors, and many say it's a 'waste of time' to contact them. They tell us there's a culture of not responding, and it's better to raise issues with practice learning teams, who are more agile and responsive. A senior PLP staff member tells us they feel compelled to join one of the review meetings to tell us of their perception that BCU doesn't provide adequate one to one support to their students. Some of the practice assessors and practice supervisors we meet also find communicating with BCU staff challenging as they're not visible in practice. However, this has started to improve in the last four to six months; when contact is eventually made with BCU staff, they respond well. (568, 574, 578, 580, 582, 584, 587)

Many of the nursing students we meet are very distressed. They feel there's a significant lack of support from BCU. When asked what support is available many students state 'not great', 'you have to help yourself', 'what support'? Students tell us they're taught they must be kind and treat people with compassion, but they don't get treated this way. Nursing students tell us their emails often go unanswered, or there's a significant delay in getting a response. Most students tell us they don't see BCU staff in practice; they rely on the trust teams for support. They also tell us they wouldn't recommend BCU to others wanting to study nursing. (576, 579, 586)

Most midwifery students describe detailed and constructive feedback on assessments, including feed forward and tracked comments. They tell us that formative opportunities and feedback is available in tutorials and class groups. NA students tell us they receive constructive feedback from BCU with further opportunities to promote reflective learning through additional one to one meetings and drop-in sessions. Adult nursing students tell us the feedback they receive is variable and can be contradictory depending on who's marking the assignment or task. However, students tell us they

can book time in SPACE with helpful staff to support them. Students tell us of examples of drop-in sessions and 'hot questions' on Moodle which are answered swiftly. The senior AEI team confirm they're working to improve student experience of assessment. We confirm through viewing documents that students receive feedback from PUSCs via the MYEPAD, eMORA and NAPAD. (567-568, 574, 576, 578-582, 584, 586-587)

Students tell us that practice placement evaluations are mandatory and they must be completed before the next placement is completed. The programme team confirm that placement evaluations are reviewed by the placements team at BCU, with any red flags and positive comments fed into LEAF and shared with academic and practice staff. Some practice staff tell us they undertake their own placement evaluations during and at the end of each placement. They tell us this allows them to respond to concerns in a timely way. Senior practice staff, practice supervisors and practice assessors tell us the sharing of placement evaluations by BCU is sporadic. NA students tell us their feedback is responded to in a timely manner. They tell us the tripartite approach supports the feedback process well. (572, 574, 576, 578-580, 584, 586-587)

Our findings conclude that BCU together with their PLPs/EPs don't ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who can work in inter-professional and inter-agency teams. We're not assured that nursing students are consistently protected from harassment and poor behaviour in practice learning environments. We find that BCU are unable to provide adequate learning and personal support to student nurses due to inconsistent responses and/or poor communication from academic staff when seeking clarification related to their learning and assessment.

Outcome: NOT MET

Comments:

SFNME R3.2 is not met for nursing.

We find that students often experience late notification of practice placement allocations related to ineffective communication from the AEI.

SFNME R3.12 is not met for nursing.

We receive feedback from multiple nursing students that indicates they're exposed to behaviour that undermines their performance and confidence while in practice learning environments. Students are then unwilling to report concerns due to fear of adverse consequences.

SFNME R3.14 is not met for nursing.

We find that students on the BSc (Hons) nursing routes receive inconsistent support from academic staff when seeking clarification related to their learning and assessment. This relates to a lack of response and/or poor communication.

SFNME R3.15 is not met for nursing.

We find that mental health nursing students feel unprepared for placement due to perceived ineffective induction processes that aren't explicitly relevant to the students' field of nursing practice or delivered collaboratively with PLPs.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- A change in timetabling processes is being implemented from academic year 2024-2025 and the impact of this on student experience should be monitored. (Related to SFNME R3.2)
- Evidence related to IPL opportunities in the theoretical part of the nursing, NA and midwifery programmes is weak. This is therefore an area for future monitoring. (Related to SFNME R3.16)

Findings against themes

Theme four: Educators and assessors

Risk indicator 4.1 – The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.

Requirements – 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11

What we found before the review

BCU provide documentary evidence of how they comply with the requirements of the SFNME. Programme specifications and mapping documents outline the content and professional requirements of the programmes in relation to the SPNP, SPMP, SPNAP, FN:SPRN, SPM and SPNA. The CME policy demonstrates the process for ongoing review and enhancement of programmes, and the committee structure illustrates how standards are monitored by BCU. There's evidence of appropriate exception reporting and compliance with ASR submission. (133, 162, 174, 219-222, 225-229, 231-235,

369, 530)

There's some evidence that educators involved with the pre-registration nursing, midwifery and NA programmes act as professional role models and the impact this has on students. However, BCU only provide examples from the NA programme and the review team explore further in meetings with all staff and students during the visit. The BCU narrative tells us that staff, including visiting lecturers, receive mandatory training to support them in their roles and this is recorded on the human resources system. Staff are encouraged to undertake CPD and professional development and take personal responsibility for revalidation with the NMC. This is monitored via line managers and annual performance reviews. There's evidence of a range of induction and staff development opportunities for BCU staff including support for teaching development and research activities. A workload allocation model (WAM) is in place to enable staff to fulfil their professional and academic roles. Further evidence to illustrate the use of WAM is requested at the initial visit. This confirms a clear framework for managing staff workload. Practice staff receive trust led mandatory training, however as a review of CQC reports for PLPs/EPs indicates, lack of staff compliance with some training is a common theme. The review team triangulate this during the visit. There's evidence of partnership working in preparing practice staff for their roles within the SSSA. Practice supervisors, practice assessors and academic assessors receive ongoing support for their role. (78, 98, 101, 103, 242, 295, 316, 320, 409, 412--427, 432, 435-436, 556)

The induction and CPD provided for BCU staff evidence preparation to respond to individual learning needs. Academic induction introduces staff to student support systems. There are examples of resources to support staff in ensuring that learning is accessible to all students and case studies which evidence response to individual student need. The college provides wellbeing days and activities for students, and student induction signposts support services as well as asking students to think about their individual learning needs. Reasonable adjustments are managed in line with BCU policy and there's evidence of this being communicated to practice staff. Academic staff provide drop in opportunities for students to meet with programme teams and support services. (55, 264, 294, 416, 421, 437-443)

There's a document which describes nursing and midwifery assessment support principles for the college. This articulates expectations around consistency in support for students and links to EDI resources for staff. A toolkit is also available for staff to improve feedback and feed forward to students in assessment activities. There are resources to support students to prepare for assessment and opportunities to trial using exam software. The college offer 'keep in touch' and re-orientation days for students who take a break in study and there's evidence that these are valued by students. (367, 444-445, 447-448)

There's a regional approach to the implementation of the SSSA. BCU collaborates with the local workforce advisory board education reform group and PLPs/EPs to ensure processes for securing, allocating and evaluating practice learning opportunities. There

are service level agreements and commitment from PLPs/EPs to provide resources for practice supervisors and practice assessors to undertake their role. There are processes in place to guide staff when students are underperforming in practice, and there's evidence of collaboration between academic assessors, practice assessors and practice supervisors. The BCU review narrative indicates that the MYEPAD, eMORA and NAPAD describe the support available for students and practice staff. These documents are viewed as part of the visit schedule as the samples provided as evidence are difficult to access. Practice supervisors and practice assessors are prepared in both face to face and online learning activities in partnership with PLPs and EPs. BCU provide an example of a PAP which illustrates the additional collaborative support available for a student with a sensory difference. (2, 37, 43-44, 102, 151, 294-296)

BCU provide evidence of their engagement with the Birmingham and Solihull integrated care system quality group which contributes to mitigation of risk in practice learning environments. There's a FtP policy which has a student focus and provides examples of possible concerns as well as a flow chart of actions. BCU provide case studies of how this has been enacted. BCU has a report and support online tool for staff and students to report bullying, discrimination and other issues including safeguarding. There's evidence provided that demonstrates this is used effectively. The college has a standard operating procedure for raising and escalating concerns in practice learning environments which includes responding to quality concerns from organisations such as the CQC. There are clear flow charts and outcomes including, for example, escalation to professional regulators and NHSE WTE. (9, 36-37, 42, 48-50, 110-112, 122, 276, 334, 450-452)

There are mechanisms in place to ensure that educators and assessors receive and respond to student evaluations and feedback. Student evaluations are delivered via ARC and fed back to PLPs/EPs as red, amber, green or gold. BCU provide evidence of communication about evaluations but there are no examples of student feedback or the patterns that have emerged. Processes within LEAF monitor the quality of the practice learning environment. There are regular LEAF meetings to enable PLPs/EPs to escalate concerns and facilitate collaborative approaches to public and student protection. BCU has recently adopted a student learning environment charter developed for all learners by NHSE WTE Southwest. The posters which illustrate the charter evidence embedding of NMC standards and the NMC Code. There are also opportunities for students to feedback on their learning via programme representatives and at the HELS student and learner voice committee. Minutes of this meeting evidence a range of topics for discussion, but it isn't clear how actions are closed off or fed back to students. The review team seek further clarification in meetings during the visit with PLPs and EPs. Student feedback is taken to 'superhub' meetings where practice placement teams and programme leads meet as part of the 'you said we did' process. Module evaluations are completed by students and inform the CME process along with NSS feedback and action planning. BCU provide examples that evidence positive module evaluations from midwifery and NA students and an example NSS action plan for NA. There are no examples from the nursing programme. (47, 174, 308-

310, 324, 364-366, 450, 453-454, 456-462)

Educators and assessors have the opportunity to learn from others through various forums. PLPs/EPs meet regularly with the university and other AEIs at 'superhub' meetings to share practice and work collaboratively. There are annual programme quality days for programmes to which PLPs/EPs are invited and participate. There are agendas which evidence quality activities for nursing and midwifery shared with PLPs/EPs but no notes or actions from these meetings. The review team explore follow up of actions during meetings with PLPs/EPs and students during the visit. The NA programme has a newsletter which shares information with EPs and there are meeting minutes which evidence stakeholder engagement and sharing of practice including programme review. College academic staff are supported to share and enhance practice with each other, with staff from HELS and nationally. The midwifery team produce a 'montage of positivity' to celebrate and share good practice across the university and with PLPs and there's an international journal club. (47, 164-165, 449, 463, 470, 473-474)

The MYEPAD, eMORA and NAPAD enable educators to share and use evidence to inform practice assessment decisions. There's evidence of collaborative action planning to support students who are failing to meet the required standard or require additional support. There's an internal moderation process for PADs, and EEs are invited to view the MYEPAD, eMORA and NAPAD. PADs are reviewed by academic assessors who confirm and record achievement within the MYEPAD, eMORA and NAPAD. Academic assessors monitor progress each year and can access the BCU student record system to confirm academic achievement. Student results are presented at exam boards where BCU regulations and NMC standards are applied. (45-46, 59-60, 151, 243-246, 258, 475-480, 555)

What we found at the review

Students tell us of the excellent support they receive from practice education teams on placement, and some of their personal tutors at BCU. However, students tell us of numerous examples when staff in university and practice don't always act as professional role models. Students tell us that they fear failing their placements if they complain or raise concerns about staff behaviour. Some students tell us they don't want to give feedback unless it's anonymous, and only after their placement has ended to avoid reprisals. NA students tell us practice staff consistently act as professional role models. (572, 580, 587-588)

Some adult nursing students tell us of concerns they have with the professionalism of a relatively small number of staff. One example was a lecturer who stated to a large student group in the lecture theatre that there's no such thing as dyslexia. In a student-led ward adult nursing students tell us that registrant nurses have changed their recorded patient observations and failed to act upon legitimate student concerns, for example an inappropriate response to a patient death. When pressed, a significant number of nursing students tell us that they fear raising concerns or making complaints

in some practice settings for fear of reprisal. A small number of students tell us that some practice staff have refused to sign off competencies, believing this to be because they've made a complaint and "caused trouble". Communication between the PLPs/EPs and BCU for adult nursing students is sporadic with students feeling very much on their own in practice and this further precipitates the late notification of any concerns or complaints. Although NA students feel communication with their BCU team is good, nursing students and most PLPs/EPs tell us that communication with BCU isn't good in terms of timely responses to their emails and messages. (576, 579, 586)

Meetings during the visit confirm that theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for educational and assessor roles. Senior academic leaders tell us staff receive up to 18 months induction which includes completion of their postgraduate certificate teaching award if required and mandatory EDI, academic assessor and safeguarding training. In practice, some PLPs/EPs have a policy for all registrants to be practice supervisors and practice assessors and offer all relevant training and annual updates. Some smaller trusts and private, independent and voluntary organisations tell us they struggle to access SSSA training and that BCU don't offer any support with this. Senior trust staff tell us that preceptorship includes practice supervisor training for all newly qualified staff. The senior PLPs/EPs, practice supervisors and practice assessors we meet all tell us that practice learning staff receive SSSA training and mandatory training including EDI. This is monitored and updated annually to ensure compliance. Senior PLPs/EPs get live data of workforce reports to monitor this, and practice education teams provide updates to practice supervisors and practice assessors. (567-568, 570-573, 578, 580, 582, 584, 587-588)

Practice staff we meet confirm they're supported well by their own education teams, but that BCU don't visit practice settings although they'd like them to. Practice support staff tell us of the utility and benefit of student nurse forums. Some practice assessors from small trusts tell us they don't have academic assessor contact details and these aren't available in the MYEPAD. They tell us that other AEIs in the BSol region provide contact details on MYEPAD. They also tell us that academic assessors from other AEIs normally make contact before students begin placement to introduce themselves. Practice assessors tell us that many academic assessors and BCU's placement support team don't respond to emails in a timely manner sent through the MYEPAD system. (580, 587-588)

NA students we meet feel that feedback mechanisms are effective for them. They're confident that they're being listened to and can give some examples where changes have been enacted. There's variable feedback from midwifery students related to the responses and actions taken following their feedback to educators and assessors. Practice education teams are good at dealing with and responding to students' concerns. Students and practice staff say BCU staff are less visible in practice compared to academics from other AEIs who share the same practice learning environments with BCU. Midwifery students tell us that they've raised a range of issues with the academic team, for example worries relating to achievement of their birth

numbers, delays in signing-off of the eMORA and issues with placement capacity in some areas. They report inconsistent responses, however students, practice supervisors and practice assessors concede there's been some improvements in visibility and responsiveness of BCU staff in that last four to six months. This is an area for future monitoring. (568, 570, 574, 576, 579-580, 582, 586-587)

Students report that they've mid-module feedback opportunities but that no changes are made during the module, and they're not always informed of any actions taken by teaching staff. Students tell us that end of module evaluations are used to adjust subsequent module teaching. Students provide some examples of how changes are made to the programmes following their feedback, but this is described as being of benefit to subsequent cohorts. (572, 574, 576, 578-580, 584, 586-587, 592-593)

Senior staff we meet at BSMHFT tell us they receive students' placement feedback from BCU quarterly, with red flags and positives feedback through LEAF. However, they don't feel this allows them to act in a timely manner and so have introduced their own evaluation forms which they review for trends which are reported in regular bulletins. They also use the feedback to support students by signposting to BCU, asking them, for example, to reach out to a student. Most nursing students we meet tell us that if they do give feedback, they're uncertain how this is used by BCU. Some tell us that they believe that changes made might be because of students' feedback from the previous cohort. Senior PLP staff and practice assessors tell us their feedback about the lack of variety and range of placements for nursing students isn't addressed. A member of the programme team tells us that emails from students to the future nurse inbox should contain the details of their cohort, and so it's 'on the students' if they don't remember to add this and so therefore don't receive a timely response. (580, 587-588)

There are some examples of good practice within PLPs/EPs as the practice education teams provide a range of sessions and learning opportunities for all students. Although a small number of nursing students tell us they've had difficulties at times getting proficiencies signed off, the majority seem happy that decisions around student assessment and progression are fair. Midwifery students we meet tell us they feel well supported in the practice learning environment by practice assessors and practice supervisors and the midwifery practice education team. (574, 578-579, 584, 586)

The MYEPADs, eMORAs and NAPADs we examine during the visit show that students are assigned an academic assessor for each part of the programme. NA students tell us they've 12 weekly tripartite meetings with their academic assessor and practice assessor/employer representative and feel involved in decisions about their assessment and progression. Practice assessors for the direct entry pre-registration nursing students tell us they don't liaise directly with the academic assessor or discuss directly with them about student progression and communicate only through the MYEPAD. (580-581, 587-588)

Our findings conclude that BCU together with their PLPs/EPs are unable to ensure theory and practice learning and assessment are facilitated effectively and objectively

by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles. We find evidence that suggests staff don't always act as professional role models for nursing students. We're not assured that there's collaboration with smaller partners to support practice supervision and assessment. We also find that student nurses are disengaging with feedback processes as they don't perceive any action is taken.

Outcome: NOT MET

Comments:

SFNME R4.1 is not met for nursing.

This requirement isn't met due to not meeting R4.2, R4.7 and R4.9.

SFNME R4.2 is not met for nursing.

Feedback from students indicates that some academic and practice learning staff don't always act as professional role models. While not witnessed by the QA team during the visit, there are clear examples from students of unprofessional behaviour and responses from a small number of staff.

SFNME R4.7 is not met for nursing.

Feedback from PLPs indicates that the AEI don't liaise and collaborate effectively to support the supervision and assessment of nursing students. This relates to smaller organisations that provide practice learning opportunities, rather than the larger organisations that work in partnership with BCU.

SFNME R4.9 is not met for nursing.

We find that nursing students are disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions taken following their feedback. Feedback from practice supervisors and practice assessors indicates that feedback about student experience isn't always considered appropriately by the AEI.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- There's variable feedback from midwifery students related to the responses and actions taken following their feedback to the AEI. This is therefore an area for

future monitoring. (Related to SFNME R4.9)

Findings against themes

Theme five: Curricula and assessment

Risk indicator 5.1 – The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Requirements – 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16

NB: 5.1 – NMC Standards of proficiency

There's documentary evidence that the nursing, midwifery and NA programmes provide learning opportunities to enable the achievement of the FN:SPRN, SPM and SPNA. Programme information and approval documentation evidence appropriate learning outcomes including indicative field specific content for nursing. There's evidence that the curricula for the nursing, midwifery and NA programmes are contemporary and reflect current evidence and health policy. There's evidence in action plans for the nursing programme with attention being paid to attendance monitoring and the resources available to support the programmes. Additional evidence is provided following the initial visit and is triangulated in meetings with BCU staff and students. (163, 207-232, 491, 543, 545, 547, 551, 563)

Programme information and narrative within the evidence demonstrate how the nursing, midwifery and NA programmes are structured to integrate theory and practice while enabling academic progression through the programmes. Modules are designed to engage students with increasing levels of complexity on all programmes. Programme handbooks and specifications clearly articulate the balance between theory and practice hours, and all programmes have practice modules to which NMC proficiencies are aligned. Programme plans illustrating theory and practice learning across each year are provided for the midwifery programme, but these aren't presented for the nursing or NA programmes. (207-208, 210-211, 214-216, 218, 223, 550)

Approval reports for all programmes confirm the involvement of stakeholders with relevant experience for each programme. Staff curricula vitae (CVs) provide evidence of staff with adult, child and midwifery registration and education experience. There are no staff CVs which evidence those with mental health and learning disabilities nursing qualifications and experience, and it isn't clear who's accountable for each programme. At the initial meeting a request is made for this to be clarified. There's some evidence that BCU have mechanisms and structures in place to capture stakeholder feedback including curriculum review events and regular partnership meetings with PLPs/EPs.

However, documentary evidence doesn't provide details of engagement across all programmes or co-produced outcomes of these activities. The review team triangulate this in meetings with BCU staff and partners. Additional evidence requested at the initial visit illustrates the engagement of EBEs in the nursing recruitment process. (47, 369, 465-467, 481-486, 488-490, 495-500, 543, 547, 550-554)

There's documentary evidence that assessment is fair, reliable and valid to enable students to demonstrate they've achieved the proficiencies for the nursing, midwifery or NA programme. There's an assessment and feedback policy, and an example is provided of application to a midwifery module where internal moderation identified an issue with marking. Programme documentation indicates derogations from BCU academic regulations relating to the nursing, midwifery and NA programmes, ensuring that there's no compensation in assessment across theory and practice learning. Further derogations related to progression are also recorded as professional, regulatory and statutory body requirements although these are no longer required by the NMC. It's also noted that the derogations differ between the nursing and midwifery programmes. There are examples of module assessment information which make clear the expectations of students and alignment with module outcomes. Evidence is provided which illustrates the verification and moderation of module performance. Assessment of practice is recorded in the MYEPAD, eMORA and NAPAD and there's evidence of moderation by BCU staff. Example exam board minutes are provided for nursing, midwifery and NA programmes, although it isn't clear if the EE is in attendance at all boards nor are programme level EE reports made available. At the initial visit the annual EE reports are requested and provided. These evidence EE engagement with the exam boards, professional expectations and PADs for the nursing, midwifery and NA programmes. (208, 210, 214, 216, 258, 501-511, 555)

There's a range of support services available to students and these are detailed in the programme handbooks. Reasonable adjustments for students are managed via a reasonable adjustment panel, and there's evidence of subsequent action planning and communication with staff and PLPs/EPs as appropriate. There's an academic accessibility and inclusivity lead and a dedicated automated email address for students requiring placement action plans in response to reasonable adjustments. (150-155, 207, 211-212, 217-218, 223, 375-378, 442, 512-514)

BCU provide documentary evidence that students are assessed across practice settings and learning environments for the nursing, midwifery and NA programmes. This is confirmed by approval reports, EE reports and placement plans, although the plans provided mostly reflect midwifery or aren't identified to a programme. Assessment methods are mapped to the programme and as identified in programme handbooks and specifications are appropriate to the programme. The MYEPAD, eMORA and NAPAD facilitate the recording of student achievement against the relevant proficiencies and there's evidence of the SSSA being applied to student assessment and feedback. This includes reflection on practice and during the initial visit; further evidence is requested to illustrate how reflection is used in practice. Students are required to collect feedback in practice from PUSCs and this contributes

to practice assessment. The review team triangulate PUSC involvement during the visit through meetings and by viewing PADs. (45-46, 70, 207, 211-212, 217-218, 223, 326, 491-494)

Practice assessment is facilitated and evidenced within the MYEPAD, eMORA and NAPAD. There's evidence of how students, practice assessors, practice supervisors and academic assessors are informed about and supported to use the PADs. Assessment of proficiencies for each programme is facilitated by practice supervisor feedback and from direct observations of practice while practice assessors work alongside students. Students can also evidence attendance at study events based in the clinical area and reflection on practice. The BCU review narrative informs that programme handbooks and the MYEPAD, eMORA and NAPAD indicate how students use self-reflection. Reflective frameworks are provided to assist students in developing learning from practice which informs the achievement of proficiencies on the nursing, midwifery and NA programmes. At the initial visit clarification is sought as to how many hours each programme permits for reflection. Reflection is also evidenced as a feature of some nursing theoretical modules and as part of restorative supervision within the midwifery programme. (45-46, 56, 61-62, 66-67, 207, 211-212, 217-218, 222, 351-353, 515-526)

What we found at the review

Programme teams, EPs and PLPs confirm that the programmes provide the opportunities for students to meet proficiencies and programme outcomes. The programme teams share with us the placement plans for the nursing and NA programmes which evidence how the programmes meet the SPNP and SPNAP. Students tell us that achieving some proficiencies, such as cannulation, is difficult. We're told of additional skills days that are provided in some trusts to address this, although we hear that finding opportunities to ensure all proficiencies are achieved is an additional stress for many nursing students. (569-570, 576-577, 581, 590)

The midwifery programme team and LME confirm that the curriculum reflects contemporary midwifery practice and the wider health and social care agenda. Senior midwifery managers tell us that the programme enables the achievement of the expected SPM for a newly qualified midwife. The LME and senior midwifery managers confirm there's sufficient opportunity for all students to exit their programme with experience of systematic examination of the newborn in line with local and national evidence-based protocols. (568, 570-571, 578, 584)

We're told about annual quality days where the programmes are reviewed, evaluated and developed which are attended by EEs, PUSCs and PLPs/EPs. These days ensure the curricula remain relevant and contemporary. The midwifery programme team tell us of work undertaken to decolonise the curriculum, and students we meet confirm that they've been invited to contribute to this development. We hear about the preparedness of nursing students on entry to the

register and the challenges that arise from clinical pressures in some areas. (566, 568, 570-573, 578-580, 584, 587-588)

The NA programme is currently being redeveloped and stakeholders have been asked for their contributions. NA students feel the content of their programme is relevant and preparing them for their future role as NA. Their only concern is the lack of understanding of the NA role particularly in smaller organisations. At trust level there's significant educational support available to them. (573, 576, 579, 586)

Most midwifery students we meet confirm that the programmes at BCU have appropriate structure and sequencing which builds on what they've learned before to include more complex knowledge and proficiencies to prepare them as midwives. For example, they tell us how final year midwifery students run the learner-led units. In these units, under supervision of a qualified midwife, they're given responsibilities to learn how to supervise level four and level five students on a typical maternity ward to simulate what will happen when they qualify. NA students also confirm they're mostly satisfied with the content and structure of the programme although we're told there's a tendency to concentrate on hospital-based care over primary care provision. (574-575, 578).

The BSc (Hons) nursing students we meet tell us they feel the integrated approach in theory in years one and two is too generic and not field focussed. They tell us this doesn't properly prepare them for their field specific placements. Practice assessors and practice supervisors from learning disabilities, mental health and child nursing confirm a lack of preparedness of students coming into practice placement, both for their general physical assessment and caring skills and also field specific learning. For the dual award programme routes, practice assessors tell us that when third year students arrive for their dual field placement, they're often unprepared and present, for that field, as a first year. Many third- and fourth-year dual award students confirm this, reporting their lack of confidence and knowledge in their second field. (576-577, 580, 587-588)

Some senior practice staff tell us they design and develop programmes with BCU. They tell us about their concern with programme content due to a lack of physical assessment skills and theoretical understanding of basic nursing concepts in BCU nursing students. Practice staff tell us they don't know the programme content, even though they've asked BCU to share this with them. They tell us how this affects their ability to support students effectively to link theory to practice. (580, 587-588)

Nursing students tell us their integrated learning is delivered in very large groups with no field specific support available from lecturers, except for adult as they tell us that nearly all lecturers have an adult focus. They tell us they can choose which case study assignment they undertake, from adult, child, learning disabilities and mental health. Many tell us they don't choose an assignment in their own field but instead choose the adult assignment as more support is available for that. Learning disabilities lecturers we meet confirm that at least one member of the learning disabilities teaching staff is

involved in the teaching across modules and that other staff will signpost students to them if it's needed. (580, 587-589)

Pre-registration nursing, midwifery and NA students tell us they feel that overall assessment is fair. We hear that feedback from academic staff on written work is at times inconsistent and students report that some staff are more helpful than others. Pre-registration nursing students tell us that sometimes assessment briefs aren't clear. They've raised this with the academic team who explain this is due to staff who are unfamiliar with the module. The AEI senior leaders tell us they're working to improve student experience of assessment. (555, 567, 576-577, 579-580, 586-587)

Senior PLP/EP practice staff, practice supervisors and practice assessors tell us they can accommodate most students' requests for reasonable adjustments. Practice supervisors and practice assessors tell us how they support students who require reasonable adjustments. They give an example of how they supported a student lacking confidence in making telephone calls. Students tell us that both BCU and practice areas support them effectively and make reasonable adjustments for their physical disabilities. (576-577, 580, 587-588)

Students we meet confirm that the EDI requirements of students are considered, respected and protected on the midwifery programmes. They tell us information on EDI is widely available in the policies and handbooks. Student representatives have been involved in initiatives such as workstreams to decolonise the curriculum. They say lecture materials are diverse, accessible and inclusive. The programme team and practice learning staff confirm receiving EDI training. (568, 570, 574, 582)

All pre-registration nursing and NA students tell us they receive feedback and are assessed by a range of stakeholders. Students tell us how PUSC feedback is included in their MYEPAD or NAPAD. Students tell us that practice supervisors, practice assessors and the practice/clinical education teams support them with their reflective practice. Reflections are recorded in the PADs. Practice assessors and practice supervisors we meet tell us that deadlines for hand-in of assignments is often on the same day as an exam and while nursing students are on placement. They tell us this causes anxiety and stress for students. (578, 580, 582, 584, 587)

Students' self-reflections are detailed in their PADs and include a section for PUSCs to comment. The PUSC comments are more often seen in the paper NAPAD for NA students and less frequent on the MYEPAD for nursing students. This seems largely due to the need to collect and subsequently upload comments. In all PADs there's evidence of self-reflection which contributes to their overall assessment. (576, 579, 581, 586)

Our findings conclude that BCU together with their PLPs/EPs don't fully ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme. We find that the structure and sequencing of theory and practice learning

in the dual award routes results in students feeling ill-prepared for placement in their third and final years. We find that single award nursing students in the mental health, child and learning disabilities fields feel ill-prepared for field specific placements due to the integrated nature of modules in year one and two that they believe to be overly adult nursing focused.

Outcome: NOT MET

Comments:

SFNME R5.6 and R5.7 are not met for nursing.

We find that students on the MSci dual award nursing routes, particularly those undertaking the mental health field, express concern related to the structure and sequencing of their theory and practice learning. Students feel ill-prepared when undertaking placement experiences in the third and final year of their programme and report that practice supervisors have high expectations of students' capability related to their year of study rather than related to their prior experience.

We also find that students on the BSc (Hons) nursing routes in the mental health, child and learning disabilities fields feel ill-prepared for field specific placements given the integrated nature of the modules in years one and two of the programme. Feedback from practice supervisors and practice assessors supports these concerns.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- None identified

Evidence/Reference Source

1. BCU NHS education contract, April 2021-March 2024, undated
2. BCU BSoL education partnership agreement and schedules, 4 December 2023
3. BCU BSoL executive terms of reference, 23 November 2023
4. BCU example of lecturer job description, 12 November 2023
5. UHBFT example staff nurse job description, March 2024
6. BCU health and safety policy, November 2023
7. BCU health and safety policy statement, November 2023
8. BCU health and safety procedure for reporting and investigating incidents, January 2023
9. BCU incident reports - nursing and midwifery, January 2023-February 2024, undated
10. How to complete a health and safety investigation information document, undated
11. HELS health and safety agenda, 18 January 2024
12. HELS health and safety meeting minutes, 19 October 2023
13. HELS health and safety action notes, 19 October 2023
14. Data protection policy, January 2024
15. BCU pre-registration nursing governance breaches September 2023-March 2024, undated
16. BCU safeguarding policy and appendices, 12 July 2023
17. BCU example of a safeguarding referral, June 2023
18. BCU safeguarding triage panel for apprentices, undated
19. BCU NA example learner apprenticeship training plan, 21 September 2022
20. BCU evidence of safeguarding policy process in action case, 31 October 2023
21. BCU safeguarding board agenda, 24 March 2024
22. BCU minutes of the student safeguarding board meeting, 12 February 2024
23. BCU safeguarding board review of activity, 24 March 2024
24. BCU safeguarding training plan, 1 March 2024
25. BCU terms and conditions for taught and research students 2024-2025, undated
26. BCU MSc signed copy of student agreement, 18 March 2024
27. First advantage DBS application guide 2023-2024, undated
28. BCU students with criminal convictions policy and procedure 2023-2024, undated
29. BCU criminal conviction policy flow chart 2023-2024, undated
30. BCU evidence of the admissions team processing DBS disclosures, 5 June 2023
31. BCU evidence of governance processing disclosures via DBS panel, 26 February 2024
32. BCU student occupational health guide, June 2023
33. BCU example of course leads following up occupational health referrals, March 2024
34. BCU example pregnancy risk assessment, November 2023
35. BCU policy statement respect and unacceptable behaviour 2023-2024, undated

36. BCU raising and escalating concerns guidance 2023-2024, undated
37. BSoL standard operating procedure raising and escalating concerns in practice, June 2023
38. UHB BCU example student feedback on concerns raised, October 2023
39. BCU FtP panel report, 13 November 2022
40. BCU student disciplinary procedure non-academic, 16 July 2021
41. BCU university panel guidance, 1 August 2021
42. BCU example of report and support, 6 December 2023
43. BCU audit report accident and emergency, Birmingham Heartlands Hospital, 4 October 2023
44. BCU audit report Solihull urgent treatment centre, 13 December 2023
45. BCU MYEPAD completion example, undated
46. BCU eMORA year two resubmission example, 23 June 2023
47. Unidentified superhub, 19 April 2023
48. BWCFT trust induction, 12 February 2024
49. BSMHFT trust induction presentation, undated
50. BCU FtP NA student report example, 6 November 2023
51. HELS student learner voice activity, June 2022
52. BCU notes of midwifery cohort catch up, 7 February 2023
53. BCU midwifery PowerPoint end of course, undated
54. BCU BSc and MSci nursing welcome week timetable, September 2023
55. BCU midwifery wellbeing day plan, 23 January 2024
56. BCU midwifery PowerPoint restorative clinical supervision, undated
57. Untitled student forum and actions, 3 March 2024
58. BCU example Moodle information tripartite meetings, March 2024
59. BCU evidence meetings NA programme, 16 January 2024
60. BCU gateway declaration NA programme, 29 January 2024
61. BCU PMA information for students, May 2023
62. BCU Moodle screenshot reflection and restorative supervision, undated
63. BCU information pack - future nurse support to study self-assessment tool, December 2023
64. BCU email evidence of self-assessment tool in action, December 2023
65. BCU example completed future nurse self-assessment tool, 13 February 2024
66. BCU what does it mean to be a reflective coach on the MSc nursing programme, January 2024
67. BCU PowerPoint restorative clinical supervision, undated
68. BCU email evidence of the academic misconduct procedure, January 2023
69. BCU email evidence of staff publication, 12 April 2024
70. BCU email including PUSC feedback on selection questions, 17 March 2024
71. BCU email evidence example of the academic misconduct procedure, July 2023
72. BCU academic misconduct procedure, 8 June 2023
73. BCU email evidence of response to safeguarding concern, 4 March 2024
74. BCU FtP case officer report, 13 November 2023
75. BCU FtP panel outcome, 17 November 2023
76. BCU probation policy, November 2022
77. BCU individual performance review policy, March 2021

78. BCU example of staff NMC confirmation submission, 24 April 2023
79. BCU CME evidence apprenticeship provisions, February 2024
80. BCU CME evidence non-apprenticeship provisions, February 2024
81. BCU example MSc pre-registration student agreement for March 2024 cohort, undated
82. BCU PowerPoint nursing and law presentation, January 2024
83. BCU nursing and law lesson plan, June 2023
84. BCU autonomy, choice, capacity and consent lesson plan NA programme, undated
85. BCU module assessment brief, November 2022
86. UHBFT consent to examination or treatment policy, 20 March 2023
87. UHBFT student welcome meeting, February 2024
88. UHBFT audit indicating PUSCs can withdraw consent to care, undated
89. BSoL shared learning agreement, 11 July 2018
90. HWHCT supporting clinical practice placements, December 2020
91. Welcome meeting PowerPoint, February 2024
92. UHBFT student induction pack, January 2024
93. BCU/BSMHFT collaborative professionalism PowerPoint, October 2023
94. BCU email evidence of PLPs and BCU raising concerns, 30 January 2024
95. BCU PowerPoint statutory and mandatory training assessment launch, January 2024
96. BCU PowerPoint managing difficult situations, 17 May 2023
97. BCU PowerPoint FtP student governance, undated
98. BCU welcome to mandatory training for all staff, January 2024
99. BCU screenshot of practice supervisor training, undated
100. BCU PowerPoint academic assessors' presentation, January 2024
101. Screenshot NHS e-learning for health staff mandatory training, undated
102. WHCT PowerPoint practice assessor update 2024, undated
103. ROHFT PowerPoint practice assessor/supervisor update 2024, undated
104. BCU EE CV evidence, July 2022
105. BCU policy for the prevention of bullying harassment, June 2022
106. BCU raising and escalating concerns process 2023-2024, undated
107. WHT raising concerns policy, 7 September 2022
108. BCU PowerPoint nursing principles teaching, undated
109. BCU PowerPoint safe nursing practice teaching, undated
110. BCU email evidence freedom to speak up guardian, 6 March 2024
111. BCU speak up speak out inclusivity ambassadors, undated
112. BCU speak up and speak out peer support example, undated
113. BCU red placement concerns reported to placements, March 2024
114. BCU academic appeals procedure, 19 September 2022
115. BCU academic appeal report, 22 August 2023
116. BCU example academic appeal outcome, 31 August 2023
117. BCU college listening event poster, undated
118. BCU email re; academic staff returning to UHBFT visits, 17 January 2024
119. BCU screenshot, March 2024
120. BCU email to evidence investigation of student concerns, 2 October 2023

121. ROHFT letter to evidence investigation of student concerns, 20 October 2023
122. BCU FtP procedure effective 2017/2018, undated
123. BCU examples of safeguarding processes in action, 4 March 2024
124. BCU screenshot criminal conviction policy flowchart, undated
125. BCU example DBS panel offence form, 22 September 2022
126. BCU example academic appeal report form, 17 April 2023
127. BCU further example of safeguarding in action, 12 March 2024
128. BCU further example of safeguarding in action, 5 March 2024
129. BCU email evidence of PLPs escalating welfare concerns, 24 May 2023
130. BCU example of practice partners enacting welfare checks, 17 May 2023
131. BCU example of supporting student with practice concerns, September 2023
132. BCU email re; student navigator support, 23 January 2024
133. NMC email re; exception reporting February to March 2024, undated
134. BCU email evidence of academic concerns process, 6 September 2023
135. BCU example of academic misconduct process, January 2023
136. BCU practice supervisor Moodle training, March 2024
137. BCU raising concerns policy, June 2023
138. University Hospitals of Leicester NHS Trust duty of candour policy, 17 September 2021
139. University Hospitals of Leicester NHS Trust duty of candour frequently asked questions, undated
140. UHB student induction pack, January 2024
141. UHB email example student midwife care concerns, November 2022
142. BCU EDI strategy 2020-2025, undated
143. BCU HELS sub-committee agenda, 14 October 2023
144. BCU EDI subcommittee minutes, 14 November 2023
145. The race equality charter published on BCU website, September 2023
146. BCU mental health charter, 14 November 2023
147. BCU Athena Swan bronze award, 15 March 2024
148. BCU gold award, Stonewall workplace equality, 22 February 2022
149. BCU Student disability and mental health policy, June 2023
150. BCU reasonable adjustments panel guidance September 2022
151. BCU example placement action plan with quick response code, 22 March 2024
152. BCU example student support summary, September 2023
153. BCU example PLP raising a welfare concern and implementing adjustments 2023, undated
154. BCU reasonable adjustments basic life support facilitator brief, October 2023
155. BCU neurodiversity autism facilitator brief, July 2023
156. BCU cognitive impairment lesson plan, March 2023
157. BCU inclusivity ambassador job description, undated
158. BCU brew at HELS Eid celebration, 17 April 2024
159. BCU neurodiverse café, 3 October 2023

160. HELS international day poster, 17 May 2023
161. BCU access and participation plan Office for Students, May 2023
162. CME policy and procedure version two, September 2023
163. BCU access and participation plan 2023-2024, undated
164. BCU nursing quality day agenda, June 2023
165. BCU nursing external partners quality day event, June 2023
166. BCU example of ongoing module quality improvement plan, March 2024
167. BCU 'you said we did' learning disabilities module, January 2024
168. BCU 'you said we did' MSc nursing, January 2024
169. BCU nursing course lead response to student feedback, September 2023
170. BCU NSS launch pre-registration nursing, 29 January 2024
171. BCU pre-registration BSc nursing NSS review 2023, undated
172. BCU PowerPoint internal course survey, February 2024
173. BCU invite internal course survey, February 2024
174. BCU/NMC ASR 2022-2023, undated
175. BCU LEAF final version three, June 2019
176. BCU management of practice evaluations guidelines, November 2023
177. BCU certificate of appreciation emergency nurse pathway, May 2023
178. BCU certificate of appreciation ward, 21 May 2023
179. BCU QA review BSMHFT, 13 December 2023
180. BCU external expertise policy, June 2023
181. BCU student feedback on LEAP, November 2023
182. BCU student feedback on LEAP, November 2023
183. BCU user feedback on LEAP, January 2024
184. NHSE PowerPoint safer staffing, undated
185. BCU PowerPoint generalised anxiety disorder, undated
186. BCU placement quality review proforma, 13 December 2013
187. BCU PowerPoint mental health act, consent to treatment, May 2023
188. BCU PowerPoint depression in adults, May 2023
189. BCU PowerPoint generalised anxiety disorder, undated
190. Interdisciplinary and cross field experience pathway examples 2024,
undated
191. Redacted email evidence neonatal outreach team pathway, Birmingham
Heartlands Hospital, November 2023
192. Example of an IPL experience within a student's PAD, undated
193. Example IPL, December 2023
194. Critical mental health nursing blog, 21 December 2023
195. Staff learning and development policy, August 2019
196. HELS guidance for allocation of research WAM, undated
197. Course feedback forum terms of reference, 18 March 2022
198. Gibraltar - student nurse conference, June 2024
199. MSc pre-registration nursing course forum feedback, 6 September 2023
200. BCU ambassadors programme September 2019-2024, undated
201. Notes speak up speak out meeting minutes, 6 February 2023
202. Inclusivity ambassador peer mentoring and support record, February
2024

203. Student support to study self-assessment tool, December 2023
204. Support to study tool – frequently asked questions with student nurse, December 2023
205. I am BCU awards in 2023, undated
206. BCU student nursing times nominations, March 2024
207. BSc (Hons) nursing course handbook, undated
208. BSc (Hons) nursing course specification, undated
209. Registered nurse degree apprenticeship course specification, undated
210. MSci nursing dual award course specification, undated
211. MSci course handbook, undated
212. MSc nursing course handbook, undated
213. MSc nursing course specification, undated
214. MSc midwifery course specification, undated
215. MSci midwifery course specification, undated
216. FdSc NA course specification, undated
217. BSc (Hons) midwifery handbook, undated
218. MSci midwifery handbook, undated
219. BSc (Hons) MSci nurse degree apprenticeship future nurse mapping, undated
220. NMC mapping future nurse annexe one, undated
221. NMC mapping future nurse annexes A and B modules, undated
222. NMC mapping future nurse platforms modules, undated
223. Nursing degree apprenticeship course handbook, undated
224. BSc midwifery learning outcomes to module, undated
225. BSc midwifery NMC domains mapping, undated
226. Mapping annexe article directive MSc, undated
227. MSc midwifery learning outcomes module mapping, undated
228. MSci midwifery learning outcomes to modules, undated
229. MSci NMC domains mapping, undated
230. Future nurse QA Agency (QAA) descriptors levels four, five and six, undated
231. MSc NMC domains mapping, undated
232. Nursing degree standard mapping, undated
233. BCU QAA mapping levels four, five and six, undated
234. BCU QAA mapping level seven, undated
235. QAA Level seven MSci mapping, undated
236. QAA adult level seven, undated
237. QAA child level seven, undated
238. QAA learning disabilities level seven, undated
239. QAA mental health level seven, undated
240. Staff CV one, undated
241. Staff CV two, undated
242. Staff development mandatory training 2024, undated
243. BSc MSci nursing module award board minutes, 10 January 2024
244. BSc MSci nursing progression award board minutes, 11 January 2024
245. Registered nurse degree apprenticeship progression award board

minutes, 26 September 2023

246. Registered nurse degree apprenticeship module award board minutes, 26 September 2023
247. MSc midwifery EE comments, 12 September 2023
248. Midwifery modifications, undated
249. Course leader forum agenda, 28 November 2023
250. Course leader forum agenda, 3 July 2023
251. Nursing and midwifery faculty agenda, 22 April 2024
252. BSol nursing and midwifery strategic oversight group action list, 27 March 2024
253. Students with criminal convictions policy and procedure, undated
254. Evidence of outreach events for nursing, October 2023 and March 2024
255. Evidence of outcomes MSci nursing, 6 March 2024
256. Accelerate initiative, undated
257. RPL policy and procedure, February 2022
258. Academic moderation, August 2023
259. Redacted RPL letter, 23 November 2023
260. RPL mapping year one BSc (Hons) nursing (future nurse), undated
261. RPL mapping year two BSc Nursing (future nurse), undated
262. RPL leaflet, 18 October 2023
263. Welcome week nursing, undated
264. Welcome week course lead presentation - course lead talk, undated
265. BSc (Hons) nursing MSci nursing frequently asked questions, December 2023
266. Professional practice use of mobile phone reminder, 22 March 2024
267. Timetable welcome week, January 2024
268. Example progression and award board report, 18 January 2024
269. Email - EE feedback, 11 April 2024
270. EE scrutiny email, 16 May 2022
271. EE feedback FdSc NA, 19 October 2023
272. Midwifery end of year sign off, 2 February 2024
273. Nursing and midwifery faculty agenda, 5 December 2023
274. Nursing and midwifery faculty work plan for 2022/2024, undated
275. BSol nursing and midwifery faculty action log, February 2024
276. BSol system quality group agenda system, undated
277. NHSE WTE blended learning contract review, 20 November 2023
278. Office for Standards in Education, Children's Services and Skills report BCU February 2019, 5-8 February 2019
279. Nursing and midwifery advisory group terms of reference, March 2024
280. NA statement of compliance BSol, 19 December 2018
281. MSc nursing statement of compliance UHBFT, February 2020
282. Risk assessment proforma attention deficit hyperactivity disorder simulation, 9 February 2024
283. Pre-registration nursing - EE feedback, undated
284. External moderation, undated
285. EE module feedback internal and external, undated

286. FdSc NA EE annual report, undated
287. EE annual report, undated
288. Staff CV three 2023, undated
289. Staff CV four 2023, undated
290. Staff CV five 2023-2024, undated
291. Staff CV six 2023-2024, undated
292. Staff CV seven 2023, undated
293. HELS EE appointment tracker 2023, undated
294. Future nurse academic assessor training 2023-2024, undated
295. Midwifery practice supervisor and practice assessor preparation 2022-2023, undated
296. Practice supervisor and practice assessor training agenda, undated
297. Interview PowerPoint written between academic staff, PLPs and PUSCs, undated
298. Interview process guide collaboration between BCU, PLPs and PUSCs 2022, undated
299. Pilot group interview feedback meeting invitation, 2 November 2021
300. Pilot group interview – launch, 21 October 2021
301. PUSC interview question feedback midwifery, undated
302. Schedule for pilot of group interview - BCU, PLPs and PUSCs on the Panel 2022, undated
303. PUSC interview question feedback, undated
304. Registered nurse degree apprenticeship interview information PowerPoint 2023-2024, undated
305. Registered nurse degree apprenticeship EP interview correspondence, 22 February 2024
306. Registered nurse degree apprenticeship EP interview correspondence, 27 February 2024
307. Registered nurse degree apprenticeship EP interview schedule, March 2024
308. ARC Midwifery Evaluation Reports May 2023 and sharing email UHB, undated
309. Follow up LEAF meeting student evaluations midwifery, undated
310. December 2023 positive feedback and gold LEAF award UHBFT, undated
311. HELS go abroad terms and conditions, undated
312. HELS go abroad application form - part one, 2023-2024, undated
313. HELS go abroad pre-departure workshop, March 2024, undated
314. Elective placement midwifery guidance 2022, undated
315. Elective launch September 2022, undated
316. Staff development workshops, undated
317. Staff CPD summary, undated
318. Staff starting in last 12 months, undated
319. Patient advocacy liaison service session, February 2024
320. College of nursing and midwifery - EDI and recruitment training, undated
321. Staff CV eight, undated

322. Accessing pre-enrolment learning activities nursing, undated
323. BSc (Hons) Nursing MSci student support via VLE 2023-2024, undated
324. Mid-point module evaluation short cohort, 9 April 2024
325. Course plans for completed cohort, undated
326. January 2022 year three course plan, undated
327. NA evidence apprentice application and enrolment process via Aptem, August 2022
328. NA evidence sample pre-enrolment event email, undated
329. Apprenticeship induction September 2023, undated
330. Learning disabilities apprenticeship induction, undated
331. NA evidence module launch lesson plan, undated
332. NA evidence BCU onboarding - standard timeline, undated
333. NA evidence timetable for learners, undated
334. Preparation for practice year two, 2023 short, undated
335. Registered nurse degree apprenticeship four-year assessment schedule, undated
336. NA evidence May 2022-year two assessment schedule, undated
337. Learning disabilities live simulation workshop information for students – introduction, undated
338. Future nurse staff simulation brief and decision making (child) lesson plan, undated
339. NA evidence A-E skills simulation lesson plan, undated
340. Future nurse curriculum SPACE ECG workshop, 9 November 2023
341. Future nurse curriculum SPACE wound care workshops 2023-2024, 16 October 2023
342. Future nurse curriculum SPACE manual blood pressure workshop, undated
343. MSci nursing course part four SPACE skills refresh session, undated
344. Future nurse home environment, undated
345. SPACE poster, undated
346. UHBFT 2024 simulation skills flyer, undated
347. Joint information systems committee digital literacies toolkit, undated
348. Information technology help for students, undated
349. Welcome to information technologies, undated
350. Registered nurse degree apprenticeship off the job tracker evidence, undated
351. UHBFT education, January 2023
352. Teaching study days 2023, undated
353. Midwifery study SWBT days for March-June, undated
354. End of course day 2020, undated
355. MSc midwifery applicant taster days demonstrating role models 2024 timetable, undated
356. MSc open day presentation 2023 final, undated
357. MSc nursing induction day, undated
358. Registered nurse degree apprenticeship induction, undated
359. NA welcome day agenda, undated

360. NA pre-enrolment event email, undated
361. NA evidence sample welcome day email, undated
362. Evidence of interprofessional working, undated
363. NA IPL PAD, undated
364. Safe learning charter themes posters, undated
365. Safe learning environment charter development timeline, undated
366. SLEC presentation, 19 March 2024
367. College of nursing and midwifery feedback and feedforward toolkit, May 2023
368. Mid-point interview feedback, undated
369. BCU committee structure chart 2023, 22 February 2023
370. Allocation BCU her majesty's prison BSMHFT, 13 March 2024
371. Allocation BCU pathway neuropsychiatry team, 20 March 2024
372. Allocation BCU pathway veterans' complex treatment, 4 October 2023
373. Allocation from ARC example, undated
374. Induction for student nurses, undated
375. NA evidence student support summary for student, 31 August 2023
376. PAP evidence one, 14 March 2023
377. PAP evidence two, undated
378. PAP example BWCFT, 5 January 2023
379. BCU change of circumstances policy, June 2023
380. BSc and MSci student nurse returner pack, undated
381. Change of circumstances policy example one, undated
382. Change of circumstances policy example two, undated
383. Future nurse pregnancy support example, 20 March 2024
384. NA evidence break in learning, undated
385. Midwifery withdrawn students spreadsheet, undated
386. Aim to prevent support and succeed report, undated
387. BSc and MSci student contact notes tracker, undated
388. Midwifery intermission tracker examples 2022 to 2023, undated
389. BCU support for student adjustments, 6 April 2024
390. Reasonable adjustments midwifery, undated
391. Student support summary example, undated
392. BCU support for student adjustments, undated
393. Disability support and placement action plans screenshot, undated
394. Support services, undated
395. Future nurse BCU wellbeing support, undated
396. BSc and MSci nursing your BCU support, undated
397. BSc and MSci nursing student support to study self-assessment tool, undated
398. Midwifery wellbeing examples - notices and events, undated
399. Personal resilience lesson plan, undated
400. BSol love our learner's event, 30 November 2023
401. Timetable January 2022 long self-care, undated
402. Wellbeing advice signposting, undated
403. Wellbeing example student midwife, undated

404. BWCFT and BCU wellbeing support health assured frequently asked questions, undated
405. UHB induction wellbeing, undated
406. Staff CV nine, undated
407. Staff CV 10, undated
408. Staff CV 11, undated
409. NA evidence my BCU awards, May 2023
410. NA evidence winner inspirational NA role model, February 2023
411. Nursing, nursing stars 2023-2024, undated
412. Nursing, overview peer observation, September 2023
413. Nursing, peer observation training, July 2023
414. Staff development feedback BCU, undated
415. Disciplinary policy, November 2022
416. Virtual brief induction for new staff, 19 May 2020
417. Staff development EDI, undated
418. Nursing staff learning and development policy, August 2019
419. Nursing, invite to staff development workshops 2023, undated
420. Faculty weekly EDI drop-ins slide April-May 2024, undated
421. Nursing, BCU SSSA training 2023-2024, undated
422. NA evidence sample of mandatory training, undated
423. Nursing, staff CPD summary and records 2023-2024, undated
424. Nursing, staff starting in last 12 months, undated
425. Staff development sessions, undated
426. Midwifery new staff induction timetables, April 2023
427. Midwifery new staff first week timetable, undated
428. Example of staff training available, undated
429. Example of mandatory training required by staff, undated
430. Information technology training, undated
431. Staff development programme intercultural communications, 2 April 2024
432. RCN research conference presentation final, undated
433. Midwifery example of staff timetable with study days, undated
434. NA conference workshop - writing for publication, undated
435. Nursing WAM framework, undated
436. Nursing, WAM principles, undated
437. Nursing and midwifery, accessibility and Moodle an introduction to accessibility, undated
438. Nursing and midwifery, accessibility, a resource for learning and teaching, undated, undated
439. Nursing, confidential case study, undated
440. Nursing, NUR4034 DSS support, extensions, tutorials, 20 March 2024
441. Student tracker for drop-in sessions, undated
442. EDI SWBT reasonable adjustments, undated
443. Course leaders drop in on Moodle page, undated
444. Email – personal tutor/academic assessor welcome redacted, 18 September 2023
445. College of nursing and midwifery assessment support principles and

guidance, February 2023

446. NA example of learner support in practice (BWCFT) SSSA training, undated
447. Nursing, exam support assessment centre 2023-2024, undated
448. Nursing, student keep in touch day feedback quotes, December 2023
449. UHBFT, Queen Elizabeth Hospital gold leaf certificate, undated
450. BCU specific risks from joint action plan BSol, undated
451. NA evidence case officer outcome - FtP concern, undated
452. NA evidence raising concerns about a student's FtP, 5 September 2023
453. NA evidence February 2022 mid module evaluation, undated
454. NA evidence February 2022 post module evaluation, undated
455. NA evidence May 2022 mid module evaluation, undated
456. NA evidence October 2021 mid module evaluation, undated
457. NA evidence NA NSS review 2023, undated
458. NA NSS action plan, undated
459. Nursing, action based on student feedback, 20 March 2024
460. Nursing, student feedback and response to the feedback, 21 March 2024
461. Cohort representative meeting with associate dean agenda, 21 March 2024
462. cohort representative meeting with associate dean minutes, 23 May 2023
463. Faculty Fika invite, 25 April 2024
464. NA evidence EPs fortnightly Friday update, 19 January 2024
465. Midwifery quality day agenda, 20 August 2022
466. NA evidence NA quality day minutes 2022-2023, 20 September 2023
467. NA evidence FdSc NA quality day agenda and presentation 2022-2023, 20 September 2023
468. NA evidence NA CME 2023-2024, undated
469. NA evidence BCU national NA conference, 6 September 2023
470. International journal club midwifery, undated
471. Email - IPL sessions, 26 June 2022
472. Email - radiography learning together, 15 June 2022
473. Midwifery montage of positivity 2023, 4 May 2023
474. BCU midwifery 'positivi-tree', undated
475. Future nurse curriculum moderation of MYEPAD template 2023-2024, undated
476. NAPAD checklist for moderation, 19 February 2024
477. eMORA example year one, 11 April 2024
478. Professional end of year sign off, 20 March 2024
479. NA student feedback on progression, 16 January 2024
480. NA evidence tripartite progress review for results, 21 March 2024
481. New programme academic leads, October 2023
482. LME meeting, 27 February 2024
483. Notes of the LME meeting, 27 February 2024
484. Strategic alliance for health education (SAFHE) agenda, 10 April 2024
485. SAFHE notes, 18 December 2023
486. SAFHE terms of reference updated, December 2023

487. Reducing pre-registration attrition and improving retention meeting agenda, 12 March 2024
488. Oliver McGowan training BSol newsletter two, November 2022
489. Oliver McGowan training BSol newsletter three, December 2022
490. BCU NMC extraordinary review - practice partner visits course, 11 April 2024
491. Short course plan version three updated, 8 August 2023
492. Course plan example (for new programme), undated
493. Potential course plan for 2024-2025 academic year, undated
494. Midwifery 2023-2024 course plans plus bespoke year student version April 2023 version three, undated
495. Evidence of practice supervisor/practice assessor trust training, undated
496. BWCFT ward manager and student co-ordinator list, September 2023
497. NA evidence employer key contact list NA – copy, undated
498. Email - curriculum planning including PLP, 16 August 2019
499. BCU - midwifery PUSC poster, undated
500. Stakeholder in planning, 11 October 2019
501. Assessment verification EE form, 12 September 2023
502. Assessment verification EE form, 9 September 2023
503. Pre-registration nursing module assessment information document 2023-24 - level five, undated
504. Pre-registration nursing module assessment information document BSc, MSc and registered nurse degree apprenticeship – FINAL, undated
505. Pre-reg nursing module assessment information document Moodle, undated
506. External moderation form, 12 February 2023
507. External moderation form, 17 July 2023
508. HELS assessment moderation form for January 2022, 26 June 2023
509. Marking moderation feedback January 2024 third attempt, 16 February 2024
510. Marking moderation feedback September 2021 first attempt, 22 February 2023
511. Assessment and feedback policy (version two), July 2023
512. Student affairs enablement, undated
513. PAP launch, undated
514. Reasonable adjustments placements midwifery summary table, undated
515. Academic assessor feedback redacted, undated
516. Practice supervisor feedback, undated
517. Practice assessor feedback redacted, undated
518. Reflection overview 2022, undated
519. Student eMORA reflection, 27 November 2023
520. Reflection on care CP1 January 2024 Moodle site, undated
521. Leadership and decision-making child nursing, 21 April 2020
522. Introduction to leadership and teamwork, 11 January 2020
523. BCU module leadership and co-ordinating care, 11 January 2021
524. BCU module leadership and decision-making adult nursing, 21 April 2020

525. BCU module leadership and decision-making mental health nursing, 21 April 2020
526. BCU module leadership and decision-making learning disabilities nursing, 21 April 2021
527. BSMHFT applying theory to practice with EBEs, undated
528. BCU, PUSC feedback for NA, 25 January 2024
529. PUSC feedback and involvement in assessment, 27 July 2022
530. NIPE achievement record 2023, undated
531. PUSC feedback, 28 June 2022
532. PUSC feedback two, 25 January 2024
533. List of supervisor signatories, undated
534. CQC report UHBFT, 14 February 2024
535. CQC report BWCFT, 3 March 2023
536. CQC report WHAT, 6 March 2023
537. CQC report BSMHFT, 14 April 2023
538. CQC report WHT, 25 January 2023
539. NMC extraordinary review briefing BCU, 30 April 2024
540. NMC BCU review plan, nursing, midwifery and NA, undated
541. NMC BCU extraordinary review visit schedule, undated
542. NMC BCU major modification report NA programme, 21 August 2019
543. NMC BCU programme approval report midwifery, 23 March 2021
544. NMC BCU programme approval letter midwifery, 18 May 2021
545. NMC BCU programme approval letter NA, 3 May 2019
546. NMC BCU programme approval report nursing, 29 July 2019
547. NMC BCU programme approval letter nursing, 4 September 2019
548. NMC BCU major modification report nursing, 17 December 2020
549. NMC BCU major modification report nursing, 17 December 2020
550. BCU narrative document, 19 April 2024
551. NMC BCU programme approval report NA, 6 February 2019
552. BCU additional evidence file, PUSCs involvement, undated
553. Red flag, undated
554. Reflection, 21 March 2024
555. BCU additional evidence file, EE reports, May 2024
556. BCU additional evidence file, WAM allocation model, May 2024
557. BCU additional evidence file, action plans, May 2024
558. BCU additional evidence file, simulation, May 2024
559. BCU additional evidence file, IPL, May 2024
560. BCU additional evidence file, practice audits, May 2024
561. BCU additional evidence file, RPL, May 2024
562. BCU additional evidence file, practice assessment, May 2024
563. BCU additional evidence file, managing attendance, May 2024
564. BCU additional evidence file, pastoral support, May 2024
565. BCU additional evidence file, human resources information, May 2024
566. Formal presentation to the QA team by BCU, 4 June 2024
567. Meeting with senior representatives of AEI, 4 June 2024
568. Meeting with midwifery programme team, 4 June 2024

- 569. Meeting with senior representatives of PLPs/EPs nursing and NA, 4 June 2024
- 570. Meeting with senior representatives of PLPs/EPs midwifery, 4 June 2024
- 571. Meeting with LME, 4 June 2024
- 572. Meeting with nursing programme team, 4 June 2024
- 573. Meeting with NA programme team, 4 June 2024
- 574. Focus group midwifery students (all awards), 4 June 2024
- 575. Focus group with FdSc NA students, 6 June 2024
- 576. Focus group with BSc nursing (all fields) and MSci nursing (all awards), 5 June 2024
- 577. Focus group with BSc nursing (all fields) and MSci Nursing (all awards) and MSc nursing, 6 June 2024
- 578. Midwifery practice visit to UHBFT Heartlands Hospital, 5 June 2024
- 579. Nursing (adult and child) and NA practice visits UHBFT Heartlands Hospital, 5 June 2024
- 580. Nursing (mental health) and NA practice visit to BSMHFT Oleaster Centre, 5 June 2024
- 581. Review of MYEPAD, eMORA and NAPAD, 6 June 2024
- 582. Focus group with midwifery practice supervisors and practice assessors, 6 June 2024
- 583. Focus group with PUSCs (nursing), 6 June 2024
- 584. Midwifery practice visit to UHBFT Good Hope Hospital, 6 June 2024
- 585. Focus group with PUSCs (midwifery), 6 June 2024
- 586. Nursing (adult and child) and NA practice visits UHBFT Queen Elizabeth Hospital, 6 June 2024
- 587. Nursing (adult and child) and NA practice visit to UHBFT Good Hope Hospital, 6 June 2024
- 588. Focus group with nursing and NA practice supervisors and practice assessors, 6 June 2024
- 589. Additional meeting with nursing programme team, 6 June 2024
- 590. BCU additional information folder, course plans, 5 June 2024
- 591. BCU additional information folder, EE oversight of practice, 5 June 2024
- 592. BCU additional information folder, module evaluations, 5 June 2024
- 593. BCU additional information folder, field identity, 6 June 2024
- 594. BCU additional information folder, RPL, 5 June 2024
- 595. BCU additional information folder, SPL evidence of compliance, 6 June 2024
- 596. BCU additional information folder, NA staffing narrative, 5 June 2024
- 597. BCU extraordinary review opening presentation and staff attendance lists, 4 June 2024

Personnel supporting education monitoring review

Prior to the monitoring visit:

Meetings with:	
Head of college of nursing and midwifery, 20 May 2024	
At the monitoring visit:	
Meetings with:	
Practice supervisors/practice assessors	Midwifery: 34 Nursing and NA: 57
Academic assessors	Midwifery: seven Nursing and NA: 19
People who use services and carers	Midwifery: 10 Nursing and NA: three
Senior managers of the AEI	Faculty pro-vice chancellor and dean Deputy dean Associate professor teaching, education, and student experience Head of college: nursing and midwifery Deputy head of college and LME College academic lead: accreditation College clinical advisor Subject academic lead midwifery Associate professor for skills simulation
Senior managers from associated practice learning partners	UHBFT head of school of nursing, allied health professionals and midwifery UHBFT chief nurse BCHFT chief nurse UHBFT director of midwifery UHBFT head of pre-registration education Integrated care board, lead nurse for mental health, learning disabilities and autism UHBFT head of student NAs UHBFT lead educator, pre-registration innovation and projects BWCFT director of education BWCFT head of people education SWBT associate deputy chief nurse SWBT interim head of education - nursing and midwifery education team

	BSMHFT lead for non-medical education and development BCHFT head of clinical education and professional development
Director/manager nursing	12
Director/head of midwifery	four
Education commissioners or equivalent	0
Practice education facilitator or equivalent	Nursing and NA: 14
Other:	0

Meetings with students:	
Programme	Number met
BSc (Hons)	Year 1: one adult, five mental health, one learning disabilities Year 2: 11 adult, 14 mental health, one child, one learning disabilities Year 3: 15 adult, four child, 10 mental health
MSci	Year 1: one adult/child Year 2: five adult/child, two adult/mental health Year 3: one adult/child, three child/mental health, four adult/mental health Year 4: one adult/child, one child/learning disabilities, one adult/mental health, two mental health/learning disabilities
Registered nurse degree apprenticeship	Year 1: one mental health Year 2: one mental health Year 3: 0 Year 4: four mental health
MSc nursing	Year 2: four adult
BSc (Hons) midwifery	Year 1: 17 Year 2: 19

	Year 3: 31
MSc midwifery (shortened)	Year 1: four Year 2: nine
NA	Year 1: 15 Year 2: seven Alumni: one
Unidentified nursing programmes.	27

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Issue record

Final Report

Author	Suzanne Crozier	Date	28 June 2024
Checked by	Ian Felstead-Watts	Date	2 July 2024
Submitted by	Amy Young	Date	7 August 2024
Approved by	Natasha Thompson	Date	7 August 2024