

2017-18

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

Programme provider	Canterbury Christ Church University
Programmes monitored	Registered Midwife - 36M; Registered Specialist Comm Public Health Nursing - SN
Date of monitoring event	08-09 Mar 2018
Managing Reviewer	Judith Porch
Lay Reviewer	Carol Rowe
Registrant Reviewer(s)	Ann Cysewski, Eleri Mills
Placement partner visits undertaken during the review	Specialist Community Public Health Nursing School Nursing: Kent Community Health NHS Foundation Trust: West Kent School Health Team, Larkfield Medical Centre, Larkfield School Health East Hub, Hersden Swale School Health, Sittingbourne Pre-registration midwifery: Maidstone and Tunbridge Wells NHS Trust East Kent Hospitals University NHS Foundation Trust: Queen Elizabeth, Queen Mother Hospital, Margate
Date of Report	23 Mar 2018

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

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

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

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

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

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

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

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

Summary of findings against key risks						
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes				
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times				
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	
Practice Learning	3.1 Inadequate governance of, and in, practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations				
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery				3.2.2 AEI staff support students in practice placement settings
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice				3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence				
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence				
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners			
Standard Met		Requires Improvement			Standard Not met	

Introduction to Canterbury Christ Church University's programmes

Canterbury Christ Church University (CCCU) has four faculties. The faculty of health and wellbeing (the faculty) houses the school of public health, midwifery and social work (the school) which provides a range of NMC approved programmes at undergraduate and postgraduate levels.

The focus of this monitoring review is the three year undergraduate pre-registration midwifery programme and the specialist community public health nursing (SCPHN) school nursing (SN) programme.

The BSc (Hons) midwifery three year pre-registration programme was approved in 2012 and re-approved on 13 March 2017. The 2017 programme has a single intake; the first cohort of 78 students commenced in September 2017. The cohort numbers are split 50:50 and delivered on two campuses: Canterbury and Medway. There are year two and three students (149 students in total) currently studying the 2012 approved programme of which there were two intakes a year in April and September based on the Canterbury site (1, 20).

There was a minor modification to the pre-registration midwifery programme 2012 curriculum on 29 March 2017 to align the programme structure with the 2017 programme (1, 21).

The SCPHN SN programme was originally approved on 3 July 2012 as a one year full-time and two year part-time programme as a BSc (Hons)/graduate diploma/postgraduate diploma award. There is an extension to the programme until 3 July 2018 (2, 20, 22).

There are currently three students studying the SCPHN SN programme who are employed by Kent Community Health NHS Foundation Trust (KCHFT). The SCPHN programme (health visiting (HV) and SN pathways) has been delivered at CCCU since the early 1990s. However, since 2015, and post the five year SCPHN HV implementation plan (Department of Health, 2010), the number of student commissions has fallen, mirroring the national picture. The faculty has decided not to re-approve the SCPHN programme in 2018. They have agreed with service providers to postpone the re-approval of the programme for two years, during which time they will review the demand for the programme in response to workforce changes and requirements (20).

The geographical spread of the practice placements for the pre-registration midwifery programme extends over a wide area in south east England. The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in Queen Elizabeth, Queen Mother Hospital Margate, East Kent Hospitals University NHS Foundation Trust (EKHUFT) that received a requires improvement rating following a Care Quality Commission (CQC) inspection on 17 March 2017.

Summary of public protection context and findings

Our findings conclude that CCCU has processes and systems in place to monitor and control risks in the key risk theme quality assurance.

The key risk theme admissions and progression requires improvement.

The key risk themes resources, practice learning and fitness for practice are not met. The university must implement an urgent action plan to ensure these unmet risks are controlled to meet NMC standards and assure protection of the public.

26 April 2018: The university produced an action plan to address the unmet outcomes. The action plan has been fully implemented and the key risks are now controlled and the NMC requirements are met.

The key risk themes are described below:

Resources: not met

Our findings conclude that the university has adequate appropriately qualified registrant teachers who have qualifications and experience commensurate with the role to deliver the pre-registration midwifery and SCPHN SN programmes to meet NMC standards. The SCPHN lead and SCPHN SN pathway leader do not hold a NMC recorded teacher qualification, which is a NMC requirement. Arrangements must be put in place to ensure the programme lead has a recorded teacher qualification (1.1.1).

We confirm that there are sufficient appropriately qualified sign-off mentors to support the numbers of pre-registration midwifery students allocated to placements at all times. There are formal processes for determining placement capacity at a strategic level. However, monitoring and reporting of capacity at an operational level needs strengthening.

The SCPHN SN students are currently supported by specialist mentors and a sign-off practice teacher (PT) to meet NMC requirements. However, this resource must continue to be closely monitored to ensure students remain supported by appropriately qualified sign-off PTs at all times.

The university implemented an action plan to ensure the SCPHN programme lead has a recorded teacher qualification.

26 April 2018: A documentary review confirms the SCPHN programme lead has a NMC recorded teacher qualification. The SCPHN SN pathway lead is working towards a teacher qualification recorded with the NMC. The key risk is now controlled and the NMC Standard is met.

Admissions and progression: requires improvement

Our findings conclude that the admissions and progression processes for the pre-registration midwifery and the SCPHN SN programme follows NMC requirements. However, the procedure for checking and recording that practitioners have completed

equality and diversity training prior to participating in the selection process requires improvement (2.1.1).

We confirm that disclosure and barring service (DBS) checks and occupational health (OH) clearance are completed before a student can proceed to practice placement. Health and character declarations are completed by students at each progression point and prior to entry to the professional register.

We found the university's procedures address issues of poor performance in both theory and practice for the pre-registration midwifery and SCPHN SN programmes. A robust and effective fitness to practise (FtP) policy and process manages incidents of concern, both academic and practice related. We are confident that concerns are appropriately investigated and effectively dealt with to protect the public.

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

Practice learning: not met

We conclude that there are effective partnerships between the university and practice placement providers at strategic and operational levels and with an approved education institution (AEI) who uses the same practice placement locations. We are assured that effective risk management approaches are adopted and actions are taken in partnership between the university and practice placement providers to ensure students' practice learning is not compromised when the CQC has identified areas of concern. The university carries out exceptional reporting to the NMC in a timely manner in response to concerns in practice learning environments. However, exceptional reporting to the NMC of university issues which impact on NMC Standards requires improvement (3.1.1).

The educational audit process of practice learning environments is completed every two years in partnership with practice placement providers. However, the educational audit documentation and process does not comply with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017). This specifically relates to recording the agreed maximum capacity for all types of learners in individual placement areas. This requires action to meet NMC requirements (3.1.1).

We found that practitioners are involved in programme development and delivery.

Our findings confirm that service users and carers are involved in programme development and delivery of the pre-registration midwifery programme. However, we found limited evidence of service users' and carers' involvement in the SCPHN SN programme. This requires improvement (3.2.1).

We confirm that academic staff effectively support pre-registration midwifery students and SCPHN SN students in practice placement settings.

We found all sign-off mentors and PTs are appropriately prepared for their role of supporting and assessing pre-registration midwifery students and SCPHN SN students. Systems are in place to ensure only appropriately prepared mentors/sign-off mentors and PTs are allocated to students. However, the process for recording triennial reviews to ensure accuracy and currency of mentors'/sign-off mentors' triennial review status requires improvement (3.3.2).

The university implemented an action plan to ensure the educational audit documentation and process complies with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017).

26 April 2018: A documentary review confirms that the practice learning environment educational audit tool and process has been updated to record the agreed maximum capacity for all types of learners in individual placement areas. The NMC requirement is now met.

The practice learning outcome is now graded requires improvement to reflect the outstanding areas for improvement identified above (3.1.1, 3.2.1, 3.3.2).

Fitness for practice: not met

Our findings confirm that students on the pre-registration midwifery programme are supported in the university and in audited practice placements to achieve all NMC learning outcomes and competencies at progression points and for entry to the register.

We found the length of the consolidation period in the SCPHN SN programme does not comply with NMC Standards. This requires urgent action to ensure NMC standards are met (4.1.1).

The university implemented an immediate action to ensure the consolidation period in the SCPHN SN programme complies with NMC Standards.

26 April 2018: A documentary review confirms that the NMC requirement of a minimum of 10 weeks (50 days) of consolidated practice at the end of the SCPHN SN programme has been implemented.

The key risk is now controlled and the NMC Standard is met.

Quality assurance: met

Our findings conclude that overall there are effective QA processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration midwifery and SCPHN SN programmes.

We conclude from our findings that concerns and complaints raised in the practice setting are responded to effectively, and appropriately dealt with and communicated to relevant partners.

Summary of areas that require improvement

A review of progress against the university action plan took place on 26 April 2018.

The review confirmed the SCPHN programme lead has a NMC recorded teacher qualification.

The educational audit tool template and process has been updated to record the agreed maximum capacity for all types of learners in individual placement areas.

The length of the consolidation period in the SCPHN SN programme has been amended to a minimum of 10 weeks (50 days) at the end of the programme to meet NMC Standards.

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

The following areas are not met and require urgent attention:

- Arrangements must be put in place to ensure the SCPHN SN pathway leader has a recorded teacher qualification (1.1.1).
- The educational audit documentation and process must comply with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017). This specifically relates to recording the agreed maximum capacity for all types of learners in individual placement areas (3.1.1)
- The length of the consolidation period in the SCPHN SN programme must be amended to a minimum of 10 weeks at the end of the programme to meet NMC Standards (4.1.1).

The following areas require improvement:

- A robust monitoring and recording process is implemented to confirm practitioners have completed equality and diversity training prior to participating in the selection process of pre-registration midwifery and SCPHN SN students (2.1.1)
- Exceptional reporting of university issues which impact on NMC Standards must be reported to the NMC in a timely manner (3.1.1).
- A strategy for service user and carers involvement in all aspects of the SCPHN SN programme is implemented (3.2.1).
- A robust process to record triennial reviews to ensure accuracy and currency of mentors'/sign-off mentors' triennial review status is implemented (3.3.2).

Summary of areas for future monitoring

- A robust system monitors and reports capacity in practice placements at an operational level.
- SCPHN students are supported by appropriately qualified sign-off PTs.

- Equality and diversity checks are monitored for practitioners involved in student selection interviews.
- Compliance of the educational audit documentation with part three of the NMC QA framework (NMC, 2017).
- Exceptional reporting to the NMC is in accordance with the QA framework part four (NMC, 2017).
- A service user and carer engagement strategy is implemented in all aspects of the SCPHN SN programme.
- Robust systems ensure triennial reviews are recorded and reflect accuracy and currency of mentors'/sign-off mentors' triennial review status.
- The length of the consolidation period in the SCPHN SN programme complies with NMC Standards.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

SCPHN SN

The academic team supporting the SCPHN SN programme comprises three academic staff members, who are experienced and enthusiastic about the school nursing role in practice and the importance of the public health role within healthcare provision.

The academic team has experience of healthcare work in NHS settings and bring particular expertise in relation to the family, child development and assessment. They also have expertise in safeguarding, the children and young peoples agenda, travelling families, public health and SN practice. This expertise informs delivery of the programme to enrich the learning experience for students. They are confident in the quality and delivery of the SCPHN SN programme.

The SCPHN programme director and the SCPHN SN lead are employed on a part-time contract at the university. The SCPHN SN pathway lead also works in clinical practice as a school nurse co-ordinator, acting lead nurse for school health services.

Pre-registration midwifery The midwifery academic team told us that they are adequately resourced to deliver the pre-registration midwifery programme. The team is divided between Medway and Canterbury campuses but they meet regularly as a team and travel across campuses to deliver specialist teaching.

All members of the midwifery team are assigned a link trust where they fulfil a range of link lecturer duties including; supporting mentors and students, delivery of mentor updates and participation in educational audits. Two lecturers link with each NHS trust, and all members of the midwifery academic team spend at least one day in practice every 10 days. The academic team described effective working partnerships and communication with practice placement providers. The lead midwife for education (LME) confirmed she meets regularly with all heads of midwifery (HoMs).

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

SCPHN SN

PTs, specialist mentors and school nurse co-ordinators reported good relationships and effective partnerships with the university. The sign-off PT is new to the role and is supported by an experienced sign-off PT who has recently moved into another role but remains live on the PT database. Sign-off PTs and specialist mentors told us they are well supported by the programme director and SCPHN SN lead. Employers told us they are confident in SCPHN SN students' ability and reported that they are confident, competent and knowledgeable on successful completion of the programme.

Pre-registration midwifery

Sign-off mentors for the pre-registration midwifery programme told us that they are well supported in their mentor role by practice placement facilitators (PPFs) and the university. They reported that students graduating from the university are fit for practice. Sign-off mentors confirmed that they receive good preparation for their role, and attend mentor updates as part of their annual mandatory training. They are able to clearly articulate the processes for managing concerns and are familiar with the requirements of the programme. Sign-off mentors are confident in the grading of practice, they reported the criteria for grading is explicit and easily understood.

Managers and mentors provided examples of their involvement in various aspects of the programme. We were told that there are regular partnership meetings with the

university. Practitioners are involved in the selection of students and participate in objective structured clinical examination (OSCE) assessments and teaching at the university. HoMs confirmed they meet regularly with the LME.

We were told by midwifery managers that midwifery staffing has improved at the Queen Elizabeth, Queen Mother Hospital Margate, EKHUFT, and all students in the cohort who have recently qualified as midwives have been offered jobs.

Students

SCPHN SN

Students report being well prepared and supported in both the theory and practice elements of the SCPHN SN programme. They told us the programme reflects the current role of the school nurse. They report that the academic team are approachable, supportive and committed to the programme. The academic team provide them with constructive feedback to enable them to develop as SCPHN SN practitioners. The students reported that there are benefits to their learning experience of being a small cohort. Students confirmed they are guided by their sign-off PT and specialist mentors to apply theory to their practice placement experience.

Pre-registration midwifery

Students told us the pre-registration midwifery programme is well organised. They are very satisfied with the theoretical and practical aspects of their programme. Students told us that learning in the university provides them with underpinning knowledge to prepare them for practice and future employment.

Students told us that academic staff are visible in practice, responsive and deal quickly with any concerns. We were told that there are effective support systems for students requiring additional help to support their learning.

Academic staff publicise planned dates for their visits to the maternity units which enables students to plan their rotas to see the link lecturer. Third year students confirmed the programme fully meets their expectations and has effectively prepared them to be a midwife. Students understand the requirements for registration and revalidation.

Students report they have supportive sign-off mentors in practice placements who they work with in excess of 40 percent of their time. Students confirm that mentors enable them to access a range of learning experiences.

Students told us about a buddy scheme for students named bannister buddies in memory of a past student who had initiated the scheme. This is managed through the midwifery society (Mid Soc); membership affords students the opportunity to access several value added activities including attendance at study days and conferences.

Service users and carers

We spoke to service users who have had positive experiences of SCPHN SN students involved in supporting them and caring for their children. They found the students to be knowledgeable, confident, good communicators and professional.

Some service users had been part of the assessment process by participating in a consultation with a SCPHN SN which was video recorded. They told us that the process had been explained thoroughly to them. They had given consent to participate in the assessment and had found the experience non-threatening.

We spoke to service users who confirmed that they had been consulted in the programme development of the re-approved pre-registration midwifery programme. We spoke to service users who contribute to teaching sessions for pre-registration midwifery students through the sharing of parent stories and leading sessions, for example, about complex birthing experiences and subsequent pregnancies. They reported that the students evaluate the sessions very positively. They believe their lived experiences of birth and parenting stories is very significant for students' learning.

Relevant issues from external quality assurance reports

The findings from CQC reports published in the last 12 months for organisations that provide practice placements used by the university were reviewed. These external QA reports provided the review team with context and background to inform the monitoring review (4-19).

The following reports required action(s):

CQC EKHUFT inspection took place 5-7 September 2016. The quality report was published on 21 December 2016 (4).

The NHS trust was given an overall requires improvement outcome. All areas received requires improvement, with the exception of care which was graded good. This is the third inspection of the NHS trust. The first inspection in March 2014 led to an overall inadequate outcome and the NHS trust was put under special measures by Monitor. A second inspection in July 2015 reported signs of improvement and an overall grade of requires improvement was given. The CQC recommended the NHS trust stayed in special measures as leadership was not substantive (this included midwifery leadership) and a number of service improvements were not embedded in practice, including performance and risk management.

EKHUFT comprises five hospitals which include Queen Elizabeth, The Queen Mother Hospital, Margate. CQC quality report published on 21 December 2016 (5).

The maternity and gynaecology services received a requires improvement overall; effective and caring were graded good and safe, responsive and well-led were graded as requires improvement. CQC reported that staffing levels in the maternity service continue to impact on women's care and experience. Despite a recruitment drive there are still a significant number of vacancies; 20 percent of women are not afforded one to one care in labour. Staffing pressures led to an inconsistent occurrence of key meetings to discuss mortality and morbidity and a degree of under reporting in times of pressure. The NHS trust reporting of incidents related to postpartum haemorrhage

lacked clarity.

CQC Medway NHS Foundation Trust; Medway Maritime Hospital, quality report published on 17 March 2017 (6).

Overall rating for this hospital was requires improvement. Maternity services, services for young people and medical care were rated good. Surgery, critical care, end of life care and outpatients and diagnostic imaging were rated requires improvement.

University response

The university has worked closely with Medway NHS Foundation Trust and EKHUFT following the adverse concerns raised by CQC. All NHS trusts are now in the improvement phase.

The university continues to ensure effective communication and dialogue takes place between the PPFs and senior lecturers in practice learning (SLPLs) regarding any changes to the placement capacity or impact on practice learning. Capacity is monitored on a monthly basis by the SLPL team across all placement provider organisations (20, 86-88).

CQC Barham House Nursing Home, unannounced inspection 12 September 2017. Report published on 23 January 2018 (7).

The overall rating for the home is requires improvement for all five areas: safe, effective, well-led, caring and responsive.

University response

The university confirmed they use the nursing home as a placement for pre-registration nursing students, although there are no students currently on placement. The faculty has arrangements in place to discuss the impact of the findings with senior managers and academic staff with links to the organisation about the outcomes of the CQC inspection. An appraisal of the impact of the concerns on students' practice learning experience is being carried out, which will include an educational audit (110).

Follow up on recommendations from approval events within the last year

BSc (Hons) midwifery approval event date: 9 February 2017 (1)

Three recommendations were made:

- Monitor the impact on mentorship following the addition of the examination of the newborn component.

University response

The midwifery team work closely with all practice placement providers and the practice learning unit (PLU) to audit capacity in relation to the examination of the newborn component. It is too early in the delivery of the new programme to audit placement capacity with regard to the examination of the newborn content of the pre-

registration midwifery programme (23).

- Make escalating and raising concern policies more visible to everyone involved in the programme.

The midwifery team have worked closely with the PLU to use the computer based practice education management system (PEMS) to assist in the process of increasing visibility of escalating and raising concern policies. Furthermore, students now revisit these policies within the practice learning module each year. A revised escalating and raising concerns policy is available (see section 3.1.1).

- Clearly state in the midwifery practice assessment documents (PADs) and the ongoing achievement record (OAR) that student midwives are supernumerary.

The term 'in a supernumerary capacity' has been added to each practice module when outlining students' practice learning experiences. This status has also been made clear in the PAD and the OAR. (see section 1.2.1).

Specific issues to follow up from self-report

There are no specific issues to follow up from the AEI self-assessment report in 2017-18 (23).

Findings against key risks

Key risk 1 – Resources

- 1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation

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

What we found before the event

SCPHN SN

The SCPHN teaching team comprises three academic staff members comprising 1.4 whole time equivalent (WTE) staff (24-25).

At the initial visit we were informed that the SCPHN SN lead and the overall SCPHN programme director do not have NMC recorded teaching qualifications. A risk management strategy was provided (20, 25).

Pre-registration midwifery

The professional lead/LME and midwifery teaching team are all registered midwives with relevant experience. The LME, programme director and pathway director have a NMC recorded teaching qualification, in addition to a number of other academic staff members. Each cohort of students has a cohort lead (20, 24).

What we found at the event

We found that the university has effective monitoring processes in place at school level to ensure that all registrant academic staff maintain current NMC registration and meet revalidation requirements (89, 93, 113).

Resources are effectively monitored through the staff annual review of performance (ARP) appraisal process and staff workload profiles. At the ARP meeting set objectives, targets and priorities are agreed with individual staff member and their line manager which are aligned to the faculty and university business plan and strategic objectives. We found that the university is committed to supporting new teaching staff to complete the postgraduate certificate in education and achieving a NMC recorded teacher status (92, 94, 113).

We viewed samples of workload profiles for midwifery and SCPHN SN academic staff members which includes 20 percent of time for engagement in practice by each staff member. Academic staff members confirmed they have protected time to fulfil the requirements of their role (28, 90-91, 104-105).

SCPHN SN

We were informed that the SCPHN programme has experienced a range of staffing changes during 2016-17, including three changes in programme director since September 2016, and the resignation of five members of the teaching team since May 2016 (20, 24-25, 103).

We were told the faculty has decided not to re-approve the SCPHN programme in 2018. They have agreed with service providers to postpone the re-approval of the programme for two years (2018–2020), during which time they will review the demand for the programme in response to workforce changes and requirements (20, 113).

We found that the programme team supporting the SCPHN SN programme consists of three academic staff with active NMC registration. The SCPHN programme director is employed 0.4 WTE, has current NMC registration as a SCPHN health visitor (HV), and is currently completing the higher education academy (HEA) fellowship as a portfolio route. The agreed plan is to map knowledge, skills and competence against the Standards to support learning and assessment in practice (SLAiP) stage four

teacher standard (NMC, 2008). This is expected to be completed in 2018 (24-26, 91, 105).

The SCPHN SN pathway lead is seconded to the university on a 0.2 WTE basis from practice where she is acting lead nurse for school health services. She is a member of the school and public health nurse association (SAPHNA) and has a postgraduate certificate in professional education, but not a NMC recorded teacher qualification. She is in the process of mapping knowledge, skills and competence against stage four of SLAiP (NMC, 2008) which is projected to be completed in 2018 (24-26, 91, 105).

The third member of the SCPHN academic team is employed 0.8 WTE, as a lecturer and SCPHN professional lead who works alongside the SCPHN SN lead and the programme director. She holds current registration as a SCPHN HV and has a NMC recorded teaching qualification (24-26, 91, 105).

The SCPHN programme director and the SCPHN SN pathway lead do not have a recorded teacher qualification to meet NMC requirements (24-26, 105). Action must be taken to ensure the programme lead has a recorded teacher qualification to meet NMC standards.

We confirmed the faculty has not informed the NMC about this risk through exceptional reporting (see section 3.1.1).

We viewed the school's risk management strategy to mitigate any risks for the SCPHN programme. The strategy includes protected time for the programme director and SCPHN SN pathway lead to fulfil continuing professional development (CPD) requirements, specifically completion of a NMC recorded teacher qualification. To mitigate risk the SCPHN professional lead oversees the QA processes for the delivery and assessment of the SCPHN programme (25, 91, 105).

The academic team has experience of healthcare work in NHS settings and bring particular expertise about the family, child development and assessment, safeguarding, the children and young people's agenda, public health and school nursing practice, to enrich the learning experience for the SCPHN SN student (24-25, 38).

There is a part-time lecturer in infant feeding who contributes to the teaching of the SCPHN SN programme and delivers the United Nations International Children's Emergency Fund (UNICEF) UK baby friendly initiative (BFI). This enables students to support mothers to breastfeed effectively and raise awareness of breastfeeding and principles of infant feeding within school nursing practice (24, 116, 118, 125).

We confirmed the SCPHN SN academic team hold qualifications and experience commensurate with their roles (24-26).

Pre-registration midwifery

We confirmed the LME and all members of the midwifery academic team hold current NMC registration and have qualifications and experience commensurate with their role to deliver the pre-registration midwifery programme. The midwifery team has 11

midwifery lecturers which equates to 9.6 WTE, the majority of whom have teaching qualifications recorded with the NMC or are working towards this status (24, 26-27).

The academic team confirm that their qualifications, clinical experience and professional development activities enable them to deliver a contemporary midwifery programme. They told us that they are supported in their CPD and to maintain clinical links with midwifery practice (104, 122-124).

The faculty supports the LME to fulfil the role and responsibilities required by the NMC. We found the LME is active within the school management structure and has a strategic role at a national, regional, and local level through active participation in strategic committees and working groups (104, 113).

HoMs and midwifery managers confirmed they meet with the LME through partnership meetings at an operational and strategic level (108, 112, 122-124).

We conclude from our findings that the university has adequate appropriately qualified registrant teachers who have qualifications and experience commensurate with their role to deliver the pre-registration midwifery and SCPHN SN programmes to meet NMC standards. The school has a risk management strategy in place to mitigate any resources risks for the SCPHN SN programme. However, the SCPHN lead and SCPHN SN pathway leader do not hold a NMC recorded teacher qualification, which is a NMC requirement. Arrangements must be put in place to ensure the programme lead has a recorded teacher qualification.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times

What we found before the event

SCPHN SN

SCPHN SN students are supported by specialist SCPHN mentors who support students learning and teaching; the assessment is the responsibility of a suitably qualified long arm PT (20, 29).

Pre-registration midwifery

The midwifery team monitors placement capacity to ensure students on the 2017 pre-registration midwifery programme do not impact on the placement capacity of the student cohorts studying the 2012 pre-registration midwifery programme.

A minor modification was approved to adjust midwifery placement structures to ensure sufficient sign-off mentor/student ratios. This process will occur on an annual basis to manage capacity proactively and maintain a safe learning environment (20-21).

What we found at the event

SCPHN SN

There are currently three students studying the SCPHN SN programme. We found that there is one sign-off PT, and specialist mentors with due regard available to support the students in the practice placement environments. Students are allocated a specialist mentor and a long arm sign-off PT by the practice placement provider on entry to the programme. They all have due regard (53, 105, 116, 118, 125).

The sign-off PT is up to date, has completed PT preparation and triennial review status and is currently working as a school nurse co-ordinator, and is the lead for school nursing education in practice. She provides clinical supervision and support to the long arm sign-off PT on a regular basis in relation to assessment and providing student feedback (105, 118, 125).

We found that pre-registration nurses (adult and children's fields) undertake their learning in the practice placement setting used for SCPHN SN students. We were told that this does not have an impact on the SCPHN SN students as there are other mentors within the teams who provide support for these learners (53, 116, 118, 125).

Pre-registration midwifery

We found that students have a sign-off mentor and an additional mentor during every placement. Sign-off mentors and students confirm that effective support and supervision of students is in place. All students report working at least 40 percent of their time with their sign-off mentor and, in most cases, this is exceeded. Sign-off mentors and students confirm that they are only allocated one student at a time (120, 122-124).

Students confirmed their supernumerary status and this is reflected in the off-duty rotas we saw and in the PAD and the OAR (54-55, 120, 122-124).

Placement capacity is determined at strategic level and informs the number of students recruited to and allocated to the NHS trust. The allocation of students to practice placements is the responsibility of the midwifery student lead. There is no formal monitoring and reporting of capacity at an operational level, which needs strengthening (110, 133). (see section 3.1.1)

We confirm that there are sufficient appropriately qualified sign-off mentors to support the numbers of pre-registration midwifery students allocated to placements at all times. There are formal processes for determining placement capacity at a strategic level. However, monitoring and reporting of capacity at an operational level needs strengthening.

The SCPHN SN students are currently supported by specialist mentors and a sign-off PT which meets NMC requirements. This resource must continue to be closely monitored to ensure students remain supported by appropriately trained and qualified sign-off PTs at all times.

Outcome: Standard not met

Comments:

The SCPHN programme lead and SCPHN SN pathway leader do not hold a NMC recorded teacher qualification which is a NMC requirement. Arrangements must be put in place to ensure the SCPHN programme lead has a NMC recorded teacher qualification (1.1.1).

The SCPHN SN students are currently supported by specialist mentors and a sign-off PT which meets NMC requirements. This resource must continue to be closely monitored to ensure students remain supported by appropriately trained and qualified sign-off PTs at all times.

There are formal processes for determining placement capacity for pre-registration midwifery students at a strategic level, however monitoring and reporting of capacity at an operational level needs strengthening.

The university implemented an action plan to ensure the SCPHN programme lead has a NMC recorded teacher qualification.

26 April 2018: Follow up Documentary Evidence from Canterbury Christ Church University. Standard now met

26 April 2018: A documentary review confirms the SCPHN programme lead has a NMC recorded teacher qualification. The SCPHN SN pathway lead is working towards a teacher qualification recorded with the NMC. The key risk is now controlled and the NMC Standard is met.

Evidence to support completion of the action plan:

- CCCU SCPHN programme lead CV, 21 March 2018
- NMC register entry, 21 March 2018
- NMC register check, 26 April 2018
- CCCU BSc (Hons) SCPHN student handbook, 2017-18, updated 22 March 2018
- CCCU Graduate diploma SCPHN student handbook 2017-18, updated 22 March 2018
- CCCU SCPHN programme specification, updated 22 March 2018

Areas for future monitoring:

- Robust monitoring and reporting of placement capacity at an operational level for the pre-registration midwifery programme.
- SCPHN SN students are supported by appropriately trained and qualified sign-off PTs.

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

There is a faculty procedure for NHS trust representatives involved in the selection and recruitment of students. The criteria for interviewers is the responsibility of the NHS trust. The placement leads must ensure that all potential interviewers have been confirmed as up to date with statutory training, including equality and diversity (32-33).

SCPHN SN

SCPHN SN students are required to have current registration with the NMC as either a nurse or a midwife and hold a diploma in nursing or midwifery or have the equivalent academic credits (i.e. 240 level 5 credits). NMC registration must be maintained for the duration of the programme (2, 29, 31).

Applicants can apply to the programme who are just completing initial nursing or midwifery education. They must confirm registration with the NMC within two months of commencing the SCPHN SN programme (2, 31, 33, 37).

Pre-registration midwifery

Applicants must meet the university entry requirements. A typical offer would be BBB at A2 Level, or equivalent; with the additional requirement of English language, mathematics and science GCSE at grade C, or above. Students must also meet the OH screening requirements and enhanced DBS checks (1, 35-36).

What we found at the event

The university operates a transparent, robust and values based approach to student recruitment and selection that results in the recruitment of appropriate candidates onto the programmes under review, including consideration of reasonable adjustments (32, 35-37).

We saw robust evidence of equality and diversity training of academic staff. We confirmed that all academic staff have completed equality and diversity training prior

to their involvement in recruitment and selection of students for the programmes under review. We found that equality and diversity training of practitioners is part of the service providers' mandatory training. The recruitment lead oversees the monitoring of practitioners' completion of equality and diversity training. However, the mechanisms for recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and SCPHN SN students requires improvement (95-96, 107).

SCPHN SN

Recruitment and selection to the SCPHN SN programme is undertaken by the academic programme team working in partnership with a local NHS organisation. Recruitment arrangements are with the practice placement provider and are advertised through NHS jobs inviting applications to the university (97, 105, 116, 118, 125).

We confirmed that applicants are interviewed by a member of the programme team and a service manager and/or a sign-off PT against agreed criteria. Service users are not present at the interview, but a question prepared by service users is asked by the interview panel members (105, 116, 118, 125).

If applicants are successful at interview, as part of the employment process, an enhanced DBS check and OH clearance is undertaken. In addition, applicants are required to provide satisfactory professional and academic references. Confirmation and receipt of these notices are sent to the university programme administrator before the commencement of the second week of the programme. We found that checks of good health and good character are part of the admissions processes by the university (105, 131).

Applicants are offered full-time sponsorship by their practice placement provider for the duration of the programme. The current programme is only offered on a full-time basis in view of the suspension of the programme from September 2018 for two years (105, 118).

Pre-registration midwifery

We found that selection and admission processes follow NMC requirements and are robust and inclusive. Students and the programme team confirmed that interviews include a literacy activity and multiple mini interviews (MMIs) conducted by programme team members and practitioners from practice placement providers. Mentors and midwifery managers confirmed that they are supported to participate in selection procedures, which was verified by students. Service users are not directly involved on interview panels, but the literacy activity is focused on a service user's experience; examples of travelling communities and breastfeeding were given as service user stories. The activity focusses on the values base of the candidate rather than the writing presentation (32, 103, 124).

Candidates are afforded the opportunity to spend time with student ambassadors during the interview day. Applicants with an unconditional offer are invited to a pre-programme experience day to meet practitioners and students. A closed Facebook

page is set up to establish peer support prior to students commencing the programme and is monitored by the recruitment lead (32, 103, 124).

Year one students told us these activities and approaches were very helpful in preparing them to commence the programme. The programme team confirmed this approach aims to minimise the risk of attrition due to candidates making the wrong choice of career (103-104, 120).

We confirmed that the school carries out OH and DBS checks on admission to the pre-registration midwifery programme. A virtual panel co-ordinated by the director of admissions reviews any concerns about a student's character which are identified through DBS checks or declarations made by students. A senior manager from a placement organisation would be involved in decision making which would consider the impact of the issue of concern on future registration of the student and employability (107, 114).

Students do not proceed into practice placements without these checks and declarations being satisfactorily completed. Students must obtain a readiness for practice certificate which confirms all mandatory training has been completed before commencing practice placement. The PEMS flags any student who has not completed the requirements for the readiness for practice certificate (110-111, 114).

There is a university policy and process for safeguarding under 18-year-old students enrolled on university programmes to protect the student and the workplace. We confirmed that if an under 18-year-old student commenced the pre-registration midwifery programme, a risk assessment would be undertaken prior to students commencing practice placements (106, 110).

Our findings conclude that the selection and admissions process follows NMC requirements. However, the mechanisms for recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and SCPHN SN students requires improvement.

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

What we found before the event

There is a well-established faculty FtP policy and procedure which includes a three-stage process: stage one is information gathering; stage two is the early resolution stage; and stage three is the formal investigation stage and referral to a FtP panel. The composition of the formal FtP committee hearing involves a senior representative from a practice placement partner organisation (39).

What we found at the event

We found there is a well-established robust FtP policy and procedure. There is staff development for all academic staff who engage in the FtP process. The constitution of the FtP panel meets NMC requirements and involves senior practice partners (one must have due regard) in the decision making. There is a deputy chair of every FtP panel who advises on the process of the hearing (39, 100-101, 114).

We found a robust process is in place for tracking FtP cases with associated report templates. The director of practice learning has overarching responsibility for the FtP process, and FtP personnel work closely with the university's legal governance officers (99, 114).

There were 27 FtP cases in 2015/16; eight cases progressed to a stage three panel hearing. In 2016/17 there were 35 cases of which nine cases proceeded to a stage three FtP panel hearing (114).

We reviewed four FtP cases which included three adult nursing students and one pre-registration midwifery student. We are assured that the FtP process was clearly followed. The support provided to students and the sanctions are robust and protect the public (98-99).

The faculty director of quality provides an annual report for the faculty practice learning sub-committee. FtP data and outcomes are evaluated and reported to identify any lessons learnt and support future learning. We were informed that findings from FtP referrals demonstrated black and minority ethnic (BME) student referrals were over represented. Action was taken to raise knowledge and understanding of cultural competence. An equality and diversity working group developed a cultural competence tool and staff development workshops on cultural competence were provided for academic staff, link lecturers and personal tutors (114).

University staff confirmed that there are clear processes for the management of academic misconduct. If academic misconduct is proven it may then be necessary to refer the student for an investigation through the FtP process. The university FtP procedure clarifies that issues relating to allegations of academic misconduct, including plagiarism, are normally dealt with under the university's academic regulations but in repeated or severe cases may be referred to FtP. Links to the FtP policy, plagiarism policy, academic misconduct procedure and the code of student professional conduct are located in the student programme handbooks (30, 38-39).

Academic and practice placement providers are aware of procedures to address issues of poor performance in both theory and practice and expressed their confidence that concerns would be investigated and dealt with effectively to support the student and to protect the public (104-105, 112, 122-124).

SCPHN SN

Students and academic staff confirmed that health and good character declaration is on admission and completion of the programme (105, 116, 118, 125).

Academic staff told us that some students with additional learning needs have been

accepted onto the programme. One case of undiagnosed dyslexia was picked up at the interview through the literacy activity. They told us that the university disability support services advised academic and placement providers about support plans with reasonable adjustments. We found the required adjustments are fully implemented for a student on the programme (105, 118).

There is a programme progression point at the end of semester one in order to enter semester two. Robust processes are in place and understood by academic staff to ensure that all NMC outcomes and proficiencies are confirmed at programme examination boards. Students are only signed-off for admission to the NMC register following a robust and transparent process compliant with NMC requirements (37-38, 105, 130).

Pre-registration midwifery

Students confirm they declare good health and character upon admission, at each progression point and prior to entry to the professional register. We confirmed that full record keeping of compliance is undertaken which meets NMC requirements (34, 107, 120, 122-124).

Students on the pre-registration midwifery programme who suspend their studies for less than one academic year are required to complete the health and character declaration prior to returning to the programme. If they suspend for one academic year or more they are required to undergo a new DBS check in addition to completing the declaration. This is clearly detailed in the programme handbook and understood by students (30, 120, 122-124).

We were informed that attrition rates of between 3.8 and 11.4 percent have been experienced, with the highest levels occurring in years one and two of the programme. This was mainly due to wrong career choice; ill health and personal circumstances also contribute. An action plan was put in place in 2015-16 to reduce attrition rates which aimed to promote, through talks and simulations, a better understanding of a career as a midwife, and realistic expectations of the programme (103-104).

Procedures for assessment and reassessment of theory and progression on the pre-registration midwifery programme are made clear to students. They are aware of the procedures involved with monitoring of their performance and the support they can receive through academic supervision for each module. Academic staff described how their role as personal academic tutor (PAT) and link lecturer enables them to track student progress and offer advice and support on pastoral and academic matters. All students complete an academic learning contract and engage with feedback and feed forward processes to enhance performance in theory and practice (103-104).

Midwifery academic staff confirmed that they understand and follow processes to ensure that all outcomes are achieved within a progression point period and that the 12-week period is used only in exceptional circumstances. We confirmed this in the assessment schedule, and assessment and feedback dates (41, 45-46, 102-104,

121-124).

We are assured of rigorous checks to ensure all programme outcomes and NMC requirements are met prior to conferment of the award. There is a clear audit trail of decisions made at all stages of checks before the LME completes the good health and character form and recommends entry to the NMC professional register (41, 46, 107).

Our findings conclude that the university's procedures address issues of poor performance in both theory and practice for the pre-registration midwifery and SCPHN SN programmes.

Risk indicator 2.1.3 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

There is an accreditation of prior learning (APL) process within the faculty for NMC pre-registration undergraduate programmes which conforms to the university recognition of prior learning (RPL) policy. All applicants who are applying for APL of theory or practice or both will be considered on an individual basis using this policy (40).

SCPHN SN students may apply to APL one-third of the programme (40 credits) only in line with NMC requirements (37).

What we found at the event

We found the RPL policy and procedures are clear and recognise the maximum amount of credit that can be awarded (40).

SCPHN SN

Students are aware that there are processes for APL. However, students on the current SCPHN SN programme have not used APL (2, 29, 37, 80, 105, 116, 118, 125).

Pre-registration midwifery

We confirmed APL is not permitted for students entering the pre-registration midwifery programme, which is compliant with NMC requirements (1, 35-36).

For pre-registration midwifery students requesting transfer from another AEI, a transcript, reference, completed assessment of practice documentation and placement hours are required. All applicants' past theory and practice learning will be mapped against CCCU's pre-registration midwifery programme modules (40).

<p>Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Information is provided in programme handbooks and SCPHN SN practice portfolios and pre-registration midwifery practice documentation to address issues of poor student performance in practice (30, 38, 56, 121).</p>
<p>What we found at the event</p>
<p>We found there are comprehensive processes for dealing with concerns about students' performance in practice; they are readily available on the faculty PLU webpage and signposted in programme handbooks. Mentors/sign-off mentors and PTs, and students on the pre-registration midwifery and SCPHN SN programmes demonstrate a clear understanding of these processes (1-2, 116, 118, 120, 122-124).</p> <p>SCPHN SN</p> <p>We found that academic staff, PTs, specialist mentors and students are familiar with the policies and procedures to manage poor performance across a range of issues from professional conduct through to managing poorly performing or failing students. PTs and specialist mentors told us that they know how to manage poor performance, through the use of action plans and associated progress meetings. They confirmed that a tripartite approach is taken involving the SCPHN SN pathway lead. Managers told us that they are available to support the practitioners if required as they are slightly distanced from the routine supervision provided to the students. The specialist mentors told us that the PT will facilitate discussion of any concerns at an early stage (2, 105, 116, 118, 125).</p> <p>Specialist mentors indicated that they had dealt with concerns at both informal levels where appropriate but they had experience of escalating concerns around issues of poor performance. They confirmed that the policy and procedures enable remedial action to be taken and are satisfied with the outcomes of concerns they have raised (116, 118).</p> <p>Pre-registration midwifery</p> <p>Practice placement providers have confidence in the university enacting the processes to address issues of poor performance in practice. Sign-off mentors clearly describe the action they take if a student's performance does not meet expectations and described examples of developing action plans and close working with the midwifery link lecturer to support specific students' needs. They confirmed they were appropriately supported by the link lecturer when they have escalated concerns about student performance in practice (35-36, 39, 42, 103-104, 122-124).</p>

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

Outcome: Standard requires improvement

Comments:

Selection and admissions process follows NMC requirements. However, the mechanisms for recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and SCPHN SN students requires improvement (2.1.1).

Areas for future monitoring:

- Equality and diversity checks are monitored for practitioners involved in student selection interviews.

Findings against key risks

Key risk 3 - Practice Learning

3.1 Inadequate governance of, and in, practice learning

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

3.3 Assurance and confirmation of student achievement is unreliable or invalid

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

What we found before the event

There is an electronic PEMS which enables: programme monitoring and evaluation data to be triangulated and shared with practice placement providers effectively; and, to monitor to ensure consistent implementation of QA processes particularly in relation to the use of PEMS and practice placement educational audit cycle (20, 23, 111).

There are a range of faculty practice learning policies, procedures and guidelines which include: a procedure for maintaining and monitoring the mentor/PT registers;

readiness for practice requirements; guidelines for the support of students requiring reasonable adjustment during placement; guidelines for reviewing a student's placement experience; and, guidelines for long arm practice supervision (42).

What we found at the event

We found evidence of effective partnership working between the university and practice placement providers at strategic and operational levels. The faculty has systems in place which ensure that patient and student safety is at the forefront of any action plans arising from adverse practice learning, clinical governance, and risk issues requiring joint action (3, 23, 110-111).

The faculty practice learning subcommittee (FPLSC) has strategic responsibility for the governance of practice learning including: the overview, monitoring and enhancement of the practice learning environment; responding proactively to capacity issues; changes in policy impacting on practice learning; and, developing, implementing, and reviewing guidelines that underpin practice learning. The FPLSC also identifies projects that will enhance practice learning and assessment, in particular, the experience of students with additional needs in practice.

There is an annual conference for PLFs, facilitated by the FPLSC and PLU, which provides an opportunity to share project outcomes and explore current issues with practitioners from all professions related to practice learning (110-111).

There is an overarching memorandum of agreement (MOA) in place between the university and practice placement providers and local authorities to establish the requirements for practice learning. The assurance of practice placement providers' commitment to support placements for all learners is through an annual placement assurance statement which is signed during strategic contract and quality monitoring meetings (110, 113).

All risks to practice learning are monitored through the school and faculty senior management teams and committees. The FPLSC reports directly to the faculty learning, teaching and assessment committee and in doing so firmly integrates practice learning within the overall quality structure of the faculty (110, 115).

Adverse findings from CQC inspections are discussed and action plans developed in partnership to ensure additional levels of scrutiny and risk assessment processes are in place and students of the university are fully supported and safe. We viewed action plans developed in response to the outcomes from CQC inspections (86-88, 110).

All clinical governance and risk issues with a potential effect on patient and service user, or student safety are effectively communicated to the university from practice placement providers in a timely way. Sharing information about students involved in risk issues is through the NHS trust's Datix reporting to the link lecturer and PEF who will investigate and communicate with relevant university staff, including the LME for pre-registration midwifery students (110, 122-124).

We found that the university has exceptionally reported concerns and incidents related to practice learning environments to the NMC in a timely manner in line with the NMC QA framework. However, exceptional reporting of university issues which impact on NMC Standards requires improvement (23). (see 1.1.1).

The representative from Health Education England South (HEES) confirmed that there is an effective strategic working relationship with the university. Reporting processes to HEES are robust and the university is very responsive and proactive to any issues raised working in partnership with practice placement providers (109).

We found that the university has an effective collaborative partnership with another AEI who shares practice placements. We confirmed there is involvement in the educational audit from both universities, and sharing of information and actions arising from audits are undertaken in collaboration (109-110).

Practice representatives confirmed their involvement in pathway/programme committees. The pre-registration midwifery programme has a quarterly midwifery education forum where the programme team and stakeholders review the design and delivery of the programme. The LME attends regular strategic meetings with HoMs in the maternity services in Kent, Surrey and Sussex which was confirmed by HoMs (70-71, 80, 108-109, 112, 116, 118, 120, 122-125).

We were informed that the faculty continues to work on the functionality of PEMS to ensure that it provides both the university and practice placement providers with the information required to effectively manage practice placements and learning. Placement providers can update the placement profiles on PEMS and students' readiness for practice certificates are also accessible through the system. Monthly reports related to practice placements are provided to HEES through the system (109-110).

The educational audit process is managed by the PLU administrative office and the SLPL team who are described as integral for ensuring a robust audit process and oversee the whole procedure. Educational audits are completed by the link lecturer and a member of staff from placement every two years. Electronic copies are kept on the PEMS database. We viewed educational audits for the placement we visited and confirmed they are all in date (110-111, 116, 118, 122-125).

We found any issues arising from educational audits have action plans in place. There are established processes in place for the withdrawal and reintroduction of placements, where necessary (116, 118, 122-125).

There is a placement profile which contains information about the types of learner the placement can support. The faculty had decided to remove the maximum capacity for all types of learners from the educational audit documentation. We were informed that decisions about student numbers are made at a strategic level involving senior faculty and placement providers (110, 116, 118, 122-125, 133).

The LME confirmed that the approach to allocate students to placements is, in part historical, whereby capacity is agreed at a strategic level prior to each recruitment cycle and is communicated to the student lead who has responsibility for the

allocation of students in the trust. The LME has bi-monthly meetings with HoMs and any issues related to student numbers in placement would be discussed (133).

We found there is no formal process for the allocation of student midwives or a clear audit trail of how and when changes to placement capacity are made and communicated at an operational level. We therefore concluded that the educational audit tool and process does not comply with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017). This specifically relates to recording the agreed maximum capacity for all types of learners in individual placement areas. This requires action to meet NMC requirements.

There is a raising and escalating concerns policy which has recently been revised and is available for students. School nurse co-ordinators, midwifery sign-off mentors, PTs, specialist mentors and students on the pre-registration midwifery and SCPHN SN programmes are clear about the policies and procedures for raising cause for concern about care delivery seen in practice. They confirmed advice and support is available for students raising a concern relating to patient and service user care and/or safety. Students confirmed they would feel safe and supported to raise and escalate a concern. Pre-registration midwifery students provided examples of concerns they had raised which we confirmed had been appropriately dealt with (86, 108-109, 112, 116, 118, 120, 122-125).

We conclude that there are effective partnerships between the university and practice placement providers at strategic and operational levels and with an AEI who uses the same practice placement locations. We are assured that effective risk management approaches are adopted and actions are taken in partnership between the university and practice placement providers to ensure students' practice learning is not compromised when the CQC has identified areas of concern. The university carries out exceptional reporting to the NMC in a timely manner in response to concerns in practice learning environments. However, exceptional reporting of university issues which impact on NMC Standards requires improvement.

The educational audit process of practice learning environments is completed every two years in partnership with practice placement providers. However, the educational audit documentation and process does not comply with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017). This specifically relates to recording the agreed maximum capacity for all types of learners in individual placement areas. The university must implement an action plan to ensure risks are controlled and NMC requirements are met.

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

What we found before the event

There is a service user and carer faculty committee (SUCFC) who co-ordinates the faculty's work in relation to service user and carer activity. The SUCFC develops, monitors and evaluates the faculty's strategy for service user and carer involvement reflecting both internal and external developments (43).

There is also a document titled 'service user and carer involvement in the faculty of health and wellbeing's health and social care programmes' which informs service user and carer involvement in teaching, learning and assessment; student recruitment and selection; and curriculum design and development. This document is based on the feedback and suggestions from service users, carers, students, and lecturers. The document is available to all staff, service users and carers within the faculty on the service user Blackboard and on the shared drive (44).

What we found at the event

SCPHN SN

Students told us that service user feedback is obtained where they lead on a consultation in clinics, on visits or via telephone contact. A structured feedback form comprising of open questions and rating scales to assess knowledge, communication and attitudes is used. The invitation to provide feedback is made by the PT or specialist mentor. Feedback is documented in the student portfolio. Students are aware that feedback is required in each semester of the programme and having progressed from an observational stage in practice are able to obtain the necessary feedback (56, 116, 118, 125).

We spoke to service users who have had positive experiences of students involved in supporting them and caring for their children. They found the students to be knowledgeable confident, good communicators and professional (119).

We found that service users have participated in the consultation between a service user and a student which was videoed following consent from the service user. This was used as an assessment element in the child development and assessment module. They reported this as non-threatening and commented that the process had been explained thoroughly to them, with an opportunity to consent to participate in this assessment (119).

Overall, we found limited evidence that service users are involved in programme development or delivery and academic staff recognise that this is an area for improvement (105).

Practitioners are involved in some sessions in the delivery of the programme but it was reported that service delivery pressures make it difficult for practitioners to be released. We were told that contributions by experts, for example, from the 'live, eat, move lifestyle' programme have been involved in the programme, which was confirmed by the students (105, 125).

Pre-registration midwifery

Mentors confirmed that service users are asked for their consent for students to be involved in the delivery of their care and that they are offered the opportunity to provide the student with feedback on their performance. Mentors told us that they make the initial approach to gain consent. Feedback is recorded in the PAD. Students reported that they do not experience any difficulties in obtaining service user feedback (54, 120, 123-124).

Academic staff identified that service users and practitioners are involved in programme development and we spoke to service users who confirmed that they had been consulted in the development of the re-approved programme (103-104, 117).

We spoke to service users who are involved in sessions on the programme including sharing of parent stories and leading sessions, for example on complex cases and subsequent pregnancies. They reported that the students evaluate the sessions highly and the lived experiences of parent stories is highly significant to their learning (117).

Consultant midwives told us that they contribute to programme development and delivery through involvement in the university programme management committee (PMC) and assessment of OSCEs. Other practitioners who contribute to the programme include, for example, physiotherapists, who address issues such as pelvic dysfunction (122-124).

Our findings confirm that service users and practitioners are involved in programme development and delivery of the pre-registration midwifery programme. We found evidence of practitioner involvement in the SCPHN SN programme. However, there was limited evidence of service users' and carers' involvement in the SCPHN SN programme, and this requires improvement.

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

What we found before the event

There are faculty principles which underpin the role of the academic in the practice setting which include: support for students and their learning experience; support for PLFs, mentors and PTs (47).

SCPHN students are allocated a personal tutor who will support them in the university as well as undertake visits to the student in practice placements (56).

Pre-registration midwifery students are supported in practice by a named mentor/sign-off mentor with the additional support of a link lecturer/personal academic tutor and a SLPL (35-36).

What we found at the event

Academic staff confirmed that their workload is managed to enable them to visit practice placement areas to support students, mentors/sign-off mentors and PTs in the achievement of NMC standards. We confirmed this when viewing the individual workload profiles sheet for midwifery and SCPHN SN academic staff (90-91, 104-105).

SCPHN SN

We found students are allocated a personal tutor who supports the student in the university as well as visiting the student in practice placements in each semester and once in the consolidated practice placement. This role is undertaken by the SCPHN SN pathway lead. Students, the PT and specialist mentors confirmed the SCPHN SN pathway lead is easy to contact, if required, and they appreciate and value the practice visits (2, 29, 37-38, 105, 116, 118, 125).

The SCPHN SN pathway lead monitors the student's progress with the sign-off PT and specialist mentor and provides feedback on academic and portfolio development and progress. Any issues about attendance, practice learning experiences and any additional learning needs are addressed at the visit and recorded in the practice portfolio (105, 116, 118, 125).

We were given examples of when the SCPHN SN lead had visited a student in placement to develop action plans in relation to a student's learning differences. This was highly valued by the student, specialist mentor, sign-off PT and the school nurse co-ordinator, and ensured that reasonable adjustments were put in place in the practice learning environment to support the student (105, 116, 118).

We were informed that, due to the wide spread geographical area, the practice visit by the SCPHN SN pathway lead is undertaken at a university location central to all placement areas this year (105, 116, 118, 125).

Pre-registration midwifery

The midwifery programme team confirmed that they are given time to support learning in practice. Two lecturers link with each NHS trust, and all members of the midwifery academic team spend at least one day in practice every 10 days. Link lecturers told us that they visit placements at least every 10 days and more frequently, if required (104, 122-124).

Students and sign-off mentors provided several examples of the role of the link lecturer including; participation in educational audit, mentor updates, support for the assessment of practice process and attendance at tripartite meetings in practice. Students, sign-off mentors and midwifery managers confirmed that link lecturers are easily accessible and very responsive to any issues raised (47, 104, 122-124).

Our findings confirm that academic staff effectively support pre-registration midwifery students and SCPHN SN students in practice placement settings.

Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice

<p>What we found before the event</p>
<p>The university has a NMC approved academic level six and non-credit bearing mentor preparation module and an academic practice teacher programme (52).</p>
<p>What we found at the event</p>
<p>Mentors/sign-off mentors and PTs reported that they are well prepared for their role through an effective preparation programme, mandatory annual updates and triennial review. They confirmed that they are released from practice to undertake mandatory updates and supported to have the required protected time by their managers. This was verified by HoMs and service managers (48-52, 108-109, 112, 116, 118, 122-126).</p> <p>SCPHN HV</p> <p>Sign-off PTs and specialist mentors are prepared and updated for their role by the university by attending two PT meetings, and a study day every year. They told us the preparation for their role is very helpful, informative and comprehensive (53, 81, 83, 116, 118, 125-126, 128-130).</p> <p>Students confirmed they are well supported by their sign-off PT and specialist mentor and enabled to meet their learning outcomes by the end of the programme. The sign-off PT and specialist mentors understand the practice portfolio and the assessment process (116, 118, 125).</p> <p>We found that the specialist mentors and sign-off PT had used the practice portfolio during their own student learning and this contributed to their knowledge of the assessment of practice (116, 118, 125).</p> <p>The sign-off PT understands their responsibility in the assessment process and in signing off proficiencies in the practice portfolio and in working with the specialist mentors. Examples were given about how to support students with dyslexia and the reliability and validity of the assessment process (105, 116, 118, 125, 127).</p> <p>Placement providers are aware of the challenges in ensuring that sign-off status of PTs is maintained in view of the proposals to suspend the delivery of the SCPHN SN programme at the university for the next two years (105, 116, 118, 125).</p> <p>Pre-registration midwifery</p> <p>Pre-registration midwifery students are supported and assessed in practice by sign-off mentors. Sign-off mentors confirm that they are adequately prepared for their role in supporting learning and assessment in practice. They value the support they receive from the link lecturer tutors to undertake their role (122-124).</p> <p>We found that sign-off mentors have a good understanding of their role and responsibilities in the assessment of practice, and they are confident in using the</p>

<p>graded assessment of practice documentation. We found documentary evidence within students' PAD, that sign-off mentors are completing the documentation correctly, in full at the relevant progression points and sign-off points (54-55, 69, 122-124).</p> <p>Midwifery managers told us that the frequency of mentorship preparation is sufficient to meet placement capacity needs to support and assess pre-registration midwifery students. Annual mentor updates are part of mandatory trust training and attendance is monitored by student leads in practice. Link lecturers confirmed that bespoke mentor updates can be provided to increase capacity of sign-off mentors, if necessary (104, 108-109, 112).</p> <p>We conclude that sign-off mentors and PTs are appropriately prepared for their role in supporting and assessing students.</p>
<p>Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students</p>
<p>What we found before the event</p>
<p>The PEMS monitors mentors', sign-off mentors' and PTs' annual updates and triennial reviews. Practitioners who either do not participate in triennial review or do not meet NMC requirements at triennial review are removed from the live register until such time they have met the criteria for regaining this status (42).</p> <p>The faculty director of practice learning monitors the currency of mentor registers across Kent and Medway and provides three monthly reports to the faculty quality committee. Any identified risks are reported to the faculty executive team for action by the heads of school (42).</p>
<p>What we found at the event</p>
<p>Service managers, mentors/sign-off mentors, PTs and students confirmed that the practice placement areas provide sufficient experience and support to enable students to achieve NMC competencies/proficiencies (108-109, 112, 116, 118, 120, 122-125).</p> <p>We were informed that any changes to the practice placement circuit are managed through effective and timely escalation to the PLU) to ensure the change has minimal impact on the student experience (110-111).</p> <p>SCPHN SN</p> <p>The SCPHN SN co-ordinator maintains the mentor/PT register which we viewed during practice placement visits. We confirmed that the register is accurate and up to date, and SCPHN SN students are assigned to appropriate and adequately prepared</p>

specialist mentors and a sign-off PT (116, 118, 125).

Pre-registration midwifery

The mentor register is held in the NHS trust and managed by the clinical skills team. The PPF has overall responsibility for ensuring the mentor register is accurate and up to date. We identified the mentor/sign-off mentors assigned to support the pre-registration midwifery students on the duty roster and checked the status of the mentor/sign-off mentor on the mentor register. We confirmed that students are assigned to appropriate and adequately prepared sign-off mentors (122-124).

The mentor register is red, amber, green (RAG) rated and annotated with the most recent update and triennial review dates. However, we found a small number of triennial reviews were not in date; mentors were flagged in red on the register and were not assigned a student. We were advised there had been a delay in removing them from the register due to staff sickness and they were subsequently removed. We concluded the process to maintain an accurate and up to date mentor register requires improvement to minimise the risk of students being assigned to an out of date mentor/sign-off mentor (122-124).

Systems are in place to ensure only appropriately prepared mentors/sign-off mentors and PTs are allocated to students. However, the process to ensure accuracy and currency of mentors/sign-off mentors triennial review status requires improvement.

Outcome: Standard not met

Comments:

The educational audit documentation and process must comply with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017). This specifically relates to recording the agreed maximum capacity for all types of learners in individual placement areas. This requires action to meet NMC requirements (3.1.1).

The university exceptionally reports to the NMC in a timely manner in response to concerns in practice learning environments. However, exceptional reporting of university issues which impact on NMC Standards requires improvement (3.1.1)

We found limited evidence of service users' and carers' involvement in the SCPHN SN programme and this requires improvement (3.2.1).

The process to maintain an accurate and up to date mentor register to record triennial reviews requires improvement (3.3.2).

The university implemented an action plan to ensure the educational audit documentation and process complies with the requirements for safe and effective practice learning, part three of the NMC QA framework (NMC, 2017).

26 April 2018: Follow up Documentary Evidence from Canterbury Christ Church University. Standard now requires improvement

26 April 2018

A documentary review confirms that the practice learning environment educational audit tool template and process has been updated to record the agreed maximum capacity for all types of learners in individual placement areas. The university has also developed and implemented a process document for placement capacity mapping.

The NMC requirement is now met. The practice learning outcome is now graded requires improvement to reflect the outstanding areas for improvement identified above. (3.1.1, 3.2.1, 3.3.2).

Evidence to support completion of the action plan:

- CCCU practice learning environment educational audit tool 2017-18, 21 March 2018
- CCCU screenshot of amended educational audit tool template on PEMs, 21 March 2018
- CCCU placement capacity mapping process, 21 March 2018

Areas for future monitoring:

- Compliance of the educational audit documentation with part three of the NMC QA framework (NMC, 2017).
- Exceptional reporting to the NMC is in accordance with part four of the NMC QA framework (NMC, 2017).
- A service user and carer engagement strategy is implemented in all aspects of the SCPHN SN programme.
- Robust systems ensure triennial reviews are recorded and reflect accuracy and currency of mentors/sign-off mentors triennial review status.

Findings against key risks

Key risk 4 - Fitness for Practice

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

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

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

<p>What we found before the event</p>
<p>SCPHN SN</p> <p>The SCPHN SN programme is taught over 52 weeks (one calendar year) for full-time students and over 104 weeks (two calendar years) for part-time students. The SCPHN BSc (Hons)/graduate diploma programme comprises seven core modules at academic level six with an option to complete the community practitioner nurse prescribing: V100 module as a non-credit rated integrated module within the programme (2, 29, 37-38).</p> <p>The modules reflect the knowledge and understanding as well as skills required to practice safely and effectively as a SCPHN SN (2, 29, 37-38).</p> <p>Pre-registration midwifery</p> <p>Throughout the three years of the programme, students will engage in learning related to infant feeding including the UNICEF UK BFI and skills in detailed examination of the newborn (DEN) (1, 30, 35-36, 61).</p> <p>Inter-professional learning (IPL) is embedded within the programme in both theoretical modules and practice, with a greater emphasis on linking the theoretical learning to IPE experiences in the practice environment (35-36).</p> <p>There is a consistent approach taken to prepare students for practice placements. Core mandatory elements which must be achieved by students are negotiated and reviewed with placement providers through the faculty practice learning sub-committee and are detailed in the FtP policy. These requirements include introduction to professional codes, safeguarding, health and safety guidance, life support, moving and handling, and raising and escalating concerns (35-36, 42).</p>
<p>What we found at the event</p>
<p>SCPHN SN</p> <p>The SCPHN SN programme is approved as a full-time and part-time programme. However, there are no part-time students enrolled on the programme. We found that there are no opportunities for a student to interrupt their studies this year in line with NMC Standards as the programme will not be delivered from September 2018 for two years (105).</p> <p>We found that programme learning outcomes and standards of proficiency are articulated for students and meet the SCPHN SN NMC Standards for entry onto part three of the professional register (NMC, 2004). These learning outcomes are explicit in the student programme handbook and practice portfolio; students, specialist mentors and the PT clearly understand programme expectations (2, 29, 37-38, 56, 61, 116, 118, 125).</p>

Students receive mandatory training as part of their contract of employment with the designated service provider, which they confirmed adequately prepares them for practice placements. Students confirmed they are adequately prepared through a range of learning and teaching strategies to meet the theoretical assessment requirements. SCPHN HV and SN pathways are taught together with opportunities for learning that is pathway specific but interspersed with IPL opportunities (2, 29, 37-38, 64, 116, 118, 125).

The programme uses a variety of different assessment techniques, including examination and essays. Assessment includes; group and inter-professional seminars, reflecting on case studies from practice and completing an audio recording of an interview with a client. The invigilated examination is a seen paper and is completed in perspectives in public health module. The V100 optional module is assessed by an examination and portfolio (2, 37-38).

We found that only 46 days of practice is evidenced in the SCPHN planner for the consolidation of practice period at the end of the programme. This does not meet the minimum of 10 weeks practice learning at the end of the programme to meet NMC requirements. Due to the inclusion of theory days and a shortfall of practice days in the consolidation of practice, the team need to recalculate the hours to ensure that they meet NMC Standards (2, 29, 37-38, 105, 132). This requires urgent action to ensure NMC Standards are met.

Pre-registration midwifery

We found students are provided with clear and current information that specifies the learning, teaching and support available to them, and the programme learning outcomes and NMC competencies. Students confirmed this (30, 54-55, 120, 122-124).

Prior to practice placements, students undertake a range of mandatory training sessions, which students confirmed adequately prepares them for practice placements. The university closely monitors completion of mandatory training and students are issued with a readiness for practice certificate before they can commence practice placement (103, 110-111, 120, 122-124).

Students told us they have a range of teaching and learning strategies including simulated learning, and confirmed that simulated learning environments promote values based care, dignity, courtesy and respect and provide opportunities to rehearse and develop caring, skilled integrated practice. Students confirmed they are very satisfied with the quality of teaching which effectively supports their learning and development (120, 122-124).

The director of learning and teaching has oversight of the equity and comparability of the student learning and teaching experiences in both Medway campus and Canterbury campus. This includes resources and timetabling to access resources in the simulation suites. Student evaluations for both campuses are positive (65-68, 75, 113, 120).

Academic staff described a range of IPL opportunities within the programme, which

used to be delivered through shared inter-professional modules. However, in response to student feedback these sessions are now threaded throughout the programme (103-104).

The academic team told us about an IPL collaborative project with medical students that involves year three students teaching medical students. This is in the process of being evaluated, and if effective will be rolled out to all year three students (103-104).

The university has an active Mid Soc which is active in planning and hosting specialist study days on midwifery topics requested by students. Students told us this provides valuable opportunities to enhance their knowledge and professional development (120, 122-124).

Students and academic staff confirm that there are opportunities for students to undertake formative assessment and to receive support and timely feedback from their PAT to further develop their knowledge and skills. We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice (103-104, 120, 122-124).

The programme is structured so that NMC competencies are met at progression points and on programme completion prior to entry to the NMC register. Robust processes are in place for monitoring achievement of all NMC learning outcomes and European Union (EU) requirements. Practice hours are verified by the sign-off mentor, and other EU outcomes are verified by cross checking against electronic patient records. Students confirmed they are able to achieve the EU requirements (30, 35-36, 54-55, 57, 103-104, 120, 122-124).

Third year students reported they feel confident and competent to practise and to enter the professional register on completion of their programme. Stakeholders confirmed that successful students completing the programme are well-prepared and employable. Most students are employed locally, and they fully understand the requirements for registration and revalidation (108-109, 112, 122-124).

We found programme annual reports are comprehensive and provide evidence of appropriate information/data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities (65-67, 72-74).

Our findings confirm that students on the pre-registration midwifery and SCPHN SN programmes are supported to achieve all NMC learning outcomes and competencies/proficiencies at progression points and for entry to the register. However, the SCPHN SN programme does not meet the minimum of 10 weeks practice learning at the end of the programme to meet NMC requirements. This requires urgent action to meet NMC Standards.

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

<p>What we found before the event</p>
<p>SCPHN SN</p> <p>SCPHN students are provided with a placement induction pack prepared by the trust which must be completed on the first day of placement. The induction to the trust and practice placements includes time to complete employment procedures, including mandatory training as well as an introduction to trust policies and procedures (64).</p> <p>Students will spend 50 percent of their time on the programme in placements facilitated by an appropriately qualified PT with due regard and specialist SCPHN mentor. It is the responsibility of the employing trust to identify a suitable placement allocation and a suitably qualified and prepared PT (2, 29-37).</p> <p>Pre-registration midwifery</p> <p>Students are allocated to one hospital trust, and accompanying community areas, for the duration of the three years of the programme, where they will have the opportunity to experience learning opportunities within the wider scope of the maternity services. Additionally, in year one and two there are opportunities for students to have practice placements in, for example: gynaecology wards, theatres and recovery and in year two, within a special care baby unit. Also in year two students will attend mental health workshops to facilitate their learning of caring for women's mental health needs. In year three the students will have a case loading experience during the consolidation of practice period (35-36, 58-60, 62).</p>
<p>What we found at the event</p>
<p>We found that students on the pre-registration midwifery and SCPHN SN programmes experience an effective range of practice learning experiences and support in practice to enable them to meet NMC outcomes and competencies/proficiencies. They recognise their responsibility to engage in these practice learning opportunities (116, 118, 120, 122-125).</p> <p>SCPHN SN</p> <p>Students told us that specialist mentors and the PT supports them to link the theory taught within the university to practice learning and experiences (116, 118, 125).</p> <p>Learning opportunities in practice are reported by students to be well structured by the sign-off PT and specialist mentors to support their achievement of learning outcomes (116, 118, 125).</p> <p>The programme team, students, specialist mentors and the PT told us that within the variety of learning opportunities in practice, students spend the required 15 alternative practice days exploring public health practice in other areas related to school nursing. Five days are completed during each of the three semesters of the programme; a log</p>

of this activity is recorded in the practice portfolio (56, 105, 116, 118, 125).

During the consolidation period at the end of the programme, students manage clients from their specialist mentor's caseload (105, 116, 118, 125, 132) (see 4.1.1).

We confirmed that the achievement of the NMC learning outcomes and standards of proficiency are evidenced in the practice portfolio and confirmed in the sign-off PT's report and overall statement of achievement in the practice portfolio (56, 116, 118, 125).

School nurse co-ordinators, specialist mentors and PTs confirmed that SCPHN SN students are fit for practice and for entry onto the third part of the NMC register on successful completion of the programme (116, 118, 125).

Pre-registration midwifery

We were informed that all students have practice placement experience with one of three NHS trusts. All practice placement providers offer a range and breadth of placement opportunities, including midwifery led care and high-risk care across hospital and community placements. There is flexibility to review the placement allocation to meet individual students' learning needs to enable them to meet the EU requirements. The programme team told us that they are actively expanding the range and type of practice learning opportunities for example; attendance at sexual health clinics and substance misuse units (30, 35-36, 104).

We found students are articulate and confident in their description of their practice learning experiences and how they contribute to the achievement of NMC outcomes and competencies. Students in year three of the programme report a positive experience of case holding and they confirmed that the programme prepares them effectively for practice (120, 122-124).

The assessment of midwifery practice is graded. The midwifery pan London PAD was introduced for all students in September 2017. We found that the assessment process and PAD are clearly understood by sign-off mentors and students. Mentors and students report that there is sufficient time for the formative and summative assessment in practice and described how they assess and plan for the ongoing learning and achievement of students (54-55, 120, 122-124).

Sign-off mentors and midwifery managers provided assurance that students on final placements demonstrate fitness for practice and registration. HoMs and senior midwifery managers told us that students successfully completing the pre-registration midwifery programme are able to practise safely and effectively and most students are employed by their placement trust (108-109, 112, 122-124).

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

Outcome: Standard not met

Comments:

We found the length of the consolidation period in the SCPHN SN programme does not comply with NMC Standards. This requires urgent action to ensure NMC Standards are met (4.1.1).

The university implemented an immediate action to ensure the consolidation period in the SCPHN SN programme complies with NMC Standards.

26 April 2018: Follow up Documentary Evidence from Canterbury Christ Church University. Standard now met

26 April 2018

A documentary review confirms that the NMC requirement of a minimum of 10 weeks (50 days) of consolidated practice at the end of the SCPHN SN programme has been implemented.

The key risk is now controlled and the NMC Standard is met.

Evidence to support completion of the action plan:

- CCCU SCPHN level six practice portfolio 2017-18, updated 22 March 2018
- CCCU SCPHN timetable 2017-18, updated 22 March 2018

Areas for future monitoring:

- The length of the consolidation period in the SCPHN SN programme complies with NMC Standards.

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

SCPHN SN

The SCPHN PMC meets each semester and consists of: NHS trust employer representatives; service users and organisations representing them; PTs, student

representatives and the programme teaching team (30, 38).

Pre-registration midwifery

The pre-registration midwifery PMC is held twice a year. This enables midwifery managers, student representatives and the midwifery programme team an opportunity to discuss any general programme issues. Any issues from this committee are then taken forward to the IPL programme committee meeting (1, 35-36, 66-67, 71).

Students are actively encouraged to complete end of module questionnaires and evaluate practice placements following each allocation via the practice learning database (35-36, 65-67, 71).

What we found at the event

We found the university has a comprehensive range of internal QA systems to enable achievement and enhancement of both academic and practice outcomes including module, end of year and end of programme evaluations and feedback (65-67, 71-77, 82-83).

Evaluation of theory modules is by a paper based evaluation tool; the school confirmed there are plans to move to an online system. Evaluation of practice placements is via the PEMs at the end of every placement (65, 82-83, 111, 115).

There are a range of committees at strategic and operational levels to review and enhance the provision of approved NMC programmes. The PMC monitors approved programmes to ensure that all changes are undertaken in partnership with students, practice placement providers, the university and other key stakeholders (71, 115).

Academic staff confirmed that all theory modules are evaluated and feed into module leader reports that identify clear action plans to address any areas of concern. Programme directors submit an evaluative course report commenting on all aspects of the programme and significant trends in recruitment, retention and progression (71, 104-105).

Practice placement providers confirm that they have numerous opportunities to provide feedback to the university and work in partnership in addressing any weaknesses and enhancing programme delivery (108-109, 112, 116, 118, 122-125).

The student experience is central to the QA processes; student representatives are members of the PMCs, and there are staff liaison meetings. Student representatives can meet with the head of school. Students confirmed they feel listened to and any issues raised are normally resolved, or reasons why changes cannot be made are explained to them (71, 112, 116, 118, 120, 122-125).

SCPHN SN

The SCPHN SN student completes 'a step into placement' evaluation tool, for their placement within KCHFT. The completed evaluation is returned to the clinical and education team at the end of the placement (63, 116, 118, 125).

Students told us they complete a module evaluation for all modules and the programme team provide feedback to student evaluations and feedback. An example given was the rescheduling of the exam for the perspective in public health module following feedback from the previous cohort (72-74, 105, 116, 118, 125).

The student voice is evident. There is a SCPHN cohort student representative and, due to the small numbers in the cohort, this was rotated to enable two students to undertake the role. Students told us they value the opportunity to undertake and gain experience in this role (84, 116, 118, 125).

Pre-registration midwifery

Students engage in university evaluation processes that capture student experience in the placement and academic environment, and year three students engage in the national student survey. Student cohort representatives provide a summary of feedback from their cohort to the pathway/programme management committee, which they attend and feedback responses to the cohort (35-36, 65-68, 72).

Student/staff liaison meetings are held with the LME to identify individual cohort and pathway/programme concerns. These meetings are led by the student representatives in terms of content and timing, and feedback is disseminated to students by the VLE (35-36, 115, 122-124).

The nomination and appointment of external examiners follows QA processes, and professional currency and due regard is confirmed. The faculty director of quality monitors external examiners' tenure, including the currency of NMC registration and revalidation requirements (26, 76-79, 115).

We found that external examiners for the pre-registration midwifery and SCPHN SN programmes have due regard for the modules and programmes within their portfolio. They provide external scrutiny for modules at all academic levels; report on theory and practice based elements of the programmes; and, the achievement of students at progression points and leading to the award and eligibility for professional registration. The programme teams respond to external examiner comments in a timely manner, taking cognisance of any suggestions by means of an action plan, if necessary (26, 76-79).

We found evidence that the pre-registration midwifery external examiner has met with students and sign-off mentors and attended moderation of practice assessment. This involves midwifery lecturers and sign-off mentors who sample PADs across the trusts to review the consistency in grading of practice. The external examiner has observed this process (65-68, 71, 76-77, 104, 122-124).

The external examiner for the SCPHN SN programme did not meet with students and PTs in the 2016/17 academic year, due to a period of sickness. However, we are assured by the programme team that there are plans for the external examiner to meet with the SCPHN SN students during the next six months of the current programme (75, 78-79, 105).

Our findings conclude that overall there are effective QA processes in place to

<p>manage risks, address areas for development and enhance the delivery of the pre-registration midwifery and SCPHN SN programmes.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>There is a university student complaints procedure which provides students with an opportunity to raise, individually or collectively, matters of concern in the knowledge that privacy and confidentiality will be respected. The initial aim is to resolve the concern/complaint informally. If this is not possible a formal procedure is initiated. If the complaint relates to a practice placement, the student is advised the complaint may be better resolved using the practice placement providers' complaint procedure (85).</p>
<p>What we found at the event</p>
<p>There is a university process that enables students to raise concerns and complaints in a supportive and timely manner. At the time of reporting, no pre-registration midwifery or SCPHN SN student has formally complained about their experience in practice learning settings. The PLU records and monitors any concern or complaint raised in practice (85, 88).</p> <p>Students told us that they are aware of the process to follow to raise concerns or complaints about their experience during practice placements. They confirmed that they feel safe to raise concerns and are confident that they would be supported during the process. Two students provided examples of informal complaints which they had raised. It was evident that their concerns had been listened to and responded to (116, 118, 120, 122-125).</p> <p>The sign-off mentors, PTs and specialist mentors confirmed that guidance is also available for placement staff (116, 118, 125).</p> <p>We found evaluations and students' feedback on placement learning experiences is provided to placement providers through PMCs, link lecturers, PPFs, and SLPLs (70-71, 80, 82, 105, 116, 118, 120, 122-125).</p> <p>We were told that feedback from external examiners' engagement and reporting of assessment in practice is provided annually within programme reviews, at annual quality meetings within the faculty, at programme management team meetings and at mentor updates (115).</p> <p>Our findings conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.</p>

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Evidence / Reference Source

1. CCCU NMC approval report BSc (Hons) Midwifery (36 month), 2017
2. CCCU NMC approval report: BSc (Hons) SCPHN (HV/SN) July 2012
3. CCCU NMC monitoring report pre-registration midwifery, pre-registration nursing (adult), 29-30 January 2014
4. CQC EKHUFT, quality report, 21 December 2016
5. CQC EKHUFT), Queen Elizabeth, The Queen Mother Hospital, Margate. CQC quality report, 21 December 2016
6. CQC Medway NHS Foundation Trust; Medway Maritime Hospital, quality report, 17 March 2017
7. CQC Barham House Nursing Home, quality report, 23 January 2018
8. CQC Kent and Medway NHS and Social Care Partnership Trust, quality report, 12 April 2017
9. CQC Oxleas NHS Foundation Trust, quality report, 2 May 2017
10. CQC The Benenden Hospital Trust: Benenden Hospital, Kent, quality report 11 May 2017
11. CQC Albion Place Medical Practice, quality report, 24 October 2017
12. CQC BMI Healthcare Ltd: The Chaucer Hospital, Canterbury, quality report, 6 March 2017
13. CQC BMI Healthcare Ltd: The Somerfield Hospital, Maidstone Kent quality report, 16 May 2017
14. CQC Borough Green Medical Practice, Sevenoaks Kent, quality report, 1 December 2017
15. CQC Bower Mount Medical Practice, Sevenoaks Kent, quality report, 3 May 2017
16. CQC Cobtree Medical Practice, Maidstone Kent, quality report, 27 July 2017
17. CQC Dashwood Medical Centre, Ramsgate Kent, quality report, 12 December 2017
18. CQC Grosvenor Medical Centre Tunbridge Wells, Kent, quality report, 25 July 2017
19. CQC Iden Manor Nursing Home, Tonbridge, Kent quality report, 6 June 2017
20. CCCU FHWB initial visit, 9 February 2018
21. NMC minor modification pre-registration midwifery programme, 29 March 2017
22. NMC SCPHN HV/SN extension letter, 18 August 2016
23. CCCU NMC self-assessment programme monitoring 2017-18, 1 December 2017
24. Midwifery and SCPHN staff CVs, various dates
25. SCPHN teaching staff profile – risk management staff CVs, undated
26. NMC website, checked 26 February 2018
27. Midwifery team NMC PIN checks 2018-2019, 8 March 2018
28. CCCU FHWB work profiling guidance 2015-16

29. CCCU FHWB PgD SCPHN (HV/SN) programme specification, September 2012
30. CCCU FHWB, school of PHMSW, BSc (Hons) midwifery IPL programme handbook, September 2017
31. CCCU FHWB procedure for placement provider representatives to participate in selection and admission processes for prospective students, undated
32. CCCU FHWB, school of PHMSW recruitment process for the BSc (Hons) Midwifery programme, February 2018
33. KCHFT recruitment policy v1.5, June 2017
34. CCCU FHWB, school of PHMSW examples good health and good character x5, July 2017
35. CCCU FHWB, school of PHMSW, BSc (Hons) Midwifery IPL programme specification, September 2012
36. CCCU FHWB, school of PHMSW, BSc (Hons) Midwifery IPL programme specification, September 2017
37. CCCU FHWB, school of PHMSW BSc (Hons)/graduate diploma SCPHN (HV/SN) programme specification, September 2012
38. CCCU FHWB, school of PHMSW BSc (Hons) SCPHN HV and SN programme handbook 2017/18, undated
39. CCCU FHWB FtP policy version, 7 and procedure, September 2016
40. CCCU FHWB RPL policy and procedures: a guide for students, undated
41. CCCU FHWB, school of PHMSW figure one management of progression for year one/two students and management of progression and completion for final year students, undated
42. CCCU FHWB practice learning policies, procedures and guidelines, February 2016
43. CCCU FHWB service user and carer faculty committee (SUCFC) terms of reference, October 2014
44. CCCU FHWB service user and carer involvement in FHWB's health and social care programmes, November 2015
45. CCCU FHWB, school of PHMSW, BSc (Hons) Midwifery IPL programme S14 S15 S16 exam board, 26 July 2017
46. CCCU FHWB, school of PHMSW reassessment board, 8 November 2017, 20 September 2017
47. CCCU FHWB common principles underpinning the role of the academic in the practice setting, undated
48. CCCU FHWB, school of PHMSW BSc (Hons) midwifery IPL programme mentor handbook S12 cohort onwards, undated
49. CCCU FHWB, school of PHMSW BSc (Hons) midwifery mentorship PowerPoint practice module one, undated
50. CCCU FHWB, school of PHMSW mentor update PowerPoint presentation BSc (Hons) midwifery using the new MPAD 2017/18
51. CCCU FHWB, school of PHMSW mentor update: self-directed study activities, 2015

52. CCCU FHWB, school of PHMSW, mentoring and facilitation of learning learner handbook HE level 6 credit bearing route, undated
53. CCCU FHWB, school of PHMSW SCPHN SN specialist mentor details 2017/18
54. CCCU FHWB, school of PHMSW BSc (Hons) Midwifery PAN London OAR, September 2017
55. CCCU FHWB, school of PHMSW BSc (Hons) Midwifery PAN London PAD, September 2017
56. CCCU FHWB, school of PHMSW SCPHN SN practice portfolio early intervention in SCPHN, part one and part two 2017-2018, undated
57. CCCU school of PHMSW student attendance spread sheet A15 attendance September 2017-December 2017, undated
58. CCCU FHWB student allocation cardiac care unit, undated
59. CCCU FHWB student allocation to intensive care unit, undated
60. CCCU FHWB student allocation to theatres, undated
61. CCCU FHWB school of PHMSW module handbook BSc (Hons) midwifery detailed examination of the newborn (DEN), undated
62. CCCU FHWB, school of PHMSW BSc (Hons) midwifery students in alternative placements briefing sheet, undated
63. KCHFT student 'a step into placement' evaluation tool, undated
64. KCHFT step into placement induction pack, undated
65. CCCU FHWB, school of PHMSW BSc (Hons) midwifery module evaluations; law and ethics; developing midwifery practice; public health; essential midwifery one, undated
66. CCCU FHWB annual programme monitoring report, BSc (Hons) midwifery (IPL programme), 2016/17
67. CCCU FHWB annual programme monitoring report, BSc (Hons) midwifery (IPL programme), 2015/16
68. BSc (Hons) midwifery A and S cohort student representatives meeting, 26 October 2016
Canterbury/Medway Campus
69. BSc (Hons) midwifery students PowerPoint using the new MPAD, 2017/18
70. CCCU school of PHMSW, midwifery education forum, 8 November 2017
71. CCCU FHWB, school of PHMSW BSc (Hons) midwifery programme committee (PCM) meeting minutes various dates, 2 November 2016, 8 November 2017, 17 May 2017
72. CCCU FHWB, school of PHMSW SCPHN HV/SN module leaders reports 2016/17: child development and assessment; evidence for practice; safeguarding children and young people; leadership; and' early intervention part two, 2016/17
73. CCCU FHWB, school of PHMSW SCPHN HV/SN programme directors end of programme report, 2016/17
74. CCCU FHWB, school of PHMSW SCPHN HV/SN programme director report for PMC, 14 July 2017

75. CCCU FHWB, annual programme monitoring report BSc (Hons) SCPHN (HV/SN) 2015/16
76. CCCU FHWB BSc (Hons) midwifery inter-professional learning programme midwifery external examiner report 2016/17 and university response, undated
77. CCCU FHWB BSc (Hons) midwifery inter-professional learning programme midwifery external examiner report 2015/16 and university response met with students, undated
78. CCCU FHWB BSc (Hons)/graduate diploma SCPHN HV/SN external examiner report 2016/17 and university response, undated
79. CCCU FHWB BSc (Hons)/ graduate diploma SCPHN HV/SN external examiner report 2015/16 and university response, undated
80. CCCU FHWB, school of PHMSW SCPHN PMC minutes various dates
81. CCCU FHWB, school of PHMSW SCPHN specialist mentor update evaluation, 2017-18
82. CCCU FHWB, school of PHMSW SCPHN student practice end of programme evaluation, 2016-17
83. CCCU FHWB, school of PHMSW SCPHN student university end of programme evaluation, 2016-17
84. CCCU FHWB, school of PHMSW SCPHN student representatives report June 2017, October 2017
85. CCCU student complaints procedure, 2015
86. CCCU FHWB raising and escalating concerns within practice learning environments, March 2018
87. CCCU FHWB action plans in response to CQC outcomes, October 2015, January 2018
88. CCCU FHWB escalated concerns and action plans spread sheet, February 2018.
89. CCCU school of PHMSW, school checking process for NMC registration and revalidation, midwifery and nursing groups, undated
90. CCCU school of PHMSW work profile academic year 2017/18 pre-registration midwifery team
91. CCCU school of PHMSW SCPHN academic staff work hours BSc (Hons) / PG SCPHN, undated
92. CCCU completed appraisal review form, summary of record of staff appraisal June 2016-June 2017, August 2016 June 2017
93. CCCU school of PHMSW annual progress towards NMC revalidation requirements, undated
94. CCCU school of PHMSW peer observation report, 26 May 2017
95. CCCU department of human resources and organisation development statutory and required training and development, version 5, updated September 2017
96. CCCU FHWB record of academic staff completion of equality and diversity training, undated
97. KCHFT recruitment policy, June 2017
98. CCCU FHWB FtP case logs x4, various dates
99. CCCU FHWB SFtP templates and tracking grid, external panel information, SFtP academic staff, undated
100. CCCU FHWB student FtP procedures, student friendly quick guide, and flow chart, 1 October 2015

101. CCCU FHWB, student FtP panel, information for external panel members, 22 February 2017
102. CCCU school of PHMSW assessment schedule 2017/18, pre-registration IPL midwifery, S15 and S16 cohorts, undated
103. CCCU meeting: presentations by pre-registration midwifery and SCPHN SN programme teams, 8 March 2018
104. CCCU meeting with midwifery programme team, 8 March 2018
105. CCCU meeting with SCPHN SN programme team, 8 March 2018
106. CCCU Under 18s safeguarding policy version 1.9, 1 September 2017
107. CCCU meeting to discuss admissions and progression, 8 March 2018
108. CCCU teleconference deputy head of midwifery, Queen Elizabeth, Queen Mother Hospital, EKHUFT, 8 March 2018
109. CCCU teleconference with HEES deputy head of clinical education, 8 March 2018
110. CCCU meeting to discuss practice learning, 8 March 2018
111. CCCU overview of the PEMs database, 8 March 2018
112. CCCU teleconference with community midwifery manager, Maidstone and Tunbridge Wells NHS Trust, 8 March 2018
113. CCCU meeting to discuss resources, 8 March 2018
114. CCCU meeting to discuss FtP, 8 March 2018
115. CCCU meeting to discuss QA, 8 March 2018
116. Placement visit to Kent Science Park meetings with: SCPHN SN, specialist mentors, manager, SCPHN SN students and overview of placement systems, placement profile, educational audit, 8 March 2018
117. Teleconference with midwifery service user, 8 March 2018
118. Placement visit to Larkfield Health Centre meetings with: SCPHN SN, PT, specialist mentor, manager, SCPHN SN student and overview of placement systems, placement profiles, educational audit, 8 March 2018
119. CCCU teleconference x3 with SCPHN SN service users, 8 March 2018
120. CCCU meeting with pre-registration midwifery year one students, 8 March 2018
121. CCCU pan London midwifery practice assessment portfolio and OAR, September 2017
122. Placement visit to Tunbridge Wells Hospital, antenatal ward, labour ward and postnatal ward, meetings with consultant midwife, labour ward student lead, mentors, managers, students and overview of PEMs, educational audit and mentor registers, 8 March 2018
123. Placement visit to Maidstone Hospital Birth Centre, meetings with community student lead, mentors, managers, students and overview of PEMs, educational audit and mentor registers, 8 March 2018

124. Placement visit to QEQM Hospital antenatal ward, labour ward, postnatal ward, St Peters MLU/community midwifery, meetings with consultant midwife, student lead, mentors, managers, students and overview of PEMs, educational audit and mentor registers, 9 March 2018
125. Placement visit to Exchange House, Lakesview International Business Park meetings with: SCPHN SN, specialist mentors, SCPHN SN student and overview of placement systems, placement profile, educational audit, 8 March 2018
126. CCCU SCPHN HV and SN 2017-18 cohort PT study day programme agenda and presentations, 23 January 2018
127. CCCU SCPHN presentation on reliability and validity of assessment in the practice placement, and dyslexia, 23 January 2018
128. CCCU PT study day feedback, 23 January 2018
129. CCCU specialist mentor update agenda and presentation, 9 February 2018
130. CCCU school of PHMSW SCPHN SN end of semester one review with three specialist mentors, 2017-18 cohort
131. CCCU school of PHMSW SCPHN good health and good character form, 2017-18
132. CCCU school of PHMSW SCPHN SN pathways planner, 2017-18
133. Clarification meeting with DPL and LME regarding capacity in placements, 9 March 2018

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 09 Feb 2018
Meetings with:
FHWB, director of quality FHWB, academic planning and quality administrative officer School of PHMSW, LME and academic group leader – midwifery School of PHMSW pre-registration midwifery pathway director 2012 cohorts School of PHMSW pre-registration midwifery programme director 2017 cohort School of PHMSW SCPHN SN programme director
At monitoring event
Meetings with:
FHWB, director of quality FHWB, academic planning and quality administrative officer FHWB faculty director of practice learning and faculty student FtP lead FHWB faculty director of learning and teaching FHWB, dean of faculty School of PHMSW head of school School of PHMSW, LME and academic group leader – midwifery School of PHMSW academic group leader – public health School of PHMSW SCPHN SN lead School of PHMSW programme director – BSc (Hons) midwifery 2017 curriculum School of PHMSW pathway director – BSc (Hons) midwifery 2012 curriculum School of PHMSW programme director – BSc (Hons) SCPHN School of PHMSW midwifery lecturers x6 Teleconference with: Deputy head of midwifery QEQUH (EKHUFT) Deputy head of clinical education (HEES) Community midwifery manager (EKHUFT)

Meetings with:

Mentors / sign-off mentors	6
Practice teachers	1
Service users / Carers (in university)	4
Service users / Carers (in practice)	2
Practice Education Facilitator	1
Director / manager nursing	2
Director / manager midwifery	3
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	3 Student leads (midwifery)

Meetings with students:

Student Type	Number met
Registered Midwife - 36M	Year 1: 12 Year 2: 4 Year 3: 13 Year 4: 0
Registered Specialist Comm Public Health Nursing - SN	Year 1: 3 Year 2: 0 Year 3: 0 Year 4: 0



Protecting the public through
quality assurance of nursing
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