

**2017-18**

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

Programme provider	University of Greenwich
Programmes monitored	Registered Specialist Comm Public Health Nursing - HV; Registered Midwife - 36M
Date of monitoring event	17-18 Jan 2018
Managing Reviewer	Bernie Wallis
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Dilyse Nuttall, Sheila Brown
Placement partner visits undertaken during the review	Specialist community public health nursing (SCPHN) health visiting (HV): Oxleas NHS Foundation Trust; Kidbrooke Village Health Centre Downham Health and Leisure Centre Medway Community Healthcare (attended AEI) Lewisham and Greenwich NHS Trust Pre-registration midwifery: Medway NHS Foundation Trust Lewisham and Greenwich NHS Trust
Date of Report	29 Jan 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 Greenwich, University of's programmes

The University of Greenwich (UoG) faculty of education and health comprises five departments. The department of family care and mental health (FCMH) delivers the three year pre-registration midwifery programme and specialist community public health nursing (SCPHN) health visiting (HV) programme, which are the focus for this monitoring review.

The faculty has delivered the SCPHN HV programme, which includes the optional community practitioner prescribing programme (V100), since 2011. The current programme was re-approved in 2016.

The pre-registration midwifery programme was approved in 2011 and has an extension to the approval granted by the NMC until 31 August 2020. The programme had two major modifications in 2015. The first was a change to the theoretical assessment strategy and the second was the introduction of the pan London practice assessment documentaion (PAD).

The monitoring event 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 Lewisham and Greenwich NHS Trust which received a requires improvement rating following a Care Quality Commission (CQC) inspection in 2017.

### Summary of public protection context and findings

Our findings conclude that the UoG has processes and systems in place to monitor and control three out of five risk themes. The key risk theme practice learning requires improvement. The key risk theme quality assurance is not met.

The university must implement an action plan to ensure the risks are controlled, NMC standards are met and public protection is assured.

10 September 2018: The university implemented an action plan to address the unmet outcomes. Evidence has been submitted to demonstrate completion of the action plan. The key risk theme quality assurance is now met.

The key risk themes are described below:

Resources: met

We conclude that the university has adequate resources to deliver the pre-registration midwifery and SCPHN HV programmes to meet NMC standards. There are sufficient appropriately qualified mentors, sign-off mentors and practice teachers to support the number of students studying the pre-registration midwifery and SCPHN HV programmes.

Admissions and progression: met

We conclude that the admissions process meets NMC requirements. We found that disclosure and barring service (DBS) checks and occupational health checks are confirmed before a student can enter the programme. Health and character declarations are completed by students at each progression point and prior to entry to the professional register.

The university has effective policies and procedures in place for the management of poor performance in both theory and practice. A robust and effective fitness to practise (FtP) policy and process manages incidents of concern, both academic and practice related. These procedures are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

We found that robust systems are in place for the accreditation of prior learning (APL) and achievement.

Practice learning: requires improvement

We conclude that partnership working between the university and practice placement providers is strong and effective at both strategic and operational levels to ensure effective practice learning environments and experiences for students. There is a collaborative, proactive approach to ensure that clinical governance issues are effectively controlled and managed.

We found that collaborative relationships are established with AEs who use 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 CQC reports have identified areas of concern.

Our findings conclude that practitioners and service users and carers are involved in programme delivery in the pre-registration midwifery and SCPHN HV programmes, but are not consistently involved in the ongoing monitoring and development of the programmes. This requires improvement.

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

There is considerable investment in the preparation and support of mentors, sign-off mentors and practice teachers. The completion of mentor and sign-off mentor updates and triennial reviews are robust and the registers are accurate and up to date for the pre-registration midwifery programme. We found that practice teacher updates take place in the university but that systems for transferring this information to the trust, to be held on the practice teacher register, are not robust. This requires improvement.

10 September 2018: A review of evidence against the action plan confirmed that practice teacher updates are now held separately from pre-registration nursing and midwifery updates. Practice teacher attendance at the updates is shared with the trust and recorded on the password protected practice teacher database. We conclude

from our findings that improvements have been made and management of this area of key risk has been strengthened.

All mentors, sign-off mentors and practice teachers are appropriately prepared for their role of supporting and assessing students. Sign-off mentors and practice teachers have a clear understanding about assessing and signing-off competence to ensure students are fit for practice to protect the public.

Fitness for practice: met

We conclude from our findings that programme learning, teaching and assessment strategies, experience and support in practice placements enable pre-registration midwifery and SCPHN HV students to meet programme outcomes and NMC competencies and proficiencies. Students report that they feel confident and competent to practise at the end of their programme for entry to the NMC professional register. Mentors, sign-off mentors, practice teachers and employers describe successful students completing the programmes as fit for practice and employment.

Quality assurance not met

We conclude that evaluation processes address areas for development and enhance the delivery of the pre-registration midwifery and SCPHN HV programmes. The student voice is valued and action is taken to resolve any issues they raise.

We found that there is no mechanism for ensuring that samples of assessed work, for each module in a programme and for each cohort of students, receive scrutiny by the external examiner to fully assess the reliability and validity of judgements and review the standard of marking across the cohort. This requires urgent and immediate action to manage the risk and ensure public protection.

Concerns and complaints raised in the practice setting are responded to effectively and appropriately dealt with and communicated to relevant partners.

10 September 2018: A review of evidence submitted against the action plan confirmed that external examiner workloads have been revised enabling implementation of a new schedule of allocated modules of assessed work for external scrutiny. The schedule ensures each module in each year of the programme for each cohort is scrutinised by an external examiner. We conclude from our findings that the standard is now met and protection of the public is assured.

### **Summary of areas that require improvement**

10 September 2018: A follow up visit to the university to review the action plan confirmed that a revised system is in place to ensure that external examiners for the pre-registration midwifery programme review a sample of assessed work for each module at each academic level, for each cohort of students to fully assess and confirm the reliability and validity of the assessment. The standard is now met.

The university has implemented a revised system to improve the sharing of information to the trust about practice teacher attendance at updates which is

recorded on the practice teacher register to ensure accuracy and currency. Improvements have been made and management of this area of key risk has been strengthened.

The following is not met and requires urgent attention:

There are inadequate safeguards in place to ensure the validity and reliability of judgements made in the assessment process.

- The faculty must put a system in place to ensure that samples of assessed work for each module, at each academic level in the pre-registration midwifery programme, for each cohort of students receive scrutiny by the external examiner to fully assess and confirm the reliability and validity of the assessment process.

The following areas require improvement and must be addressed.

There is a lack of involvement by service users and carers in ongoing programme management and development.

- The faculty needs to facilitate the ongoing engagement of service users and carers in programme management and development.

The system used by the faculty for sharing information with the trusts regarding practice teacher updates is not robust and practice teacher registers are not up to date.

- The faculty needs to ensure that the trusts receive information regarding practice teacher updates in a timely manner so that practice teacher registers are current.

### Summary of areas for future monitoring

- The involvement of service user and carers in the ongoing management and development of programmes.
- The currency of practice teacher registers held in the trusts.
- The external scrutiny of all modules for each cohort of students on the pre-registration programmes.

### Summary of notable practice

#### Resources

None identified

#### Admissions and Progression

None identified



**Practice Learning**

The faculty is involved in an innovative development in partnership with Oxleas NHS Foundation Trust and ResearchNet. The institute of integrated care was formed in 2014, with the aim of improving standards of care through local research projects, service improvement and evaluation. The head of department (HoD), FCMH represents the faculty in this venture. She works with the director of nursing (DoN) and head of education at Oxleas NHS Foundation Trust. Information about the projects are shared with students in the faculty and the local community benefits from the outcomes.

**Fitness for Practice**

None identified

**Quality Assurance**

None identified

**Summary of feedback from groups involved in the review**

**Academic team**

The teaching teams for both the pre-registration midwifery and SCPHN HV programmes are motivated and enthusiastic in their approaches to learning, teaching and student support. They describe strong partnership working with the placement providers and confirm a collaborative approach to student recruitment and selection. They confirm that students receive appropriate practice experience.

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

Managers, practice teachers and sign-off mentors confirm collaboration with the AEI in recruiting students and in developing the programmes. They described the collaborative approaches taken to recruit students to both the pre-registration midwifery and SCPHN HV programmes. Managers and practice teachers told us that they contribute to the teaching and assessment within the programmes. They also confirm that there are adequate numbers of sign-off mentors to support the pre-registration midwifery students and practice teachers to support SCPHN HV students. Managers of both the SCPHN HV and maternity services are confident that the programmes produce health visitors and midwives who are fit for practice at the end of their programme.

**Students**

Students told us that they feel well supported by the programme academic staff, practice teachers, sign-off mentors and managers. They confirm that they are able to undertake a wide range of practice experiences that are relevant to the health visiting and midwifery roles. Students are aware of the processes for raising concerns and of the importance of FtP.

### **Service users and carers**

Service users and carers told us that they are involved in programme delivery and that their contributions are valued by academic staff and students. They confirmed that students from the university are caring, courteous in seeking consent and professional in their interventions.

### **Relevant issues from external quality assurance reports**

We considered a number of CQC reports relevant to the practice placements used by the UoG (1-27).

A number of the reports required actions. The university's responses are outlined below.

CQC visited Oxleas NHS Foundation Trust in 2016, awarding a grade of requires improvement (3).

The university responded in a number of ways. Educational audits were reviewed to ensure that areas provided a safe learning environment for students. Link lecturers monitored the areas. The number of health visitors and student numbers were reviewed and confirmed. An action plan was produced; the actions were signed off by the university and the trust at the end of 2016. The trust successfully challenged the grade awarded by CQC and in 2017 CQC awarded a grade of good (28).

CQC visited Barts Health NHS Trust, Whipps Cross University Hospital in 2016 and the hospital was rated inadequate. A subsequent inspection in May 2017, report published September 2017, gave the hospital an overall requires improvement rating (22, 27).

The university worked with the trust to develop an action plan following the inadequate rating. Potential concerns about these placement areas were monitored through joint partnership meetings and through the already established feedback and evaluation processes. The placement areas concerned were re-audited in July 2017, no concerns were raised, no concerns relating to students were found, and the action plan was signed off (28).

CQC inspected Barts Health NHS Trust, Newham University Hospital in 2017 when maternity services were rated as requires improvement (2).

The NMC requested the university to exceptionally report on the maternity unit. An action plan was jointly written by four AElS, including UoG, and representatives from Barts Health NHS Trust. The final report, dated 19 May 2017, was sent to the NMC as an exceptional report. The report was monitored through the regular meetings held between the trust and the four AElS. At a meeting on 23 November 2017, the action plan was discussed and it was agreed by all parties that all actions had been completed and the action plan was signed off (102).

CQC inspected Lewisham and Greenwich NHS Foundation Trust in March 2017 and

rated the trust as requires improvement in all inspection areas. The trust community health services for children, young people and families was rated outstanding and the community services for adults was rated as good. The report was published in August 2017 (4).

The university was asked to exceptionally report to NMC. A detailed action plan was drawn up in collaboration with the trust. The action plan is being reviewed at each key account meeting (KAM), which are joint university/trust meetings to discuss issues pertaining to the UoG students within the trust. These are held bi-monthly. All practice areas of concern within the report were re-audited prior to students going into placement in September 2017. The nursing action plan was reviewed with trust representatives on 14 September 2017 and at the KAM meeting on 8 December 2017. The midwifery action plan was reviewed at KAM on 30 October 2017 and 8 December 2017 (28).

We were also informed of CQC inspections which had taken place in local trusts in October 2017, November 2017 and January 2018. The trusts and the faculty are awaiting publication of the reports (28).

#### **Follow up on recommendations from approval events within the last year**

Mentorship programme, approval event January 2017 (46). There were two recommendations:

- The university is advised to further develop and extend service user involvement in the mentorship programme

University response:

Service user involvement is implemented as per the faculty strategy and to this end a service user reviewed the documentation. However, due to the nature of the course, there is limited opportunity for service users to be meaningfully engaged in the actual delivery of this course (28).

- The university is advised to monitor the workload expectations, completion and success rates, in the context of the changes made to the assessment.

University response:

In response to workload, the changes to the assignment were only implemented in April 2017, and the university has only had one progression and assessment board, therefore it is too early to report on and monitor any emerging trends. Further monitoring will take place at the end of the academic year when there is sufficient data to establish whether the assessment has had a positive impact on student achievement. The external examiner reports that the assessment strategy is robust (28).

#### **Specific issues to follow up from self-report**

No issues identified in the self-assessment report (28).

### 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

All midwifery and health visiting lecturers with a professional qualification are registered with the NMC and have a relevant recorded teacher qualification. Programme leaders have a teaching qualification recorded with the NMC and have professional qualifications and experience that is commensurate with the role they undertake. A lead midwife for education (LME) is appointed and her details are recorded on the NMC website (29–31).

What we found at the event

We found that there are sufficient appropriately qualified academic staff to meet the requirements of the pre-registration midwifery and SCPHN HV programmes.

We found that the faculty has a database and effective monitoring processes in place to ensure that all registrant academic staff maintain current NMC registration and meet revalidation requirements. The programme leaders for the SCPHN HV and pre-registration midwifery programmes have current registration in their field of practice and a teaching qualification recorded with the NMC. All but one member of the teaching staff has a teaching qualification recorded with the NMC, and this member of staff is currently studying for a postgraduate certificate in education. HoDs monitor the database every six months (30, 58, 69-70).

Academic staff have a range of clinical and academic experience and are encouraged to develop their skills and knowledge. Revalidation is monitored by the HoDs and their

<p>deputies. Teaching staff confirmed that they are encouraged and supported to undertake continual professional development to retain currency and to meet revalidation requirements. New members of staff are mentored by more experienced team members and there is evidence of succession planning within both the pre-registration midwifery and SCPHN HV teaching teams. Specialist lecturers are drawn from across the wider faculty and division in areas such as paramedic science and maternal mental health (52, 58, 68, 71).</p> <p>All academic staff have link lecturer responsibilities. Their link lecturer activity is recorded on the educational audit database which is monitored by the interim director of healthcare partnerships and the professional leads. Link lecturers told us that they have adequate time to support students in practice placement settings. There was evidence of a flexible approach to link lecturer visits to maximise opportunities to meet with students (58-60, 72-73).</p> <p>A LME is appointed and her details are recorded on the NMC website. The LME is supported by the faculty to fulfil the role and responsibilities required by the NMC. She also acts as a key account manager for one of the local partner trusts (58).</p> <p>We conclude there are sufficient registrant teachers who have qualifications and experience commensurate with the role to deliver the pre-registration midwifery and SCPHN HV programmes.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>There are sufficient sign-off mentors available in maternity services for the number of students on placement. There is a clear plan to progress mentors to sign-off mentor status. Students work with their named mentor for a minimum of 40 percent of the time and each mentor has one student assigned to them at any one time (29).</p> <p>The long arm practice teacher model is used to assess students' competence on the SCPHN HV programme. Mentors and practice teachers are provided with two additional days training to prepare them to work within the model (29).</p>
<p>What we found at the event</p>
<p>We found educational audits determine the number of students who can be supported in a placement area. Link lecturers monitor the mentor registers to ensure that there are sufficient updated sign-off mentors and practice teachers, and, their triennial review status is current. The professional leads audit the mentor registers in the trust bi-annually to confirm this (58-59, 72, 74).</p>

Pre-registration midwifery

There are mechanisms in place to facilitate effective communication between practice learning representatives, link lecturers and sign-off mentors in order to maximise the number of appropriately and adequately prepared mentors in each practice placement area. Clinical practice facilitators (CPFs) confirmed they have effective links with the placement allocations department to ensure that any necessary changes to the allocation of students, particularly in the event of staff sickness, can easily be accommodated and ensure that midwifery students continue to be allocated to a sign-off mentor (58-60, 74).

Students confirm their supernumerary status and that they work with their sign-off mentor for at least 40 percent of the time (58-60).

SCPHN HV

The programme team confirmed that there are sufficient appropriately qualified practice teachers to support SCPHN HV students, and that there is one student allocated to one practice teacher (52).

The number of practice teachers and maximum numbers of learners from all disciplines are recorded on the educational audit document for each placement area. This enables CPFs in each area to ensure that the maximum number of learners are not exceeded.

Managers, practice teachers and students confirmed that students have supernumerary status and work with their practice teacher at least 50 percent of the time (52-54).

We conclude from our findings there are sufficient appropriately qualified sign-off mentors to support the number of students on the pre-registration midwifery programme and sufficient practice teachers and mentors to support the number of students studying the SCPHN HV programme.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

**Findings against key risks**

**Key risk 2 – Admissions & Progression**

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

**Pre-registration midwifery**

All candidates for midwifery programmes are interviewed individually by a lecturer and a representative from one of the local NHS trusts. The interview day includes literacy and numeracy testing. All students have DBS checks and an occupational health assessment before commencing the programme (29, 33).

Equality and diversity training is provided for all academic staff, and is monitored by line managers (34).

**SCPHN HV**

Practice managers and practice teachers are involved in the recruitment of SCPHN HV students. The entry requirements to meet NMC requirements are clearly specified in the programme documentation. At the previous monitoring event the faculty was advised to review governance processes to manage recruitment (29, 31).

What we found at the event

We found that interviews for both the pre-registration midwifery and SCPHN HV programmes are conducted by practice partners and a member of academic staff, usually the programme leader. All those involved in interviews have received equality and diversity training. Completion of equality and diversity training by academic staff is monitored by the HoD, and for the practice staff either by their manager or the CPF. All selection panellists convene before the interviews to enable the admissions tutor to check equality and diversity compliance and review selection criteria (52-54, 58, 75-78).

The involvement of service users in the recruitment process is through their scrutiny of the interview questions and scenarios. The service users we met confirmed that this scrutiny occurs at least once per year (58, 75-78).

Procedures are in place for sharing information about DBS and health clearance prior to students commencing the programme. This is discussed on a case by case basis between the faculty's interim director of healthcare partnerships and a senior nurse or

midwife in a practice partner organisation (54, 58-60).

Pre-registration midwifery

Academic staff and practitioners confirmed that they had completed equality and diversity training and received adequate preparation prior to engaging in the recruitment and admissions process (58-60).

Current students are invited to contribute to scenarios and interview questions through attendance at the bi-annual curriculum implementation group meetings. Academic staff confirm that a service user also contributes to this process (58).

The university has policies for the management and support of students who are under the age of 18 years at programme commencement. The policies include the requirements for supervision and support on clinical placements and work-related learning (80-81).

SCPHN HV

Recruitment to the SCPHN HV programme is managed between the NHS community service provider and the university. The NHS community service providers identify the number of students they wish to recruit in respect of their service delivery needs. We were told that SCPHN HV students are currently being recruited from registered adult, child and mental health fields of nursing. All applicants are required to successfully complete a numeracy and literacy test (52-54, 75-76, 79).

All shortlisted applications are scrutinised by the programme leader to ensure that entry requirements are met. The university application requires confirmation of good health and good character and a DBS check. On enrolment, students are required to present their qualification and personal identification documents. The partner NHS community services providers undertake their own pre-employment checks prior to offering the student a contract of employment (29, 52-54, 79).

We conclude from our findings that selection and admission processes for the pre-registration midwifery and SCPHN HV programmes meet NMC requirements.

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

What we found before the event

Flowcharts exist to demonstrate the process to follow to address poor performance of students in both theory and practice. Practice partner representatives are included in FtP panels (29, 36).

Pre-registration nursing and midwifery students complete a declaration of good health and character when they commence the programme, at the end of each year and on completion of the programme. They cannot attend practice placements until this has been completed (37).



Procedures are in place to manage assessment of practice, including referrals (38).

What we found at the event

AEI staff and students are clear about the processes to address issues of poor student performance. The processes relate to the academic performance and professional behaviour of students. The university processes are included in practice placement guidelines and we found flowcharts are displayed in practice placement areas. These processes guide and support practice placement providers to identify and act on concerns regarding students' performance in the practice placement. Concerns are reported to the link lecturer who investigates and escalates any issues of concern, as appropriate (38, 50, 58-60, 82-83).

The university has an established FtP procedure. There were six FtP cases referred for formal investigation in 2016-17. The cases did not involve pre-registration midwifery or SCPHN HV students. We found the process is robust; the outcome of the FtP investigations was that five students were discontinued from their programme and one student continued on the programme (36, 84).

Pre-registration midwifery

Progression points are set at the end of the academic year. The progression and award board (PAB) reviews students' progress and confirms their progression into the next year of the programme. Pre-registration midwifery students are required to have successfully completed all courses in each academic year and to have had this confirmed within 12 weeks of entering the next academic year. If this has not been achieved within the 12 week period, the student is required to step off the programme until the referred elements are successfully completed (38).

Students confirm that they sign a declaration of good health and character annually and at the end of the programme (58-60).

SCPHN HV

SCPHN HV students are required to self-declare good health and good character on admission to the programme and their DBS currency and occupational health status are checked by their sponsoring trust (50, 54).

The programme team, practice teachers and students stated that students' progress is assessed and confirmed at set points within the programme. In the event of a student failing to progress as required, the programme team and practice teachers confirmed that an action plan would be developed at a joint meeting with the student, practice teacher and member of academic staff (51-54).

The programme team, practice teachers and managers confirm the process by which concerns regarding a student's performance would be escalated if a FtP concern was identified (51-54).

We conclude from our findings that procedures to address issues of poor

<p>performance in both theory and practice are robust and are applied by both UoG and practice placement providers.</p>
<p>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</p>
<p>What we found before the event</p>
<p>Systems for APL and achievement are supported by verifiable evidence mapped against NMC outcomes and standards of proficiency (29, 39).</p>
<p>What we found at the event</p>
<p>We found that APL systems are in place which can be applied to the SCPHN HV programme.</p> <p>Information regarding how to make a claim for prior learning is available on the university website. Claims are submitted to the recognition of prior learning (RPL) board which meets quarterly. The board is chaired by the faculty director of learning and teaching, and attended by a representative from each department in the faculty. If the claim is agreed at the RPL board it is presented to the PAB. For claims involving previous academic credit, the external examiner will agree them at the PAB. Claims for experiential learning are subject to moderation and external examiner scrutiny prior to the PAB (85-90).</p> <p>Pre-registration midwifery</p> <p>APL is not permitted for access to the three-year pre-registration midwifery programme, which is compliant with NMC requirements (58).</p> <p>SCPHN HV</p> <p>The programme team confirmed that students can use APL; students are aware of the APL process but no students have made an APL claim to date (52-54).</p> <p>We conclude from our findings that systems for the APL and achievement are in place and meet NMC requirements.</p>
<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>

CPFs, practice teachers and mentors know how to escalate concerns to the faculty if poor performance of students is observed during practice placement experience. Placement providers have comprehensive documentation and practice support in place to manage poor performance (29).

What we found at the event

Senior nursing and midwifery managers confirm that university procedures are implemented by sign-off mentors and practice teachers to address issues of poor performance and poor conduct of students in practice. Concerns about poor performance are escalated to the link lecturer who works with the sign-off mentor or practice teacher to develop an action plan with the student. Concerns regarding the professional conduct of a student are escalated to the link lecturer who then investigates and escalates, as appropriate. We found that practice placement staff are confident to implement the university's procedures to address issues of poor performance in practice and confirmed the effectiveness of the process (38, 58-60, 75-76, 91-93).

Pre-registration midwifery

Students and mentors told us that practice development midwives (PDMs) and CPFs provide support to students and mentors in addressing concerns about conduct or performance. There is clear evidence of mechanisms that facilitate good communication between students, mentors, PDMs, CPFs and link lecturers to ensure that programme providers' procedures are followed when addressing poor performance in practice. We saw evidence of concerns regarding the conduct of a pre-registration midwifery student and the discussions which were recorded in the PAD (58-61, 93).

SCPHN HV

In cases of poor student performance, tripartite action planning is undertaken between the student, practice teacher, PEF and link lecturer. Students confirmed the processes and understand their importance (50-54).

Practice placement partners confirmed that UoG takes prompt action if concerns about a student are raised (93).

We conclude that practice placement providers have a clear understanding of university procedures, and work with UoG to initiate and implement the university's procedures to address issues related to students' poor performance in practice.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

### Findings against key risks

#### Key risk 3 - Practice Learning

**3.1 Inadequate governance of, and in, practice learning**

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

**3.3 Assurance and confirmation of student achievement is unreliable or invalid**

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

What we found before the event

The faculty is involved in the ongoing management of the pan London PAD and ongoing achievement record (OAR) at a strategic level through membership of the pan London PAD steering group (35).

The faculty assigns a key account manager, who is responsible for regularly liaising with service managers to discuss any issues that adversely impact on the learning environment (29).

Educational audits are undertaken biennially by the link lecturer in partnership with the relevant placement manager. Placement profiles are updated annually. A pan London educational audit document has been developed in conjunction with eight other AEIs (40-42).

Procedures are in place to protect students' learning and to assess if placements need to be withdrawn or rested (29).

Guidance is available for staff regarding supporting students who raise safeguarding concerns (45).

What we found at the event

We found that partnership working is long standing and strong with practice partners, and the university works collaboratively with other AEIs who use the same practice

placement areas. Senior nurses and managers described their effective relationship with UoG which they confirmed as responsive. Managers from the trusts attend programme communication meetings and key account managers meet with the assistant DoNs. They gave examples of the responsiveness of university staff and partnership working which includes the visibility of the programme leaders and the link lecturers in the trusts. We were told that four midwifery lecturers have been nominated by practice staff, and shortlisted, for a national midwifery award (75).

The HoD FCMH attends nurse executive meetings and strategic meetings with DoNs. The programme team meet with the practice teachers at the AEI practice teacher forums and in the placement area during termly visits to practice placements (52, 58, 75-76).

The faculty is involved in an innovative development in partnership with Oxleas NHS Foundation Trust and ResearchNet. The institute of integrated care was formed in 2014, with the aim of improving standards of care through local research projects, service improvement and evaluation. The HoD FCMH represents the faculty in this venture. She works with the DoN and head of education at Oxleas NHS Foundation Trust. Projects so far include music therapy for children with autism and also for victims of domestic violence. The HoD FCMH has, through a grant obtained from Health Education England (HEE), produced an awareness raising video on the subject of young people through 'county lines' which is being piloted with students, including SPCHN HV students. The institute also hosts an annual symposium to publicise their projects and share their findings. Attendees include students, representatives from practice placement providers, Public Health England and HEE (86, 94).

A governance framework is in place to ensure that potential risks to practice learning are identified promptly and strategies implemented to manage them. There is a clear hierarchy of partnership engagement to ensure that both strategic and operational issues are managed proactively (74).

Strategically, the faculty has designated key account managers who have responsibility for continuing liaison with designated partners to review the delivery of provision and manage the escalation of actions or concerns. Regular meetings provide a clear communication channel for practice partners to ensure that the university is informed promptly of any concerns, including the outcomes of CQC visits. The current CQC status of each provider is recorded as a standing item as part of key account and DoNs/services meetings. The current CQC status is recorded as part of the learning environment audit (74, 95-98).

The university responds promptly to concerns raised by CQC and to serious incidents in practice. Action plans are in place for a number of the trusts used by the university for student placements. The action plans demonstrate partnership working and include re-auditing of placement areas, risk assessments of placement areas performed by the link lecturer and audit of the mentor database. There have been occasions when students have been temporarily removed from practice areas. Action plans are reviewed regularly and signed off when all partners are confident that the

risk to patient and student safety is managed. There is evidence that the university uses exceptional reporting to inform the NMC of any concerns (99-103).

Where practice placements are also accessed by other AEIs, action plans are developed in collaboration. This was confirmed by the LME, link lecturers, PDMs and CPFs (53-54, 58-60, 73).

The LME is the faculty representative on the pan London steering group which facilitates the implementation and updating of the pan London PAD and OAR. The PAD and OAR originally seen by the review team contained reference to the supervisor of midwives (SoM). During the event we were provided with evidence that the steering group have now removed this reference (58-60).

The faculty has a number of practice based learning databases which are managed by the trusts but to which the professional leads also have access. These include: the educational audit schedule; link lecturer activity and the quality assurance and confirmation of standards of mentor registers. The professional leads audit these databases bi-annually. The interim director of partnership working also monitors the currency of the educational audit database, sending reminders of audits which are due to the two heads of department every three months (72, 74, 104).

The link lecturer and a designated practice partner representative complete educational audits biennially. We viewed a sample of educational audits and confirmed they were in date and comply with NMC requirements. Action plans arising from educational audits are reviewed and followed up by the link lecturer. For placement areas shared with another AEI an arrangement is in place which confirms the designated AEI responsible for completing the audit which is then shared with other AEIs, as appropriate and the professional lead at UoG (54, 58-60, 72-74, 104-106).

The practice learning panel (PLP) is a joint university and practice partner group which meets biannually to receive and review practice outcomes and actions across the NMC programme provision. The PLP receives reports from placement provider organisations which include updates on placement capacity, mentor capacity and mentor updates and reports from the safeguarding leads regarding issues relating to safety and public protection. The PLP also monitors the completion of PADs for midwifery and SCPHN programmes. The role of the PLP is to facilitate consistency in the mentors' grading of practice and the comments made by mentors (107-108).

Policies for raising and escalating concerns are included in the student handbooks, PADs and virtual learning environment (VLE). Flowcharts are displayed in placement areas and clearly indicate the process to be followed and the support available for students. Sign-off mentors and practice teachers, placement managers, academic staff and students confirm their understanding of the process to raise and escalate concerns. Support is primarily from the link lecturer and the CPF, but is also available from other sources, for example the safeguarding lead within the faculty. A case study presented to the review team illustrated this process (38, 50, 52-54, 58-60, 109-110).

The interim director of practice learning is in the process of confirming service level agreements with practice partners. These are signed by the DoN or director of midwifery (DoM). The agreement identifies the responsibilities of both parties and the standards that both parties must meet to support student learning and assessment and FtP (58, 72, 111).

Students studying the pre-registration midwifery programme confirmed that monthly student forums are hosted by PDMs and CPFs, which provide them with the opportunity to access additional support and to discuss any practice placement issues. Students and sign-off mentors told us they are well supported within the practice learning environment. The commitment to ensuring a safe and positive learning environment for students and staff was evident (58-60).

Students and sign-off mentors informed us that students are not permitted to complete more than 48 hours of practice learning hours within a week to ensure they do not exceed the European Union (EU) working time directive. Students reported that they are aware this maximum number includes hours worked if they are employed as a healthcare worker. We confirmed this is monitored by the link lecturer (58-60).

We conclude that there is effective partnership working at both strategic and operational levels between the university, their practice placement providers and other AElS who share the same placement areas.

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

What we found before the event

Practitioners and service users and carers are involved in programme development and delivery. There is a 'buddy scheme' which develops student midwives' understanding of mental health and related issues from a service user perspective (29, 31, 43).

Students are required to have testimonies from service users as part of their PAD. The previous monitoring visit to UoG recommended that service user involvement in the admissions process and the formal assessment of student competence could be further enhanced to fully embrace NMC requirements and those of contemporary practice (29, 31-32, 35, 38).

What we found at the event

We spoke to two service users in the faculty, one from the organisation stillbirth and neonatal death society (SANDS) and one from the community interest forum. They

both provide a full day workshop for students which provides opportunities for students to explore the impact of bereavement and mental health problems on individuals and families. The SANDS representative organises a bi-annual full day training session for both pre-registration midwifery and SCPHN HV students and liaises with programme leaders regarding SANDS (52, 58-60, 77).

The community interest forum has developed a 'buddy scheme' workshop on mental health which is delivered annually to all pre-registration nursing and midwifery students. All the materials for the workshop are developed by service users, and up to 25 service users help to facilitate the workshop. Students and service users evaluate the workshop very positively (58-60, 112-115).

Practice teachers and sign-off mentors confirm that they provide services users with the opportunity to complete evaluations and testimonials of the care students have provided. These are evident within students' PADs. A service user we met during placement visits described her confidence in the competence, attitudes and values of the pre-registration midwifery students who had been involved in her care. Students told us that they are required to seek service user feedback, record it and reflect upon it. This was evidenced in the portfolios we sampled (52-54, 56-57, 59-60, 62, 119).

Involvement of service users in programme development is less structured. It is clear from the programme approval reports that service users are included in these developments, but we did not see evidence of involvement in the ongoing monitoring of the programmes. We were told that a service user representative is invited to the midwifery curriculum implementation group but rarely attends. Scrutiny of the minutes revealed that the last attendance at this group was in May 2015 (31-32, 52, 116). This requires improvement.

We found examples of practitioners involved in the development and delivery of the programmes being monitored. In the SCPHN HV programme CPFs and practice teachers described their participation in teaching sessions and clinical skills sessions. CPFs attend programme committee meetings and feedback to clinical areas. Practice teachers and managers stated that they had been involved in the development of the SCPHN HV curriculum. They stated that they had the opportunity to provide feedback to the programme team, which included suggested changes to the programme to ensure it continues to meet the needs of the HV services (52-54).

Midwife practitioners are involved in the objective structured clinical examination (OSCE) process in the pre-registration midwifery programme (119).

We conclude from our findings that practitioners and service users and carers are involved in programme delivery and assessment of practice for both the pre-registration midwifery and SCPHN HV students. We did not see evidence of consistent service user and carer involvement in programme monitoring and evaluation. This requires improvement.

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



What we found before the event
There is a link lecturer system in place. SCPHN HV lecturers visit students in practice placements once a semester and more often, if required. Midwifery lecturers spend approximately one day per week in practice (29, 31, 35, 44).
What we found at the event
<p>Pre-registration midwifery</p> <p>The link lecturer visits each student once during a placement period that is longer than four weeks. If the placement is less than four weeks the link lecturer may either visit or make telephone/email contact. If an area is used very infrequently (for example once or twice per year) then the link lecturer will visit at least once per year. Students, sign-off mentors and other service representatives identified link lecturers in each area and confirmed that they know how to contact them. Students informed us that link lecturers visit them in practice on a regular basis and that they could contact them easily when required. There was evidence within the students' PADs of link lecturer visits (58-60, 74).</p> <p>Link lecturers record and log their contact hours which are then uploaded onto the audit database. We saw evidence of midwifery lecturers' involvement in: completing educational audits with the CPF; reflective sessions with students; supporting the CPF in teaching skills; involvement in mentor updates; meeting with staff from other AEs; and, monitoring mentor capacity (54, 58-60, 62, 72-73, 117).</p> <p>SCPHN HV</p> <p>The programme team stated that they visited all placement areas where SCPHN HV students are placed, three times per year on planned practice visits. They also attend for additional visits as required, offering support to students in developing action plans and addressing any concerns. This was confirmed by practice teachers and students who stated they are well supported by the programme team (52-54, 118).</p> <p>We conclude that students on the pre-registration midwifery and SCPHN HV programmes are supported by academic staff in practice placement settings.</p>
Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice
What we found before the event
The faculty delivers NMC approved preparation programmes for mentors and practice teachers (46).

Link lecturers are involved in mentor updates. Mentors are supported to manage failing students and understand the process of escalation of student issues (46).

#### Pre-registration midwifery

Annual mentor updates are integrated within trust mandatory training (29).

The pan London PAD was introduced in September 2015. The role of midwife teachers and mentors are clearly set out in the document (35).

To support the grading of practice, the AEI assessment strategy includes specific regulations to demonstrate how the grade is calculated. Moderation and regular review of the PADs ensures that student evidence and mentor comments reflect the summative judgements. The reliability of mentors is also monitored through close working relationships with the CPFs, PDMs and link lecturers (35).

#### SCPHN HV

In community services all practice teachers have the opportunity to attend three updates which are provided at the university (29, 31).

A practice teacher handbook supplements the guidance information contained in the PAD which supports the role of the practice teacher (31).

#### What we found at the event

#### Pre-registration midwifery

All midwifery mentors we met confirmed that they had completed a mentor preparation programme and additional competencies to achieve sign-off mentor status. Grading of practice is discussed in the initial preparation programme, which is supported by marking assessment grids and indicators within each assessment (58-60).

Sign-off mentors confirmed their understanding of the grading of practice, the requirements for assessing practice learning and described the process for completing both the PAD and using the OAR. The robustness of the process is evident in the PADs which demonstrate ongoing assessment and sign-off elements at progression points (59-62).

Sign-off mentors informed us that they are provided with ongoing support and opportunities facilitated by CPFs to enable them to maintain their competence in assessing student performance. They confirmed they attend an annual mentor update as part of the trust's mandatory training (59-60).

#### SCPHN HV

The programme team confirmed that all practice teachers are updated at the practice teacher forums, held three times per year at UoG. Practice teachers confirmed their attendance and that they are adequately prepared for the role. They told us that the forums provide opportunities for shared learning with other practice teachers (52-54).

The programme team keep registers of attendance at the practice teacher forums. However, there is currently no process for recording this attendance on the mentor database held within the trusts (52-55) (see section 3.3.2).

Practice teachers confirmed that they are given protected time to prepare and update for their role. Practice teachers and managers report there are trust-based practice teacher groups which enable practice teachers to support each other and share learning. Practice teachers confirmed they are well supported by their managers and by the UoG (52-54).

Practice teachers demonstrated an understanding of the programme, of their responsibilities and of the PAD. They described effective approaches to supporting the learning and assessment of SCPHN HV students. They confirmed that they are able to complete the PAD in a timely manner, which was confirmed by students (52-54).

We conclude that sign-off mentors and practice teachers are appropriately prepared for and supported in their role in assessing practice.

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

What we found before the event

The mentor and practice teacher registers are held in the trusts and are monitored by the faculty's professional leads (29).

What we found at the event

We found that the majority of mentor and practice teacher registers are accurate and up to date.

Pre-registration midwifery

The sign-off mentor registers are held in the trusts. They are audited every six months by the professional leads and are a standing agenda item at the KAMs. The mentor registers provide evidence of dates of mentor preparation courses, annual updates and triennial reviews. The registers are maintained by PDMs and CPFs. We confirmed all midwife mentors are sign-off mentors, and students are only allocated to sign-off mentors who meet the requirements for triennial review. There are mechanisms in place to ensure attendance at annual mentor updates and completion of triennial reviews (58-60, 74).

SCPHN HV

We found that the mentor registers held by the trusts record attendance at mentor

updates, but do not capture attendance at the practice teacher forums. The programme team keep registers of attendance of practice teachers at programme teacher forums. It is not clear how managers in the trusts receive and record formal confirmation of practice teacher update status (53-54, 59-60).

The mentor register scrutinised at Oxleas NHS Foundation Trust confirmed that all the practice teachers who currently are allocated students have attended a mentor update within the last year and attended the practice teacher forum in the university. The trust has a separate electronic system for recording revalidation (53).

The mentor register held at Lewisham and Greenwich NHS Trust was found to be incomplete. The register should record both attendance at the trust's mentor update and the practice teacher update at UoG. However, information regarding the two practice teachers in this trust was found to be incomplete and both practice teachers are currently supporting SCPHN HV students. We found that one practice teacher's update was recorded as overdue and the other did not have a date recorded (62).

The programme leader and managers confirmed that mentor update information can be incorporated into the practice teacher forums when required. Evidence provided confirmed that both practice teachers had attended a practice teacher update in the university. We are assured that the two practice teachers are adequately prepared and updated for their role to support SCPHN HV students. However, the university needs to ensure that information regarding attendance at practice teacher updates is shared with their practice partners in a timely manner and recorded on the mentor register. The system requires improvement (52, 59-60).

We conclude that systems are robust to ensure that pre-registration midwifery students are allocated an appropriately qualified and updated sign-off mentor. The systems for allocating practice teachers to SCPHN HV students are less rigorous and require improvement.

**Outcome: Standard requires improvement**

Comments:

Programme leaders need to ensure that there are rigorous processes in place to support the involvement of service users and carers in the ongoing monitoring and development of the pre-registration midwifery and SCPHN HV programmes (3.2.1)

The SCPHN HV programme team and practice partners need to develop a consistent and robust system of ensuring that practice teacher registers are accurate and current. (3.3.2)

The university implemented an action plan to ensure the practice teacher update information is available to the NHS trust.

10 September 2018: At a return visit to the university, agendas for practice teacher updates were viewed that confirmed that updates are now held separately from pre-registration nursing and midwifery updates. This change was introduced following consultation with all of the trusts that engage with the SCPHN, pre-registration nursing and pre-registration midwifery programmes. Practice teacher attendance at the updates is shared with the trust and recorded on the password protected practice teacher register to ensure accuracy and currency. We conclude from our findings that improvements have been made and management of this element of the key risk has been strengthened (3.3.2).

Evidence includes:

- UoG SCPHN practice teacher updates, agendas, 12 March and 21 June 2018
- Meeting with pre-registration midwifery and SCPHN HV programme leaders, LME and head of department, 10 September 2018

The practice learning outcome continues to require improvement to reflect the outstanding area for improvement identified above (3.2.1).

Areas for future monitoring:

- The involvement of service users/carers in the ongoing monitoring and development of programmes.
- The accuracy and currency of the practice teacher registers.

### Findings against key risks

#### Key risk 4 - Fitness for Practice

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

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

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

What we found before the event

Pre-registration midwifery

All third-year midwifery students attend a midwifery practical obstetric multi-professional training (PROMPT) workshop supported and facilitated by senior clinicians from local trusts and senior lecturers from both the midwifery team and paramedic sciences team. The aim of the workshop is twofold: to nurture the senior student midwives prior to qualifying to enhance their employability prospects and to provide opportunities to practise clinical care in a simulated safe environment working alongside other healthcare practitioners (29).

Module assessments offer a good range of assessment tasks appropriate to the programme level to enable students to meet the NMC competencies (32).

SCPHN HV

The SCPHN HV programme provides opportunities to focus on studying the healthcare needs of the local population. Students undertake 15 days additional and alternative placement, gaining experience in the settings, and with clients that are allied to their sphere of practice. Inter-professional learning is evident as health visitors, school nurses and district nurses undertake core modules together (31).

The academic assessment strategy includes essays, exams, OSCEs, reflections, oral and poster presentations, opportunities for self-assessment and peer review. Each module has one or more summative assessment (31).

#### What we found at the event

We found the student handbooks for both the pre-registration midwifery and SCPHN HV programmes provide information regarding learning, teaching and the support provided. Students informed us that they are provided with a wide range of learning opportunities and learning resources. This includes simulated learning opportunities provided in both the university and practice learning environment. The external examiners for both programmes comment positively on the information available via Moodle (38, 58-60, 64, 118-119).

#### Pre-registration midwifery

Students confirmed that they are effectively prepared for practice through the provision of learning and teaching strategies and mandatory training prior to entering the practice placement environment. Mandatory training updates are provided annually which was documented within the PAD. Students told us that induction days are provided by the trusts which are informative and effective (58-62, 120).

Both formative and summative assessments are evident within the PAD. Students told us that these documents facilitate their learning and document the feedback from sign-off mentors and their progress through the programme (58-62).

Students are required to complete NMC learning outcomes, competencies and EU directive requirements. These are clearly set out in PADs. The LME informed us that students' PADs are examined at progression points by the PLP prior to submission to the PAB (38, 47, 58, 61-62, 118-119).

Reviews of achievement and progression are completed twice per year between personal tutors and their students (58-59, 61-62).

Students described the process for recording and monitoring attendance in both theory and practice and reported that missed sessions must be made up in discussion with the programme lead to ensure NMC requirements are met. They confirmed that they must provide written evidence of learning if they have missed a theory session and that guidance is provided by the programme lead in relation to retrieving missed practice hours up to a maximum of 48 hours in one week (44, 54, 58-60).

#### SCPHN HV

Students are provided with clear information regarding the programme, including expectations of the students and the support available both from the programme team and from the wider AEI. Students report they understand the programme requirements (50-54).

Students report a range of teaching and learning, and assessment strategies are used in the programme, including simulation in the form of an OSCE. Students confirm these strategies are appropriate to enable them to apply theory to practice and prepare them for the SCPHN HV role (52-54).

Mandatory training is delivered in the trusts. For those new to the trust, this is delivered as part of their induction but for those previously employed in the trust, the mandatory training is completed as specific updates are due (52-54).

Practice teachers and students told us that formative feedback is provided on a continuous basis in practice, as well as at the formal review points in the PAD at the agreed point in each semester. Students confirmed that feedback is appropriate and provided in a timely manner. Students and practice teachers confirmed that students are also encouraged to provide feedback to the practice teacher on their performance (52-54).

The programme handbook clearly demonstrates the programme is 50 percent theory and 50 percent practice. Students are required to record their hours in practice in the PAD and this is signed-off by the practice teacher. Students, managers and practice teachers explained clear processes are in place to make up missed time in theory and practice. Managers confirmed that if a student was unable to complete the programme within the contracted year, the trust would extend the student's contract (50, 52-54).

We conclude that students on the pre-registration midwifery and SCPHN HV programmes are supported to achieve all NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register.

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

What we found before the event

Pre-registration midwifery

In the pre-registration midwifery programme there is detailed mapping of the NMC domains and competencies to the module learning outcomes. There is a process for signing off competencies at the formative and summative points that require signatures for all individual competencies/skills. Students must achieve a satisfactory standard in all elements in the PAD before being awarded a pass grade. The OAR

enables judgements to be made by mentors on the student's progress (35).

#### SCPHN HV

There is a range of practice learning experiences to meet the specialist level of practice required for the SCPHN HV programme. Alternative practice is undertaken in an array of placements that provide the students with opportunities to see public health in different settings. The student and practice teacher uses the practice assessment and portfolio documents to measure learning and achievement in practice to meet NMC requirements (29, 31).

#### What we found at the event

##### Pre-registration midwifery

Students informed us that they are aware of their responsibility in engaging with practice learning opportunities and in communicating their ongoing learning needs to their mentors. Students confirmed that they are supported to engage in a wide variety of practice learning experiences to facilitate the achievement of learning outcomes and competencies (58-60).

Sign-off mentors confirm their understanding of, and can demonstrate appropriate use of, the PAD, OAR and portfolio, and their role in accurately recording the student's competence for the appropriate stage of achievement in practice. Sign-off mentors described clearly their responsibility to confirm students meet the required competencies and all learning outcomes at progression points and for entry to the register, including a requirement to confirm that students are fit for practice (58-62).

Sign-off mentors and potential employers confirmed that successful students exiting the midwifery programme are able to practice safely and effectively and are fit for employment (59-60, 72, 121).

##### SCPHN HV

Students are able to identify the range of learning opportunities and support available to them in practice placements and confirmed they are well supported by practice teachers. Students told us that they seek out opportunities to engage in a range of practice learning opportunities, for example in children's centres, in addition to those identified by their practice teacher. Managers, practice teachers and students confirmed that a collaborative approach is taken to identifying learning opportunities, which are based on the student's individual learning needs (52-54).

A review of a sample of PADs and student portfolios confirmed that individual learning plans are developed and feedback on the student's performance is reviewed on a regular basis (52-54).

Managers, practice teachers and students confirmed that available practice learning experiences enable students to practise safely and effectively support the achievement of NMC outcomes and proficiencies and prepare them for the SCPHN



HV role (50, 52-54, 118).

We conclude that students on the pre-registration midwifery and SCPHN HV programmes are well supported in audited practice placements to achieve all NMC practice learning outcomes and competencies at progression points and for entry to the NMC register.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

### 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

All modules and programmes are subject to evaluation (29).

Pre-registration midwifery

The midwifery practice learning PAD steering group monitors the consistency of student support in practice placements. Mentor evaluations and learning environment audits are part of regular QA processes (35).

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. Data sources and evidence of actions and outcomes on programme evaluation, student

feedback and evaluation, external examiner reports, programme management committee and assessment boards are effectively used to inform programme enhancements (54, 58, 67, 69).

Students are encouraged to provide feedback throughout their programme using a combination of formal and informal mechanisms. Formal mechanisms include written evaluations of practice placements, academic modules and the programme. Collated evaluations are processed by the programme leader and presented for discussion at programme committee meetings which are attended by student representatives and practice partners. Students told us that their feedback is addressed in a timely manner and that the programme leader promptly communicates a response to all students (52-54, 58-60, 65, 88, 122-124).

The monthly student forum for pre-registration midwifery students provides them with opportunities for informal feedback to link lecturers and CPFs. SCPHN HV students confirmed that they have opportunities to provide feedback during tutorials, cohort meetings and during tripartite reviews. Students for both programmes confirm that they receive feedback on actions taken by the programme team through a 'you said we did' approach (52-55, 58-60, 63, 66, 122-123).

We were informed that the programme leader processes all practice evaluation forms and produces a summary report which is sent to designated contacts within placement providers. Specific placement evaluations are sent to the appropriate link lecturer who disseminates the information to individual placement areas. Action plans are developed as necessary. Placement evaluations are reported to the PLP and are a standing agenda item at KAMs, both of which are attended by practice partners (74, 97).

Pre-registration midwifery students engage with the national student survey (NSS). We were told that their comments regarding their programme are consistently positive, especially regarding the support they receive (88).

The academic quality unit receive applications for external examiner posts. The HoD and programme leader check the registration status of the external examiner; current external examiners have current registration on the appropriate part of the NMC register. The AEI does not formally monitor external examiners' registration and revalidation status. However, we were assured that they are cognisant of the professional status of their external examiners. This process should be strengthened (30, 71, 126).

External examiners engage with the assessment of theory and practice, but we found that they are not provided with representative samples for all modules. The procedure for academic level four work is that all fails are sent to the external examiner but not a sample of the other grades. For academic levels five and six a sample from each marking band for each module are scrutinised by the external examiner once per year. However, for programmes with more than one intake per year, including midwifery, there is no mechanism for ensuring that samples of assessed work from each module within the programme for each cohort of students receive external scrutiny to review the standard of the marking across the cohort. This compromises

<p>the external examiner’s ability to fully assess the reliability and validity of the judgements of the internal markers for all modules within the programme for a specific cohort of students. This presents a risk to the public and must be addressed immediately (125-126).</p> <p>The PAB is chaired by the faculty head of teaching and learning and is responsible for making decisions regarding student progression, taking into account the outcomes of the subject assessment panel where an external examiner is present (88).</p> <p>External examiners report that the assessment feedback provided for students feeds forward to enable students to develop their academic work. They comment on the efficiency of the PAB. They report that the teaching teams and the PAB are very clear about the achievement of students required for the award and professional requirements for eligibility for professional registration (118-119).</p> <p>External examiners are given the opportunity to meet with students and sign-off mentors/practice teachers. The external examiner for the pre-registration midwifery programme has attended OSCEs and the external examiner for the SCPHN HV programme met with a student and two practice teachers whilst attending a PAB in December 2017. This was confirmed by practice teachers and students (52-54, 118-119).</p> <p>We conclude that student evaluation and programme improvement systems enhance programme delivery. However, we found that there is no mechanism for ensuring that samples of assessed work for each module in a programme for each cohort of students receives scrutiny by the external examiner. Therefore, the reliability and validity of the judgements made by academic staff cannot be assured. This presents a risk to the public and must be addressed immediately.</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 are processes in place to manage concerns raised by students (29, 38, 48-50).</p>
<p>What we found at the event</p>
<p>Practice teachers, sign-off mentors and students reported that they are aware of how to raise a concern within the practice setting and that they are confident and supported in escalating concerns. Students confirmed that they are reminded at the onset of each placement of the protocols for raising concerns in practice settings and all documentation is readily available on Moodle and in programme handbooks. We found flowcharts detailing processes to be followed are displayed in placement areas.</p>

Students expressed confidence in the support they would receive from both the programme team and practice partners in such circumstances (38, 50, 52-54, 58-60, 88, 127).

We found that timely, appropriate, and proportionate action is taken on concerns or complaints raised in the practice learning setting. Incidents and concerns are shared between placement providers and the faculty. There had been no formal complaints; complaints had been resolved at an informal level (67, 128).

Students reported that practice learning environments are supportive and positive. Managers, mentors and practice teachers confirmed that student placement evaluations are communicated to them and that any concerns are highlighted and addressed (52-54, 58-60).

We confirmed that feedback from external examiners is presented by the programme leaders at programme committee meetings which are attended by practice placement providers. This provides a forum for discussion of the feedback and identification of any actions which may be required (52-54, 58-60, 116, 124).

**Outcome: Standard not met**

Comments:

Systems in place for external review of assessed academic work for the pre-registration midwifery programme are not robust. The external examiner does not scrutinise a sample of assessed work for each module in the programme for each cohort. Therefore, the reliability and validity of the internal markers and the standard of marking across the cohort cannot be assured. The faculty must take immediate action to address this issue to ensure protection of the public.

The university implemented an action plan to ensure that samples of assessed work for each module in the pre-registration midwifery programme and for each cohort of students receives full scrutiny by the external examiner.

**10 September 2018: Follow up visit to University of Greenwich. Standard now met**

10 September 2018: A return visit to the university to review progress against the action plan confirmed that a revised system for external examining of assessed work has been implemented. Correspondence to the external examiners for the pre-registration midwifery programme provided evidence that the responsibilities and workload of current external examiners have been changed to accommodate the revised system, and no additional appointments were required. A new annual schedule for 2018-19 details the allocation of an external examiner for each occurrence of each module and cohort in the pre-registration midwifery programme. The new system provides assurance that each module in each year of the programme for each cohort is subject to external scrutiny. As some modules are shared with pre-registration nursing students, the revised system extends to the pre-

registration nursing programme. We viewed external examiner feedback which provides evidence the university took timely action in the remainder of 2017-18 academic year to ensure that academic level four assessed work sent to external examiners included samples of all marking bands and all cohorts, as well as academic level five and six assessed work where remaining modules in the academic year were scheduled for external review.

We viewed external examiners' reports on assessed work for a number of modules covering both cohorts of pre-registration midwifery students and for a single cohort of students where reports for the second cohort sample were pending or not yet due. We also saw correspondence confirming that samples of assessed work from both cohorts of students had been sent to external examiners providing assurance of the reliability and validity of the judgements made by academic staff. We conclude from our findings that the standard is now met and protection of the public is assured.

Evidence to support completion of the action plan:

- UoG database detailing external examiner scrutiny across the 2018-19 academic year, for September and March pre-registration midwifery cohorts, undated
- Email correspondence to external examiners detailing changes to responsibilities and workload, 4 April 2018
- UoG external examiner report 2017-18, level four human anatomy and physiology module, 10 August 2018
- Email correspondence to external examiner; notification of assessed work for second cohort (March 2018) for level four, introduction to midwifery practice module, 10 September 2018
- UoG external examiner report, understanding the patho-physiology of ill health, level five, September cohort, undated
- UoG external examiner report, care and support of vulnerable individuals and groups, level five, September cohort, 1 June 2018
- UoG external examiner report, facilitating normality in childbearing, level five, September cohort, 25 February 2018
- Email correspondence from external examiner to pre-registration midwifery programme leader; care of women and neonates with complications of childbearing, level five, March cohort, July 2018
- UoG external examiner comments in annual programme monitoring report, national and international perspectives on healthcare, level six, 20 March 2018
- UoG external examiner reports, critical appraisal skills for professional practice, level six, September and March cohorts, 12 March and 3 July 2018
- UoG external examiner reports, learning and teaching in practice, level six, September cohort, 22 July 2018

- UoG external examiner reports, supporting childbearing women and neonates with complex needs, level six, September cohort, 25 February 2018: (March cohort sent to external examiner September 2018)
- UoG external examiner reports, transition to autonomous midwifery practice, level six, March and September cohorts, 25 February and 2 July 2018
- Meeting with pre-registration midwifery and SCPHN HV programme leaders, LME and head of department, 10 September 2018

Areas for future monitoring:

- Systems enable external examiners to scrutinise assessed work for all modules in a programme for all student cohorts on the pre-registration midwifery programme.

### Evidence / Reference Source

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2. CQC, Barts Health NHS Trust, Newham University Hospital report, April 2017
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12. CQC, Riverside Medical Practice report, December 2016
13. CQC, Livability, Nash FE College report, June 2017
14. CQC, Fynvola Foundation, Lady Dane Farmhouse report, September 2017
15. CQC, Jubilee Medical Group report, March 2017
16. CQC, MCCH, Howard Goble House report, January 2017
17. CQC, Greenwich and Bexley Community Hospice report, March 2017
18. CQC, Grace Manor Care Limited, Grace Manor Care Centre report, July 2017
19. CQC, MCCH, Erindale (1a) report, January 2017
20. CQC, Eltham Palace Surgery report, September 2017
21. UoG CQC inspections, table of inspection events and outcomes, academic year 2017-2018
22. CQC, Barts Health NHS Trust, Whipps Cross University Hospital report, December 2016
23. CQC, Bupa Care Homes (CFHCare) Limited, Abbotsleigh Mews Care Home, report, April 2017
24. CQC, Medway Maritime Hospital report, April 2017
25. CQC, Medway NHS Foundation Trust report, March 2017
26. CQC, Barts Health NHS Trust, St Bartholomew's Hospital report, September 2017
27. NMC, education intelligence reporting activity, 14-18 August 2017 and 29 August-1 September 2017
28. UoG self-assessment report 2017-18, December 2017

29. NMC Mott MacDonald, annual monitoring report of performance in mitigating key risks identified in the NMC QA framework for nursing and midwifery education, February 2014
30. NMC register check, 2 and 17 January 2018
31. NMC Mott MacDonald, programme audit / approval report, SCPHN HV programme, September 2016
32. NMC Mott MacDonald, programme audit/major modification report, pre-registration midwifery programme, 36 months, May 2015
33. UoG pre-registration midwifery interview schedule: academic year 2016-2017
34. UoG equality, diversity and inclusion strategy 2015-2017
35. NMC Mott MacDonald, programme audit/major modification report, pre-registration midwifery programme, 36 months, introduction of the Pan London PAD, February 2015
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37. UoG pre-registration midwifery/nursing programmes declaration of good health and character, December 2011
38. UoG BSc (Hons) midwifery, student handbook, academic year 2016-2017, Avery Hill Campus
39. UoG student guidelines for the RPL contributing to undergraduate and postgraduate taught degree programmes, April 2015
40. UoG faculty of education and health, link teacher arrangements, September 2013
41. UoG faculty of education and health, link lecturer report, 2016-17
42. Enhancement of the practice learning environment (NHS and Independent sector), revised April 2013
43. UoG faculty of education and health strategy for service user and carer engagement, undated
44. UoG faculty of education and health, practice placement guidelines, pre-registration nursing and midwifery programmes, 2017-2018
45. UoG guidance for faculty staff regarding the disclosure of safeguarding issues by students, September 2017
46. NMC Mott Macdonald programme audit/approval report, mentorship programme, 30 January 2017
47. UoG faculty of education and health pre-registration midwifery and nursing programmes, scrutiny of practice (graded practice), undated
48. UoG, faculty of education and health, practice placement guidelines, pre-registration nursing and midwifery programmes, 2017-2018
49. UoG, safeguarding children, young people and adults at risk: guidance notes for students when in practice based learning (placements)/work experience, September 2017
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52. UoG meetings with programme team, practice teachers and health visitor students, 17 January 2018



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60. Lewisham and Greenwich NHS Trust, meetings with midwifery mentors, students and midwifery managers including review of educational audit, mentor database, 18 January 2018
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67. UoG case study of a safeguarding incident as managed through safeguarding policy case processes, undated
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70. Staff CVs x12, various dates
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72. Meeting with interim director of healthcare partnerships, 17 January 2018
73. Scrutiny of audit database, 17 January 2018
74. UoG, faculty of education and health, department of adult nursing and paramedic science; department of family care and mental health, practice based learning, governance framework, professional statutory regulatory body regulated programmes, September 2016
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77. Meeting with service user representative from SANDS, 17 January 2018
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88. Meeting with faculty directors of learning and teaching and student experience, 18 January 2018
89. UoG flowchart for RPL, undated
90. UoG faculty of education and health, process for applicants transferring to UoG after having completed a year of the same programme at another university, undated
91. UoG case study of midwifery student issue in practice requiring an action plan, undated
92. UoG case study of SCPHN student failing in practice, October 2017-January 2018
93. UoG case study showing implementation of FtP procedure, student nurse, December 2015-January 2016
94. Meeting with HoD FCMH and head of education Oxleas NHS Foundation Trust, 18 January 2018
95. UoG minutes of the key account meeting, Darent Valley NHS Trust, 13 September 2017
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97. UoG key account meeting, Medway NHS Foundation Trust, 12 April 2017 and 30 October 2017
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100. Exception report to NMC, regarding Bracton Centre, Oxleas NHS Foundation Trust, 21 July 2016
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105. Enhancement of practice learning environment, NHS and private voluntary and independent sector, University Hospital Lewisham, neonatal intensive care unit, 8 June 2017

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107. *UoG faculty of education and health, terms of reference for the practice learning panel, July 2017*
108. *UoG faculty of education and health, meeting of practice based learning panel, 6 March 2017, 10 July 2017*
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112. *Telephone interview with buddy scheme service user representative, 17 January 2018*
113. *Information about the buddy scheme, downloaded 10 January 2018*
114. *UoG buddy scheme workshop, 9 June 2017*
115. *UoG buddy scheme workshop, service user feedback, undated*
116. *UoG, department of family care and mental health, curriculum implementation group, midwifery programme, minutes of meeting, May 2015*
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126. *Meeting with HoD FCMH, programme leader pre-registration midwifery programme and LME, 18 January 2018*
127. *UoG faculty of education and health, procedure for responding to any concern or complaint regarding patient/service-user care or staff in the practice placement, undated*
128. *UoG case study of midwifery student issue in practice, undated*

Personnel supporting programme monitoring	
<b>Prior to monitoring event</b>	
Date of initial visit: 08 Jan 2018	
<b>Meetings with:</b>	
Programme leader, practice learning Programme leader, SCPHN Senior lecturer, SCPHN programme Head of department, family care and mental health LME Interim director of healthcare partnerships Programme leader, midwifery	
<b>At monitoring event</b>	
<b>Meetings with:</b>	
Programme leader, practice learning Programme leader, SCPHN Senior lecturer, SCPHN programme Head of department, family care and mental health LME Interim director of healthcare partnerships Programme leader, midwifery HoD SCPHN programme team Faculty director of teaching and learning Faculty director of student experience	
<b>Meetings with:</b>	
Mentors / sign-off mentors	10
Practice teachers	10

Service users / Carers (in university)	2
Service users / Carers (in practice)	2
Practice Education Facilitator	3
Director / manager nursing	6
Director / manager midwifery	6
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	1 Practice development midwife

Meetings with students:

Student Type	Number met
Registered Specialist Comm Public Health Nursing - HV	Year 1: 13 Year 2: 0 Year 3: 0 Year 4: 0
Registered Midwife - 36M	Year 1: 6 Year 2: 5 Year 3: 14 Year 4: 0

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