

**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 Hull
Programmes monitored	Registered Midwife - 18 & 36M; Registered Specialist Comm Public Health Nursing - HV
Date of monitoring event	21-23 Nov 2017
Managing Reviewer	Judith Porch
Lay Reviewer	Ruth Jones
Registrant Reviewer(s)	Eleri Mills, Hilary Patrick
Placement partner visits undertaken during the review	<p>Pre-registration midwifery:</p> <p>Hull and East Yorkshire Hospitals NHS Trust: Community midwifery team, McMillan Children's Centre, Hull</p> <p>Hull Royal Infirmary, women's and children's unit</p> <p>Northern Lincolnshire and Goole NHS Foundation Trust:</p> <p>Barton community midwifery team</p> <p>Scunthorpe General Hospital, maternity services</p> <p>Diana, Princess of Wales Hospital, Grimsby, maternity services</p> <p>Teleconferences with key staff who support pre-registration midwifery students at York Teaching Hospital NHS Foundation Trust, and Leeds Teaching Hospitals NHS Foundation Trust</p> <p>Specialist Community Public Health Nursing, health visiting:</p> <p>City Health Care Partnership, Orchard Centre, Hull</p> <p>Meetings and teleconferences with key practice staff who support SCPHN HV students placed at York Council, Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust; North East Lincolnshire Council and Harrogate and District NHS Foundation Trust also took place.</p>

Date of Report	01 Dec 2017
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## 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 University of Hull's programmes

The faculty of health sciences at the University of Hull was formed in February 2017 and replaced the former faculty of health and social care. The faculty of health sciences (the faculty) is made up of three schools: the school of health and social work, Hull/York medical school and the school of life sciences.

The school of health and social work (the school) provides a range of NMC approved programmes at undergraduate and postgraduate levels. The focus of this monitoring review is the pre-registration midwifery programmes and the specialist community public health nursing (SCPHN) health visiting (HV) programme.

The pre-registration midwifery programme is offered as a three year (36 month) BSc (Hons) midwifery programme (September intake), and a shortened (85 week) pre-registration midwifery programme (February intake) which has two routes; a BSc (Hons) midwifery award and a postgraduate diploma (PgD) midwifery award.

The pre-registration midwifery programmes were approved on 20 May 2014 and have an extension to the approval granted by the NMC until 31 August 2020. In April 2016 a minor modification was approved by the NMC to the programme delivery plan of the shortened (85 week) pre-registration midwifery programme to meet the amended requirements of European Union (EU) directive on theory and practice hours (1-3).

The SCPHN HV programme is provided as a BSc (Hons) and a PgD award. The programme was approved by the NMC on 13 May 2015.

The programme is commissioned by Health Education England North (HEEN) and students are employed by a service provider on a training contract for the duration of the programme. There are currently 10 SCPHN HV students studying the programme (4-5).

The geographical spread of the practice placements for both the pre-registration midwifery and SCPHN HV programmes extends over a wide area, north and south of the river Humber. There is a practice learning unit (PLU) support team based across the north and south banks of the Humber. Members of the team have different titles; practice learning facilitator (PLF), clinical support tutor (CST) and practice learning educator (PLE), depending on the organisation they support; but the roles are very similar. Reference will be made to PLF throughout this report.

The monitoring visit took place over three 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 Northern Lincolnshire and Goole NHS Foundation Trust which was subject to adverse Care Quality Commission (CQC) reports in 2016 and the trust is in special measures.

Teleconferences with key staff who support pre-registration midwifery students at York Teaching Hospital NHS Foundation Trust, and Leeds Teaching Hospitals NHS Foundation Trust took place.



Meetings and teleconferences with key practice staff who support SCPHN HV students placed at York Council, RDaSH NHS Foundation Trust; North East Lincolnshire Council and Harrogate and District NHS Foundation Trust also took place.

### Summary of public protection context and findings

Our findings conclude that the University of Hull has processes and systems in place to monitor and control risks in the risk theme fitness for practice.

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

20 April 2018: The university produced an action plan to address the unmet outcomes. The action plan has been fully implemented and the key risk themes resources and practice learning are now controlled and the NMC standards are met.

The risk themes admissions and progression and quality assurance have identified weaknesses which require improvement.

The key risk themes are described below:

Resources: not met

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. The SCPHN HV pathway leader does not hold a NMC recorded teacher qualification which is a NMC requirement. Arrangements must be put in place to ensure the programme lead has a recorded teacher qualification.

We confirm that there are sufficient appropriately qualified mentors/sign-off mentors and practice teachers available to support the numbers of students allocated to placements at all times. The midwifery placement areas which are up to capacity must continue to be closely monitored to ensure students remain supported by appropriately trained sign-off mentors at all times.

20 April 2018: The university implemented an action plan to ensure the SCPHN HV pathway leader has a recorded teacher qualification.

A documentary review was undertaken on 29 November 2017 and 20 April 2018 to review progress made against the action plan.

29 November 2017: We confirmed that arrangements were in place for the former SCPHN HV pathway leader to resume the role. The pathway leader's status was checked on the NMC website and confirmed due regard and a recorded NMC teacher qualification.

20 April 2018: The SCPHN HV pathway leader has been changed. The new SCPHN HV pathway leader has due regard and a recorded NMC teacher qualification.



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

Admissions and progression: requires improvement

Our findings conclude that the admission, selection and progression processes for both programmes follow NMC requirements. However, the mechanism for recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and SCPHN HV students requires improvement.

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

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

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

Practice learning: not met

We conclude that there are effective partnerships between education and service providers at all levels and with approved education institutions (AEIs) who use the same practice placement locations.

We found the university works in partnership with practice placement providers in responding in a timely and appropriate manner following concerns raised by external quality monitoring, which may impact on the practice learning environment.

Policies regarding raising and escalating concerns are accessible and understood by students. We are assured that students, academic staff and practice placement providers are confident in the processes to follow for raising and escalating concerns in practice. Concerns are investigated and dealt with effectively by both academic staff and practice placement providers to protect the public.

We found clear evidence of the academic support provided for students, practice teachers and sign-off mentors in the practice placement areas.

We found that practitioners are involved in programme development and delivery. However, service users and carers have limited involvement in the pre-registration midwifery and SCPHN HV programmes and this requires improvement.

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

We confirmed that mentors/sign-off mentors and practice teachers are appropriately prepared for their role in supporting and assessing students.

We conclude that a robust and secure system is not in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students in community midwifery in Northern Lincolnshire and Goole NHS Foundation Trust. We also found inconsistencies in the recording of sign-off status of practice teachers supporting the SCPHN HV programme in the practice placement quality assurance (PPQA) system for healthcare placements. The system to allocate sign-off mentors and practice teachers requires urgent and immediate action to manage the risk and ensure public protection.

20 April 2018: A documentary review was undertaken on 29 November 2017 and 20 April 2018 to review progress made against the action plan.

The university implemented an immediate action plan to ensure the student midwife on placement in the community midwifery area was supported by an up to date sign-off mentor.

We confirmed that systems are in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students. The PPQA system verifies that only current up to date midwifery sign-off mentors are 'live' on the system and accurately records SCPHN HV sign-off practice teacher status.

The risks are now controlled and the NMC requirements are met. The practice learning outcome is now graded requires improvement to reflect the outstanding area for improvement identified above.

Fitness for practice: met

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

Quality assurance: requires improvement

Our findings confirm the university has improvement systems for student feedback and evaluation/programme evaluation to address weakness and enhance programme delivery. However, some quality monitoring processes require improvement to ensure a consistent approach to safeguard the quality of the programmes. These include: the processes to ensure concerns raised by students related to the academic setting are transparent, timely and proportionate action is taken and students receive appropriate support and feedback; a process to monitor external examiners' registration and revalidation requirements are met; and, the external examiner for the SCPHN HV programme engages more fully with the assessment of practice learning, particularly meeting with students and practice teachers.

In addition, the transparency of all QA processes should be evident including the recording, storage and dissemination of information to ensure the quality of the programmes can be evidenced.

Our findings conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

### Summary of areas that require improvement

A review of progress against the university action plan took place on 29 November 2017 and 20 April 2018.

The reviews confirmed the SCPHN HV pathway leader has a recorded teacher qualification.

The university implemented an immediate action plan to ensure the student midwife on placement in the community midwifery area was supported by an up to date sign-off mentor.

Systems are in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students. The PPQA system verifies that only current up to date midwifery sign-off mentors are 'live' on the system and accurately records SCPHN HV sign-off practice teacher status.

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

The following areas are not met and require urgent attention:

- Arrangements must be put in place to ensure the pathway leader for the SCPHN HV programme has a recorded teacher qualification.
- A robust system must be put in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students in community midwifery in Northern Lincolnshire and Goole NHS Foundation Trust.
- No pre-registration midwifery students must be allocated to the community midwifery teams until this has been completed and mentors are up to date. The sign-off mentor supporting the pre-registration midwifery student must complete an annual update by 29 November 2017 or the student must be reallocated.
- A robust system must be put in place to ensure the records of sign-off status of practice teachers supporting the SCPHN HV programme in the PPQA system are accurate.

The following areas require improvement:

- A process should be implemented to record that practitioners participating in student selection interviews for the SCPHN HV and pre-registration midwifery programmes have undergone equality and diversity training.
- A service user and carer strategy and comprehensive and systematic implementation plan of service user involvement in all aspects of the pre-

registration midwifery and SCPHN HV programmes is required, including routine reporting on outputs.

- The processes to ensure concerns raised by students related to the academic setting are transparent, timely and proportionate action is taken and students receive appropriate support and feedback.
- A process should be implemented to monitor external examiners' registration and revalidation requirements are met.
- The external examiner for the SCPHN HV programme engages more fully with the assessment of practice learning, particularly meeting with students and practice teachers.
- The transparency of all QA processes is robust including the recording, storage and dissemination of information to ensure the quality of the programmes can be evidenced.

#### Summary of areas for future monitoring

- Equality and diversity checks are recorded for practitioners involved in student selection interviews.
- A service user and carer strategy and associated comprehensive and systematic implementation plan of service user involvement in all aspects of the pre-registration midwifery and SCPHN HV programmes is in place, including routine reporting on outputs.
- Systems ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students.
- The system for recording the sign-off status of practice teachers is robust.
- A transparent process is in place to ensure concerns raised in the academic setting are timely and proportionate and students receive appropriate support and feedback.
- The AEI ensures external examiners' registration and revalidation requirements are met.
- External examiners engage in theory and practice.
- QA processes are transparent including the recording, storage and dissemination of information to ensure the quality of the programmes.

#### Summary of notable practice

#### Resources

None identified

**Admissions and Progression**

None identified

**Practice Learning**

None identified

**Fitness for Practice**

None identified

**Quality Assurance**

None identified

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

**Academic team**

SCPHN HV

We found an experienced and motivated academic team who are confident in the quality and delivery of the BSc/PgD in SCPHN HV programme. The pathway leader is enthusiastic and highly motivated, and is supported by five academic staff members. Four lecturers hold community qualifications with due regard and a recorded teaching qualification. They confirmed that they have current registration with the NMC and receive equality and diversity training every three years as part of their mandatory training.

**Pre-registration midwifery**

The academic team confirmed that there is an adequate number of suitably qualified academic staff to effectively deliver the midwifery programmes. They are enthusiastic about and committed to midwifery education and the student experience. They told us they foster a close collaborative approach, in the link lecturer role and attend a variety of meetings with practice placement partners to monitor the delivery of the midwifery programmes and to address any issues or concerns. They are involved in a number of joint activities including educational audits, students' practice assessment and updates for mentors. They are aware of policies and procedures to ensure the safety of students including cause for concern and raising/escalating concerns.

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

The commissioner confirmed that there is an effective working relationship with the university; academic staff are responsive and flexible in their approach to midwifery and SCPHN HV education. Partnership working with practice placement providers and with other universities sharing the same placements is effective, and ensures that responses to external adverse reporting is timely and appropriate in mitigating risks.



The commissioner confirmed that there are sufficient employment opportunities for all students who successfully complete the programmes.

Mentors/sign-off mentors, practice teachers, and practice placement managers reported effective working relationships with university academic staff. The heads of midwifery told us they meet with the lead midwife for education (LME) quarterly through formal meetings and informally on a regular basis.

Mentors/sign-off mentors and practice teachers are enthusiastic and committed to supporting students in practice settings. They confirmed they are well prepared for their role and are well supported by university academic staff. They reported that students are well prepared for practice placements.

Employers are assured about the ability of student midwives and SCPHN HV students' ability and reported that they are confident and competent on completion of the programme.

Senior midwifery managers in practice are confident that there is adequate capacity in relation to the number of mentors/sign-off mentors available to support the number of student midwives. They recognised that current capacity is stretched but they confirmed that they are working towards increasing the numbers of midwives and sign-off mentors. They are cognisant of procedures to ensure sign-off mentor compliance and release mentors to attend mentor updates.

### **Students**

#### SCPHN HV

Students told us they are well prepared and supported in both theory and practice settings and for the role of the health visitor. They told us they are able to apply the theory taught in university to their practice placement experience.

Students described the pathway leader as approachable, supportive and committed to the delivery of the programme. Students told us that practice teachers provide constructive feedback and encouragement to enable them to develop both academically and in practice.

#### Pre-registration midwifery

Students told us that the pre-registration midwifery programmes effectively prepare them for practice at all stages of the programme. Overall, academic staff are experienced, knowledgeable, approachable and supportive.

They confirmed they have supernumerary status and told us they work with their mentor/sign-off mentor for at least 40 percent of the time, although mentors usually spend a higher proportion of time with them. There are sufficient mentors/sign-off mentors available for them to be effectively supported in practice.

They feel well supported by academic and practice staff in achieving all programme requirements and in meeting the standards for entry to the NMC register. They have a robust understanding of the process to follow to raise concerns in practice.

### Service users and carers

We did not meet with any service users and carers. We contacted six service users by telephone who have been involved in the maternity services. They told us they had not been involved in any aspect of the midwifery programme or with student midwives but they would like to become involved in the future.

### Relevant issues from external quality assurance reports

The findings from CQC reports published in the last 12 months for organisations that provide practice placements used by the university were reviewed. These external quality assurance reports provided the review team with context and background to inform the monitoring review (6-9).

The following reports required action (s):

Hull and East Yorkshire Hospitals NHS Trust, Hull Royal Infirmary CQC quality report. Date of report 15 February 2017 (6)

CQC gave an overall rating of requires improvement for this hospital. Maternity and gynaecology services were rated requires improvement. The domains of safe and well led require improvement. Areas identified as requiring improvement included: governance arrangements did not always allow for the identification of risk; systems in place for identifying deteriorating patients were not always robust; the service did not meet the national benchmark for midwifery staffing, staffing levels in some areas were below the planned staffing level; guidelines for safeguarding children were out of date; and, records and patient confidential information was not always stored securely.

University response:

The LME has held regular meetings with the head of midwifery, Hull Royal Infirmary to discuss the recommendations within the report. The university and placement provider are closely monitoring midwifery staffing levels and any impact on the availability of mentors for pre-registration midwifery students (10).

See sections 1.2.1; 3.1.1; 3.3.2.

North Lincolnshire and Goole (NLAG) NHS Foundation Trust, quality report. Date of report 6 April 2017 (7)

Date of inspection 22-25 November 2016 and an unannounced visit on 17 October 2016 and 8 December 2016 to confirm whether changes had been made since the CQC last inspection in October 2015 when the trust was rated as requires improvement overall.

The CQC quality report April 2017 rated the trust inadequate overall. Safe and well led were rated as inadequate; effective and responsive were rated as requires improvement; and caring was rated as good. There were concerns about the culture of the organisation. The trust returned to special measures status, after CQC found improvements had not been sustained and there had been an overall deterioration in



quality and patient safety since the last CQC inspection in 2014.

NLAG NHS Foundation Trust provides maternity services at Diana, Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital who received CQC visits and a report:

NLAG NHS Foundation Trust, Diana, Princess of Wales Hospital, Grimsby. Date of report 6 April 2017 (8)

CQC gave an overall rating of requires improvement for this hospital. The services which required improvement included: urgent and emergency services; medical care; surgery, maternity and gynaecology; and, services for children and young people. Outpatients and diagnostic services were rated inadequate. The report identified a number of weaknesses in the maternity and gynaecology services (previously rated good in 2015).

NLAG NHS Foundation Trust, Scunthorpe General Hospital. Date of report 6 April 2017 (9)

CQC overall rating for this hospital was inadequate. Urgent and emergency services and outpatients and diagnostic services were rated inadequate. The following services required improvement: medical care; surgery, maternity and gynaecology; and, services for children and young people. The report identified a number of weaknesses in the maternity and gynaecology services which included midwifery staffing levels, which were having an impact on patient care.

University response:

The university worked at a strategic and operational level in partnership with NLAG NHS Foundation Trust to ensure nursing and midwifery students were fully supported and safe. An action plan included: risk assessment involving educational audits to provide assurance about practice learning environments and also to identify and act upon any new indicators of risk. Additional levels of scrutiny and risk assessment processes involved university link lecturers (nursing and midwifery) and the LME who worked collaboratively with the head of midwifery and senior midwives. Information about the findings in the CQC reports were shared with student nurses and midwives.

Students were also reminded of processes to follow to escalate concerns about patient care and practice learning (70, 75, 95-96).

The university exceptionally reported the outcomes of the CQC report and the planned actions to the NMC on 22 April 2017 (96).

What we found at the event

We found that the university works closely with all practice placement providers to monitor the outcomes of external monitoring reports. There are effective two-way communication channels between university senior management, the LME and chief nurses and heads of midwifery in placement provider organisations. In response to concerns, risk assessments are undertaken and action taken, where necessary, to assure the quality of the placement learning environment. During the monitoring visit we found evidence of an effective and collaborative approach to ensuring that clinical

governance issues are controlled and well managed (95).

See section 3.1.1

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

The university confirmed there were no approval events in 2016-2017 (5).

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

Issues and actions highlighted in the 2016-2017 self-report (11) include:

- The faculty policy, processes and guidance on how to raise practice concerns and how to escalate concerns about students on practice placements were reviewed and ratified through the faculty quality committee in 2016 and are available via the faculty PLU website (see section 3.1.1).
- Changes to the role and number of PLFs in NHS provider organisations.

We found the role is monitored by the placement forum and strategic partnership group. The forum supports the ongoing involvement of PLFs in practice learning (see section 3.1.1).

**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

The LME and midwifery teaching team are all registered midwives with a recorded teacher qualification and relevant experience. The dean of the faculty is a professor of midwifery who sits outside the teaching resource; however, she provides support and

expertise to the programme and midwifery team (12-13, 22-23).

The SCPHN HV teaching team comprises five academic staff members. Four lecturers hold community qualifications and a recorded teacher qualification (12-13, 17).

There is a policy and procedure to review the professional registration and revalidation of academic staff in the faculty of health sciences (19).

#### What we found at the event

We found that the university has effective monitoring processes in place to ensure that all registrant academic staff maintain current NMC registration and meet revalidation requirements. Senior staff confirmed that the university, faculty and school actively supports all new members of academic staff to achieve a teaching qualification, usually within two years of employment (16, 19, 62).

Resources are effectively monitored through the staff appraisal process and staff workloads. We viewed a workload model data capture sheet for midwifery and SCPHN academic staff which includes 20 percent of time for engagement in practice by each staff member. Academic staff members confirmed they have protected time to fulfil the requirements of their role (62, 71-72, 87).

#### SCPHN HV

We found that the academic team supporting the SCPHN HV programme consists of four teachers with due regard who have current registration and hold a NMC recorded teaching qualification. They hold qualifications and have experience of healthcare work in NHS settings and bring particular expertise in the family, children and young people agenda, public health and health visiting practice, including prescribing to enrich the learning experiences for students (12-13, 17, 61, 71).

The pathway leader has active registration as a SCPHN HV, nurse prescriber and has a postgraduate certificate in academic practice for lecturers in higher education (12-13, 71). However, the teacher qualification is not recorded with the NMC which is a NMC requirement (12-13, 71).

#### Pre-registration midwifery

We confirmed the LME and all members of the midwifery academic team hold current NMC registration and are suitably qualified and experienced for the role. Two midwifery lecturer practitioners have recently been employed to further strengthen the team to support the application of specialist knowledge and skills. The midwifery team comprises 10 staff members which equates to 8.2 whole time equivalent (WTE) with a current staff to student ratio of 1:15 (12-13, 61).

Staff profiles confirmed the LME, programme leaders for the three-year and 85-week pre-registration midwifery programmes and midwifery lecturers, with the exception of the recent appointments, hold a NMC recorded teaching qualification. They are

appropriately qualified with experience commensurate for their roles. Students reported that overall, midwifery academic staff are experienced, knowledgeable, approachable and supportive (12-13, 61, 72-76).

Midwifery academic staff undertake a link lecturer role (aligned to geographical areas) and provide pastoral support for the students within their personal tutor role. They confirmed that they spend at least 20 percent of their time supporting learning in practice which was confirmed by students and mentors (40, 72-76).

They have capacity to fulfil the requirements of their roles and to undertake continuing professional development (CPD) activities. Some midwifery link lecturers told us that practice visits take a lot of time due to geographical locations (61, 72).

The LME is active within the school management structure; she is head of the midwifery and child subject group and provides leadership and line management for members of the midwifery teaching team (62, 72).

We found that the LME has a strategic role at a national, regional, and local level through active participation in strategic committees and working groups and in the chairperson role for the LME UK wide strategic reference group. The LME liaises and works collaboratively at a strategic and operational level which enables her to influence the direction of midwifery education. Heads of midwifery confirmed they meet with the LME through a planned series of structured partnership meetings and informally on a regular basis (12-13, 62, 73, 75, 84).

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. The SCPHN HV pathway leader does not hold a NMC recorded teacher qualification which is a NMC requirement. Arrangements must be made to ensure the programme lead has a NMC recorded teacher qualification.

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

What we found before the event

The faculty has a checking system in place to confirm that mentors, sign-off mentors and practice teachers allocated to students meet the requirements of the Standards to support learning and assessing in practice (NMC, 2008) (11, 34, 46).

What we found at the event

We confirmed that the system to manage the number and capacity of mentors, sign-off mentors and practice teachers, is through a regional PPQA database for

healthcare placements in Yorkshire and Humber. The database holds mentor registers, educational audits, and mentor and student evaluations for each placement provider. The data is managed by PLFs in each placement provider organisation and is shared with other AEIs in the Yorkshire and Humber region (35, 70-76).

We found the number of mentors, sign-off mentors and practice teachers is monitored on an annual basis as part of the educational audit process (35, 70).

#### SCPHN HV

We found all SCPHN HV students are allocated a sign-off practice teacher by the practice placement provider prior to the commencement of the placement. We found two SCPHN HV students are mentored by a student practice teacher or mentor with a long arm approach to supporting and assessing the student by a named sign-off practice teacher, which meets NMC requirements. All sign-off practice teachers, student practice teachers and mentors have due regard. They confirmed they are effectively prepared for their role by the programme team and supported by managers in their role to enable students to safely meet practice outcomes and proficiencies. Students' allocation to a sign-off practice teacher is planned by placement providers to enable sign-off practice teachers to maintain their status on the database (71, 80-83).

Students and practice teachers confirmed that only one student is allocated to a sign-off practice teacher and all students have supernumerary status during the programme (80-83).

We were told that the number of sign-off practice teachers has reduced from 22 to 13 over the last 12 months. However, we confirmed that there are a sufficient number of appropriately prepared practice teachers to meet the number of commissioned health visiting students (61, 71, 81-82).

We found that pre-registration nurses may also be in the practice learning environment with SCPHN HV students. However, we confirmed that they do not impact on the SCPHN HV learning experience or support (71, 80-82).

#### Pre-registration midwifery

We found that the practice placement secretary, PLFs and midwifery lecturers check the currency of mentors and the educational audit as part of the process for allocating students to placement areas. Students confirmed that they have supernumerary status and are always allocated a named sign-off mentor and a co-mentor (73-76, 121).

Sign-off mentors confirmed that they normally work with the student on a one-to-one basis but employ a co-mentor/sign-off mentor team approach. Students, sign-off mentors and midwifery managers confirmed that sign-off mentors work with the student 40 percent of the time, and in most cases, more than that. This was confirmed by the duty rotas we observed which also confirmed that students have supernumerary status (73-76).

Sign-off mentors confirmed they are appropriately trained and qualified for the role



they are undertaking. They told us they found the mentor preparation programme appropriate to their needs. In addition, they reported that the trust preceptorship programme further supported them in the development of their mentoring expertise and capability (41, 73-76, 126).

Mentors, sign-off mentors and midwifery managers told us that there is an expectation for midwives to undertake the mentorship preparation programme on completion of the one-year preceptorship period, in order to forward plan to maintain the numbers of mentors to support the student numbers. We found evidence of this from mentors currently undertaking the mentor preparation programme (73-76, 84).

In the two NHS trust maternity services where students from other AEs also undertake practice learning we found that there are sufficient sign-off mentors to support students (84-86).

Some students told us about challenges for mentors in some community areas where there are high levels of sickness amongst mentors, part time mentors and mentors leaving or retiring, which resulted in a change to their allocated mentor and an unsettled practice experience (73-76).

Midwifery managers, sign-off mentors and PLFs confirmed that mentorship capacity is at a maximum in some community areas in NLAG NHS Foundation Trust which they are monitoring closely and reporting to the university to mitigate any risks to supporting pre-registration midwifery students (73-76). (See commentary in section 3.3.2).

We confirm that there are sufficient appropriately qualified mentors/sign-off mentors and practice teachers available to support the numbers of students allocated to placements at all times. The midwifery placement areas which are up to capacity must continue to be closely monitored to ensure students remain supported by appropriately trained sign-off mentors at all times.

**Outcome: Standard not met**

Comments:

The SCPHN HV pathway leader has a teacher qualification but this is not recorded with the NMC which is a NMC requirement. Timely arrangements must be put in place to ensure the programme lead has a recorded teacher qualification.

Some midwifery placement areas are up to capacity and must continue to be closely monitored to ensure students remain supported by appropriately trained sign-off mentors at all times.

The university implemented an action plan to ensure that the key risk area is addressed.

**20 April 2018: Follow up Documentary Evidence from the University of Hull.  
Standard now met**

20 April 2018

A review of progress against the university action plan took place on 29 November 2017 and 20 April 2018.

29 November 2017: Arrangements were made for the former SCPHN HV pathway leader to resume the role until the proposed pathway leader received confirmation from the NMC about a recorded NMC teacher qualification.

20 April 2018: The SCPHN HV pathway leader has changed. The new pathway leader has due regard and a recorded teacher qualification with the NMC.

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

Evidence to support completion of the action plan:

- UoH correspondence confirming a change in SCPHN HV pathway leader, 29 November 2017
- Status of SCPHN HV pathway leader, NMC website checked, 29 November 2017
- UoH correspondence confirming the proposed SCPHN HV pathway leader has a recorded teacher qualification with the NMC, 17 April 2018
- Proposed SCPHN HV programme leader, NMC confirmation of teacher status, 17 April 2018
- NMC website checked, 20 April 2018

Areas for future monitoring:

- Student midwives are supported by appropriately trained sign-off mentors at all times.

### 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



The admission criteria for the pre-registration midwifery and the SCPHN HV programmes adhere to the faculty's recruitment and selection policy, and entry requirements are made explicit to applicants and meet NMC requirements (20-25).

Candidates for both programmes being reviewed must complete a DBS check and occupational health screening prior to commencing practice placements. Service users are involved in formulating the questions used at face to face interviews (22-23).

There is a university code of practice for students under the age of 18 years which sets out university guidelines for the safeguarding and duty of care arrangements (26-27).

#### What we found at the event

The university operates a transparent, robust and values based approach to student recruitment and selection that results in the recruitment of appropriate candidates onto the programmes under review, including consideration of reasonable adjustments (67-69, 71-72).

We saw robust evidence of the differing approaches taken to equality and diversity training of academic staff. We confirmed that all academic staff had completed equality and diversity training prior to their involvement in recruitment and selection of students for the programmes under review (62, 88).

We found that equality and diversity training of practitioners is part of the service providers mandatory training. During visits to midwifery practice placements we heard different accounts about how often equality and diversity training should be undertaken by practitioners, which ranged from one to three years. We viewed an email confirming that in one NHS trust compliance with equality and diversity training is 85 percent and the LME confirms practitioners have current training prior to involvement in interviews. However, there is no evidence of mechanisms for recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and SCPHN HV students (72-76, 81-83, 128). This requires improvement.

#### SCPHN HV

Recruitment and selection to the SCPHN HV programme is undertaken by the academic programme team working in partnership with a number of local NHS organisations. Recruitment arrangements are with the practice placement provider and are advertised through NHS jobs by one provider on behalf of all partners inviting applications to the university (61, 68-69, 71, 81-83).

We confirmed that applicants are interviewed by a member of the programme team and a manager and/or a practice teacher from the practice placement provider against agreed criteria. Service users are not present at the interview, but a question prepared by service users is asked by the interview panel members (68-69, 71, 81-

83).

Students who are successful at interview are required to have an enhanced DBS check and occupational health clearance, which is undertaken by the placement partner organisation who employs the student on a training contract for the duration of the programme. This information is shared with the university (71, 81-83).

Pre-registration midwifery

Students and the programme team confirmed that interviews include numeracy and literacy tests, a group discussion, and multi mini interviews (MMIs) conducted by programme team members and representatives from practice placement providers. Service users are not directly involved in the interview process but they provide a service user question for the selection panel to ask the applicant. Current students in the role of student ambassador are present on the interview day to support candidates and answer questions about their experience on the midwifery programme (72, 89-91).

Heads of midwifery, midwifery managers, mentors/sign-off mentors and PLFs confirmed that practitioners are released to participate in selection processes. They informed us that practitioners are well prepared for the interview process by AEI staff (61, 72-76, 84-85, 127).

The university carries out occupational health and DBS checks on admission to the pre-registration midwifery programmes. Midwifery students confirmed they had to declare good health and character upon admission and at each progression point and prior to entry to the professional register. Students do not proceed into practice placements without these checks being satisfactorily completed (32, 72-76, 127).

There is a transparent university policy for under 18-year-old students and contractual obligations which include safeguarding and a university risk assessment tool. We were informed by the programme team that under 18-year-olds are not admitted to the pre-registration midwifery programme which we confirmed by reviewing the date of birth of students on commencement of the programme. The programme team are advised that, if at a future date, under 18-year-old students commence the programme, a risk assessment must be undertaken prior to students commencing practice placements (21, 26-27, 72, 122).

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

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

What we found before the event

The faculty has comprehensive policies and processes for dealing with student health and conduct concerns and academic misconduct, and processes for escalating concerns regarding students on practice placements (28-31).

The faculty has fitness to practise regulations governing the investigation and determination of allegations of professional unsuitability and professional misconduct and a policy for the determination of fitness to practise. The underlying principle within both policies is to determine whether the student is capable of safe and effective practice (28-29).

The faculty has processes for escalating concerns regarding students' performance on practice placements (31).

#### What we found at the event

Academic staff confirmed they follow agreed procedures to address issues of poor student performance. Students confirmed they are clearly signposted to fitness to practise and other procedures related to poor performance in theory and practice in programme handbooks, on the virtual learning facility 'CANVAS' and the faculty's website; they know about and understand the importance of these procedures (14-15, 18, 71-76, 80).

There has been no fitness to practise concerns for the past two years for students on the pre-registration midwifery and SCPHN HV programmes. We viewed three fitness to practise cases for students on other NMC approved programmes and concluded that the fitness to practise procedures are robust, effective, and fair. We saw evidence of where students have been discontinued from the programme, which demonstrates the rigour of the process in ensuring public protection. We were told that lessons learnt from fitness to practise issues are taken forward to support future learning. An example provided was the focus on good practice when using social media (70-72, 93).

The university requires that health and character forms are signed and completed at all appropriate progression stages and on completion of the programme, and full record keeping of compliance is undertaken which is compliant with NMC requirements (14-15, 18, 32, 92, 130).

Students on the pre-registration midwifery programme who suspend their studies for less than one academic year are required to complete the health and character declaration prior to returning to the programme. If they suspend for one academic year or more they are required to undergo a new DBS check in addition to completing the declaration. This is clearly detailed in programme handbooks and understood by students (14-15, 22-23, 73-76).

In the SCPHN HV programme we found that health and character confirmation is on admission and completion of the programme. We found that the declaration form states that this confirmation is required annually, although senior staff confirmed this

was not the case for SCPHN students on part time routes. The school is advised to ensure statements in documentation are consistent with the approach taken (68, 71, 129-130).

There is a robust and transparent reassessment policy in place for students who have failed theory or practice assessment components; all academic staff are aware of the policies for managing referrals. Midwifery academic staff confirmed that they understand and follow processes to ensure that all outcomes are achieved within a progression point period and that the 12-week period is used only in exceptional circumstances. We confirmed this in assessment board notes and in programme assessment calendars (30, 71-72, 106-109, 114).

We confirmed that programme teams, assessment boards and programme management committees review data on attrition to identify any emerging themes and take action involving placement providers, as appropriate. Robust processes are in place and understood by academic staff to ensure that all NMC outcomes and competencies/proficiencies are confirmed at programme examination boards. Students are only signed-off for admission to the NMC register following a robust and transparent process compliant with NMC requirements (66, 106-109, 114).

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

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

What we found before the event

The faculty has an established accreditation of prior learning (APL) process (33). The APL policy and process is not used within the pre-registration midwifery programmes (1-2).

What we found at the event

We found the university has a clear APL policy and achievement process to enable students to have their previous learning and experience recognised against programme requirements which meets NMC requirements. We confirmed APL is not permitted for students entering the pre-registration midwifery programmes which is compliant with NMC requirements (1-2, 14-15, 17, 33).

SCPHN HV students are aware of the APL process but have not used the process in their current studies. There was one student who could have completed an APL claim

for the V300 supplementary and independent prescribing module but had chosen to undertake an optional module as part of the SCPHN programme (71, 80).

Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

The faculty has an escalating concern process regarding students on practice placement. There are faculty fitness to practise regulations for allegations of professional unsuitability and professional misconduct and a policy for the determination of fitness to practise (28-29, 31).

What we found at the event

We found there are comprehensive processes for dealing with concerns about students' performance in practice; they are readily available on the faculty PLU webpage and signposted in programme handbooks. Mentors/sign-off mentors and practice teachers, and students on the pre-registration midwifery and SCPHN HV programmes demonstrate a clear understanding of these processes (14-15, 18, 28-29, 34, 73-76, 81-83, 94).

SCPHN HV

We confirmed that the programme team, sign-off practice teachers, mentors and students understand the processes for addressing issues of poor student performance in practice. Practice teachers are confident to follow the process and reported that an action plan would be developed with the student, service manager, and academic tutor. A sign-off practice teacher described two occasions of managing a failing student and commended the support received from the university programme team (71, 80-83, 94).

Pre-registration midwifery

We confirmed that sign-off mentors follow the correct procedures to address issues of poor student performance in practice. Sign-off mentors told us that they are supported by the PLF and link lecturer to manage and resolve any issues. We saw evidence in the student practice documentation of the initiation, progress review and completion of action plans to provide additional support to develop the student's ability to achieve practice learning outcomes (73-76, 106, 125, 127).

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



NMC requirements to protect the public.

**Outcome: Standard requires improvement**

Comments:

The process for monitoring and recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and SCPHN HV students requires improvement.

Areas for future monitoring:

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

**Findings against key risks**

**Key risk 3 - Practice Learning**

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

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

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

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

What we found before the event

The NHS Yorkshire and Humber PPQA website for healthcare placements in Yorkshire and Humber provides details about practice placement learning support which includes: guidance in the event of bullying while on placement; a policy for raising practice related concerns; practice placement profiles; a regional educational audit tool; mentor/practice educator registers; information about university link lecturers; student evaluation of placements; and, mentor/practice educator evaluation questionnaires (35-38).

There is a regional educational audit tool and process for all healthcare professions. The audits are recorded on the PPQA website (35-38).

There is a process for withdrawing students from placement areas. When reallocating the students, the placement chosen takes account of the student's learning and assessment needs at the particular stage of their programme (45).

Re-auditing of any practice learning environment from which students have been removed is undertaken prior to the placement being re-utilised, with oversight from the LME for midwifery students (45).

#### What we found at the event

We found evidence of effective partnership working between the university and service providers at strategic and operational levels. The faculty practice placement charter identifies the roles and responsibilities of key stakeholders (64, 70, 79).

The faculty has systems in place which ensure that patient and student safety is at the forefront of any action plans arising from adverse practice learning, clinical governance, and risk issues requiring joint action (70, 79).

At a strategic level the responsibility for the governance of practice learning lies with the strategic partnership group. Adverse findings from CQC inspections are discussed and action plans developed in partnership to ensure additional levels of scrutiny and risk assessment processes are in place and students of the university are fully supported and safe. This was evidenced in the action plan developed in response to the inadequate outcomes reported for NLAG NHS Foundation Trust. All risks to practice learning are monitored through the school and faculty senior management teams and committees (70, 95-97).

We found that the university has exceptionally reported adverse concerns and incidents to the NMC in a timely manner in line with the NMC QA framework (70, 96).

The PLU team work with key stakeholders to facilitate the development of practice learning environments for students. The quality of placements is monitored and managed through the practice forum which meets monthly. We were told that any concerns identified through this group can be escalated to the strategic partnership group, as necessary. We observed the notes and actions of a number of practice forum meetings and whilst these notes may be meaningful to forum members they were brief, did not give a clear indication of attendees at the meetings, or the closure of some actions. The school may wish to review the reporting process to enhance the transparency of issues discussed (70, 120).

The PLU website is very informative and provides information for students, mentors/practice teachers including: policies and procedures related to practice placements; link lecturer contact details; practice mentor/teacher handbooks; and, details of mentor/practice teacher study days and updates. Practice placement providers told us this is an excellent resource (34, 70, 73-76, 81-83).

We found that the PLFs have a pivotal role working in partnership with practice placement providers and the university. This was confirmed by academic staff,



students and mentors/sign-off mentors, practice teachers and practice managers. PLFs told us that there are effective communication networks and support between the trusts and the university (71-76, 83, 121).

All students and practice staff are aware of the raising and escalating concerns policy. A new bullying policy has recently been added to the suite of fitness to practise processes in 2017. We were told that student midwives have a teaching session in relation to raising and escalating concerns as part of their professional preparation for practice in year one of the programme. We were told by one head of midwifery that there is a 'freedom to speak up guardian' who speaks to students about the importance of whistleblowing, when necessary. We are assured that students are fully supported to raise and escalate concerns in practice and that they are taken seriously, investigated and reported (11, 34, 36, 73-76, 80).

We were told by the commissioner that there is an effective strategic working relationship with the university. Service level agreements between the university and practice placement providers are in place. Reporting processes to HEEN are robust with an evidence based annual review conducted in partnership with practice placement providers (78-79, 103).

We found that the university has an effective collaborative partnership with two other AEs who share practice placements. The NHS Yorkshire and Humber PPQA website is a shared website to assist all stakeholders meet practice placement quality assurance requirements for healthcare placements in Yorkshire and Humber (63, 70, 79).

We viewed the content of the PPQA website in the university and during placement visits and found informative details about practice placement learning support and guidance. There is a regional educational audit tool for practice learning environments and evidence confirms they are carried out on an annual basis by the link lecturer, PLF and practice manager and meet NMC requirements. Any actions arising from educational audits are reported, reviewed and completed by the PLF in collaboration with the link lecturer, and this information is shared with other programme providers where placements are shared to ensure student safety. We confirmed the development and date of completion of action plans when viewing the PPQA system (35, 40, 63-65, 70, 76, 86, 115).

We were told that the withdrawal and reintroduction of placements is effectively carried out where necessary, and is supported by robust processes understood by all relevant stakeholders, although we heard this has not been necessary for some time (73-76).

We conclude that there are effective partnerships between education and service providers at all levels and with AEs who use the same practice placement locations.

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

What we found before the event

The monitoring review in 2014 confirmed service user and carer involvement in programme development and delivery was progressing but the momentum needed to be maintained (38).

A user and carer representative was involved in the development of the SCPHN programme. The views of service users were sought via face to face meetings and social networking communications during the development of the pre-registration midwifery programmes (17, 22-23, 39).

What we found at the event

We found evidence that practitioners are involved in programme development, delivery and programme management team meetings of the pre-registration midwifery and SCPHN HV programmes. This was confirmed by mentors/sign-off mentors, practice teachers, practice managers and students (61, 71-76, 80-83, 110-112).

SCPHN HV

We found examples of practice teachers delivering sessions in the SCPHN HV programme including: perinatal mental health, safeguarding, public health and infant feeding. Sign-off practice teachers who are practising prescribers contribute to the teaching and assessment of the prescribing elements of the programme (4, 71, 98, 110, 112).

Except for a service user who delivers a session about their experience of working with families and children there is limited evidence of service user or carer involvement in the programme (71, 80).

Pre-registration midwifery

Practitioners confirmed they deliver specialist sessions to students within the university (73-76).

We found that service users commented on programme development via Facebook in 2013/14. We were told that a representative from the stillbirth and neonatal death society contributes to programme delivery. However, from reviewing documentation there is no recent evidence of service user input to the delivery of the midwifery programmes (1-2, 62, 104).

We spoke to six service users of the maternity services via telephone during the review who all expressed an interest in being part of a service user forum (77).

Students are required to include feedback from service users in their practice assessment documentation (PAD). We were told differing accounts of the process whereby students should access service users for feedback comments. We were also told that students received feedback from service users as part of their caseload

holding experience. However, we viewed a sample of midwifery student PADs and confirmed service user feedback was included (72-76, 105-106, 108, 127).

Heads of midwifery, midwifery managers, and mentors/sign-off mentors told us that service user feedback is gathered via 'friends and family cards' (an NHS initiative) and would be shared with a student who was named in the feedback (73-76, 84-85).

We viewed a university and faculty combined education strategy operational plan which includes reference to the appointment of a service user co-ordinator to support good practice in co-production of curricula and service user and carer involvement in all aspects of teaching, learning and assessment, but there is no timescale or impact indicators (119).

We conclude from our findings that practitioners are involved in programme development and delivery. However, there has been limited development in service user and carer involvement in programme delivery since the last monitoring review in 2014. Service users and carers have limited involvement in the pre-registration midwifery and SCPHN HV programmes and this requires improvement. A service user and carer strategy and comprehensive and systematic implementation plan of service user involvement in all aspects of the programmes is required, including routine reporting on outputs.

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

What we found before the event

Faculty academic staff, with NMC registration as nurses or midwives, act as link lecturers to practice placement areas (14-15).

What we found at the event

Academic staff confirmed that their workload is managed to enable them to visit practice placement areas to support students and mentors in the achievement of NMC standards. We confirmed this when viewing individual workload data capture sheet for midwifery and SCPHN academic staff which includes 20 percent of time for engagement in practice by each staff member (40, 61-62, 71-72, 87).

SCPHN HV

We found that the SCPHN pathway leader and lecturers visit students in practice placements at least once every semester which is highly valued by the students, practice teachers and mentors (71, 80-81, 83, 131).

Students told us their personal tutor discusses the practice assessment book that is available as a PebblePad portfolio during the placement visit as part of their triangulation meeting (18, 81-83, 132).

Pre-registration midwifery

Midwifery link lecturers confirmed they have responsibility for supporting placements in a specific geographical area and for some lecturers this involves a significant distance of travel (40, 61, 72).

Senior midwifery staff, mentors and PLFs confirmed that link lecturers are visible within most of the placement areas and described the role as productive and valuable in supporting students, mentors, completing educational audits and delivering mentor updates (72-76).

Sign-off mentors and midwifery students told us link lecturers are contactable and responsive. They confirmed that link lecturers visit students in practice at interim assessment interviews and they sometimes 'drop in' to see how students are progressing (73-76, 127).

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

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

What we found before the event

The faculty offers an NMC approved mentorship in professional practice module at academic level six and seven and a postgraduate certificate practice teacher programme (41-42).

Details of sign-off mentors and practice teachers are held on the PPQA database which can be accessed by trust and university staff (35, 86).

What we found at the event

Mentors/sign-off mentors and practice teachers reported that they are well prepared for their role through an effective preparation programme, mandatory annual updates and triennial review. They reported that they were released from practice to undertake the preparation programmes and supported to have the required protected time by their managers. This was verified by heads of midwifery and service managers (73-76, 84, 127).

SCPHN HV

Sign-off practice teachers, and mentors are prepared and updated for their role by the university by attending two practice teacher meetings, and a study day every year. Preparation for the sign-off practice teacher and mentor role is reported by sign-off practice teachers and mentors as informative (41-42, 81-83, 99-101).

Students confirmed they are well supported by their sign-off practice teacher and mentor and enabled to meet their learning outcomes by the end of the programme. Sign-off practice teachers understand the assessment process and evidenced their responsibilities by signing off proficiencies in the practice assessment book and in working with and supporting the 'long arm' practice teacher and mentor model (80-81, 83, 131).

Pre-registration midwifery

Sign-off mentors reported that they were well prepared by the mentorship preparation programme and understand the PAD. They are supported by link lecturers during the interim assessment process and if there are any concerns with a student's performance (73-76).

We found documentary evidence within the completed student PAD, that mentors and sign-off mentors are completing the practice documentation correctly, in full and timeously at the relevant progression points and sign-off points (106, 108, 127).

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

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 PPQA mentor register identifies when a mentor/practice teacher has undertaken an update, and the mode of delivery to ensure mentors/practice teachers receive a mixture of methods over a three-year period. The register also records when triennial reviews have been completed (35, 43-44).

What we found at the event

We confirmed that the PPQA system includes the mentor/practice teacher registers and current educational audits which identify the number of learners each placement area can support. The PPQA is accessed by a secure, password protected login. The mentor/practice teacher register for each practice placement is maintained by the PLF and records the mentor/practice teacher's preparation programme and date, date and mode of annual update, sign-off status and triennial review date. The system uses a flag mechanism to notify mentors/practice teachers their 'active' status will expire in three months, one month or one day if they do not attend an update or complete a triennial review (35, 43, 81, 83, 86).

Practice managers, mentors and students confirmed that the practice placement areas provide sufficient experience and support to enable students to achieve NMC



competencies/proficiencies (73-76, 80-84).

We found that any changes to the practice placement circuit are managed through effective and timely escalation to the university to ensure the change has minimal impact on the student experience (63, 70, 73-76, 82-83, 85-86).

#### SCPHN HV

We randomly checked the PPQA mentor/practice teacher register to confirm accuracy of recording against the list of practice teachers currently providing support for SCPHN HV students. We found inconsistencies in the recording of sign-off status for some practice teachers (63).

We also observed that three individuals recorded as sign-off practice teachers had no record of having completed a practice teacher preparation programme. We were later provided with evidence that this information was incorrect and the practice teachers had completed an approved preparation programme in 2013 and 2015. The system was later updated to reflect the correct information (63, 83).

#### Pre-registration midwifery

In most midwifery practice placements we visited we found evidence that mentor databases in the PPQA system are up to date, and students are only allocated to appropriately and adequately prepared mentors/sign-off mentors (73-76, 86).

Heads of midwifery and practice managers assured us that any changes resulting from service reconfigurations are communicated to programme providers in a timely way to enable effective oversight of student support by mentors/sign-off mentors (73, 76, 84).

Sign-off mentors reported that they are aware of the role of the PLF in relation to monitoring their update and triennial review status and confirmed the process to allocate an amber or red flag against mentor status. We confirmed that those sign-off mentors with a red flag should be immediately 'deactivated' and should not support and assess students (73, 76, 86, 121).

However, we found online evidence that the mentor databases in two community placement areas in NLAG NHS Foundation Trust are not accurate. In Louth community area, there were six sign-off mentors identified as 'active'. However, five of them had 'red flags' indicating that they were out of date for either the mentor update or triennial review or both and should have been deactivated. One of the sign-off mentors had been 'out of date' since 2013 and another two since 2015 and they were annotated as 'active' on the register. The sixth sign-off mentor had an 'amber flag' indicating that they were about to go out of date; the mentor is currently supporting a student midwife. The student will only continue to be mentored by an appropriately prepared mentor for six more days, unless the sign-off mentor completes an update (76, 86).

The midwifery programme staff said that there are times when mentors are 'live' when they begin mentoring a student but are not by the time the student needs to be signed off at the end of their placement/year. We were informed that in these cases students

are signed off by another mentor, which was confirmed by sign-off mentors (72-73, 76, 121).

In another community area, there are nine sign-off mentors, of whom four are up to date. The other five are 'red flagged' for being out of date for either the update or triennial review or both and should have been removed from the register. We also observed that two mentors were annotated as not being sign-off mentors which is non-compliant with NMC standards which requires all midwifery mentors to be sign-off mentors (NMC, 2008). In addition, two mentors had been 'out of date' since 2015, yet they were on the register as 'active' (76, 86).

We found that the PLF and link lecturers for those placement areas were not aware of the content of these two databases. We concluded that the databases do not demonstrate a robust and secure system for the safe allocation of students to appropriately prepared sign-off mentors (76, 121).

We found it was difficult to ascertain exactly how many students were currently working within these two community areas. This is because the allocation of midwifery students to practice placements is requested by the midwifery academic team but made by practice placement providers and not through the established faculty placement team's allocation of students to placements (86, 121, 123).

We conclude that a robust and secure system is not in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students in community midwifery in NLAG NHS Foundation Trust.

We also found inconsistencies in the recording of sign-off status of practice teachers supporting the SCPHN HV programme in the PPQA system for healthcare placements. These were corrected during our visit.

The system to allocate sign-off mentors/practice teachers requires urgent and immediate action to manage the risk and ensure public protection. No pre-registration midwifery students must be allocated to the community midwifery teams until this has been completed and mentors are up to date. The sign-off mentor supporting the pre-registration midwifery student must complete an annual update by 29 November 2017 or the student must be reallocated.

**Outcome: Standard not met**

Comments:

Service users and carers have limited involvement in the pre-registration midwifery and SCPHN HV programmes and this requires improvement.

A robust and secure system is not in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students in community midwifery in NLAG NHS Foundation Trust. In one community team (Louth) comprising six sign-off mentors, five are out of date: two for triennial review; and, three have not completed annual mentor updates. There is one student midwife allocated to this community team until 17 December 2017; she is allocated to a sign-off mentor who must complete an update by 29 November 2017 to remain current. In another community midwifery team, the mentor system



demonstrates two sign-off mentors are 'active' however both are out of date for triennial reviews and annual updates.

There are inconsistencies in the recording of sign-off status of practice teachers supporting the SCPHN HV programme in the PPQA system for healthcare placements. These were corrected during our visit.

The system to allocate sign-off mentors/practice teachers requires urgent and immediate action to manage the risk and ensure public protection. No pre-registration midwifery students must be allocated to the community midwifery teams until this has been completed and mentors are up to date. The sign-off mentor supporting the pre-registration midwifery student must complete an annual update by the 29 November 2017 or the student must be reallocated.

The university implemented an action plan to ensure that the key risk areas are addressed.

**20 April 2018: Follow up Documentary Evidence from the University of Hull.  
Standard now requires improvement**

A review of progress against the university action plan took place on 29 November 2017 and 20 April 2018.

29 November 2017: The university implemented an immediate action plan to ensure the student midwife on placement in the community midwifery area was supported by an up to date sign-off mentor. In addition, mentor updates were provided for sign-off mentors in the community area to ensure they were up to date. A screen shot of the mentor register on the PPQA website confirmed three sign-off mentors completed annual updates on 28 November 2017.

20 April 2018: Documentary evidence demonstrates the university has strengthened collaborative working with NLAG NHS Foundation Trust to ensure there are adequate appropriately prepared and up to date sign-off mentors to support pre-registration midwifery students.

The placement team in the university has enhanced systems to monitor and track actions related to practice learning, including ensuring the PPQA system and placement data is up to date. Any issues related to support in practice learning environments are identified and monitored in a risk register and actions are completed in partnership with relevant practice placement providers.

Systems are in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students. The PPQA system verifies that only current up to date midwifery sign-off mentors are 'live' on the system and accurately records SCPHN HV sign-off practice teacher status.

The risks are now controlled. NMC standards and requirements are met and the public is protected. The practice learning outcome is now graded requires improvement to reflect the outstanding area for improvement identified above.

Evidence to support completion of the action plan:

- UoH PPQA website screen shot of mentor/practice teacher database, 28 November 2017

- UoH, faculty of health sciences (FHS) risk register for placements, 20 April 2018
- UoH, FHS placement support team, flow chart (draft), 27 March 2018
- UoH, FHS practice forum meeting minutes, 9 February 2018
- UoH, FHS practice forum agenda, meeting minutes and action tracker, 13 April 2018
- UoH, FHS placement management meeting minutes, 18 April 2018
- UoH, FHS practice forum action tracker, 6 March 2018

Areas for future monitoring:

- A service user and carer strategy and associated comprehensive and systematic implementation plan of service user involvement in all aspects of the pre-registration midwifery and SCPHN HV programmes is in place, including routine reporting on outputs.
- Systems ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students
- The system for recording the sign-off status of practice teachers is robust.

### 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

There is documentary evidence that the pre-registration midwifery programmes and the SCPHN HV programme are mapped against the relevant NMC standards (1-2, 4, 18, 22-24).

SCPHN HV

The full-time programme is completed during a 52-week academic year and the part time route over two 52-week academic years. The practice assessment book contains the practice proficiencies and is available as a PebblePad portfolio which is accessed via a secure password protected login (17-18).

#### Pre-registration midwifery

The faculty supports inter-professional interactions during practice placements. Inter-professional seminars include students studying: nursing all fields; midwifery, medicine, occupational therapy, operating department practice and physiotherapy (1-2, 22-23).

A common assessment tool (CAT), developed by the six AEs in the Yorkshire and Humber region, provides a clear record of student performance and skills development in line with the midwifery competencies required to achieve the Standards for pre-registration midwifery education (NMC, 2009), the essential skills clusters (ESCs) and the Code (NMC, 2015). Midwifery practice is graded. Students receive feedback from women, which they can use as evidence towards achievement of their performance and skills outcomes (1-2, 14-15, 22-23, 48-50).

#### What we found at the event

The university's learning and teaching strategy is implemented by the faculty and facilitates a wide range of learning, teaching and assessment strategies. These strategies are described in module specifications, reported as effective by students and monitored by the programme teams (14-15, 18, 67).

#### SCPHN HV

We found that programme learning outcomes and the standards of proficiency for entry onto part three of the professional register (NMC, 2004) are made explicit for students in programme documentation and the practice assessment book; students and practice teachers clearly understand programme expectations. Students confirmed they are adequately prepared through a range of learning and teaching strategies to meet the theoretical assessment requirements. We found the V100 community practitioner nurse prescribing module is optional within the programme (4, 17-18, 24-25, 80-81, 83, 129, 131).

Students receive mandatory training as part of their contract of employment with the designated service provider which they confirmed adequately prepares them for practice placements (80).

We found that, in addition to practice placement time attached to core modules, students have learning time allocated within the programme to explore the scope and content of professional practice within health visiting in preparation for the consolidation of the practice portfolio module (17-18, 71, 80, 132).

An ongoing record of the student's achievements in practice is maintained using the

practice portfolio documentation and provides formative and developmental support. Students and practice teachers confirmed this is developed during the programme and assessed during the final consolidation of practice portfolio module (17-18, 71, 80-81, 83).

We confirmed that student attendance is monitored and robustly recorded. Theory hours are recorded electronically and also by paper copies by university staff. We were informed by students and practice teachers that practice hours are recorded in the practice assessment book on PebblePad and verified by the practice teacher. We confirmed this when we viewed a sample of attendance records in the practice documentation on PebblePad (80-81, 83, 131).

#### Pre-registration midwifery

We found that students are provided with clear and current information that specifies the learning, teaching and support available to them, including resources to enable learning (14-15, 22-23).

Teaching and learning approaches include simulation, inter-professional learning opportunities and service user perspectives. Students have access to the 'Authentic World' computer software learning package; this allows the student to self-assess competency in relation to drug calculations and to work independently through the modules to improve their numeracy skills (14-15, 22-23, 116-117).

Academic staff informed us that the university has made a significant investment in providing contemporary resources and facilities to support students' learning. Students told us that the simulated learning resources in the Allam building are very effective to develop and rehearse caring skills prior to practice placements (5, 47, 61-62, 72-76).

Prior to practice placements, students undertake a range of mandatory training including moving and handling, resolution of conflict, immediate resuscitation and infection control, which they confirmed adequately prepares them for practice placements (22-23, 72-76).

We found that students are enabled to monitor their progress and further development through appropriate and effective formative and summative assessment processes and feedback systems that include regular meetings with their personal tutor, reflections and assessment feedback. Some students told us they would like more independent study time when there are in university to access resources (72-76, 106, 127).

Documentation confirmed that students are able to meet the required hours of theory and practice to comply with the EU directive and NMC standards and requirements. We found the programme hours in theory and practice are recorded and monitored and meet NMC requirements; this was confirmed by students and academic staff (72-76, 121, 124, 127).

We found evidence that programme providers collect, analyse and report appropriate information/data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities. However, the

analysis of the module evaluation questionnaires (MEQs) was not always consistent. Programme annual reports are comprehensive and provide evidence of appropriate information/data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities (51, 54, 116-117).

Our findings confirm that students on the pre-registration midwifery and SCPHN HV programmes are supported to achieve all NMC learning outcomes and competencies 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

#### SCPHN HV

The consolidation of practice portfolio module is completed during a 13-week period of practice incorporating 10 study days and a period of alternative practice, and constitutes the final module of the programme. The module must incorporate a continuous period of practice of at least 10 weeks' duration (17-18).

The practice assessment grid and marking criteria was revised in 2015 to ensure objectivity and a clear relationship to module and programme learning outcomes (4, 18, 24-25).

#### Pre-registration midwifery

Student midwives are actively involved in the care of a small group of women throughout their childbirth experience. Guidelines for caseload midwifery are available to assist students and mentors (14-15, 48-49).

A grading grid for all practice assessed modules assists in the grading of midwifery practice. Within the practice modules, there are additional assessments of practice elements as well as the grading of practice. This aims to provide objectivity and therefore be more representative of the student's abilities in practice (1-2, 14-15, 22-23, 48-49).

What we found at the event

We found that students on the programmes under review experience an effective range of practice learning experiences and support in practice to enable them to meet NMC outcomes and competencies/proficiencies. They recognise their responsibility to engage in these practice learning opportunities (73-76, 80).



#### SCPHN HV

Students told us that there are effective strategies for learning and support in practice which enables them to apply the theory taught in the university to practice. Learning opportunities in practice are reported by the students to be well structured by the sign-off practice teachers and mentors to support their achievement of learning outcomes (80).

The programme team, students and practice teachers told us that within the variety of learning opportunities in practice students spend 15 days exploring public health practice in other areas related to health visiting; a log of this activity is recorded in the practice assessment book (80-83, 131).

We found that practice assessment comprises both direct assessment by the practice teacher through observation of the student in practice, and indirect assessment by both practice teacher and personal supervisor through scrutiny of the evidence incorporated within the practice portfolio in the consolidation of practice module. We viewed a comprehensive practice assessment book on PebblePad which covers all learning outcomes and proficiencies and demonstrates appropriate use and records made by the practice teacher. Service user feedback on the student's performance is integrated in the practice assessment book (4, 17, 112, 131).

Students experience a 10-week period of consolidation at the end of the programme when they manage a caseload of around 100 clients. We found that this approach to consolidating learning is considered fundamental to preparing students for the health visitor role on successful completion of the programme and is highly valued by sign-off practice teachers, practice managers, and students (71, 80-83).

Practice managers and practice teachers confirmed that students successfully completing the programme are fit for practice and for entry onto part three of the NMC register. This is further evidenced in the sign-off practice teacher report and the overall statement of achievement in the practice assessment book on PebblePad (81-83, 114, 131).

#### Pre-registration midwifery

We found student midwives are supported by mentors/sign-off mentors, link lecturers and PLFs who all confirmed that students are prepared for practice by the university (73-76).

Students experience different approaches to maternity care in their home trusts. Students told us they have the opportunity for elective placements, which are up to two weeks in length and optional in year three of the programme, which provides the opportunity to observe midwifery care in a different setting. Practice learning experience includes caseload holding, whereby year three students carry a caseload of five women (22-23, 73-76, 85, 105).

Some students told us they did not feel supported for caseload holding by academic staff. We observed a range of guidance documents provided to students about caseload holding by the programme team. Mentors/sign-off mentors informed us that



students are very responsive to this learning experience and that they engage fully with the process. Sign-off mentors told us they work hard to ensure the students are able to meet the requirements of caseload holding (73-76, 83, 105, 127).

Sign-off mentors confirm their understanding of, and demonstrated appropriate use of, the PAD and the ongoing achievement record and their role in accurately recording the student's competence for the appropriate stage of achievement in practice (73-76, 106, 108, 127).

We found service users provide feedback to students about their performance in the practice document. We viewed a sample of completed student practice documentation and confirmed that mentors and sign-off mentors are completing the practice documentation correctly, in full and timeously (106, 108, 127).

We found that sign-off mentors are able to provide assurance that students on final placements demonstrate fitness for practice. This was confirmed by heads of midwifery and senior midwives who told us that students successfully completing the pre-registration midwifery programmes are able to practise safely and effectively (73-76, 84, 106, 108, 127).

The commissioner, HEEN reported that students exiting the pre-registration midwifery and SCPHN HV programmes are safe, competent and fit for practice and gain employment on successful completion of the programmes (79).

Our findings confirm 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

Students and practice placement providers have a range of opportunities to provide feedback and to evaluate all aspects of the pre-registration midwifery programmes and the SCPHN HV programme (15-16, 18-19).

Feedback from students and mentors/practice teachers regarding their practice experience is available on the PPQA website. Students in the final year of their pre-registration midwifery programme also have the opportunity to provide feedback utilising the additional questions regarding practice on the national student survey (NSS) (5, 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 including MEQs and feedback, staff-student liaison committee, programme management groups, annual faculty reporting and staff evaluation. Evaluation of theory modules is assessed using standard forms; evaluation of practice placements is via the PPQA system (58-59, 78, 86).

There are a range of committees at strategic and operational levels to review and enhance the provision of approved NMC programmes. The programme management group monitor approved programmes to ensure that all changes are undertaken in partnership with students, practice placement providers, HEEN, the university and other key stakeholders (58-59, 78).

Students on the programme being reviewed evaluate academic learning through MEQs. This was confirmed by students and programme teams and a sample of completed evaluation forms were viewed. Evaluation forms are collated and actions taken forward, as appropriate. Module descriptors are updated each year with a 'you said we did' section showing how the module has been changed in response to student feedback. The programme teams and senior staff within the school recognise that current students do not benefit from these changes, therefore a mid-point evaluation is being piloted for a selection of level six modules. The aim is to demonstrate the programme teams' responsiveness to current students' feedback (71-72, 78, 102, 116-117).

We confirmed that programme directors/leads complete annual programme reviews using a range of data sources which contain evidence of actions and outcomes on student feedback and evaluation of modules, and the programme and external examiner reports (51-57).

#### SCPHN HV

Students confirmed that they complete MEQs and their feedback is well received and acted upon by the programme team. They gave an example of an infant feeding co-ordinator session which was rescheduled earlier in the programme in response to their feedback. We found placement learning and support from practice teachers and mentors is positively evaluated in enabling students' achievement of learning outcomes (80).

There was robust evidence that the student voice was heard and appropriately responded to which is facilitated by a student representative. We found evidence of regular feedback about practice learning evaluations and students' feedback on placement learning experiences was evidenced and discussed at the practice teacher meetings every semester (80-81, 83, 99-101).

#### Pre-registration midwifery

We observed feedback in MEQs and were told by students about two separate issues when they had raised concerns related to the academic setting. Students told us that they did not know what action if any had been taken. We raised these concerns with senior staff who confirmed that action had been taken for both issues and provided an outline of the actions, although we did not see documentary evidence that these issues had been discussed and action taken. We concluded that the process to ensure concerns raised by students related to the academic setting requires improvement to ensure the transparency of the process, timely and proportionate action is taken and students receive appropriate support and feedback (113, 116).

Students can evaluate their practice experience via an online form on the faculty PLU webpage; we observed some examples. We found that senior midwives and PLFs are aware of students' practice placement evaluations and use the feedback to enhance practice placements. We found that whilst there are agreed mechanisms in place to ensure that practice placements receive and respond to student evaluations of placement learning experiences, dissemination of the information to sign-off mentors is variable in some placements and could be reinforced (73-76, 83, 85).

The nomination and appointment of external examiners follows QA processes and professional currency and due regard is confirmed. However, the school does not monitor external examiners' registration and revalidation requirements. This requires improvement (58-59, 78).

We found that external examiners for the pre-registration midwifery and SCPHN HV programmes have due regard for the modules and programmes within their portfolio. They provide external scrutiny for modules at all academic levels; report on theory and practice based elements of the programmes; and, the achievement of students at progression points and leading to the award and eligibility for professional registration. The programme teams have responded to external examiner comments in a timely manner, taking cognisance of their suggestions by means of an action plan, if necessary (32, 52-53, 107).

We found evidence that the pre-registration midwifery external examiner has visited

practice placements and met with students and sign-off mentors. However, the external examiner for the SCPHN HV programme has not met with students and practice teachers. This requires improvement. (52-53, 55, 71-72).

In the school we observed the dependency on key individuals in relation to leading some processes and disseminating information. The transparency of these processes was not always evident. We concluded that the recording, storage and dissemination of information requires improvement to ensure the quality of the programmes can be evidenced.

Our findings confirm the university has improvement systems for student feedback and evaluation/programme evaluation to address weakness and enhance programme delivery. However, some quality monitoring processes require improvement to ensure a consistent approach to safeguard the quality of the programmes. These include: the processes to ensure concerns raised by students related to the academic setting are transparent, timely and proportionate action is taken and students receive appropriate support and feedback; a process to monitor external examiners' registration and revalidation requirements are met; and, the external examiner for the SCPHN HV programme should engage more fully with the assessment of practice learning, particularly meeting with students and practice teachers. In addition, the transparency of all QA processes should be evident including the recording, storage and dissemination of information to ensure the quality of the programmes can be evidenced.

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

What we found before the event

The university regulations for the investigation and determination of complaints by students set out the procedures through which formal complaints by students must be addressed. They emphasise informal resolution as the first objective. Complaints must be lodged in the first instance with the head of the department against whom the complaint is based. The formal resolution stage one (departmental complaint) may progress to stage two (university complaint) (60).

Students are encouraged to initially use informal channels to raise concerns wherever possible, for example through their personal supervisor, academic support tutor, director of student experience or student hub (60).

What we found at the event

There is a robust university process that enables students to raise concerns and complaints in practice learning settings in a supportive and timely manner. At the time

of reporting no midwifery or SCPHN HV student had formally complained about their experience in practice learning settings (60, 70-76, 80-83).

We were informed about three separate issues which had been raised as a concern in practice placements from students studying other healthcare programmes; documentary evidence confirmed these issues were effectively addressed through early resolution (70, 118).

Students are clearly signposted to easily accessible policies and guidance on the faculty PLU regarding concerns or complaints raised in practice learning settings, which was confirmed by students (72-76).

Mentors/sign-off mentors, practice teachers and PLFs confirmed they are confident they would be supported to escalate a concern in practice and that timely, appropriate, and proportionate action would be taken to seek resolution (72-76).

We were told that feedback from external examiners' engagement and reporting of assessment in practice is provided annually within programme reviews, at annual quality meetings within the faculty, at programme management team meetings and at mentor updates (78, 99-101, 104).

Our findings conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

**Outcome: Standard requires improvement**

Comments:

Some quality monitoring processes require improvement to ensure a consistent approach to safeguard the quality of the programmes. These include: the processes to ensure concerns raised by students related to the academic setting are transparent, timely and proportionate action is taken and students receive appropriate support and feedback; a process to monitor external examiners' registration and revalidation requirements are met; and, the external examiner for the SCPHN HV programme should engage more fully with the assessment of practice learning, particularly meeting with students and practice teachers.

In addition, the transparency of all QA processes should be evident including the recording, storage and dissemination of information to ensure the quality of the programmes can be evidenced.

Areas for future monitoring:

- Processes to ensure concerns raised by students related to the academic setting are transparent, timely and proportionate action is taken and students receive appropriate support and feedback.
- The AEI ensures external examiners' registration and revalidation requirements are met.
- External examiners engage in theory and practice.
- The transparency of all QA processes including the recording, storage and dissemination of information to ensure the quality of the programmes.



### Evidence / Reference Source

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69. *Community nursing interviews for September 2017, undated*
70. *Meeting to discuss governance of practice learning and fitness to practise, 21 November 2017*
71. *UoH programme team meeting SCPHN HV, 21 November 2017*
72. *UoH programme team meeting pre-registration midwifery, 21 November 2017*
73. *Placement visit to women and children's unity, Hull Royal Infirmary, meetings with: head of midwifery, lead midwife, mentors, and students, review of educational audits, duty rotas, mentor data base, 21 November 2017*
74. *Placement visit to community midwifery teams NLAG NHS Foundation Trust, meetings with students and mentors, review of educational audits, duty rotas, mentor data base, 22 November 2017*
75. *Placement visit NLAG NHS Foundation Trust, Scunthorpe General Hospital maternity unit meetings with: head of midwifery, operational matron, mentors, and students, review of educational audits, duty rotas, mentor data base, 22 November 2017*
76. *Placement visit NLAG NHS Foundation Trust, Diana, Princess of Wales Hospital, Grimsby maternity unit meetings with: mentors, and students, review of educational audits, duty rotas, mentor database, 22 November 2017*
77. *Telephone calls to maternity service users, 21 November 2017*
78. *UoH meeting to discuss quality assurance of programmes, 22 November 2017*
79. *Telephone call with HEEN representative, 22 November 2017*
80. *Meetings with SCPHN HV students, 22 November 2017*
81. *Meeting with practice teachers from providers outside Hull: York Council, RDaSH, North East Lincolnshire council, Harrogate and District NHS Foundation Trust, 22 November 2017*

82. Meeting with managers from providers outside Hull: York Council, RDaSH, North East Lincolnshire council, Harrogate and District NHS Foundation Trust, 22 November 2017
83. Meeting with practice teachers and managers, Orchard Centre, CHCP Hull, 23 November
84. Telephone call with head of midwifery, maternity services Scarborough hospital, York NHS Trust, 23 November 2017
85. Telephone call with PLF Leeds Hospital NHS Trust, 23 November 2017
86. PPQA demonstration of maternity placements, 23 November 2017
87. SHSW workload model data capture sheet (eight midwifery academic staff and four SCPHN academic staff), 2017-18
88. UoH academic staff equality and diversity training records, undated
89. UoH pre-qualifying midwifery interview check list and declaration agreeing to disclosure of DBS check to placement provider, undated
90. UoH pre-registration midwifery: MMI interview process – entry 2018
91. UoH pre-registration midwifery programme interview record, undated
92. Completed declaration of good health and good character forms, midwifery, August 2017
93. UoH summary of three cases investigated under regulations governing the investigation and determination of allegations of professional unsuitability and professional misconduct, June 2017, May 2016, July 2015
94. UoH action plan for mentors if concerned about student performance, undated
95. UoH actions taken in response to NLAG NHS Foundation Trust CQC report, April 2017
96. UoH NLAG NHS Foundation Trust CQC report exceptional reporting to NMC, 22 April 2017
97. Draft protocol for informing the UoH about datix reporting involving pre-registration students, undated
98. Service user, student and partner collaboration in SCPHN programme, undated
99. UoH practice teacher study day, 10 August 2017: agenda, register and study day evaluation
100. UoH practice teacher meeting, 24 April 2017 and 23 November 2017: agenda, and minutes of meeting
101. UoH practice teacher meeting, 23 November 2017: agenda and minutes of meeting
102. UoH BSc/postgraduate diploma in community nursing programme management and advisory group, 27 April 2017
103. UoH HEEN education commissioning for quality (ECQ) update 2015, 20 November 2015
104. UoH pre-registration midwifery programme management team meetings, 31 July 2017, May 2017, 11 May 2016, 11 November 2015
105. Information for students about caseload holding: PowerPoint introduction to case loading; case loading clarification of issues and answers to frequently asked questions; caseload holding notes, undated
106. Pre-registration midwifery BSc (Hons) midwifery practice assessment module one, two, three undated
107. Faculty of health sciences, school of health and social work, module pre-board guidance, undated

108. UoH academic information systems, submissions of course work report: pre-registration midwifery practice modules two, 30 August 2017: practice module one, 6 March 2017
109. UoH module boards for BSc midwifery long/short programme/PgD 12-week rule, all academic levels, 27 October 2017, 22 June 2017, 27 April 2017, 14 December 2016
110. UoH SCPHN (HV) programme timetable (full time and part time), 2017-18
111. UoH SCPHN (HV) programme planner (full time and part time), 2017-18
112. SCPHN (HV) timetable for consolidation of practice, 2017
113. Module evaluations: Public health 1 (2): Using evidence and information in specialist practice (2): Public health 2 (2); Working with families and communities to safeguard children and young people (2): Leading and organising specialist practice (2); Consolidation of practice portfolio SCPHN (2), various dates
114. UoH module board specialist community practice modules, consolidation of practice portfolio (SCPHN HV), 30 August 2017
115. PPQA educational audit action plans monitoring process (four examples midwifery placement audits) action plans and completion, 10 January 2017, 9 August 2016, 5 June 2017 x2
116. Pre-registration midwifery module evaluations, various dates
117. Pre-registration BSc (Hons) midwifery three-year programme end of programme evaluation, September 2014 cohort, September 2017
118. Examples of student placement concerns: email trail (March-May 2017) and placement evaluation, March 2017
119. UoH education strategy implementation plan: university and faculty combined, version two, August 2017
120. Notes and actions of practice forum, 15 September 2017, 18 August 2017, 21 July 2017, 16 June 2017, 7 April 2017, 3 March 2017, 3 February 2017
121. Additional meeting with midwifery lecturers to discuss attendance monitoring and theory/practice hours, and mentor registers in NLAG NHS Foundation Trust, 23 November 2017
122. Pre-registration midwifery (three year) programme entry information: date of birth of students
123. Pre-registration midwifery community placements, 1 September 2017 to 30 April 2018
124. Pre-registration midwifery: making up theory time: information/action plan, 6 March 2016
125. Action plan for mentors if concerned about pre-registration midwifery students' performance, October 2015
126. Mentor scenarios and activities, undated
127. Student midwives – case notes, various dates
128. Email communication from LME, 23 November 2017
129. SCPHN HV student personal file (two), various dates
130. SCPHN HV declaration of health and character form, undated
131. SCPHN HV practice assessment book - PebblePad, accessed 22 November 2017

132. SCPHN HV module handbooks (three), undated

Personnel supporting programme monitoring
<b>Prior to monitoring event</b>
Date of initial visit: 31 Oct 2017
<b>Meetings with:</b>
Head of quality Associate dean, learning, teaching and quality LME, Head of midwifery and child Head of school School academic manager Community programme director Programme director, pre-registration midwifery three-year programme Programme director, pre-registration midwifery shortened programme Pathway leader, SCPHN HV programme
<b>At monitoring event</b>
<b>Meetings with:</b>
Associate dean education, faculty of health sciences Head of school School academic manager Director of learning and teaching Programme director, BSc (Hons) midwifery: 85-week programme Programme director, community programmes Community programmes pathway lead, health visiting Programme director, practice educator and return to practice programmes Head of quality, learning and teaching Midwifery lecturers x5 Mobility and placements coordinator Academic team pre-registration midwifery programmes Academic team SCPHN HV programme Placement database team Community midwifery team, McMillan Children's Centre, Hull



Head of midwifery and lead midwife, Women and Children's Unit, Hull Royal Infirmary  
 PLFs, Women and Children's Unit, Hull Royal Infirmary  
 Community midwifery team, Barton, Scunthorpe  
 Senior midwife, antenatal clinic, Scunthorpe General Hospital  
 Interim head of midwifery and lead midwife, Scunthorpe General Hospital  
 Senior manager labour ward, Scunthorpe General Hospital  
 Senior midwives, Diana Princess of Wales Maternity Unit, Grimsby  
 PLF, Diana Princess of Wales Maternity Unit, Grimsby  
 Director of placements, University of Hull  
 Link lecturers, University of Hull  
 Operational matron, Scunthorpe General Hospital  
 Telephone calls with:  
 Head of midwifery York Teaching Hospitals NHS Foundation Trust, Scarborough Hospital  
 PLF Leeds NHS Foundation Trust

Meetings with:

Mentors / sign-off mentors	24
Practice teachers	14
Service users / Carers (in university)	
Service users / Carers (in practice)	
Practice Education Facilitator	6
Director / manager nursing	5
Director / manager midwifery	16
Education commissioners or equivalent	1

Designated Medical Practitioners	
Other:	3 SCPHN HV students who had completed programme in 2016 and 2017

Meetings with students:

Student Type	Number met
Registered Midwife - 18 & 36M	Year 1: 5 Year 2: 5 Year 3: 1 Year 4: 0
Registered Specialist Comm Public Health Nursing - HV	Year 1: 9 Year 2: 1 Year 3: 0 Year 4: 0

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