

**2017-18**

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

Programme provider	Staffordshire University
Programmes monitored	Registered Midwife - 18 & 36M
Date of monitoring event	31 Jan-01 Feb 2018
Managing Reviewer	Janette Bowyer
Lay Reviewer	Ruth Jones
Registrant Reviewer(s)	Nicola Clark
Placement partner visits undertaken during the review	Shrewsbury and Telford NHS Trust: Bridgnorth midwifery led unit (MLU) Princess Royal Hospital, Women and Children's Centre, Telford Wrekin MLU Ludlow MLU (teleconference) University Hospitals of North Midlands NHS Trust, Royal Stoke University Hospital Maternity Centre, Stoke on Trent
Date of Report	12 Feb 2018

## Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

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

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

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

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

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

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

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

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

## Introduction to Staffordshire University's programmes

Staffordshire University's (SU) main campus is in Stoke-on-Trent. Healthcare education is delivered at two centres in Stafford and Shrewsbury. SU is divided into six academic schools and the school of health and social care offers a range of courses, including nursing and midwifery, operating department practice, paramedic science and social work. The focus of this monitoring review is the pre-registration midwifery programme.

The three year BSc (Hons) midwifery practice programme is delivered at the Stafford campus with some taught sessions held at Shrewsbury. There is currently a total of 62 pre-registration midwifery students across all three years of the programme.

The BSc (Hons) midwifery practice and postgraduate diploma in midwifery shortened programmes have been withdrawn. The last intake was September 2016. There are currently 10 students on the outgoing programme due to complete in April 2018.

Placement partners include University Hospitals of North Midlands NHS Trust (UHNM) and the Shrewsbury and Telford Hospital NHS Trust (SATH). At the UHNM Royal Stoke University Hospital there is an obstetric unit and an alongside midwife led unit as well as a midwife led unit at the county hospital in Stafford. Maternity services in Shropshire operate a hub and spoke model of care with the hub being the main consultant led unit at Telford Princess Royal Hospital, and the spokes being the five midwifery led units (MLU) in Shrewsbury, Telford, Ludlow, Oswestry and Bridgnorth. These MLUs are staffed and run by local community midwifery teams. There are a further two community midwifery bases in Market Drayton and Whitchurch.

Some midwifery placements are shared with Keele University, the University of Chester and the University of Wolverhampton. These include UHNM, Mid Cheshire Hospitals NHS Foundation Trust and a community placement at the Royal Wolverhampton NHS Trust.

The pre-registration midwifery programmes were approved on 14 May 2013 and have an extension to the approval granted by the NMC until 31 August 2020. There have been two minor modifications regarding alteration of contact hours in 2014 and the addition of a zero credit rated module in 2016 to ensure the programme is compliant with the hour requirements set out in the EU directive (2-6, 16).

The monitoring visit took place over two days and included visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in SATH, including telephone communication with a mentor and student on placement at Ludlow MLU, following a Care Quality Commission (CQC) inspection in 2017 (110-114).

## Summary of public protection context and findings

Our findings conclude that the the university has systems and processes in place to monitor and control the risk themes: resources, admissions and progression and quality assurance to meet NMC standards and assure protection of the public.

The practice learning key risk theme is not met in relation to the preparation of sign-off mentors for their role and accuracy of the mentor register, and the fitness for practice key risk theme is not met in relation to the grading of midwifery practice. The university must implement an action plan to ensure the risks are controlled, NMC standards are met and public protection is assured.

Within the practice learning risk theme service user and carer involvement requires improvement to enhance the risk control.

18 June 2018: The university implemented an action plan to address the unmet outcomes. Evidence has been submitted to demonstrate completion of the action plan. The practice learning and fitness for practice key risk themes are now met and the identified risks are controlled.

The outcome of the key risk themes is summarised below:

Resources: met

We conclude that the university has adequate resources to deliver the pre-registration midwifery programmes to meet the NMC standards.

Our findings confirm that there are sufficient appropriately qualified sign-off mentors to support the number of students currently studying the pre-registration midwifery programmes.

Admissions and progression: met

We conclude that selection and admission processes meet NMC requirements and to assure public protection, health and good character checks are completed before students proceed to placements and self declaration is undertaken annually and prior to entry to the professional register.

We found that the university has effective systems in place for the management of poor student performance in both theory and practice and there is a robust fitness to practise policy and procedure in place. Practice placement providers have a good understanding of these processes and we are confident that concerns are dealt with promptly to ensure protection of the public.

Practice learning: not met

We conclude that there are effective partnerships between education and service providers at all levels, including with other universities that share the same placements. There is a robust raising and escalating concerns process. Patient and student safety is at the forefront of any action plans arising from adverse education, clinical governance, and risk issues requiring joint action and information is exceptionally reported to the NMC in a timely way. We found the trust wide educational audit process to be notable practice worthy of wider dissemination.

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

We conclude that service user involvement in programme development, programme delivery, assessment and evaluation requires significant improvement.

Our findings confirm that AEI staff effectively support students in practice placement settings.

We found that a sign-off mentor in one MLU had not been appropriately prepared for their role in assessing SU students in practice and is not recorded on the mentor register. The standard is not met and requires urgent action to manage the risk and ensure protection of the public.

18 June 2018: A review of evidence submitted against the action plan confirmed that revised systems and processes are in place to ensure mentors are appropriately prepared for their role and mentor registers are accurate and up to date. The standard is now met and the key risks are controlled.

The practice learning outcome is now graded requires improvement to reflect the outstanding area for improvement identified above.

Fitness for practice: not met

We found that the pre-registration midwifery programmes support students in the university and in audited practice placements to achieve learning outcomes and NMC competencies at progression points and for entry to the NMC register. Mentors and employers confirm graduates are safe, competent and fit for practice.

Our findings conclude that pre-registration midwifery students are supported to achieve practice learning outcomes and competencies in audited practice placements. However, we found no evidence of the grading of assessment of practice for direct hands on midwifery care, as specified in standard 15 of the Standards for pre-registration midwifery education (NMC, 2009). Action is required to ensure the regulatory requirement for the grading of assessment of midwifery practice is addressed.

18 June 2018: A major modification approval event for the pre-registration midwifery programme has taken place. The regulatory requirement for the grading of assessment of midwifery practice is now met and the risk is controlled.

Quality assurance: met

We conclude that there are robust internal quality assurance and enhancement systems in place to address weakness, enhance programme delivery and provide assurance against NMC standards.

We found that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

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

18 June 2018: Documentation submitted by the university confirms completion of the action plan. Revised systems and processes are in place to ensure mentors are appropriately prepared for their role, mentor registers are accurate and up to date, and the grading of assessment of midwifery practice now meets the regulatory requirement. These standards are now met and the key risks are controlled.

The following areas are not met and require urgent action:

- There are inadequate safeguards in place to ensure that mentors are appropriately prepared for their role in assessing practice and the midwifery sign-off mentor register is accurate and up to date in one NHS trust MLU. The university and practice placement providers must ensure students currently on placements are allocated an active sign-off mentor. The processes for ensuring the mentor register is accurate and up to date must be reviewed and strengthened to control the risk.
- There is no evidence of grading the assessment of practice, as specified in the Standards for pre-registration midwifery education (NMC, 2009), standard 15. The university must change the assessment of practice in the programme to ensure that practice, which is direct hands on midwifery care, is graded and contributes to the final award. This change to the programme must be approved in readiness for the beginning of the next academic year and implemented for all cohorts.

The following area requires improvement:

- There is limited evidence of service user involvement in programme development, programme delivery, assessment and evaluation, which routinely reports on outputs. The school of health and social care and midwifery programme management team should review service user and carer involvement at a strategic and operational level.

#### **Summary of areas for future monitoring**

- Service user and carer involvement in programme delivery, assessment and evaluation, which routinely reports on outputs.
- Accuracy of the mentor registers.
- Grading of midwifery practice and the number of summative attempts permitted for the assessment of practice outcomes.
- Effectiveness and membership of assessment boards in light of new academic regulations introduced in 2017-18.
- Timeliness and dissemination of placement evaluation feedback.

#### **Summary of notable practice**



**Resources**

None identified

**Admissions and Progression**

None identified

**Practice Learning**

The trust wide educational audit process which is undertaken over one week by an audit team consisting of academic staff, clinical practice facilitators (CPFs) and practitioners who are trained to conduct audits. Related action plans are discussed at education review meetings and are monitored and signed off by senior management. Moderation of educational audits and action plans by senior management is notable practice.

**Fitness for Practice**

None identified

**Quality Assurance**

None identified

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

**Academic team**

The midwifery team are located across the two teaching sites (Shrewsbury and Stafford). There is an intended move to two cohorts of students, each studying on a single campus and the staffing implications of this are under discussion. AEI staff have protected time to fulfil requirements, including engaging in continuing professional development and revalidation requirements, gaining the qualifications required of their role, and fulfilling any other roles required to support the programme. The pre-registration midwifery programme provides a broad knowledge base relating to midwifery theory and practice.

The midwifery teaching team evidence a robust link lecturer system which fosters close links with the practice placement areas. There are practice learning area teams that meet at least monthly and include representation from the university and practice and student representatives are also invited. The CPF holds and populates the mentor register and the midwifery team has access to it.

The midwifery team are all involved in the recruitment and selection processes. The team has struggled to recruit and retain service users but there has been a concerted effort to do so over the last four months. Service users have been guest speakers at the annual student conference but these do not form a core service user and carer group.

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

All of the midwifery mentors are sign-off mentors who assess the student midwives in practice. The mentors stated that they are prepared for their role and undertake annual mandatory mentor updates. The triennial reviews are organised by the CPFs who update the mentor register on a monthly basis. Mentors said the number and type of student placement areas is sufficient to accommodate and support students' learning. They also said that having more than one student can be overwhelming, particularly if the students are from different AELs as the practice assessment documentation is different. Sign-off mentors understand their role in practice assessment and complete practice assessment documentation appropriately including progression points and sign-off elements.

All mentors without exception are aware of the raising and escalating concerns process should they have a concern and all said they are prepared to fail a student if required. All mentors said that they did not grade practice but were involved in the verbal assessment of the student's portfolio at the end of every year. The mentors told us that they have a good relationship with the university and that they see the link lecturer regularly.

Mentors said they are released to participate in selection and admission processes and they undertake equality and diversity training. Practice managers and mentors informed us that students are effectively prepared for practice placements. Mentors described the fitness to practise process and gave examples of when they had used it. The midwifery managers all said that the students are fit for practice upon graduation and the majority who applied for a midwifery post are employed.

### **Students**

The students all said that they are enjoying the programme and, for some, that SU was their first choice after the open and interview days because it was very friendly and they liked the facilities. The students told us that they know about their placements and receive their off-duty rota one month in advance. They all confirmed that they meet the 40 percent requirement to work with their mentor and they are supernumerary. There are student induction packs in the practice placement areas.

Some students said that the practice document was repetitive, cumbersome and open to interpretation and that not all mentors understand what is required to complete it. All students said they would be prepared to raise a concern, if needed, and described the process for doing so.

All students told us that they are supported by the midwifery teaching team, but not all felt part of the wider university. Second and third year students said that the programme structure had been changed. They were informed about the change but had not been included in the prior discussions. The students said that they liked the variety of assessments and that theory and practice are integrated.

### **Service users and carers**

Two service users had recently reviewed the new midwifery values based recruitment (VBR) strategy but had not been told that their suggestions had been taken on board, nor had they seen the updated strategy. They have been asked to be involved in the recruitment and selection process and both had undertaken equality and diversity training.

All of the service users spoken to during practice placement visits had been cared for at some point through pregnancy and delivery by student midwives. They confirmed the students had been introduced to them and they were asked if they minded a student being present. They all said the care they received from students was excellent and that they found all the students and midwives supportive, caring and compassionate.

None of the service users spoken to in practice placements had given feedback about student care and they were not asked to do so by students or mentors. Some of the service users indicated that they would like to be involved in a service user group in the future.

#### Relevant issues from external quality assurance reports

25 CQC reports published within the last year were considered for practice placements used by the university to support students' learning. Eight of the CQC reports related to practice placements currently used by students on the pre-registration midwifery programme. These external quality assurance reports provide the review team with context and background to inform the monitoring review (8-15).

The following six reports required action(s):

Shrewsbury and Telford NHS Trust, Shrewsbury. Date of report: 16 August 2017 (8).

The CQC inspection took place from 12-15 December 2016. It was carried out as a focused, short notice inspection concentrating on five core services, including maternity and gynaecology. Overall, the trust was rated as requires improvement. It was rated as good for effectiveness and caring and as requires improvement for safety, being responsive to patients' needs and being well-led.

Royal Shrewsbury Hospital, Shrewsbury. Date of report: 16 August 2017 (9).

CQC carried out a focused inspection from 12-15 December 2016 to follow up on a previous inspection in 2014. Overall, the rating for this hospital was requires improvement. Maternity and gynaecology and medical care were rated as good but three core services (urgent and emergency services, surgery and end of life care) were rated as requires improvement.

The Princess Royal Hospital, Telford, Shropshire. Date of report: 16 August 2017 (10).

CQC carried out a focused inspection from 12-15 December 2016 to follow up on a previous inspection in 2014. Overall, this hospital was rated as requires improvement.

Medical care was rated as good but four core services, including maternity and gynaecology were rated as requires improvement. The maternity and gynaecology services were rated as good for effectiveness, caring and responsiveness and as requires improvement for safety and being well-led.

Ludlow MLU, Ludlow, Shropshire. Date of report: 16 August 2017 (11).

Ludlow MLU closed on 13 October 2016 due to the poor and unsafe condition of the premises and the MLU relocated and reopened on 7 November 2016. CQC carried out an unannounced inspection on 3 January 2017 and the unit was rated as requires improvement overall. It was rated as good for effectiveness and caring and being responsive to patients' needs and as requires improvement for safety and being well-led.

Action taken by the university to manage the risks in relation to the four CQC reports above:

The safety of students and themes emerging from the CQC reports were discussed with SATH and escalated through education review meetings to the SU senior management team. Joint actions were initiated and reported to the NMC. A trust wide educational audit was undertaken to assure the quality of the learning environment. Students were actively involved in SATH debrief and support mechanisms and SU sent a letter to all students and provided additional support, where required. Actions included some changes to the pre-registration midwifery curriculum, in areas such as electronic fetal monitoring. The link lecturer and SU monitored the quality of the student experience (79, 87, 101).

The Royal Wolverhampton NHS Trust, Wolverhampton. Date of report: 13 December 2016 (14).

CQC carried out an announced comprehensive inspection from 2-5 June 2015. Overall, the trust was rated as requires improvement. It was rated as good for effectiveness, caring and responsiveness and as requires improvement for safety and being well-led. We were advised that the Royal Wolverhampton NHS Trust is used as a community midwifery placement only.

Shropshire Community Health NHS Trust, Shrewsbury. Date of report: 13 December 2016 (15).

CQC inspected this service as part of the comprehensive inspection programme, including announced and unannounced visits in March 2016. Overall, this community health services provider was rated as requires improvement. It was rated as good for caring and requires improvement for safety, effectiveness, being responsive to patients' needs and being well-led. We were advised that the trust provides a health visiting spoke placement only for pre-registration student midwives.

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

There have been no approval events within the last year (1).

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

The most recent NMC AEI and practice partners annual self-assessment programme monitoring report identifies appropriate action taken in response to issues raised through exceptional reporting, including adverse CQC reports. The following specific issues to follow up were identified from the self-report 2017-18 (1).

Action taken to address mentor capacity and updates at Shropshire and Telford NHS Trust maternity services (see section 1.2.1 and 3.3.1).

Collaboration with East and West Midlands to produce a pan Midlands practice assessment document and shared audit tool (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 school of health and social care is proactive in supporting staff development, with all new academic staff being supported to complete the postgraduate certificate in higher and professional education within two years of employment. Staff development and annual appraisal performance development review ensure that academic staff maintain currency with teaching practices. All staff are required to complete peer observation of teaching to share good practice and address teaching and learning shortfalls (16-17, 64).

There is a specific administrator who has responsibility for checking that all nursing and midwifery staff maintain their NMC registration. If a lapse occurs, the line manager is informed (16).

What we found at the event

The lead midwife for education (LME) is the programme leader, with current NMC registration and a recorded teacher qualification. The LME fulfils the requirements expected of the role at a local and national level. The six (5.2 full time equivalent) midwifery lecturers appointed to deliver the pre-registration midwifery programme are appropriately qualified and experienced. Four lecturers are currently based at the Stafford centre and two at the Shrewsbury centre. There is a proposal under discussion to increase student numbers and have two cohorts of students per academic year (100-103).

There is a robust policy and model in place for managing academic workloads and the university's training for approved qualification policy allows individuals to study relevant professional qualifications to support their role and for continuing professional development. All lecturers in midwifery are required to undertake and complete the postgraduate certificate in higher and professional education or postgraduate diploma in professional education in healthcare within 12 months of appointment as a condition of employment (43-45, 101, 103).

The midwifery teaching team confirm that they have protected time to fulfil NMC requirements to support student learning in practice. They confirm that the university provides support for engaging in continuing professional development and revalidation requirements, gaining the qualifications required of their role, and fulfilling any other roles required to support the programme. The NMC registration and revalidation of academic staff is recorded on the school nursing and midwifery database (101-103).

We conclude that the university has adequate resources to deliver the pre-registration midwifery programmes to meet the NMC standards.

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

Availability of sign-off mentors is checked at placement partner meetings and quarterly educational review meetings (18-19, 66).

What we found at the event

We found there are sufficient appropriately qualified sign-off mentors to support the students allocated to practice placements at all times. However, one mentor stated that sickness, maternity leave, part time mentors and internal rotation affects the number of mentors available. This is supported by Keele University hub placement information recruitment audit documents, which highlight inactive mentors due to the

reasons given above, and which also state that students have encountered problems getting practice assessment documentation completed as a result. Action plans show that this has been addressed through the monitoring of active sign-off mentors and the training of new ones. Educational audit documents, the audit database, trust annual practice learning reports and the mentor register show that practice placements have enough mentors and sign-off mentors to support students (93, 109, 111, 118-121).

All students are allocated a lead mentor and a co-mentor, who is also a sign-off mentor. The CPFs confirmed that there are sufficient mentors to allocate to students and that their sign-off status is monitored monthly. There is a reporting system for all mentors who are due for either an update or triennial review to ensure they remain active on the register. Those who are inactive are removed from the register. The mentors and students all confirmed that they work together for a minimum of 40 percent of the time, and that all students are supernumerary (107, 110-111, 113-116).

Our findings confirm that there are sufficient appropriately qualified sign-off mentors to support the number of students currently studying the pre-registration midwifery programmes.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

### Findings against key risks

#### Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

The university is committed to fair access and admissions, encouraging and welcoming applicants from all social and educational backgrounds. The university admissions policy covers applicants under the age of 18 years (20).

The entry requirements for the BSc (Hons) midwifery practice three-year programme are a minimum 120 universities and colleges admissions service (UCAS) points plus GCSE in mathematics, English and science at grade C or above. Recruitment and selection of students is values based and involves practitioners and students on selection panels (16, 21).

There is a formal process for ensuring that all necessary disclosure and barring service (DBS) checks are achieved and occupational health screening undertaken in line with NMC requirements (16, 22).

The university has an equality, diversity and inclusion policy in place, which is currently being reviewed. All staff are required to undertake equality and diversity training on appointment. The equality and diversity team have also published an introduction to equality and diversity, which is used by the service user and carer group. The university offers a range of student support services, which promote equality and diversity. Reasonable adjustments are made in assessment for disabled students (16, 23-24).

#### What we found at the event

Recruitment and selection of students is values based as evidenced by the new midwifery VBR strategy and the Geneva declaration that students are required to sign at the beginning of the programme. The midwifery VBR strategy has recently been reviewed and includes a personal statement, group activity and interview. These are assessed in line with the VBR NHS constitution (Health Education England (HEE), 2014), the six Cs: care, compassion, competence, communication, courage, commitment (Department of Health, 2012) and the midwifery specific programme values: competence, veracity and commitment (52, 97).

Practice placement providers routinely release staff to participate in selection and admission processes. Mentors confirmed that they are supported to attend selection and recruitment days during work time; the heads of midwifery confirmed this. Interviews are conducted by multiple interviewers; an academic and a midwifery practitioner, service user or a student in their final year of the programme (94, 102, 105-108, 111-112, 114, 117).

The selection and admission process is open, fair and transparent. Two midwifery service users have provided positive feedback on the revised selection process. The university checks that all personnel involved in recruitment activities receive equality and diversity training and records are kept electronically. Mentors confirm that compliance with mandatory training is closely monitored (52, 94, 105-108, 111-112, 114).



There is a clear disclosure screening process for professional courses and all new applicants must have satisfactory occupational health clearance prior to practice placements. This information is shared with practice placement providers through exception reporting (53, 55, 101, 109).

We were told that there have been no students under the age of 18 years admitted to the programme over the last three years. However, the school has recently reviewed their guidance and may accept a student who has not reached their 18th birthday onto the programme with the consent of their parent/guardian. The guidance makes explicit that a risk assessment must be carried out prior to students under the age of 18 years commencing practice placement and additional support provided (99).

We conclude that selection and admission processes meet NMC requirements and to assure public protection, health and good character checks are completed before students proceed to placements and self-declaration is undertaken annually and prior to entry to the professional register.

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 university has an established fitness to practise (FtP) procedure, which was recently reviewed. Students are also required to sign a contract of professional behaviour (25-26).

What we found at the event

The new associate dean for students has recently worked with the regulations and compliance team to introduce a revised FtP procedure, which complies with the legislation around protected convictions and covers those already registered. Over the past three years, there has been a total of 49 cases where a concern has been raised; of these, 21 cases required a FtP investigation and 11 cases were considered by a FtP panel. None of these cases involved pre-registration midwifery students. During this three-year period, there was only one post-registration midwifery case where the investigation was undertaken conjointly with the employing trust. A fortnightly meeting is held to discuss the progression of FtP cases. This ensures that any concerns about the conduct of students that might compromise public safety are addressed in a timely manner. The school has a bi-annual FtP meeting, attended by practice partner representatives, to discuss lessons learnt, review policies and procedures and use fictitious cases to ensure consistency in decision making (72, 101, 104).

AEI staff and mentors described the FtP process and gave examples of when they

had used it. The students all confirmed that they understand about FtP and that the policy is available on the Blackboard virtual learning environment (VLE) (107, 110-112, 114).

Mentors told us that they know about agreed procedures to address issues of poor student performance in practice and described the process. AEI staff also informed us that any unsafe practice evident through academic work is dealt with through discussion and by failing academic work, where necessary (102, 110-112, 114).

Students who fail to achieve in a summative assessment at the first attempt, can resubmit assessments and are supported to do so via tutorials with AEI staff. However, they can only progress with 90 credits or more and all referrals must be achieved within 12 weeks of the next academic level. Students cannot progress to the next academic level with outstanding practice assessment (56, 101-102).

Students confirm that they are required to complete an annual declaration of good health and good character. The process for recommending registration with the NMC has recently been reviewed. Students are only signed-off for admission to the NMC register following a robust and transparent process compliant with NMC requirements (54, 107, 110-111, 114).

We found that the university has effective systems in place for the management of poor student performance in both theory and practice and there is a robust FtP policy and procedure in place. Practice placement providers have a good understanding of these processes and we are confident that concerns are dealt with promptly to ensure protection of the public.

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 university has a recognition of prior learning scheme, which seeks to recognise and value prior learning. All accreditation of prior experiential learning claims are subject to internal moderation and external examiner processes (27).

There is a transfer process which scrutinises previous learning for pre-registration midwifery students requesting to transfer their study to SU (96).

What we found at the event

We confirmed accreditation of prior learning is not permitted for students entering the pre-registration midwifery programmes which is compliant with NMC requirements (49).

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

Sign-off mentors complete an action plan with students who are failing to achieve practice outcomes and progress is recorded in the assessment of practice record. An ongoing achievement record is maintained and the personal tutor and/or module leader review the assessment of practice record a minimum of three times per year (48).

What we found at the event

Mentors described the process to address poor student performance in practice. One mentor described a recent situation where this had been the case. If practice outcomes are not met, the student meets with their mentor and the CPF and action plans are developed and implemented in the next placement area for re-assessment. Mentors said that they are supported by AEI staff who provide training and updates and remind them of their clinical and ethical responsibility to fail a student, where appropriate (110-111, 113-114).

We found that practice placement providers understand and implement university procedures to address issues of poor performance in practice. AEI staff and students confirm this.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

**Findings against key risks**

**Key risk 3 - Practice Learning**

- 3.1 Inadequate governance of, and in, practice learning**
- 3.2 Programme providers fail to provide learning opportunities of suitable quality for students**
- 3.3 Assurance and confirmation of student achievement is unreliable or invalid**

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

What we found before the event

Learning development agreements are in place between SU and practice placement providers. There is a partnership commitment to ensuring safe and supportive practice learning environments. Education review meetings are held regularly with placement partners where appropriate discussion on care quality and supervision of students takes place (16, 18-19, 66).

The nursing and midwifery practice support committee meets at least quarterly and is attended by relevant university staff and CPFs. The terms of reference of the committee include practice enhancement, sharing internal and external quality monitoring outcomes, placement capacity, mentor support and placement evaluation (28).

There is a placements allocation strategy for nursing and midwifery. The placements co-ordinator is responsible for drafting allocations and disseminating these to the CPF and the placement lead for confirmation (29).

Processes are in place for undertaking educational audit of placements and the educational audit tool includes a placement profile, key performance indicators and action points. The university has an algorithm/risk assessment tool for the removal of a placement area and a checklist for returning areas to the placement circuit. There is an established placement enquiry form in use and a preparation process for new placement areas (30-31, 41-42).

The university has a raising and escalating concerns policy and process in place, which are clearly outlined in the midwifery placement handbook. In addition, Health Education England West Midlands (HEEWM) has implemented an escalating concerns pathway for reporting patient safety concerns identified by students whilst on placement (16, 32-33).

What we found at the event

There are contract agreements in place and regular meetings with practice placement providers at strategic and operational levels, including quarterly education review meetings attended by AEI staff, placement partners and senior managers. The deans across the region meet as a group with HEEWM and the dean of school meets with directors of nursing to promote effective communication of all clinical governance and risk issues with a potential effect on patient, service user, or student safety. The LME meets with the heads of midwifery and attends the nursing and midwifery practice learning group meetings. Senior managers and practice placement providers find these collaborative working arrangements effective. Patient and student safety is at the forefront of any action plans arising from adverse education, clinical governance, and risk issues requiring joint action and information is exceptionally reported to the NMC in a timely way (79, 82-87, 101, 105-106).

The school of health and social care has recently restructured its practice learning services to form a practice learning hub with a team of key academic and administrative staff and partners working together across the school. We met with the academic practice learning manager whose focus is on working collaboratively to ensure a consistent approach and enhance the quality of practice learning, to meet the needs of all stakeholders within the schools and wider university. There are also practice learning area teams that meet at least monthly and include representation from the university, practice and students, where possible. The school practice learning allocation lead works in partnership with the practice learning hub administrative team to ensure the appropriate allocation of the students practice learning journey across midwifery programmes. The midwifery teaching team undertake a link lecturer role and are assigned to all placement areas where midwifery students are placed (68, 81, 100-101, 109-116).

There is an exceptionally strong trust wide educational audit process, which is undertaken over one week by an audit team. The team consists of academic staff, CPFs and clinicians who are trained to conduct audits (they also have refresher training). Educational audits are completed annually by an academic staff member, a CPF and a clinician using an audit tool which includes a placement profile, information on mentors and key performance indicators. All audit team members meet after the week of auditing to review the audits and compile action plans. Completed audit tools were seen during the visit, as was the audit database. The action plans are discussed at education review meetings, progress monitored and signed-off by senior management. Action plans viewed indicate that the key actions are to ensure mentors attend mentor updates and triennial reviews. There is an emerging project called 'Connect', which, from March 2018, will allow practice placements to put educational audits online, along with learning opportunities, for students to access. Where placements are shared with Keele University, the placement information recruitment audits (PIRAs) are forwarded to SU showing details of the placement and action points. This shows effective partnership working between the two AEIs and shared practice placements. Information on audited placements is included in annual practice learning reports, which also detail actions and progress on action plans and final outcomes (31, 67, 93, 109, 118-121).

<p>There is a robust raising and escalating concerns process which covers safeguarding, whistleblowing, concerns regarding the quality of the practice experience and/or professional issues. Students and mentors are aware of the raising and escalating concerns process should they have a concern. The link lecturers attend interim and final interviews if there are any issues or concerns raised by either a student or mentor. Students confirm advice and support is available when raising a concern relating to patient and service user care and/or safety. The school maintains a database of all concerns raised and this is monitored to ensure that all concerns are fully investigated, supported and deliver robust outcomes, where appropriate (32, 47, 107, 109-111, 113-116).</p> <p>There is a process for the withdrawal and reintroduction of a placement area, where necessary. The LME informed us that they are aware of the process but there have been no midwifery placements withdrawn in the last three years. However, the LME gave one example where a student request to join one-to-one midwifery for an elective placement was not approved in 2015 and due process was followed on this occasion, illustrating robust processes are in place for the approval of placements (95, 101).</p> <p>We found the trust wide educational audit process to be notable practice worthy of wider dissemination.</p> <p>We conclude that there are effective partnerships between education and service providers at all levels, including with other universities that share the same placements. There is a robust raising and escalating concerns process. Patient and student safety is at the forefront of any action plans arising from adverse education, clinical governance, and risk issues requiring joint action and information is exceptionally reported to the NMC in a timely way.</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>The school of health and social care has a service user and carer strategy and an established process for the recruitment and support of service users and carers. There is a role description and code of conduct for members of the service user and carer group involved in activities at SU (34-35).</p>
<p>What we found at the event</p>
<p>We found that midwifery practitioners are actively involved in programme development and delivery; in particular, midwives in specialist roles have contributed to taught sessions within the programme. However, we found limited evidence of</p>

service user involvement. AEI staff recognised that they have struggled to recruit and retain service users but stated that there has been a concerted effort to do so over the last four months, including through the use of social media. There are appropriate procedures in place for the appointment of service users, including a payment policy and a new service user database. Two service users had recently completed right to work checks and equality and diversity training and had begun to work with the midwifery team, including the review of the 2018 midwifery values based recruitment strategy. One of the two service users told us that they have been invited to take part in recruitment and selection of student midwives for the next academic year. There is currently no online or face-to-face service user forum (100, 102, 105-106, 108, 122-126).

Service users have been guest speakers at the annual student conference and there is a service user and carer involvement strategy, which outlines plans to improve service user engagement (73, 127).

Some service users we spoke with during placement visits told us that they would like to be involved in the programme in the future. They all said the care they received from students was excellent. None of the service users we spoke with had given feedback about care provided by students and they were not asked to do so by students or mentors. They were given general feedback forms on discharge. Feedback from service users is obtained following continuity of care provided by students from the antenatal to postnatal period. A notice board was viewed in one placement area that had thank you cards and service user comments on it, including thank you messages to students (74, 100, 110-112, 128).

We conclude that service user involvement in programme development, programme delivery, assessment and evaluation, which routinely reports on outputs requires significant improvement. The school of health and social care and midwifery programme management team should review service user and carer involvement at a strategic and operational level.

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

What we found before the event

The academic practice engagement strategy was reviewed in 2015. The school of health and social care actively encourages staff to engage with practice partners and support students in the practice setting. All staff are part of a practice learning area team working closely with a small group of practice areas. In addition, academic staff have an allowance for practice engagement within their workload plans (16, 36-37, 69).

What we found at the event

All midwifery academic staff are part of a practice learning area team working closely with a small group of practice placement areas. The practice learning teams are responsible for supporting the learning environment, students, mentors and for collaborative working. We found evidence of a close working relationship between the midwifery teaching team and the placement areas. Link lecturers attend the placement areas on a regular basis and both mentors and students said they know how to contact a link lecturer should they need to. AEI staff confirmed that they have sufficient time to support student learning in practice and students said that they are well supported by the midwifery teaching team in the practice setting (69, 100, 102, 107, 110-111, 113-114).

Our findings confirm that AEI staff effectively support 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

Annual mentor updates include requirements for practice assessment. The university and CPFs review the content of these updates annually. The educational audit process checks mentors' understanding of their role and responsibility, and triennial review dates along with their active or dormant status on the mentor register (16).

What we found at the event

SU have an NMC approved mentorship programme, mentorship in healthcare settings, which is accredited at academic level six and offered at both Stafford campus and the Royal Shrewsbury Hospital (21).

The link lecturers provide annual mentor updates and at UHNM a joint midwifery annual update is provided by SU and Keele University. Bespoke or one-to-one updates are undertaken if mentors will become inactive before the next annual update. The triennial reviews are organised by the CPFs who liaise with trust line managers on a monthly basis regarding mentors requiring triennial review. We saw a bullet board in one practice area with information for mentors, including updates; mentors who are due for an update or who have not completed an update are identified. This is reinforced via daily meetings where this is flagged. There is an annual mentor conference and the midwifery teaching team have recently published a 'unity' newsletter for mentors (65, 80, 89, 102, 109-114).

Mentors said that they feel adequately prepared for the role and they attend annual mentor updates as part of their mandatory trust study days, which include requirements for practice assessment. They also told us that they can influence the



content of mentor updates to meet their individual learning needs. Sign-off mentors understand their role in practice assessment and complete practice assessment documentation appropriately, including progression points and sign-off elements. However, they did state that there is sometimes difficulty when mentoring students from different AEIs as the practice assessment documents differ. AEI staff indicated that they are looking at adopting a joint practice assessment document with Keele University in the near future (100, 102, 111).

We checked the mentor register to ensure that sign-off mentors are appropriately prepared and classified as active on the register. We found that the SATH mentor register was not accurate relating to the Ludlow MLU. One mentor allocated to a first year student was not recorded on the register and had not been adequately prepared for their role in mentoring SU students. We were told that this was because the mentor had recently changed trusts and the 'addition to register' process had not been followed (111, 113).

We concluded that the standard is not met and requires urgent action to ensure that the student is allocated to an appropriately qualified sign-off mentor, and the sign-off mentor in Ludlow MLU is appropriately prepared for their role in assessing SU students in practice and is recorded on the mentor register.

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

Practice placement providers maintain mentor registers for their organisation. Mentor registers, mentor capacity and updates on service reconfiguration are monitored and addressed at education review meetings and practice learning partnership meetings (16, 66, 76).

What we found at the event

With the exception of the mentor identified in 3.3.1, the student duty rota clearly identifies named mentors and co-mentors, and all mentors are active and up-to-date on the mentor register. The CPF holds and populates the register which is accessible for the midwifery teaching team. We were told that mentors on long term sick or maternity leave are removed from the register to avoid confusion. Mentors who are due an update or triennial review are flagged and informed via email by CPFs (102, 111, 115-116).

The number and type of student placement areas is sufficient to accommodate and support students' learning and assessment of competence, according to educational audit documents, AEI staff and mentors (93, 100, 102, 109, 111, 121).

**Outcome: Standard not met**

Comments:

We found limited evidence of service user involvement in programme development, programme delivery, assessment and evaluation, which routinely reports on outputs. This requires significant improvement. The school of health and social care and midwifery programme management team should review service user and carer involvement at a strategic and operational level (3.2.1).

We found that there are inadequate safeguards in place to ensure that mentors are appropriately prepared for their role in assessing practice. The midwifery sign-off mentor register is inaccurate and not up to date in one NHS trust MLU.

**18 June 2018: Follow up Documentary Evidence from Staffordshire University. Standard now requires improvement**

18 June 2018: The university took urgent action to prepare the mentor for their role in assessing SU students in practice and update the mentor register accordingly. There is evidence that the LME and link lecturer have worked closely with the CPF team to ensure that revised systems and processes are in place to ensure mentors are appropriately prepared for their role and mentor registers are accurate and up to date. The SATH mentor register is reviewed on a monthly basis, with all ward/department managers receiving an email outlining the mentor's date of last update and triennial review, to check accuracy and action accordingly. On a monthly basis, the CPF team also receive a list identifying leavers and starters and the relevant midwifery managers are contacted to confirm if any of these staff are mentors and, if new to the NHS trust, to complete an addition to the mentor register form. Mentors allocated to students are checked by the CPF team and cross referenced to the mentor register.

The evidence provides assurance that mentors are appropriately prepared for their role and mentor registers are accurate and up to date. The associated allocation of students is monitored effectively at strategic and operational levels. The risk indicator 3.3.1 is now met and the NMC requirement is met.

Evidence to support completion of the action plan:

- SU email correspondence from link lecturer to SATH regarding outcome of monitoring visit in relation to mentorship and mentor register, 8 February 2018
- SU email evidence from link lecturer confirming mentor update, 8 February 2018
- SU/SATH response from CPF team illustrating action taken to minimize risk and lessons learnt, 12 February 2018
- SU/SATH email correspondence confirming currency of mentor register and process for new staff, 1-6 June 2018
- SU/SATH email correspondence from CPF confirming currency of mentor register and process for new staff, 1-4 June 2018

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

Areas for future monitoring:

- Service user and carer involvement in programme delivery, assessment and evaluation, which routinely reports on outputs.
- The accuracy of mentor registers.

### Findings against key risks

#### Key risk 4 - Fitness for Practice

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

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

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

What we found before the event

Students are provided with clear and current information that specifies the learning, teaching and support available to them, including resources to enable learning. The pre-registration midwifery programme provides a broad knowledge base relating to midwifery theory and practice, focused on normality in year one, complexity in year two, and leadership and complexity in year three. Students have an appropriate range of midwifery-led placement experiences. All clinical skills sessions include teaching students how to introduce themselves and gain consent from service users/women prior to giving care. Student information systems accurately record learning achievement and hours completed for award and eligibility to register (16, 21, 46-47, 49).

There is a university extenuating circumstances procedure in place (38).

What we found at the event

Students benefit from a range of effective learning and teaching strategies, including simulation and inter-professional learning. The midwifery skills facilities at the Stafford campus were seen and provide a suitable learning environment to rehearse and develop caring, skilled integrated midwifery practice. AEI staff told us that theory is embedded in practice and the students confirm this. Students like the variety of assessments and are aware of the process for marking and moderating, including the involvement of the external examiner. The continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities is analysed in the annual course monitoring report (50, 59, 102, 107, 110-111, 113-114).

All students are allocated a personal tutor and the midwifery teaching team have recently introduced a 'stork talk' newsletter. The students all confirmed that the midwifery teaching team are very supportive and have an 'open door' policy. SU is committed to enabling all students to achieve their full potential and the student enabling centre provides additional, individual tailored support, if required (61-62, 107, 110-111, 113-114).

There are robust processes in place for the monitoring and recording of practice and theory hours to ensure compliance with the EU directive/NMC requirements. The additional hours for the shortened midwifery programme, in order to meet the revised EU requirements of 3,000 hours, has been addressed by extending the programme length to include a zero credit rated preparation for midwifery registration module (49, 57, 77, 101)

Students are adequately prepared for practice placements and completion of mandatory training is recorded in the student's professional portfolio. The scope of practice experience meets NMC requirements. All students are required to undertake 'follow through care' in each year of the programme and therefore gain experience of continuity of care and support through pregnancy, labour and the postnatal period (63, 107, 110-114).

Mentors confirmed that student progress is monitored in practice via formative and summative assessment which was confirmed by AEI staff, and that student academic progress is monitored in the same way. Practice assessment documents were seen and the practice documentation has action plans for formative development, if required (48, 100, 102, 111).

We found that the pre-registration midwifery programmes support students' achievement of all learning outcomes and NMC competencies at progression points and for entry to the NMC register. Mentors and employers confirm graduates are safe, competent and fit for practice.

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

The assessment of practice record details the achievement of practice outcomes and essential skills clusters. All midwifery mentors involved in the assessment of student performance in practice, sign a declaration to confirm that they are currently on the mentor register, have attended an annual update and meet the sign-off mentor criteria. The midwifery practice record of experience documents completion of the requirements of the EU midwifery directive (2005/36/EC) (48, 58).

What we found at the event

Students engage with a wide variety of practice learning experiences to meet essential skills clusters and NMC outcomes, and confirm they are supported in doing so by practice staff engaged in supervision. This includes elective placements and experience of continuity of care through case-holding (46-47, 91).

Students are allocated an appropriate range of placements and understand their responsibility to engage in the practice learning opportunities provided. Students told us that there is good support from mentors, CPFs and link lecturers in practice to enable them to meet NMC outcomes and practice competencies. Sign-off mentors confirmed their understanding of the practice assessment documentation and their role in accurately recording student competence. Practice managers and mentors stated that graduates demonstrate fitness for practice (90-91, 100, 102, 107, 111).

The practice assessment process, approved in 2013, includes a portfolio presentation assessed by sign-off mentors. The portfolio comprises; evidence of achievement of practice outcomes assessed on pass/fail basis (weighted 10 percent) viva voce examination and documentary evidence (weighted 90 percent). However, we found that the current assessment of practice does not grade direct midwifery care in practice. The students and mentors find the document repetitive, cumbersome and unclear. If practice outcomes are not met, action plans are developed and implemented and re-assessed in the next placement area. With the current practice assessment document, there is scope for several attempts at re-assessment prior to the summative assessment, which only takes place at the end of each year (46-48, 60, 75, 107, 110-111, 113-114).

Our findings conclude that pre-registration midwifery students are supported to achieve practice learning outcomes and competencies in audited practice placements. However, we found no evidence of the grading of assessment of practice for direct hands on midwifery care, as specified in standard 15 of the Standards for pre-registration midwifery education (NMC, 2009). Action is required to ensure the regulatory requirement for the grading of assessment of midwifery practice is addressed.

**Outcome: Standard not met**

Comments:

Changes to the assessment of practice are required to ensure that practice, which is direct hands on midwifery care, is graded and contributes to the final award.

**18 June 2018: Follow up Documentary Evidence from Staffordshire University. Standard now met**

18 June 2018: We viewed evidence that the university engaged in a major modification event on 20 April 2018 to present the proposal for grading of midwifery assessment of practice and how it contributes to the final award. The programme modification was recommended for approval subject to two conditions which were met on 18 May 2018. The programme modification was approved by the NMC on 18 May 2018. The pre-registration midwifery programme now meets NMC Standard 15 (NMC, 2009).

The evidence provides assurance that the regulatory requirement for the grading of assessment of midwifery practice is now met and mentors are being prepared for the introduction of the new practice assessment document (PAD). The NMC Standard is now met and the key risk is controlled.

Evidence to support completion of the action plan:

- NMC programme major modification report, 20 April 2018
- SU report on the NMC major modification event, 20 April 2018
- NMC programme major modification approval letter, 8 June 2018
- SU action plan for preparation of mentors for the introduction of the new PAD for grading of practice, 18 May 2018

Areas for future monitoring:

- Grading of midwifery practice and the number of summative attempts permitted for the assessment of practice outcomes.

**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

As outlined in the university academic award regulations, external examiners are appointed for all taught programmes and are members of award boards. In addition, the school of health and social care invite external examiners to visit practice placement areas and/or review the assessment of all aspects of practice (39).

The university's academic regulations and compliance team administer the regulatory framework and support the areas of appeals, complaints, FtP, fitness to study and student disciplinary matters. The university has robust procedures in place for a student to appeal against an award board decision and for dealing with complaints (40).

What we found at the event

The university has robust internal quality assurance systems in place for the approval, monitoring, evaluation and enhancement of programmes. An annual course monitoring report evaluates the programme in relation to academic standards and the student experience, based on statistical data sources, module monitoring, external examiner reports, student feedback and engagement with employers. It includes an action plan as well as a progress report on the action plan from the previous year. The school academic committee oversees the annual monitoring process and implementation of action plans. At a university level, the quality committee and student experience committee report directly to the academic board. There is appropriate reporting and dissemination of findings to all affected stakeholders, including students and practice staff where possible, to enhance programme delivery (50, 78, 92, 101).

Assessment boards ratify student progression and achievement. External examiner involvement includes scrutiny of students' assessed work at all academic levels and membership of assessment boards. The university's academic award regulations have been changed for 2017-18, which includes changes to the structure and membership of assessment and award boards. It is too early to monitor the effectiveness of these changes hence this is an area for future monitoring (39, 98).

The director of quality, enhancement and standards, on behalf of the university, formally receives external examiner reports. The most recent external examiner annual report confirms the quality of theory and practice based learning and makes some minor recommendations for change in relation to module content based on student feedback. There is a section at the end of the annual report template where the school had responded to issues raised by the external examiner in a timely and

effective manner (51, 70).

The requirement to undertake practice visits is recorded on the external examiner appointment form. Mentors and AEI staff confirmed that the external examiner had visited the practice area, met with students and mentors and actively engaged in the assessment of practice process. There is a record of the external examiners' currency of professional registration and/or date of revalidation with the NMC on a database and the university plans to revisit the external examiner nomination form to strengthen this process (71, 102-103, 111).

We conclude that there are robust internal quality assurance and enhancement systems in place to provide assurance against NMC standards. However, the effectiveness and membership of assessment boards is worthy of future monitoring in light of new academic regulations introduced in 2017-18.

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

What we found before the event

There is a clear process for dealing with concerns and complaints raised in practice learning settings, which is documented in the student placement handbook (47).

What we found at the event

There is a robust, transparent university complaints procedure, which includes informal and formal stages. The academic regulations and compliance team manage complaints on behalf of the university and monitor outcomes and lessons learnt. Guidance and support is available for students who raise a complaint and for staff involved in handling complaints (40, 101).

Students and mentors confirmed that they would be prepared to raise a concern or complaint in practice learning settings and would be appropriately supported (107, 110-114).

Students evaluate placements and any concerns are raised with placement providers and appropriate action taken. Senior practice managers also discuss concerns at education review meetings and practice placements can be re-audited, if necessary. Student evaluations of placement learning experiences are passed to the CPF who sends a summary to the ward manager. The summary is reviewed by the area lead and any concerns that are raised are discussed between the link lecturer and placement staff. Mentors were unclear about the process for receiving placement evaluation feedback, though some mentors had received individualised mentor feedback from students and/or a certificate to recognise their contribution to the student journey, which they appreciated (88, 102, 107, 109-114).



The process for the dissemination of results from student placement evaluations has recently been revised to enhance the timeliness and dissemination to placement providers at all levels. This is an ongoing issue and is worthy of future monitoring (7, 109).

We found that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

**Outcome: Standard met**

Comments:

The university's academic award regulations have been changed for 2017-18, which includes changes to the structure and membership of assessment and award boards. It is too early to monitor the effectiveness of these changes therefore this is an area for future monitoring.

The process for the dissemination of results from student placement evaluations has recently been revised to enhance the timeliness and dissemination to placement providers at all levels. This is an ongoing issue and should be reviewed at future monitoring.

Areas for future monitoring:

- Effectiveness and membership of assessment boards in light of new academic regulations in 2017-18.
- Timeliness and dissemination of placement evaluation feedback.

### Evidence / Reference Source

1. NMC AEI and practice partners annual self-assessment programme monitoring report, 2017-2018
2. NMC programme approval report: BSc (Hons) midwifery practice (three year), 17 April 2013
3. NMC programme approval report: BSc (Hons) midwifery practice (shortened) and postgraduate diploma in midwifery, 17 April 2013
4. NMC programme approval letter, 24 June 2013
5. NMC programme modification letter, 29 December 2014
6. NMC programme minor modification letter, 28 October 2016
7. NMC monitoring report, 4-5 March 2015 and completed action plan 28 August 2015
8. CQC quality report Shrewsbury and Telford NHS Trust, Shrewsbury, Shropshire, 16 August 2017
9. CQC quality report Royal Shrewsbury Hospital, Shrewsbury, Shropshire, 16 August 2017
10. CQC quality report The Princess Royal Hospital, Telford, Shropshire, 16 August 2017
11. CQC quality report Ludlow MLU, Ludlow, Shropshire, 16 August 2017
12. CQC quality report Oswestry maternity unit, Oswestry, Shropshire, 16 August 2017
13. CQC quality report Bridgnorth maternity led unit, Bridgnorth, Shropshire, 16 August 2017
14. CQC quality report The Royal Wolverhampton NHS Trust, Wolverhampton, 13 December 2016
15. CQC quality report Shropshire Community Health NHS Trust, Shrewsbury, Shropshire, 13 December 2016
16. AEI requirements, updated November 2017
17. SU staff development plan, November 2017
18. SU school of health and social care minutes of education review meetings x9, January-November 2017
19. Shropshire Community Health NHS Trust, education review meeting with SU, agenda, 23 January 2017
20. SU admission policy, March 2015
21. SU website at <http://www.staffs.ac.uk> and BSc (Hons) midwifery practice website, <http://www.staffs.ac.uk/course/midwifery-practice-bsc>, accessed January 2018
22. SU process for obtaining disclosure and barring service clearance, request for DBS form, 2017
23. SU an introduction to equality and diversity, March 2015
24. SU reasonable adjustments are made in assessment for disabled students, 2015-16
25. SU FtP procedure, July 2017
26. SU contract of professional behaviour, April 2017
27. SU recognition of prior learning scheme, July 2016
28. SU nursing and midwifery practice support committee terms of reference, 2013

29. *SU placements allocation strategy for nursing and midwifery, July 2014*
30. *SU educational audit tool for placements, 2017*
31. *SU algorithm/risk assessment tool for the removal of a placement area, September 2013*
32. *SU school of health and social care student practice learning handbook, 2017-18*
33. *HEWM patient safety concern report form, undated*
34. *SU process for the recruitment and support for service user and carer within the school of health and social care, undated*
35. *SU service user and carer code of conduct, April 2017*
36. *SU academic practice engagement strategy, 11 December 2015*
37. *SU guidance to enable academic nurses and midwives to engage with clinical practice, undated*
38. *SU extenuating circumstances procedure, 2017-18*
39. *SU academic award regulations, 2017-18*
40. *SU student guide: academic regulations and compliance, [http://www.staffs.ac.uk/support\\_depts/info\\_centre/handbook/conduct/index.jsp](http://www.staffs.ac.uk/support_depts/info_centre/handbook/conduct/index.jsp), accessed 5 January 2018*
41. *SU school of health and social care checklist for returning areas to the placement circuit, January 2018*
42. *SU placement enquiry form and new placement area preparation process, January 2018*
43. *SU lecturer/senior lecturer in midwifery job description, undated*
44. *SU policy for managing academic workloads and the professional contract, February 2017*
45. *SU training for approved qualification policy, January 2015*
46. *SU BSc (Hons) midwifery practice course handbook, 2017-18*
47. *SU placement handbook, midwifery programmes, 2017-18*
48. *SU midwifery assessment of practice records, 2017-18*
49. *SU programme specifications, BSc (Hons) midwifery practice and MSc in midwifery practice, July 2016*
50. *SU annual course monitoring report, midwifery programmes, 2016-17*
51. *SU pre-registration midwifery external examiner report, 12 July 2017*
52. *SU midwifery values based recruitment strategy, 2018*
53. *SU flowchart of occupational health clearance process for new applicants, 25 January 2018*
54. *SU nursing and midwifery students process of registration with NMC, 8 January 2018*
55. *SU disclosure screening for professional course, undated*
56. *SU BSc (Hons) midwifery practice (three year) assessment schedule, 2018*
57. *SU nursing and midwifery recording of practice hours process, April 2017*
58. *SU midwifery practice record of experience, undated*

59. *SU simulated inter-professional learning activities and tour of midwifery skills laboratory, 31 January 2018*
60. *SU partnerships in practice module handbook and PowerPoint presentation, 2017-18*
61. *SU staff guidance on personal tutoring, 2017*
62. *SU midwifery newsletter 'stork talk', 24 November 2017*
63. *SU midwifery portfolio handbook, 2017-18*
64. *SU teaching observation handbook, September 2015*
65. *SU and Keele University, joint midwifery sign-off mentors annual update, undated*
66. *SU education review meeting agenda template, undated*
67. *SU educational audit process, January 2018*
68. *SU school of health and social care practice learning allocation lead role and responsibilities, September 2017*
69. *SU practice learning area teams 2018, September 2017*
70. *SU external examiner policy and procedure, 29 March 2017*
71. *SU midwifery external examiner appointment form, 13 August 2015*
72. *SU fitness to practise report, January 2018*
73. *SU school of health and social care service user and carer involvement strategy, 2017-20*
74. *SU service user feedback on international day of the midwife and follow through care, 2017*
75. *SU graded practice – presentation of portfolio of practice, guide for assessors, 2017-18*
76. *SU nursing and midwifery practice learning partnership meeting terms of reference, 2017*
77. *Email communication relating to additional hours requirement for midwifery shortened programme, July/August 2016*
78. *SU quality committee minutes, 17 August 2016*
79. *Shrewsbury and Telford Hospital lead midwives and school of health and social care meeting notes, 4 October 2017*
80. *SU mentor conference steering group terms of reference and annual mentors conference programme, 6 December 2017*
81. *SU school of health and social care, practice learning hub briefing paper, 21 January 2018*
82. *NHS HEEWM partnership agreement, November 2016*
83. *NHS learning and development agreement template, 2017*
84. *NHS HEEWM national contract agreement with SU 2016-17 and contract refresh letter, signed 24 March 2017*
85. *West Midlands HEI practice learning and quality collaborative group terms of reference, 26 February 2017*
86. *SU nursing and midwifery practice learning group meeting agenda, 16 November 2017*
87. *SU update letter to NMC in relation to managing risk at SATH, undated*

88. *SU mentor feedback from students, undated*
89. *SU unity newsletter for mentors, 2017*
90. *SU mapping the midwifery student practice learning journey, undated*
91. *SU midwifery placement planner, 2017-18*
92. *SU school academic committee terms of reference, 2016-17*
93. *SU annual practice learning reports: midwifery course for UHNM and SATH, 2017*
94. *SU midwifery selection, record of participants and mandatory checklist, 2018*
95. *SU example of non-approval of elective placement, one to one midwifery, 2015*
96. *SU process for transfer requests for midwifery, undated*
97. *SU Geneva declaration, undated*
98. *SU school of health and social care postgraduate and undergraduate award board minutes, 4 September 2017*
99. *SU school of health and social care under the age of eighteen years, undated*
100. *Introductory meeting with presentation, 31 January 2018*
101. *Meeting with senior managers, 31 January 2018 and 1 February 2018*
102. *Meeting with midwifery teaching team, 31 January 2018*
103. *Lecturer CVs, NMC register, SU registration and revalidation database, 31 January 2018, 31 January 2018*
104. *FtP meeting, 31 January 2018*
105. *Partnership and shared governance meeting, 31 January 2018*
106. *SATH and UHNM heads of midwifery (via telephone), 31 January 2018*
107. *Student meeting, year two, 31 January 2018*
108. *Service user and carer involvement meeting, 1 February 2018*
109. *Practice lead meeting, SU audit database, placement evaluation, 1 February 2018*
110. *Visit to Bridgnorth midwifery led unit, review of duty rotas and mentor register; meeting with service manager, link lecturer, mentors, students and service users; 31 January 2018*
111. *Visit to Princess Royal Hospital maternity unit, review of duty rotas and mentor register; meeting with maternity inpatient matron, link lecturer, mentors, students and service users, 31 January 2018*
112. *Visit to Wrekin midwifery led unit, review of duty rotas and mentor register; meeting with mentors, students and service users, 31 January 2018*
113. *Ludlow midwifery led unit, teleconference with mentor and student, 31 January 2018*
114. *Visit to UHNM, Royal Stoke University Hospital maternity centre, review of duty rotas and mentor register; meeting with link lecturers, CPFs, mentors, students and service users, 1 February 2018*
115. *Meeting with CPF Princess Royal Hospital Telford, 31 January 2018*

116. Meeting with Lead CPF, UHNM, Stoke on Trent, 1 February 2018
117. Meeting with head of midwifery, UHNM, Stoke on Trent, 1 February 2018
118. Keele University HUB placement information recruitment audits x7, 2016-2017
119. SU audit action plan, Stafford, 1 February 2018
120. Robert Jones and Agnes Hunt Orthopaedic Hospital action plan from SU education audit, 2017
121. SU completed educational audits x6, 2016-17
122. SU screen shot of email to potential service users and carers, 1 February 2018
123. SU service users and carers right to work checklist, 1 February 2018
124. SU service user and carer payment policy, 2017
125. SU carer involvement personal information form, 1 February 2018
126. SU service user and carer database, accessed 1 February 2018
127. SU email to third year students about student midwifery conference 'empowering vulnerable women', 18 July 2017
128. Princess Royal Hospital, Women and Children's Centre, Telford, service user feedback board, 31 January 2018

Personnel supporting programme monitoring	
<b>Prior to monitoring event</b>	
Date of initial visit: 09 Jan 2018	
<b>Meetings with:</b>	
Head of department, midwifery and allied health professionals Head of department nursing Academic practice learning manager Senior midwifery lecturer and midwifery practice learning lead Senior midwifery lecturer	
<b>At monitoring event</b>	
<b>Meetings with:</b>	
Dean of school Associate dean for students Associate dean for recruitment Head of department, midwifery and allied health professionals Head of department nursing Lead midwife for education Academic practice learning manager Senior midwifery lecturer and midwifery practice learning lead Senior midwifery lecturers x4 Quality administrative officer Fitness to practise panel coordinator	
Meetings with:	
Mentors / sign-off mentors	13
Practice teachers	
Service users / Carers (in university)	1

Service users / Carers (in practice)	2
Practice Education Facilitator	3
Director / manager nursing	
Director / manager midwifery	4
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	1 Deputy inpatient matron

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Midwife - 18 & 36M	Year 1: 3 Year 2: 15 Year 3: 18 Year 4: 0

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