

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 York
Programmes monitored	Registered Midwife - 36M
Date of monitoring event	14-15 Feb 2018
Managing Reviewer	Judith Porch
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Catherine McEvelly
Placement partner visits undertaken during the review	<p>York Teaching Hospital NHS Foundation Trust, The York Hospital, maternity services</p> <p>Harrogate and District NHS Foundation Trust, Harrogate District Hospital, maternity services</p> <p>South Tees Hospitals NHS Foundation Trust, Friarage Hospital, Northallerton, midwife led unit</p> <p>Teleconferences with key staff who support pre-registration midwifery students at York Teaching Hospital NHS Foundation Trust, Scarborough Hospital</p>
Date of Report	25 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 York, University of's programmes

The department of health sciences (DHS), in the faculty of sciences, is one of 30 academic departments and research centres at the University of York (the university).

The DHS provides a range of NMC approved programmes at undergraduate and postgraduate levels. The focus of this monitoring review is the three year undergraduate pre-registration midwifery programme which was approved on 27 March 2012 (1). This BA (Hons) midwifery practice programme has an extension to the approval granted by the NMC until 31 August 2020.

A minor modification to the programme was approved on 17 August 2016 to make changes to the credit rating and reallocate content in some modules (30).

The structure of the programme was amended and approved as a minor modification on 23 June 2017. The programme was initially designed for a smaller cohort of midwifery students and the previous structure of the midwifery programme incorporated theory and practice within the working week. The modification was to ensure a more balanced and sustainable allocation of students in clinical practice areas across the three-year programme (18, 31).

There is one intake per year with a cohort of 26 students. This growth resulted in increasing pressures in the practice placement areas to allocate students to sign-off mentors. The revised programme ensures all programme weeks (excluding Christmas) are used for students accessing practice placements. This has offered a more equal distribution of students across the practice placement areas and also ensures only two out of the three cohorts are accessing practice placements at one time (33).

In 2017-18 there was a reduction in overall applications to the pre-registration midwifery programme by approximately 25 percent, which the university states was anticipated in light of the introduction of student fees for healthcare students (37).

The practice placements for the pre-registration midwifery programme cover a widespread geographical area. The students experience practice learning in different localities and practice settings, from coastal towns to rural communities.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. In addition, a teleconference with key staff who support pre-registration midwifery students at in the maternity services at York Hospitals NHS Foundation Trust, Scarborough Hospital took place.

Summary of public protection context and findings

Our findings conclude that the University of York (UoY) has processes and systems in place to monitor and control risks in the risk theme resources.

The key risk theme practice learning is not met. The university must implement an urgent action plan to ensure risks are controlled to meet NMC standards and requirements and assure public protection and student safety.

12 April 2018: The university produced an action plan to address the unmet outcome. The action plan has been fully implemented and the key risk is now controlled and the NMC requirement is met.

The key risk themes admissions and progression, fitness for practice and quality assurance have identified weaknesses which require improvement.

The key risk themes are described below:

Resources: met

Our findings conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery programme to meet NMC standards.

We confirm that there are sufficient appropriately qualified sign-off mentors to support the numbers of students allocated to placements at all times.

Admissions and progression: requires improvement

Our findings conclude that the admission, selection and progression processes for the pre-registration midwifery programme follows NMC requirements. However, the procedure for checking and recording that practitioners have completed equality and diversity training prior to participating in the selection process requires improvement (2.1.1).

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

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

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

Practice learning: not met

We conclude that there are effective partnerships between the university and practice placement providers at strategic and operational levels and with approved education institutions (AEIs) who use the same practice placement locations. However, we

found that the risk assessment process related to students' wellbeing at an operational level between the university and practice placement partners does not ensure student safety in the practice learning environment. This requires urgent and immediate action to manage the risk and ensure public protection and student safety (3.1.1).

We are assured that effective risk management approaches are adopted and actions are taken in partnership between the university and practice placement providers to ensure students' practice learning is not compromised when Care Quality Commission (CQC) reports have identified areas of concern. The university carries out exceptional reporting to the NMC in a timely manner in accordance with the QA Framework, part four (NMC, 2017).

The educational audit process of practice learning environments requires improvement to ensure that actions following educational audit are concluded in a timely way (3.1.1).

There is inconsistency in the visibility of the link lecturers in practice placement settings. This requires improvement (3.2.2).

We found that practitioners and service users and carers are involved in the development and delivery of the pre-registration midwifery programme.

We found the preparation and support of sign-off mentors, and the completion of annual mentor updates and triennial reviews are robust. All mentors are appropriately prepared for their role of supporting and assessing pre-registration midwifery students.

The university implemented an action plan to ensure that risk assessment processes related to students' wellbeing at an operational level between the university and practice placement partners are implemented to ensure student safety and public protection.

12 April 2018: A documentary review was undertaken on 20 March and 12 April 2018 to review progress made against the action plan. We confirmed that risk assessment processes related to students' wellbeing at an operational level between the university and practice placement partners are implemented to ensure student safety and public protection.

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

Fitness for practice: requires improvement

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

There is a process to ensure that the required hours of theory and practice comply with the European Union (EU) directive (2005/36/EC 'on the recognition of professional qualifications as amended by Directive 2013/55/EU), and NMC requirements are met. However, the process for monitoring practice hours to ensure

that students are not working excessive hours that may compromise patient and student safety requires improvement (4.1.1).

Quality assurance: requires improvement

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

External examiners act with due regard and engage in the assessment of theory and practice. NMC registration and due regard is confirmed on appointment. However, monitoring the currency of NMC registration and revalidation throughout the tenure of the external examiner requires improvement (5.1.1).

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

Summary of areas that require improvement

A review of progress against the university action plan took place on 20 March 2018 and 12 April 2018. The reviews confirmed that systems and processes are now in place to ensure that risk assessment processes related to students' wellbeing at an operational level between the university and practice placement partners are implemented to ensure student safety and public protection.

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

The following area is not met and requires urgent attention (3.1.1):

- A risk assessment must be completed for the two identified students to ensure student safety in the practice learning environment and public protection.
- A robust risk assessment process must be implemented and disseminated to academic staff, practice placement partners and students to safeguard student safety and protect the public.

The following areas require improvement:

- The university, in partnership with practice placement providers, ensure that actions following an educational audit of practice learning environments are concluded in a timely way (3.1.1).
- The visibility of link lecturers in practice placement settings and the support they provide students should be consistent (3.2.2).
- A robust process should be implemented to monitor practice hours to ensure that students are not working excessive hours that may compromise patient and student safety (4.1.1).
- A process should be implemented to monitor and ensure external examiners' registration and revalidation requirements are met (5.1.1).

Summary of areas for future monitoring

- A robust risk assessment process related to students' wellbeing is in place to ensure student and public safety in the practice learning environment.
- A robust monitoring and recording process confirms practitioners have completed equality and diversity training prior to participating in the selection process of pre-registration midwifery students.
- The educational audit process of practice learning environments ensures that actions following educational audit are concluded in a timely way.
- There is visibility of link lecturers and consistency in the support they provide in all practice placement settings.
- A robust monitoring process is in place to ensure students do not work excessive hours that may compromise patient and student safety.
- A robust process monitors the currency of NMC registration and revalidation of external examiners throughout their tenure.

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

The programme team is well-resourced for the number of midwifery students at the university. They informed us of the effective systems which are in place to support midwifery students in theory and practice learning to ensure the NMC standards and requirements are met. The programme team described a close and effective working

relationship with practice placement providers to support the range of practice learning experiences for students on the pre-registration midwifery programme. The practice placement provider sites cover a wide geographical area which are supported by midwifery link lecturers (LLs).

We found the programme team is motivated and proactive in their approaches to learning and teaching, and midwifery team members are involved in several cross-departmental initiatives. All members of the midwifery team have a masters degree qualification and some have or are working towards PhD study which is supported by the DHS and the university.

The programme team shared evidence of their engagement in midwifery practice including: a commitment to work a minimum of five days a year in midwifery practice; tripartite assessment in practice of students; educational audit, mandatory mentor updates; participation in placement provider study days; and, practice learning meetings.

The lead midwife for education (LME) described her role which involves strategic and operational engagement at a national and local level.

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

Sign-off mentors demonstrated commitment to ensuring students are appropriately supported in practice learning settings. They are confident that they are well prepared for their role in supporting and assessing student performance. They expressed satisfaction with the partnership working arrangements between the university and the practice team. They told us that they are supported and encouraged to carry out their role including making the difficult decision, if necessary, that a student has not reached the required standard in practice. Sign-off mentors also expressed knowledge of, and confidence in, the university's processes and procedures to deal with FtP issues.

Senior midwifery staff and practice education facilitators (PEFs) are proactive in maintaining and increasing their qualified mentor/sign-off mentor numbers and actively promote staff engagement in initial preparation, annual updating and triennial review processes. Sign-off mentors told us they receive effective support to complete initial mentor preparation and sign-off status, mandatory mentor updates and triennial reviews.

PEFs maintain the live database of sign-off mentors and liaise closely with the learning environment midwives (LEMs) and the practice education support (PES) team at the university.

Heads of midwifery (HoMs), PEFs and sign-off mentors expressed confidence in the pre-registration midwifery programme. They told us that students successfully completing the programme have sufficient skills and knowledge to undertake the role of a registered midwife supported by a period of preceptorship.

Some midwifery practitioners described their participation in the delivery of the pre-registration midwifery programme. They gave examples of their involvement

including; interviewing, clinical skills sessions, and objective structured clinical examination (OSCE) assessments.

Students

Students undertaking the pre-registration midwifery programme are positive that they have chosen the right university to study. They expressed satisfaction with the learning opportunities they encounter in the university and in practice placement settings. Students are allocated to 'home' and 'away' trusts, which provide a range of practice placement experiences.

They are confident that they are prepared for practice placements and that they will have been effectively prepared as midwives on successful completion of the programme.

Students are confident that there is a good supportive network between the university and practice placement providers which supports them and facilitates their learning and achievement. Whilst some students described some inconsistency in the level of support provided by some LLs in some practice placement settings, they positively evaluated the LL role and the roles undertaken by LEMs and their sign-off mentors.

Service users and carers

Discussions were undertaken with service users in both the university (by telephone) and during visits to practice placements.

A service user described participation in developing the questions and scenarios used in recruitment and selection interviews for the pre-registration midwifery programme. She also detailed her involvement in other aspects of the pre-registration midwifery programme and confirmed future input is planned. She described feeling valued and very supported by the midwifery academic team.

We met service users and carers during visits to practice placements who confirmed that the UoY pre-registration midwifery students are caring, courteous in seeking consent, and are professional in their engagement in care.

Relevant issues from external quality assurance reports

The findings from the 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 (2-9).

The following reports required action(s):

CQC report Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust, Worsley Court was inspected in November 2016. The report was published on 23 February 2017 (2).

Worsley Court ward was originally run by a different provider when the service was rated as inadequate. The ward was transferred into the older people with mental

health problems service at TEWV in October 2015 and there was improvement under the trust's management. The inspection in November 2016 rated the service overall as 'requires improvement' after inspectors found concerns around safety. Worsley Court was scheduled for closure in February 2017, but was served with a regulation 17 notice and closed before Christmas 2016.

University response

The university worked in partnership with TEWV to identify alternative arrangements for two students who were due to have practice experiences at Worsley Court in January 2017. Both students have since completed their practice placement experiences and there was no disruption to their learning. The placement area has since closed and no further actions are required (11, 42).

CQC report Barchester Healthcare Homes Limited, Stamford Bridge Beaumont Nursing Home, unannounced inspection in August and September 2017. The report was published on 14 November 2017 (3).

CQC rated the home as inadequate overall. The domains of safe, effective and well led were all rated inadequate; caring and responsive were rated as 'requires improvement'.

University response

The nursing home has not been used as a placement for the UoY nursing students since 18 September 2017. The university was advised at the end of August 2017 that the only mentor in the home was leaving employment on 17 September 2017. The placement has been deactivated from the placement circuit by the university. The university would undertake a full educational audit of the placement which would have to be satisfactory before it was used for any future nursing students. There are currently no immediate plans to do this (11).

CQC inspection of BMI Healthcare, Duchy Hospital, Harrogate took place 31 July and 1 August 2017. The report was published on 29 September 2017 (4).

The CQC inspection rated the hospital as a 'requires improvement' grade overall. Core surgery services, outpatients and diagnostic imaging were rated as 'requires improvement'. The rating for the safe domain was rated as 'good' and well led was rated as a 'requires improvement' outcome.

University response

The university reported that the last educational audit of the hospital was completed on 16 May 2016 and no practice learning issues were identified. There were two nursing students on placement in the hospital until 17 September 2017. The students did not raise any concerns about the practice placements in their evaluations or during tripartite meetings which were held on 14 August 2017 and 8 September 2017. There are currently no university students on placement in the hospital. An educational audit will be completed before any more students are placed in the hospital. The university is reviewing the service level agreement with the private voluntary and independent (PVI) sector to include a statement which requires the PVI

organisation to inform the university about CQC inspections and outcomes. The inclusion of this statement is currently being reviewed by the legal team at the university prior to finalising the service level agreement (41).

Follow up on recommendations from approval events within the last year

There were no approval or major modification events in 2016-17 (10).

Specific issues to follow up from self-report

- Implementation and evaluation of a new link lecturer model 2017-18.

The self-report 2016-17 reported some academic staff had reported concerns during their performance reviews about the quantity and equity of teaching workload allocations. Teaching activity was captured across the programmes in 2016-17, with the aim of piloting a new workload model for the 2017-18 academic year (11).

In addition, as placement capacity increases and diversifies, alongside the removal of locality practice facilitators, there is an additional demand for link lecturers to support students and mentors across the range of placement providers. A review of link lecturing and new model of link lecturing will be implemented for academic year 2017-18 (10).

At the initial visit the DHS confirmed this model is for nursing not midwifery (12). See section 3.2.2 for midwifery lecturers' link role.

- Placement capacity for a potential increase in the number of midwifery students (10).

The midwifery programme team worked with managers in maternity services and with LMEs to identify opportunities to increase placement capacity.

Meetings between the programme lead and midwifery managers subsequently took place at the beginning of 2017. This led to a minor modification to the structure of the pre-registration midwifery programme to ensure a more balanced and sustainable allocation of students in clinical practice areas across the three-year programme (10, 31).

- Primary care, PVI sectors placement capacity (10).

The DHS identified two academic staff members with specific responsibility for working with primary, community, PVI organisations to increase placement capacity.

As a result, 20 additional practice placement areas have had a satisfactory educational audit completed and are now part of the practice placement circuit (10).

Findings against key risks
<p>Key risk 1 – Resources</p> <p>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation</p>
<p>Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes</p>
<p>What we found before the event</p>
<p>We confirmed that an LME is in post and is supported by the university to fulfil the requirements expected of the role. The LME has current registration with the NMC as a midwife, holds a NMC recorded teacher qualification and fulfils the NMC requirements expected of the role at a local and national level (13-14).</p> <p>We found that the pre-registration midwifery programme team comprises five midwifery lecturers including the LME and one associate midwifery (12-13).</p> <p>All midwifery academic staff are appropriately qualified and experienced and have current NMC registration. All have a recorded teacher qualification with the NMC, with the exception of the associate lecturer (13-14).</p>
<p>What we found at the event</p>
<p>We found the pre-registration midwifery programme is appropriately resourced with academic staff who have appropriate qualifications and experience commensurate with their role in delivering the pre-registration midwifery programme. The midwifery academic staff comprises 5.2 whole time equivalent (WTE) who support a total of 78 midwifery students (68, 71).</p> <p>All midwifery teaching staff, with the exception of the associate midwifery lecturer, hold a recorded teaching qualification. This includes the designated programme leader for the pre-registration midwifery programme who has due regard. Senior DHS staff told us that it has just been confirmed that the associate tutor has been given a two-year fixed term contract and part of the contractual obligation will be to support completion of a teaching qualification. The university has a NMC approved postgraduate certificate in academic practice - teacher award which is accessed by registrant academic staff (13, 68, 71).</p>

We were told specialist lecturers are used to support delivery of the programme from across the wider faculty in areas such as psychology and pharmacology and this was confirmed by students (67-68, 71).

Students told us that they are well supported in theoretical sessions and that teaching staff are experienced and knowledgeable in current midwifery practice. Students confirmed this enables them to apply theoretical knowledge to midwifery practice (69-70, 76, 81-82).

We found that academic staff resources are effectively monitored through the annual performance development review (PDR) and a workload model. We were informed about a university evolving workload model supported by an online database, based in the human resources department, which will combine existing workload models. A snapshot of the workload model based on student numbers was reviewed in December 2017 which assisted in managing staff resources (46-47, 71).

The midwifery academic team told us they have protected time to fulfil teaching requirements, including their roles as module leaders, personal supervisors and the LL role for practice placements over a large geographical area. They confirmed they are supported in their educational, clinical and scholarly activities by senior staff in the department and they complete an annual PDR and workload matrix proforma. The workload model includes 20 percent of time for engagement in practice by each academic staff member (45-46, 71).

We viewed the academic workload matrix for midwifery staff which is monitored by line managers. We confirmed the teaching staff role includes support for learning in practice which is monitored by the LME (46, 48-49).

We found the university infrastructure supports academic staff within a designated teaching scholarship group with an appointed line manager. The university fully supports academic staff to achieve professional recognition in line with the different levels of fellowship in the health education academy (HEA) framework. All staff are encouraged to undertake university training and professional development and support is provided to release staff under the requirements to work towards the Athena SWAN silver award (43-45, 71).

We viewed and confirmed that the university monitors registrant academic staff current NMC registration and revalidation requirements through the PDR process. There is an online tool through PebblePad which enables academic staff to collect evidence to support revalidation requirements (47, 71). The department may wish to consider the development of a database which holds details of registration and revalidation requirements of all academic staff who are NMC registrants.

We confirmed the LME has a strategic role at a national, regional, and local level through active participation in strategic committees and working groups. These include: a member of the strategic partnership group, the NMC LME strategic reference group; Yorkshire and Humber LME group and the Royal College of Midwives leaders' forum. She is active within the DHS and is the chairperson of the board of studies (14, 67-68, 71).

<p>Our findings conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery programme to meet NMC standards.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times</p>
<p>What we found before the event</p>
<p>The LEM is a midwife working in the clinical area who is responsible for allocating students to sign-off mentors (15).</p> <p>There is clear guidance in the programme handbooks that the student's working week should not exceed the EU working time directive of 48 hours when both programme requirements (theory and practice) plus hours of paid employment are combined (15).</p> <p>Students are expected to work with their sign-off mentor for at least 40 percent of clinical time (15, 18).</p> <p>The midwifery education team continue to communicate and negotiate with practice partners to maintain student capacity at 26 per year (37).</p>
<p>What we found at the event</p>
<p>A regional practice placement quality assurance (PPQA) web-based database holds mentor registers and educational audits for healthcare placements in Yorkshire and Humber and is used to monitor the number of mentors. The data is managed by PEFs in each placement provider organisation and is shared with other AElS in the Yorkshire and Humber region (24, 80).</p> <p>We found an educational audit is conducted biennially for each practice placement area and numbers of mentors/sign-off mentors and maximum student numbers from all healthcare professions are recorded on the educational audit documentation (67, 70, 76, 80).</p> <p>Practice placement providers informed us there is close co-operation between the LL, LEM and PEF which enables effective monitoring to ensure a sufficient number of sign-off mentors. Changes to the maternity services impacting on the availability of mentors/sign-off mentors is communicated to the DHS via PEFs and education leads in the practice placement provider organisations and at the PES group (58, 69-70, 73, 76).</p> <p>The LEM in each practice placement area receives draft reports of the planned allocation of student midwives which are checked against any planned service re-</p>

configurations and the availability of sign-off mentors on the PPQA database to ensure that students are allocated to appropriately qualified sign-off mentors. LEMs told us that they have effective links with staff in the university placement allocations department to ensure that any necessary changes, particularly in the event of staff sickness, can be easily accommodated and ensure that midwifery students continue to be allocated to a sign-off mentor (69-70, 76, 79).

We viewed the educational audits of the placement areas we visited and found the mentor capacity stated in the audit matched actual mentor numbers in the PPQA database (69-70, 76).

Students confirm that sufficient sign-off mentors are available to support and assess them in practice placement settings and in some placement areas they may also be allocated an associate mentor. Students also confirmed that they have supernumerary status and they work with their sign-off mentors for a minimum of 40 percent of the time, who provide effective support during practice placements. The PPQA, educational audits and duty rotas we viewed confirm this (69-70, 76, 80).

Sign-off mentors confirmed that they had been appropriately prepared for their role in supporting and assessing students and they maintain their mentor status in line with NMC requirements. This was also confirmed by HoMs (69-70, 76, 78).

Our findings confirm that there are sufficient appropriately qualified sign-off mentors to support the number of students currently studying the pre-registration midwifery programme allocated to placements at all times.

Outcome: Standard met

Comments:

The checking of academic staff NMC registration and revalidation requirements is through the PDR process. The AEI may wish to consider the development of a database within the department which holds details of registration and revalidation requirements of all academic staff who are NMC registrants.

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 has an equality, diversity and inclusion strategy. Equality champions in each department support and promote the university's aim to provide a working and learning environment which is fair, welcoming and inclusive. The university has an Athena SWAN bronze award and is working towards a silver award (16).

Recruitment and selection of students is based on the values based recruitment (VBR) framework. Students have a face to face interview which involves academic staff and practitioners on selection panels. Interview processes, marking criteria and questions used for selection are reviewed annually and updated, in collaboration with service users (17-18).

The university has a policy for the safe guarding of children, young people and vulnerable adults with regard to their engagement in university-related activities and services (19).

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 pre-registration midwifery programme. The entry criteria are consistent with the NMC and university requirements and includes literacy and numeracy assessment which is based on academic qualifications (17-18).

The selection process involves a robust criterion based shortlisting process. Applicants are required to complete a written element to consider the style and standard of their academic writing. They receive the title of the essay two weeks before the interview date. They can append a prepared reference list to the essay to demonstrate the preparation they had done. They also undertake multiple mini interviews (MMIs) which are mapped to the NHS VBR outcomes. The outcome weighting for the selection process is 70 percent for the MMIs and 30 percent for the written work (52-53, 63).

Academic staff and practitioners are involved in the MMIs which was confirmed by students. Whilst service users and carers are not directly involved in the interview process, they are invited to contribute to scenarios and interview questions which are refreshed for every recruitment cycle (69-70, 76-77, 81-82).

All academic staff receive equality and diversity training as part of initial mandatory training and ongoing development, which is closely monitored by the head of department. We viewed records of equality and diversity training of midwifery academic staff which confirmed that they were up-to-date with the training, and that

they were not involved in interviews until the training was completed (43, 50, 71-72).

Practice placement providers confirmed that they routinely release staff to participate in selection and admission processes and practitioners are well prepared for the interview process by the university staff. We were told that practitioners complete equality and diversity training as part of the trust's mandatory training. However, the university does not have a process for checking and recording that practitioners have completed equality and diversity training prior to participating in the selection process (69-70, 72, 76, 79). This requires improvement.

The university carries out OH and DBS checks on admission to the pre-registration midwifery programme. Students do not proceed into practice placements without these checks being satisfactorily completed. Students confirmed this process. HoMs confirmed mechanisms are in place for sharing information about OH and DBS checks and joint decision making takes place, if necessary (69-70, 72, 76, 81-82).

We found a very rigorous process is followed in the event there is a disclosure prior to or through a DBS check. This is a two-part process; the chair of FtP initially consults with the chief nurse and matrons at a practice partner provider organisation who report on the significance of the disclosure. This is followed by scrutiny and decision making by the FtP committee. Self-declarations made by students during their programme are also managed by the FtP committee (20, 74).

There is a clear university policy and process for safeguarding under 18-year-old students enrolled on university programmes. We found that under 18-year-olds are not admitted to the pre-registration midwifery programme. We were informed that, if at a future date, under 18-year-old students commence the programme, a risk assessment would be undertaken prior to students commencing practice placements. This would be managed under the NHS practice placement providers under 18-year-old policy to protect the student and the public (19, 72).

Our findings conclude that the admission and selection processes for the pre-registration midwifery programme follow NMC requirements. However, the procedure for checking and recording that practitioners have completed equality and diversity training prior to participating in the selection process requires improvement.

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 FtP policy and guidance for students. The FtP process involves a three-stage approach: informal (stage one); investigation/assessment (stage two); and, a formal stage (stage three). The composition of the formal FtP committee hearing involves a senior representative from a practice placement partner organisation (20).

The remit of the FtP committee is to address a student's suitability to practise and show that their health, disability, behaviour and/or professional conduct does not place patients/clients at risk or jeopardise the overall trust that the general public places in healthcare professionals in general. This applies to practice placements, in the university and in students' personal/private life (15, 20).

All students on taught programmes are required to successfully complete an online university academic integrity module before the end of the first stage or year of their programme of study, which informs students about academic misconduct (15, 32).

What we found at the event

We found there is a well-established robust FtP policy and process. A core FtP committee meets once a week to monitor FtP activity, and monitor and participate in active FtP cases. There is staff development for all individuals who engage in the FtP process. The constitution of the FtP panel hearing meets NMC requirements involving senior practice partners in decision making. We were informed that under the Athena SWAN developments the department will be expanding the constitution of FtP panels (20, 43, 74).

We reviewed three FtP cases, one of which involved a pre-registration midwifery student. We are assured that the FtP process was clearly followed. The support provided to students and the sanctions, which are linked to the NMC Code (NMC, 2015), are robust and protect the public (74-75).

The FtP committee reports to the chair of the undergraduate board of studies and to the department management team every quarter. Issues of concern related to practice are escalated to the PES group. Data and outcomes are evaluated and reported through these meetings to identify any lessons learnt and support future learning (74-75).

There is a robust process which commences in week one of the programme when students are introduced to the importance of professional conduct, the expectations of working within the NMC Code and appropriate social media guidance. Students confirmed they are given clear information by academic staff and in their programme documentation about FtP and other related procedures, including those related to academic performance and professional behaviour (15, 69-70, 74, 76, 81-82).

In addition to the midwifery modules on the programme, students have to study an academic integrity module which covers essential knowledge and skills to study independently and produce work of a high academic standard. Academic integrity represents a set of values and behaviours which students must understand and demonstrate in their studies and the work produced. Such values include honesty, trust, fairness, respect and responsibility. Students confirmed that the academic integrity module must be completed by March of the first year of the programme (15, 27, 51, 69-70, 76, 81-82).

Academic and practice placement providers are aware of procedures to address issues of poor performance in both theory and practice and expressed their confidence that concerns would be investigated and dealt with effectively to support the student and to protect the public (68-70, 76, 81-82).

Student handbooks provide the assessment schedule for each of the three years of the pre-registration midwifery programme. Students told us they receive sufficient formative and summative feedback and support from university and practice placement staff to address any issues of poor performance (15, 69-70, 76, 81-82).

For students who fail theory or practice assessment there is a clear re-assessment policy that takes account of progression points and the 12-week rule. There is one progression assessment board per year in November and any student who does not meet programme requirements for the stage/year of the programme will be interrupted from the programme (15, 56, 65, 72).

Students confirmed they have to declare good health and character upon admission and at each progression point and prior to entry to the professional register. In addition, a self-declaration must be completed on return from an interruption of study of more than six months. We viewed samples of annual declarations and confirmed these declarations must be satisfactorily completed before students can progress in practice placements (54, 69-70, 76, 81-82).

The FtP committee reviews students' health, conduct and character status throughout the programme, and on programme completion, prior to registration with the NMC. The FtP committee will recommend to the LME that a student's health and character declaration can be signed. There is a robust and transparent process through a zero credit rated module which must be completed on programme completion to ensure that all NMC requirements are met for NMC registration and for the university award (15, 20, 72, 74).

We conclude from our findings that programme providers' procedures address issues of poor performance in both theory and practice in the pre-registration midwifery programme.

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

What we found before the event

There is a university accreditation of prior learning (APL) policy and process, a departmental operational statement and a mapping tool that combines NMC guidance, Quality Assurance Agency (QAA) guidance and university regulations on APL. The term recognition of prior learning (RPL) is now used (21-22).

The APL policy and process is not used within the pre-registration midwifery

programme (12).
What we found at the event
We found the university has a clear APL policy, process and mapping tool to enable students to have their previous learning and experience recognised against programme requirements which meet NMC requirements. We confirmed APL is not permitted for students entering the pre-registration midwifery programme, which is compliant with NMC requirements (21-22, 67).
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 receive clear guidance on procedures to follow to address issues of poor student performance in practice (23-24, 62).
What we found at the event
<p>We found that the processes for raising and escalating concerns about a student's performance in theory or practice are clearly set out in student documentation and in supporting mentor guidance (15, 23).</p> <p>Sign-off mentors confirmed that they are aware of the university FtP policy and procedures. They have a clear understanding of how to escalate concerns about student performance and the processes for managing failing students in practice, which involve the student, the sign-off mentor and the LL. They gave examples of how processes are followed and action plans are implemented (69-70, 76, 78).</p> <p>Midwifery managers and sign-off mentors also confirmed that effective lines of communication between practice placement staff and the university are used when issues of poor student performance are raised. They confirmed that issues are identified early and appropriately managed (69-70, 76, 78).</p> <p>We observed the implementation of action plans and raising concerns about a student's performance in some of the practice assessment documentation (PAD), and ongoing achievement records (OARs) which we viewed (81-82).</p> <p>We conclude that practice placement providers understand and implement university procedures to address issues of poor student performance in practice.</p>
Outcome: Standard requires improvement

Comments:

The procedure for checking and recording that practitioners have completed equality and diversity training prior to participating in the selection process requires improvement (2.1.1).

Areas for future monitoring:

- A robust monitoring and recording process confirms practitioners have completed equality and diversity training prior to participating in the selection process of pre-registration midwifery students.

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 system 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 LLs; student evaluation of placements; and, mentor/practice educator evaluation questionnaires (24).

The regional educational audit tool and process is for all healthcare professions. The educational audits are recorded on the PPQA website (24).

PEFs work closely with the sign-off mentors and managers within placement areas and provide a valuable link with the DHS. They also lead initiatives to support student learning and can be contacted for information and advice (15, 23).

The DHS practice learning team (PLT) works with practice placement partners to support students' practice education activity. The PLT allocates students' practice experience, provides advice on practice learning concerns and supports both

students and practice partners in aspects of mentorship and the practical assessment process (23).

There is an escalating and raising concerns process. UoY DHS has a flow chart for escalating concerns regarding standards of practice. Students are directed to the NMC guidance on escalating and raising concerns (15, 25).

The university exceptionally reported a concern raised by the HoM in a local NHS trust which raised concerns about inconsistencies in the interpretation of, and practice around, 'direct' and 'indirect' supervision of students. Draft guidelines have been developed for mentors and students on 'direct' and 'indirect' supervision. The university confirmed that no concerns have been raised by students (26).

What we found at the event

We found there are strategic and operational groups who report and manage clinical governance, and risk issues which may impact on practice learning, and/or have a potential effect on service user, or student safety. Practice placement staff described these working partnerships as effective (69-70, 76, 79).

At a strategic level the responsibility for the governance of practice learning lies with the strategic partnership group; membership includes the chief nurse from partner NHS trusts, HoMs, senior staff from the DHS and the LME. Learning development agreements (LDAs) are in place between the university and practice placement providers and are discussed at strategic partnership meetings and signed annually. The LDAs establish the requirements for practice learning including mentor and placement capacity (10, 73, 91).

Any adverse concerns from CQC inspections are discussed and action plans developed in partnership to ensure additional levels of scrutiny. Risk assessment processes are in place and risk issues requiring joint action and information are exceptionally reported to the NMC in a timely way. We found that the current LDA for the PVI sector is being reviewed by the university to strengthen the PVI sector's responsibility to inform the university about CQC inspections and outcomes (41-42, 73, 91).

Regional practice placement meetings are held three times a year with the six universities in the Yorkshire and Humber region. We found that the university has an effective collaborative partnership with the other AEs who share practice placements through attendance at PES meetings (58, 69-70, 76).

The PPQA website is a shared website to assist all stakeholders to meet practice placement quality assurance requirements for healthcare placements in Yorkshire and Humber. We were informed that, whilst the system is fit for purpose, funding is required to restructure the PPQA system to better improve its functionality (70, 73, 76, 79-80).

All risks to practice learning are monitored through the DHS senior management team and committees. We found that the deputy head of nursing and midwifery has a strategic overview of practice placement learning supported by the PES team who meet every six weeks. The PES team are involved in the placement allocation and learning and support within practice learning environments. A midwifery academic staff member is a representative on the PES team. The PES team liaise with LEMs and LLs on issues related to practice learning and support (58, 73).

The LME meets with the HoMs and attends the midwifery managers education group meetings. Senior managers and practice placement providers find these collaborative working arrangements effective (57, 69-70, 73, 76).

All clinical governance and risk issues with a potential effect on patient and service user, or student safety are effectively communicated to the university from practice placement providers in a timely way. Sharing information about students involved in risk issues is through the trust's Datix reporting to the PEF who will investigate and communicate with relevant university staff. However, we found that the risk assessment process related to students' wellbeing is not effective for two students we met. This requires urgent attention to ensure that this risk control is met (69-70, 73, 76, 81-82, 89).

Educational audits comply with NMC requirements and are undertaken according to the established pan-Yorkshire and Humber processes to manage the quality assurance of practice placements and students' practice learning. LLs and PEFs/LEMJs jointly undertake educational audits every two years, or every year if the placement area is shared with other AELs. Placement areas would also have an educational audit completed following an adverse concern arising from a CQC inspection. Robust processes are in place to remove a placement from the placement circuit if the area is a risk to patient and/or student safety and compromises practice learning (73, 69-70, 76, 80).

An action plan is developed to address any issues which arise from the educational audits. We reviewed the database of educational audits on the PPQA system for the practice placements we visited and a paper copy of a trust located outside of Yorkshire and Humber region. We observed a robust process for initiating the completion of audits when due. However, we found one of the educational audits for a midwifery placement area had outstanding actions from when the audit was undertaken 22 months earlier. We observed a recent trail of emails from the LL requesting a new date was set for the educational audit and any actions were to be addressed. The evidence we viewed did not confirm that actions had been completed. The educational audit process of practice learning environments requires improvement to ensure that actions following educational audit are concluded in a timely way (70, 79-80, 88).

We found the raising and escalating concerns process is clear and available in student handbooks, in PebblePad, on the PPQA system and flowcharts which are displayed in the placement areas we visited. We found the raising and escalating concerns process is understood by students and practice placement providers. They

confirmed that the process is effective in ensuring concerns are fully investigated and supported. Support would be provided by the PES team and may also involve the key person in the organisation responsible for safeguarding and/or the fairness champion (15, 25, 69-70, 76, 78-79).

We conclude from our findings that there are effective partnerships between the university and practice placement providers at strategic and operational levels and with AEs who use the same practice placement locations. However, we found that the risk assessment process related to students' wellbeing at an operational level between the university and practice placement partners does not ensure student safety in the practice learning environment. This requires urgent and immediate action to manage the risk and ensure public protection and student safety. The university must ensure there are safeguards in place to avoid this risk happening again. In addition, the educational audit process of practice learning environments requires improvement to ensure that actions following educational audit are concluded in a timely way.

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

What we found before the event

There is a UoY DHS patient and public involvement (PPI) website which offers a range of information to support patient and public involvement. This website is for patients, members of the public and research and teaching staff in the department. There is an established PPI committee with terms of reference and membership, which aims to 'share, build and improve' PPI practice within the DHS (27-28).

What we found at the event

We found that there are a range of activities in the pre-registration midwifery programme which involve service users and carers. We are assured that service users are involved in the delivery and management of the programme. A service user described their involvement in question setting and scenarios for the recruitment and selection interviews for the pre-registration midwifery programme. She also detailed her involvement in teaching sessions about improvements in the maternity services and transition to motherhood and described plans for future developments. The service user told us she felt valued and supported by the midwifery team. UoY pre-registration midwifery students are also invited to meetings of the York homebirth support group. Their attendance is seen as a positive outcome of the relationship between service users and the midwifery programme team (77).

We found evidence in module content and timetables of service users' involvement in the delivery of the pre-registration midwifery programme including: action on

postpartum psychosis; services users with learning difficulties; transition to motherhood and fatherhood. Students also reported interesting and informative sessions delivered by service users including service improvement on cytomegalovirus (CMV), psychosis, bereavement, and transition to motherhood. These sessions had all evaluated well and students appreciate the commitment and involvement of service users (59, 69-70, 76, 81-82).

We also viewed very positive feedback from service users about a recent bereavement conference organised by student midwives and the York Midwifery Society (Mid Soc) (61).

The programme team facilitate a communication workshop for students using simulation (SIM) actors. In addition, students engage in the compassionate connections educational programme and resources that combines service users' perspectives, case histories and learning guides. The resource demonstrates how a compassionate person-centred approach to care improves clinical outcomes and the health and wellbeing of vulnerable pregnant women, newborns and infants. These approaches to learning are very well evaluated by students (63-64, 68, 70, 76, 81-82).

We met service users and carers during practice visits who confirmed that UoY midwifery students are caring, courteous in seeking consent, and are professional in their interventions. The service users and carers gave verbal feedback about students' performance to their sign-off mentors but had not provided written or formal feedback (70, 76).

Senior midwifery managers, LEMs and PEFs described involvement in the interview and selection of pre-registration midwifery students and attendance at midwifery programme committee meetings. Some sign-off mentors described their participation in clinical skills sessions and OSCEs (69-70, 76, 79).

Students confirmed teaching sessions delivered in the university by specialist practitioners, including topics on maternal and neonatal screening; public health; diabetes in pregnancy; clinical decision making; and, by local preceptorship champions who discussed life as a newly qualified midwife (69-70, 76, 81-82).

We conclude that practitioners' and service users' and carers' involvement in the development and delivery of the programmes is well embedded in the pre-registration midwifery programme.

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

What we found before the event

Midwifery LLs support geographical link practice placement areas. Their key responsibilities are to: monitor the practice assessment process to ensure validity, reliability and compliance with university regulations and ordinances; liaise with named clinical areas on all matters concerning the education and assessment of

<p>students in practice; provide support and advice to sign-off mentors and associate sign-off mentors as required; and, monitor the appropriateness of the practice placement as a learning environment (12, 15, 34).</p>
<p>What we found at the event</p>
<p>We found all midwifery academic staff have a LL role within an allocated clinical area(s) (34, 67-68).</p> <p>Midwifery academic staff confirmed their involvement in tripartite assessment of practice, educational audit, mandatory mentor updates, unscheduled mentor updates, as required, and participation in trust study days and clinical meetings (67-68).</p> <p>The role and responsibilities of academic staff supporting students learning in practice placement areas is understood by students. Students know how to contact LLs if required, although students we met reported this had not been necessary as support provided by their sign-off mentor was very good, effective and sufficient to meet their needs (48, 69-70, 76, 81-82).</p> <p>Students, sign-off mentors and LEMs know who the allocated LL is for the placement area. They confirmed LLs are contactable by telephone and email, and visit the practice settings to support pre-registration midwifery students. We were told that some LLs are more accessible and respond more readily to email and telephone queries than others. In one area we visited we were told that the LL was normally available by telephone or email, however there was a lack of visibility in the practice area (69-70, 76, 81-82).</p> <p>We conclude from the evidence available that there is inconsistency in the visibility of the LLs in some practice placement settings. This requires improvement.</p>
<p>Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>The university has a NMC approved mentor preparation programme which includes mentor sign-off status. Annual mentor updates are part of mandatory training and delivered by LLs in NHS trusts (12, 29).</p> <p>The regional PPQA database holds details of mentor registers and mentor training (24).</p>
<p>What we found at the event</p>

<p>We confirmed that the university provides a non-credit bearing mentor module three times a year which includes mentor sign-off status (29).</p> <p>We were informed that the midwifery team is responsive to placement providers' needs to ensure an appropriate number of adequately prepared mentors to support students. This was evident in a bespoke mentor programme which was provided for a local NHS trust in response to a request by the HoM and midwifery matrons (69-70, 76, 78-79).</p> <p>We found sign-off mentors are well prepared for their role in assessing practice. Sign-off mentors told us they were supported by their employer to complete the approved mentor preparation module and sign-off mentor status to enable them to support and assess students. They described the ongoing support systems which enable them to maintain their competence in assessing student performance, including annual mentor updates, information on the PPQA web database, mentor guidelines and handbook and support from the LL, LEMs and PEFs in practice (23, 62, 66, 69-70, 76, 77-79).</p> <p>Sign-off mentors described the process for completing the PebblePad and OAR to confirm student progression and achievement in line with NMC requirements (59-60, 68). They also confirmed their understanding of the grading of midwifery practice and the use of the full range of marks available. Grading of practice is discussed in initial preparation programmes, undertaken under supervision in the requirements to achieve sign-off mentor status and supported by the marking assessment indicators, and the LL in the tripartite assessment process (69-70, 76, 77-79).</p> <p>We conclude that sign-off mentors are appropriately prepared for their role in supporting and assessing students.</p>
<p>Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students</p>
<p>What we found before the event</p>
<p>Details of sign-off mentors are held on the PPQA database which can be accessed by practice placement providers and university staff. The data is accessible to other AEIs in the Yorkshire and Humber region who share the same placement areas (24).</p>
<p>What we found at the event</p>
<p>We confirmed that the PPQA system includes the mentor 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 sign-off mentor register for each practice placement records the mentor preparation</p>

programme and date, date and mode of mentor annual update, sign-off status and triennial review date. The PEF maintains the register for their placement areas. The system uses a flag mechanism to notify mentors their 'active' mentor status will expire in three months, one month or one day if they do not attend an update or complete a triennial review. If they do not complete the mentor update they are 'locked out' of PebblePad and therefore unable to sign-off students' PADs (69-70, 76, 77-78, 80).

LEMs receive draft allocation lists of students and they check the current local availability of mentors/sign of mentors to ensure that students are allocated appropriately. LEMs stated that any changes resulting from service reconfigurations which may impact on placement capacity are communicated to the university in a timely way. This ensures that any necessary changes to the allocation of students can be accommodated and midwifery students are allocated to a sign-off mentor (70, 76, 79).

We reviewed the mentor databases and confirmed all sign-off mentors hold a mentor qualification, have attended annual updates and completed triennial reviews to meet NMC requirements. This information is clearly recorded in the mentor register and robust mechanisms are in place to ensure currency of the information. We found there are adequate numbers of sign-off mentors to support student capacity. PEFs confirmed capacity is agreed in liaison with the PES team based on student numbers and sign-off mentor availability (69, 79-80).

We conclude that a robust and secure system is in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to pre-registration midwifery students.

Outcome: Standard not met

Comments:

The educational audit process of practice learning environments requires improvement to ensure that actions following educational audit are concluded in a timely way (3.1.1).

There is inconsistency in the visibility of the link lecturers in practice placement settings. This requires improvement (3.2.2).

The risk assessment process related to students' wellbeing in the practice learning environment does not ensure student safety and public protection. This requires urgent and immediate action to manage the risk and ensure public protection and student safety (3.1.1). In addition, the university must ensure there are safeguards in place to ensure this risk does not occur again.

The university implemented an action plan to ensure that risk assessment processes related to students' wellbeing at an operational level between the university and practice placement partners are implemented to ensure student safety and public protection.

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

12 April 2018

A documentary review was undertaken on 20 March and 12 April 2018 to review evidence to support completion of the action plan.

The two identified students were referred for risk assessment of their conditions and managed, as appropriate.

All pre-registration midwifery students received an email from the programme leader requesting they report any changes to their health status to their personal supervisor before 21 February 2018.

In addition to the annual enrolment and declaration of health status made by students, the midwifery programme team has introduced the process to record changes to a student's health status during personal supervision sessions and at the beginning of a practice placement by the mentor. This aims to support students in a timely manner, if required.

A section has been added to the e-portfolio in PebblePad to prompt mentors to seek clarification from students on any existing/new changes in health status that may impact on practice.

Information has been added to the practice education website frequently asked questions (FAQs) section for students regarding 'What do I need to do if I find out that I am pregnant?' This information is also to be included in the student programme handbooks in September 2018.

The chair of the FtP committee attended the midwifery education team meeting to discuss effective support of health needs of students by personal supervisors.

There is evidence that discussions have taken place with practice placement partners to ensure mentors' awareness and understanding of the need to complete risk assessments of students, when required. This included effective communication strategies and processes to strengthen risk assessment information, including information in the mentor update presentation and in the next practice education newsletter. In addition, an email is to be sent by senior practice partner representatives to all midwives regarding students and risk assessments.

We confirmed that risk assessment processes related to students' wellbeing at an operational level between the university and practice placement partners are implemented to ensure student safety and public protection.

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

Evidence to support completion of the action plan:

- Student midwife (1) risk assessment completed, 23 February 2018
- Letter from chair of FtP committee to student midwife (2) about an appointment with OH physician to discuss OH progress in assessing the student's needs and how best to manage this, 23 February 2018

- Email communication from programme leader to pre-registration midwifery students' cohorts 2015, 2016, 2017 regarding changes to health status/condition, 2 March 2018
- Email communication from programme leader regarding the change to health status record in PebblePad, 2 March 2018
- Confirmation of changes to PebblePad to include recent changes to students' health status, 5 March 2018
- Information for students regarding What do I need to do if I find out that I am pregnant? added to FAQs on university website, <https://www.york.ac.uk/healthsciences/practice-ed-support/practice-ed-faqs/practice-faqs/>, 2 March 2018 accessed 4 April 2018
- Email communication from programme lead to midwifery education team regarding changes to personal supervision record, 12 March 2018
- Summary of notes from meeting with midwifery education team and chair of FtP committee, 20 March 2018
- Midwifery managers education group meeting extract from the minutes 'strengthening risk assessment for students in practice', 28 March 2018

Areas for future monitoring:

- A robust risk assessment process related to students' wellbeing is in place to ensure student and public safety in the practice learning environment.
- The educational audit process of practice learning environments ensures that actions following educational audit are concluded in a timely way.
- There is visibility of link lecturers and consistency in the support they provide in all practice placement settings.

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

The pre-registration midwifery programme is fully accredited by the UNICEF Baby Friendly Initiative (BFI) which sets standards to facilitate effective parent-baby relationships and choices regarding infant feeding (15, 34).

The latest technology in a state-of-the-art clinical simulation unit provides students with a learning environment for the development of practical skills or for simulation-based education. The five key skills that are routinely taught and assessed through simulation include: breech presentation/birth; umbilical cord prolapse; neonatal resuscitation; postpartum haemorrhage; and, shoulder dystocia (15, 34).

Student midwives experience a mix of face to face sessions and online activity of training which includes: basic life support; moving and handling; fire safety; student and patient safety; equality, diversity and human rights; infection control; and, information governance. Attendance and completion of these activities is compulsory. Students who do not meet the requirements of the mandatory training activities may be referred to the DHS FtP committee (15, 20, 34).

All modules have a formative and summative assessment. The programme benefits from a variety of assessments including, OSCEs, viva voce, reflective essays, research critique, poster presentations, extended study (dissertation), unseen multiple-choice questions, short answer question exams and grading of midwifery practice (18, 34).

Clear guidance is given to students to report non-attendance. Attendance is closely monitored in theory and practice. Students are responsible for meeting learning outcomes for missed theory sessions. Lesson lecture notes are normally available on the virtual learning environment (VLE); alternatively, students should discuss the missed session(s) with the module leader (34).

Students are required to record practice hours which must be signed off by a mentor/sign-off mentor. All practice hours must be recorded on the student's monthly timesheet within the OAR on PebblePad. An audit of hours will be completed by the LL at the end of each practice placement and also at the annual progression monitoring by the board of examiners. Students are not normally able to take a deficit of hours past each annual progression point (34).

What we found at the event

We found that students are provided with clear and current information identifying learning, teaching and support available to them, including resources to support learning. This is evident in the student programme handbooks, module descriptors and PADs. We viewed PADs and confirmed that the learning outcomes and the expectations of students required for each placement are clearly documented, which was confirmed by students and sign-off mentors (15, 34-35, 81-82).

Students told us they undertake a range of mandatory training activities and experience effective learning and teaching strategies, including simulated learning. SIM actors are used effectively to enable them to participate in experiential learning and develop competence and confidence performing core midwifery skills. They confirmed these strategies, content and the skills they develop effectively prepare them for practice placements. This was confirmed by sign-off mentors and midwifery managers who told us students develop appropriate skills to develop caring midwifery practice (69-70, 76, 78, 81-82).

Students confirmed that the recent modification to the structure of the pre-registration midwifery programme enables them to effectively benefit from longer periods in practice. There is a sufficient range of teaching, learning and assessment opportunities within the programme to enhance their learning in theory and practice settings, which enables them to meet progression and achievement requirements and for entry to the NMC register (69-70, 76, 81-82).

We found evidence that the midwifery programme team collect, analyse and report appropriate information/data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities. Annual programme review 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 (37, 56, 64-65, 83-84, 92).

Students confirmed that the requirements and content of the EU directive are apparent in their documentation and that they have opportunities to achieve all of the requirements. Students are enabled to monitor their progress and further development through both formative and summative assessment processes and feedback systems. We observed examples of these processes in the PAD and OAR (81-82).

Third year students reported that they will feel confident and competent to practise and to enter the professional register on completion of their programme (70, 82).

Students and sign-off mentors told us of the process to ensure students complete the requisite hours of theory and practice. Students record the hours they work in practice on a daily basis, which are confirmed by their mentor. The student uploads a monthly copy of the timesheet on PebblePad. Academic staff told us they do not monitor the hours until the end of the placement unless the mentor informs them of a student's non-attendance. Attendance is checked by the LL to ensure that all required hours have been completed before assessment boards (69-70, 76, 81-82, 90).

Students are aware of the requisite hours to meet NMC requirements and some of the students we interviewed told us they self-regulate their hours when they have to make up missed time. Three students told us they had exceeded 48 hours of working in one week on more than one occasion (69-70, 76, 81-82).

The DHS guideline is clearly stated in the student handbook that the student's working week should not exceed the EU working time directive of 48 hours maximum

per week, as working in excess of this could result in issues of safety for students and service users (34). However, we found situations where this was not adhered to. The process of monitoring hours to ensure students do not work excessive hours which may compromise patient safety requires improvement.

From our findings we conclude that students on the pre-registration midwifery programme are supported in the university and in audited practice placements to achieve all NMC learning outcomes and competencies at progression points and for entry to the register. There is a process to ensure that the required hours of theory and practice to comply with the EU directive (2005/36/EC 'on the recognition of professional qualifications' as amended by Directive 2013/55/EU) and NMC requirements are met. However, the process for monitoring practice hours to ensure that students are not working excessive hours that may compromise patient and student safety requires improvement.

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 OAR used for practice learning guides the student and the sign-off mentor through the practice assessment process. Supporting the documentation of the OAR is an e-learning system called PebblePad (15, 18, 34).

Midwifery practice is graded using a common assessment framework adopted across six universities in the Yorkshire and Humber region using the online PebblePad portfolio/OAR. There are three elements to the practice assessment; grading of practice, completion of the portfolio/hours and a written reflective piece. Students are required to pass all three elements to pass the practice assessment (34).

Students undertake six practice modules in the three-year programme which enable students to experience a range of practice placement opportunities (15, 18).

What we found at the event

We found pre-registration midwifery students experience an effective range of practice learning experiences and support in practice to enable them to meet NMC outcomes and competencies. Students confirmed they understand their responsibility to engage in the practice learning opportunities provided (67-70, 76, 81-82).

Students are allocated to a 'home' and an 'away' trust which provide the opportunity to broaden their understanding of midwifery practice and the context of care. Students and midwifery managers confirmed that a trust induction is also provided for each

student at the commencement of the placement in the trust (67-70, 76, 79).

At the end of stage two of the programme students can undertake a four-week elective practice placement which provides the opportunity to observe an alternative model of maternity care provision in the UK or abroad. In year three of the programme students manage their own case-load of women under the guidance of their sign-off mentor. We found there is clear guidance available to students and mentors for case loading. Students reported satisfaction with the case-loading experience and confirmed it supports the development of skills needed for successful midwifery practice (34, 62, 82, 85).

Students and sign-off mentors confirmed that the process of formative and summative feedback enables mentors to support students to develop clinical competence and confidence. Sign-off mentors described clearly their responsibility to confirm students meet the required NMC competencies and all learning outcomes at progression and on programme completion, including a requirement to confirm that students are fit for practice (69-70, 76, 78, 81-82).

We found that the NMC standards are clearly articulated in the PAD and understood by students and mentors (81-82).

An identified tool for grading midwifery practice enables students to achieve NMC competencies, essential skills and EU requirements. LLs are involved in tripartite meetings to discuss the grading of practice with the sign-off mentor and the student. These discussions are recorded in the PAD. We saw evidence of discussions on progression and achievement between sign-off mentors and their students and achievement of competencies through the PAD we viewed on the student's PebblePad (81-82).

The external examiner confirmed that the grading and marking scheme for the assessment of practice are generally appropriate and are consistently applied with robust mechanisms for moderation (38-39).

Sign-off mentors and PEFs provided assurance that students on final placements demonstrate fitness for practice. HoMs confirmed they are satisfied with the standard of students successfully completing the pre-registration midwifery programme and employ graduates who apply for midwifery posts (55, 70, 76, 78-79).

Our findings confirm that students on the pre-registration midwifery programme 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 requires improvement

Comments:

There is a process to ensure that the required hours of theory and practice comply with the EU directive and NMC requirements. However, the process for monitoring practice hours to ensure that students are not working excessive hours that may compromise patient and student safety requires improvement (4.1.1).

Areas for future monitoring:

- A robust monitoring process is in place to ensure students do not work excessive hours that may compromise patient and student safety.

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

The processes for students to evaluate theory and practice learning experiences are clearly described in the student programme handbook. Students have the opportunity to complete an electronic module evaluation at the end of each module. The module leader will collate the evaluations and provide a summary for students on the module VLE site with any actions which have been taken. The summaries are reviewed once a year to inform teaching and share good practice across the DHS and the university (34, 37, 40).

Students complete an anonymous practice placement evaluation at the end of each placement via the PPQA website within 14 days of the end of the placement (24, 29).

There is a university policy for the nomination and appointment of external examiners (93).

What we found at the event

We found the university has a comprehensive range of internal quality systems for the development and ongoing enhancement of the pre-registration midwifery programme. The programme lead completes 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 external examiner reports (33-34, 37, 75).

We viewed annual programme reviews and related development plans which demonstrate an appropriate use of programme related performance data to inform ongoing development. The annual programme reports are peer reviewed and best

practice in learning and teaching and assessment is shared within the DHS and the university (37-39, 56, 64-65, 75, 83-84).

The programme committee is responsible for monitoring the pre-registration midwifery programme and sharing programme reports with key stakeholders. The committee reports to the undergraduate programmes board who has responsibility for the quality of the teaching and delivery of the programme (40, 57-58, 63).

We found the university has comprehensive systems and opportunities for students to provide feedback and evaluate all aspects of the pre-registration midwifery programme to enhance the delivery of the programme. Students in the final year of their pre-registration midwifery programme also have the opportunity to provide feedback utilising the national student survey (NSS). The DHS interpretation and actions from the NSS 2017 identifies assessment and feedback as an area for priority action which includes the implementation of a DHS model for academic support and feedback across nursing and midwifery programmes (34, 75, 94).

Student cohort representatives attend student-staff forums in the DHS and the board of studies to discuss any issues raised by the cohort and feedback on actions taken by the midwifery programme team. Students report that they feel listened to and that their opinions count. Students gave us examples of when module content had been changed or enhanced as a result of their feedback (34, 70, 76, 81-82).

Students told us they evaluate practice placements and theory and practice modules which they report are normally positive learning experiences with effective support from midwifery academic staff and sign-off mentors. This is consistent with the evaluations of theory and practice which we viewed (59-60, 71-72).

We confirmed that the DHS follows up and concludes any issues from previous programme approvals and modifications. NMC annual self-assessment reports are comprehensively completed and provide assurance that all NMC risks are controlled or are in the process of mitigation (10-11).

The external examiner for the pre-registration midwifery programme has due regard and engages with assessment of both theory and practice to assess validity and reliability of judgements. NMC registration and due regard is confirmed on appointment (14, 93). However, monitoring the currency of NMC registration and revalidation throughout the tenure of the external examiner requires improvement.

The external examiner provides external scrutiny for modules at all academic levels; reports on theory and practice based elements of the programmes; has met with students and sign-off mentors in practice placements; and, reports on the achievement of students at progression points and leading to the award and eligibility for professional registration. The programme lead has responded to the external examiner comments in a timely manner (38-39, 86-87).

We found evidence that the pre-registration midwifery external examiner observed OSCEs and viva voce exams which involved midwifery practitioners. The external examiner reported that both assessments were 'expertly managed' and demonstrate good practice and efficient partnership working (38-39).

We conclude from our findings that the university has improvement systems for student feedback and evaluation/programme evaluation to address weakness and enhance programme delivery. NMC registration and due regard of external examiners are confirmed on appointment. However, monitoring the currency of NMC registration and revalidation throughout the tenure of the external examiner requires improvement.

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 university three stage complaints procedure: stage one is informal, stage two is the formal procedure and stage three is the review of a formal complaint. The formal complaints procedure should be used only where the complainant is dissatisfied with the outcome of the informal complaints procedure or where the nature of the complaint is too serious for the informal complaints procedure (36).

What we found at the event

There is a robust, transparent university complaints procedure, which includes informal and formal stages. We found that procedures for raising concerns are signposted in the student programme handbook and that there is a flowchart detailing the process. This was confirmed by students (15, 36, 69-70, 76, 81-82).

Students confirmed that they would be prepared to raise a concern or complaint in the practice learning settings and they would be appropriately supported to do so. They expressed confidence in the support they would receive from both the midwifery programme team and practice placement staff in such circumstances. They gave examples of being supported to write statements and the successful resolution of issues (69-70, 76, 81-82).

HoMs and LEMs reported that appropriate, and proportionate action is taken on concerns or complaints raised in practice learning settings. They confirmed incidents and concerns are shared between practice placement staff and university staff (70, 76).

At the time of reporting there have been no formal complaints from pre-registration midwifery students about their practice placement experience. We were told that the majority of concerns raised are resolved at an informal level through effective working relationships with LLs and PEFs (68, 70, 76, 79).

Academic staff and PEFs confirmed that results of student feedback are available on the PPQA website and this feedback is disseminated to practice placement areas by

the PEF. Mentors confirmed receiving student evaluations through the PEF. Senior midwifery managers and PEFs described how they would work in partnership with LLs to action plan and resolve any issues raised by students (68-70, 76, 78-79).

We were told that student ‘surgeries’ are held in practice placements, although the frequency is variable depending upon the practice placement site. These surgeries provide an opportunity for LLs, LEMS, PEFs and students to discuss and resolve any issues (68-70, 76, 78-79).

We found that feedback from external examiners’ reporting of assessment in practice is provided annually within programme reviews, midwifery programme committees, and at mentor updates (40, 64-66).

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:

External examiners act with due regard and engage in the assessment of theory and practice. NMC registration and due regard is confirmed on appointment. However, monitoring the currency of NMC registration and revalidation throughout the tenure of the external examiner requires improvement (5.1.1).

Areas for future monitoring:

- A robust process monitors the currency of NMC registration and revalidation of external examiners throughout their tenure.

Evidence / Reference Source

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3. CQC report Barchester Healthcare Homes Limited; Stamford Bridge Beaumont Nursing Home, November 2017
4. CQC report BMI Healthcare, Duchy Hospital, Harrogate, 29 September 2017
5. CQC report Cygnet Hospital, Harrogate, 27 January 2017
6. CQC report Durham and Darlington Crisis and Recovery House, 12 June 2017
7. CQC report Nuffield Health, York Hospital, 14 June 2017
8. CQC report South West Yorkshire Partnership NHS Foundation Trust, 13 April 2017
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34. UoY DHS BA (Hons) midwifery practice handbook, updated 23 August 2017 (final version)
35. UoY DHS BA (Hons) midwifery practice programme information and programme learning outcomes, 2017
36. UoY making an appeal (section 7.14) in the assessment, progression and award section of the handbook, undated
37. UoY BA (Hons) midwifery practice programme end of first year evaluation summary 2016-17, undated
38. UoY BA (Hons) midwifery practice programme external examiner annual report 2016-17, 14 October 2017
39. UoY BA (Hons) midwifery practice programme external examiner annual report 2015-16, 13 October 2016
40. UoY BA (Hons) midwifery practice, midwifery programme committee course monitoring team minutes (held monthly) various dates
41. UoY service level agreement PVI sector, undated
42. UoY action plan in response to CQC inspection outcomes, undated
43. UoY DHS training, development and career progression strategy 2017-18 – 2020-21 (four years to reflect as Athena SWAN silver submission), undated
44. UoY DHS training and carer progression committee terms of reference, 11 July 2017
45. UoY DHS overview of scholarship groups, undated
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48. UoY academic support model in practice, undated
49. UoY examples of academic midwifery staff in practice, undated
50. UoY academic staff completion of equality and diversity training, various dates
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57. UoY DHS midwifery managers education group, 2016-2018 various dates
58. UoY DHS PES partnership group, 2016-2017 various dates
59. UoY BA (Hons) midwifery practice examples of service user involvement, undated
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61. UoY loss and bereavement student conference, MidSoc annual conference, email, 14 February 2018
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67. UoY introductory meeting and presentation by pre-registration midwifery programme team, 14 February 2018
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70. Placement visit to maternity services Harrogate District General Hospital, meetings with: HoM, sign-off mentors, and students, review of educational audits, duty rotas, mentor data base, 14 February 2018
71. UoY meeting to discuss resources, 14 February 2018
72. UoY meeting to discuss admissions and progression, assessment regulations, data sets, 14 February 2018
73. UoY meeting to discuss governance of practice learning, 14 February 2018
74. UoY meeting to discuss FtP processes, 14 February 2018
75. UoY meeting to discuss quality assurance, 14 February 2018
76. Placement visit to maternity services York District Hospital, meetings with: HoM, PEF, sign-off mentors, and students, review of educational audits, duty rotas, mentor data base, 15 February 2018
77. UoY telephone interview with service users, 15 February 2018
78. UoY telephone interview with sign-off mentors, maternity services, Scarborough Hospital, 15 February 2018
79. UoY telephone interview with PEF, Harrogate District Hospital, 15 February 2018
80. UoY review of PPQA website and contents, 15 February 2018
81. UoY meeting with year one pre-registration midwifery students, 15 February 2018
82. UoY meeting with year three pre-registration midwifery students, 15 February 2018

83. UoY pre-registration midwifery student practice evaluations, all trusts, April 2016- 30 September 2016, April 2017-September 2017

84. UoY pre-registration midwifery student practice evaluations Northallerton stage one, two and three, various dates

85. UoY BA (Hons) midwifery practice case loading handbook, undated

86. UoY pre-registration midwifery QA external examiner report module report, midwifery practice three, July 2016

87. Email communication from EE, practice visit evidence, 14 February 2018

88. Email communication regarding closure of educational audit action plan, 25 January 2018

89. UoY meeting with LME and programme leader to discuss risk assessment of students and working hours, 15 February 2018

90. UoY meeting with deputy head of nursing, midwifery and professional programmes/practice lead QA lead to discuss CQC report and actions PVI sector, 15 February 2018

91. UoY DHS strategic partnership group terms of reference, undated

92. UoY DHS BA (Hons) midwifery practice module evaluations, 2016/17, various dates

93. UoY ordinance and regulations; external examiners Ordinance 6 and section 17 of the guide to assessment standards, marking and feedback, undated

94. UoY DHS interpretation of NHS 2017 and actions, 31 August 2017

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 23 Jan 2018
Meetings with:
DHS reader in nursing, chair undergraduate programmes/QA lead LME Programme leader, BA (Hons) midwifery practice programme DHS strategic development and project manager
At monitoring event
Meetings with:
QA lead/chair undergraduate programmes board LME/chair board of studies Programme lead, pre-registration midwifery programme Deputy head of department (nursing and midwifery) Deputy head of nursing, midwifery and professional programmes/practice lead QA lead Review project manager Lecturers in midwifery x3 Programme administrator Department manager Deputy undergraduate admissions tutor Student and academic services manager Exams officer Clinical undergraduate and work-based learning lead, York Hospital NHS Foundation Trust PEF, York Hospital NHS Foundation Trust FtP lead QA administrator Chair, board of examiners

Meetings with:

Mentors / sign-off mentors	8
Practice teachers	
Service users / Carers (in university)	1
Service users / Carers (in practice)	1
Practice Education Facilitator	6
Director / manager nursing	
Director / manager midwifery	3
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Midwife - 36M	Year 1: 6 Year 2: 5 Year 3: 7 Year 4: 0

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