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 Chester
Programmes monitored	Registered Midwife - 36M; Return to Practice Midwifery
Date of monitoring event	07-09 Nov 2017
Managing Reviewer	Jo Benn
Lay Reviewer	Jane Suppiah
Registrant Reviewer(s)	Ann Cysewski, Suzanne Crozier
Placement partner visits undertaken during the review	Pre-registration midwifery Warrington and Halton Hospitals NHS Foundation Trust (Warrington Hospital) Wirral University Teaching Hospitals NHS Foundation Trust (Wirral Women and Children's Hospital) Countess of Chester Hospital NHS Foundation Trust States of Jersey General Hospital (accessed via Skype) Return to practice midwifery Countess of Chester Hospital NHS Foundation Trust East Cheshire NHS Trust (Macclesfield Hospital) Warrington and Halton Hospitals NHS Foundation Trust (Warrington Hospital) Wirral University Teaching Hospital NHS Foundation Trust (Wirral Women and Children's Hospital)
Date of Report	17 Nov 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

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

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

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

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

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

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

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

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
Practice Learning	**3.1 Inadequate governance of, and in, practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 AEI staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to University of Chester's programmes

The faculty of health and social care is one of seven faculties in the University of Chester (the university). It is a major provider of health and social work prorgammes across Cheshire, Wirral and Warrington (3).

The university was approved to deliver the pre-registration midwifery 36 month programme and the return to practice midwifery programme on 18 June 2012. The return to practice midwifery programme has an extension to the approval granted by the NMC until 31 August 2019 and the pre-registration midwifery programme has an extension to the approval until 31 August 2020 (1). The pre-registration midwifery programmme has an endorsement to deliver the programme in the States of Jersey. Students undertake theoretical learning on campus at the university in Chester and gain practice learning experience in Jersey. There are currently two students on this programme (30).

Fifty percent of the pre-registration midwifery programme is undertaken in practice with placements across Cheshire, Chester and Merseyside. The faculty work in partnership with five NHS foundation trusts, one NHS trust and the States of Jersey General Hospital. Three other NMC approved education institutions (AEIs) share the same placement circuit (3).

This monitoring review focuses on the pre-registration midwifery 36 month programme, including the endorsement to deliver the programme in the States of Jersey, and the return to practice midwifery programme.

There are currently 37 students on the first year of the pre-registration midwifery programme, 28 on the second year and 20 on the third year. Student attrition was 22.9 percent at the end of the academic year 2016/17. This evidenced a slight increase on the previous year and is attributed to maternity leave and withdrawal from the programme due to complex health needs (3, 48).

There are currently four students on the return to practice midwifery programme. One of the students is currently on an interruptation from the programme and two completed the programme the week before the monitoring review (3).

According to the national student survey (NSS) overall student satisfaction is exceptional at 100 percent (based on 92 percent response rate) with scores of 100 percent in 25 out of 32 remaining questions with the lowest score at 88 percent (65).

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders across Cheshire, Chester and Merseyside. Particular consideration was given to student experiences in the placements in the Countess of Chester Hospital NHS Foundation Trust which was recently the subject of a self referred review by the Royal College of Paediatrics and Child Health (118).

A series of effective Skype interviews were undertaken with the students, mentors/sign-off mentors, practice education facilitators (PEFs) and managers in the States of Jersey to establish the management of any risks in the endorsed provision.

Summary of public protection context and findings

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

The key risk themes are described below:

Resources: met

We conclude there are sufficient registrant teachers who have qualifications and experience commensurate with their role to deliver the the pre-registration midwifery and return to practice midwifery programmes, and the resources are effectively monitored.

We confirm that there are sufficient appropriately qualified mentors/sign-off mentors available to support the numbers of students allocated to placements at all times to enable students to achieve learning outcomes for NMC registration.

Our findings also apply to the delivery of pre-registration midwifery education in the States of Jersey.

Admission and progression: requires improvement

We conclude that selection and admission processes for the pre-registration midwifery and return to practice midwifery programmes follow the NMC requirements.

We confirm that disclosure and barring service (DBS) checks and occupational health clearance are completed before a student can proceed to practice placement. Health and character declarations are completed by students prior to enrolling on subsequent years of study and prior to entry to the professional register. The university's compliance office effectively monitors these processes to ensure protection of the public.

Academic staff and service users receive equality and diversity training. We are confident that practice placement representatives participating in recruitment activities hold currency for equality and diversity training; this is verbally checked by the LME. However, the university assurance processes require improvement to ensure a robust audit trail.

The university has a robust and effective fitness to practise process to follow when concerns are raised regarding a student's performance in theory and practice. These processes are clearly understood by all academics, practice placement providers and students. We are confident that concerns are appropriately investigated and effectively dealt with to protect the public.

We confirm that these processes also apply to the pre-registration midwifery programme delivered in the States of Jersey.

Practice learning: requires improvement

We conclude there are well established and effective partnerships between the university and placement providers at all levels to manage risks, including partnership with three other universities who use the same placement locations. Management of risk at a local level is effective. However, the exceptional reporting to the NMC process requires improvement to ensure all risks are appropriately escalated to the NMC in a timely manner in accordance with the Quality Assurance framework part four (NMC, 2017).

We conclude from our findings that practitioners and service users and carers are involved in programme development and delivery of the pre-registration midwifery and return to practice midwifery programmes.

Our findings confirm that students are effectively supported in practice by staff from the university, and mentors/sign-off mentors are appropriately prepared for their role in supporting and assessing students including the endorsed provision in the States of Jersey.

There are effective mechanisms in place to ensure students are allocated to appropriately prepared mentors/sign-off mentors which results in effective support for students achievement of the NMC competencies.

Fitness for practice: met

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

Quality assurance: requires improvement

Our findings confirm the university has effective improvement systems for student feedback and evaluation/programme evaluation to address weakness and enhance programme delivery. However, some quality monitoring mechanisms require improvement to ensure a consistent approach to external examiners' sampling of students' assessed work and and to ensure transparent external examiner annual reporting for all NMC programmes. In addition, the QA process for proposed programme changes requires improvement to ensure all proposed changes are referred to the NMC to establish the appropriate modification process to follow.

We conclude from our findings that the student voice is valued and all concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.There is an effective system in place to evaluate practice placements and the electronic system ensures issues are addressed in a timely manner with feedback to placement providers on the lessons learnt.

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Summary of areas that require improvement

The following areas require improvement:

- The university assurance processes require improvement to ensure a robust audit trail confirms practitioners have completed equality and diversity training prior to engagement in recruitment activities.

- The process to complete exceptional reporting to the NMC requires improvement to ensure all risks are appropriately escalated in a timely manner.

- The QA processes for programme changes require improvement to ensure all queries regarding potential programme changes are referred to the NMC to establish the need for a modification.

- The external examining process requires improvement to ensure:

  o transparent external examiner annual reporting for all NMC programmes.

  o a consistent approach to external examiner scrutiny of assessed work at all academic levels of programmes.

Summary of areas for future monitoring

- There is a robust university process for assuring representatives from placement providers have completed equality and diversity training prior to engaging in recruitment activities.

- Exceptional reporting to the NMC takes place in a timely manner.

- Modifications to NMC approved programmes follow NMC QA processes.

- The transparency of external examiner annual reports for all NMC programmes.

- External examiners review of theory and practice assessed work is consistent at all academic levels.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

The introduction of the new practice assessment record of experience (PARE) which is supported by exemplary collaboration and effective management of change.

Notable features of the PARE system include: a discussion board accessible to the student, their mentor and link lecturer that will ease communication, ensures transparency and helps develop tri-partite relationships; a mentor allocation system that only allows students to be allocated to an up to date mentor; practice assessment documentation that can be electronically signed-off by mentors; timesheets allowing the realtime tracking of hours; student evaluations; educational audits and action plans. A particular innovation is the 'red button' that can be used by students to report a concern witnessed in practice.

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We met with the programme team and the lead midwife for education (LME) who manage and deliver both programmes under review. We found the academic team to be very enthusiastic and have an active engagement in programme design and delivery. They told us resources are sufficient to deliver the programme and they are able to maintain their NMC registration and engage in research and development activities. The team told us admissions processes meet the NMC requirements and adopt a values based approach. They undertake effective roles in practice working in productive and respectful collaboration with practice placement providers. All academic staff are aware of the policies for QA including referral within the NMC 12 week period. They confirmed there are transparent and effective processes for managing fitness to practise and escalating concerns. They told us there are effective measures in place to ensure the student voice is heard, including programme evaluation in theory and practice. Where issues are raised they are constructively addressed through action planning and lessons learnt are shared.

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

We met with sign-off mentors, PEFs, practice development midwives, matrons and service managers. All staff confirmed students and mentors are well supported and prepared for practice. Some mentors describe the students as motivated and capable individuals who make a strong contribution to the delivery of care. Practice representatives confirmed their preparation for, and, involvement in recruitment activities and delivery of the programmes. We found that the newly introduced PARE system is comprehensive. The system supports the process for the assessment of

practice and is understood by mentors/sign-off mentors. We were told in all areas we visited that resources are sufficient to enable students to meet the NMC standards and European Union (EU) requirements. All those we met clearly articulated the escalation of concerns and fitness to practise processes.There was evidence of communication and partnership working between the practice placement providers, Health Education England North West (HEENW) and the university in relation to supporting the learning environment. Examples included strategic planning meetings and local direct communication between university and practitioners. Mentors and employers are very confident that the programme equips students with the skills to become compassionate and highly capable midwives that they would value as future colleagues.

The commissioners describe the midwifery team as open and responsive and fully engaged in promoting the quality of the programmes. They confirmed that students are fit for practice and award on completion.

Students

Students on both programmes told us that they are enjoying their programmes and feel motivated and enthusiastic about their future careers as midwives. We met with students in the university, on placement and via Skype with students based in the States of Jersey. We also met with recent graduates of the programmes.

Students told us they are effectively supported and that the programme prepares them for practice placements and the role of the midwife on completion. Students are confident in their ability to escalate concerns and felt supported to do so. When students raise issues, these are effectively addressed through to resolution, in a timely manner. We were told that they understand what they have to achieve and the practice assessment works well.

Students told us they engage with other professionals in practice placements and they record this experience and learning to support the assessment of practice. Students also described opportunities to work with student nurses and doctors on placement.

Pre-registration midwifery students are familiar with the new PARE system and are able to describe how it will enhance the programme, for example in the monitoring of EU outcomes and hours.

Return to practice midwifery programme

The students confirm that their learning needs are discussed at the commencement of the programme and individualised placement allocations are tailored for each student. Their learning in the university provides them with underpinning knowledge to prepare them for practice and future employment. We were told by students that they understand the requirements of revalidation.

Service users and carers

We met service users that participate in interviews for the pre-registration midwifery programme. They told us that they play an equal part in the interview and decision

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making that leads to the offer of a place on the programme. Plans are in place for service users to participate in the recruitment of students for the return to practice midwifery programme. Service users are also looking forward to the opportunity to contribute further through their future involvement in skills scenarios that is planned by the programme team.

Women and their families we met in maternity units describe their experiences of students from the University of Chester in wholly positive terms. They told us that students are kind, patient, knowledgeable and professional. Women and partners told us that students are always introduced as such and midwives ask permission to involve them in the delivery of care. They also commented on the supportive approach of midwives and their dedication to sharing their knowledge and experience with the students.

Relevant issues from external quality assurance reports

In preparation for the monitoring visit 35 Care Quality Commission (CQC) reports were reviewed. The reports reviewed were for placements used for other programmes provided by the University of Chester but were not related to practice placement providers used for midwifery students (47).

On 3 February 2017, the Countess of Chester Hospital NHS Foundation Trust was reviewed by the Royal College of Paediatrics and Child Health due to an increased neonatal mortality rate at the trust between January 2015 and July 2016. The Royal College of Paediatrics and Child Health report in November 2016 stated, 'no definitive explanation' was found for an increase in mortality rates at the trust.

Response from the university to the NMC:

The university reported that the neonatal unit maintained student learning capacity throughout the period of investigation. The placement area has been monitored and no educational issues were identified. Students have been fully advised of the investigation and the outcome (118).

What we found during the visit:

The Countess of Chester Hospital NHS Foundation Trust was visited as part of the monitoring visit. We found effective student support is in place to enable students to meet the NMC competencies (89, 104).

Follow up on recommendations from approval events within the last year

No approval activity has taken place in the academic year 2016-2017 (2, 76).

Specific issues to follow up from self-report

Issues identified in the 2016-2017 self-assessment report include:

- The university is currently working collaboratively with other universities, HEENW and practice placement partners across Cheshire and Merseyside to implement an enhanced placement management system. Processes are in place to ensure that the quality of the student experience will be maintained throughout the development.

- A key issue for the faculty is to monitor recruitment and retention of previously commissioned programmes in the light of changes to national funding and commissioning. The programme teams are monitoring application numbers and will work closely with student support services to provide financial advice and to optimise student retention following the removal of the bursary (2).

What we found during the visit:

- There are long standing, well established professional and respectful relationships between the university and other AEIs using the same practice placement circuit, HEENW and the practice placement providers. This cohesive partnership working has resulted in the development of a new placement management system InPlace which will be accessible in December 2017.

- The programme teams continue to monitor the effects of the change in student funding and commissioning. The LME and heads of midwifery have forecasted student numbers in line with local workforce planning and student numbers for the pre-registration midwifery programme increased from the usual 28 commissioned places to 35 self-funded places (2-3, 72).

Findings against key risks

Key risk 1 – Resources

1.1   Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation

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

What we found before the event

There is a small team of six midwifery lecturers and a LME who are all registered with the NMC and hold recorded teaching qualifications (3, 34, 43).

What we found at the event

We confirmed the LME and programme leaders for both the programmes under review are NMC registrants, hold recorded teaching qualifications and act with due regard. The LME effectively monitors staff registration and revalidation status quarterly and this information is held on a spreadsheet by the LME. The LME is currently working with the department of human resources to develop a central record (4, 34, 43, 88).

The academic team delivering both programmes reviewed confirmed they are sufficient in number and appropriately qualified and experienced commensurate for their roles and the application of specialist knowledge and skills. The LME has a strategic role and liaises with practice placement providers and HEENW (9, 32, 34, 63).

There is comprehensive documentation that shows staff are actively supported to engage in professional and academic development and staff receive 35 days study leave a year that can be used flexibly (27-29).

Academic staff have long established, close and productive links to practice placement areas and spend 20 percent of their time supporting learning in practice. Students and mentors told us that academic staff are consistently available for support and guidance in both theory and practice settings which contributes to the high level of pre-registration midwifery student satisfaction evidenced in the NSS (37, 65, 89-92, 98-99, 104-107, 110, 112).

Return to practice midwifery

The programme leader is leaving her post in the university in December 2017. A replacement post is planned with a view to extending the staff skill base with an appointment of a staff member with experience in non-medical prescribing and newborn and infant physical examination (NIPE) (88).

We conclude there are sufficient registrant teachers who have qualifications and experience commensurate with the role to deliver the pre-registration midwifery and return to practice midwifery programmes. Resources are effectively monitored.

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

What we found before the event

The academic team at the initial visit confirmed that there are sufficient numbers of sign-off mentors in practice to effectively support student learning for the pre-registration midwifery and return to practice midwifery programmes at all times. Sign-off mentors are supported in practice by PEFs.

Pre-registration midwifery

The systems for student support and monitoring in the States of Jersey replicates that of the mainland system. There are currently only two students who started the programme in September 2017 (2-3, 38-40, 59-61).

What we found at the event

We found evidence that midwifery placements provide pre-registration midwifery and return to practice midwifery students with a supportive environment in which they have sufficient access to mentors/sign-off mentors and a wide range of other health professionals to enable their learning. Students on both programmes being reviewed confirmed that they are allocated a sign-off mentor and deputy mentor for all placements and duty records confirmed this and students' supernumerary status (73, 89-92, 99, 104-107, 110).

Systems are in place to ensure the number of sign-off mentors is maintained. These systems include a register of mentors, and records of mentors' annual updates. We saw evidence on the placement learning support system (PLSS) that the number of sign-off mentors is monitored and effectively managed in all practice areas. This effective system has been in place for several years and is currently being replaced by a new system InPlace which is accessible in December 2017. The university is working effectively with other local AEIs and practice placement partners to ensure the transition to the new system is closely monitored and evaluated. We also found evidence of strategic collaboration between AEIs across Cheshire and Merseyside across all levels of the organisation to ensure practice placement capacity is fairly allocated and utilised across the region. PEFs have regular meetings with academic links in practice (ALPs) to ensure that capacity requirements are forecast and practice learning opportunities meet both present and future workforce demands. The review of the educational audits of practice also includes information about capacity monitoring for all learners in the placement area (74, 104-107, 110).

The number of mentors, sign-off mentors and practice teachers is monitored on an annual basis as part of the educational audit process. The faculty practice office checks the currency of mentors and the audit as part of the process for allocating students and relevant/required action is taken if necessary prior to the student's attendance at the placement (2-3, 38-40, 59-61, 89-92, 104-107).

Mentors and sign-off mentors told us that they receive adequate preparation for their role and attend annual updates as part of the corporate mandatory training for midwives (89-92, 104-107, 110).

Pre-registration midwifery

Some third-year students told us that there had been occasions when sign-off mentor availability was an issue. This had been raised with the external examiner and an action plan was put into place and the situation is now resolved. Students, mentors and managers all confirmed that the presence of learners from other AEIs is managed effectively and did not compromise the student experience. Students on the endorsed programme in the States of Jersey described a comparable level of support and experience which is consistent with meeting NMC standards (96).

Our findings confirm that there are sufficient appropriately qualified mentors/sign-off mentors available to support the number of students allocated to placements at all times, and the university and placement providers are active in monitoring and developing the resource. Our findings also apply to the delivery of pre-registration midwifery education in the States of Jersey.

Outcome: Standard met

Comments:
No further comments

Areas for future monitoring:
None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

Processes for ensuring a fair admissions process are documented; this includes the NMC requirements and consideration of applicants with a disability. Part of the process states students are interviewed by an academic member of staff and a representative from practice placement provider organisations and there is evidence

of a partnership approach to recruitment (5, 7-8, 14-17).

What we found at the event

The university operates a transparent, robust and effective values based approach to student recruitment and selection that results in the recruitment of appropriate candidates onto the programmes under review, including consideration of reasonable adjustments. Candidates undergo anti-fraud checking measures and there is a robust short-listing system which ensures candidates meet all entry requirements prior to interview. There is a transparent policy for under 18 year old admissions and contractual obligations which include safeguarding and a university risk assessment tool. To date no under 18 year olds have been admitted to the pre-registration midwifery programme (7-8, 13-15, 62, 75, 94).

Interview panels consistently have representation from the university and practice placement providers. Students are actively involved in open day activities. The university has a comprehensive equality and diversity policy and guidelines for recruitment. Many of the mentors and PEFs told us that they have participated in the student selection process. They also describe the processes in place at their NHS trusts to ensure that staff keep their equality and diversity training up to date. The currency of practice placement providers' training is confirmed verbally by the LME on an annual basis. During the visit we saw retrospective documentation to evidence that practitioners who are interview panel members are appropriately prepared. However, there is no evidence of a concurrent audit trail ensuring practitioners are appropriately prepared prior to undertaking recruitment activities (16-17, 20, 31, 75, 89, 90-92, 102, 104-107, 119).

There is a well-documented and effective process in place to ensure students are cleared through the DBS check. This includes admission processes and the requirement for students to electronically reconfirm good health and character prior to enrolling on subsequent years of study and prior to registration. The students told us they understand the purpose of this process. Health clearance is also effectively managed prior to students commencing placement. This information is shared with practice placement providers who confirmed that this will be enhanced by the new PARE system. These processes are effectively monitored by the university's compliance office which ensures public safety (75, 79, 84, 89-93, 104-107).

When students declare issues these are effectively managed through the university compliance office and where necessary are referred to and managed by the office of the Procter who oversees and investigates cases. The Procter has specialist investigative skills and shares lessons learnt from cases with programme leaders; these are addressed in programme committees and the faculty quality and curriculum committee to ensure effective sharing of lessons learnt (75, 77-80, 89, 101, 105-106).

Pre-registration midwifery

Service users involved in student recruitment confirmed that they participate in

equality and diversity, and values based training at the university and told us that they play an equal part in the decisions that lead to the offer of a place on the programme. Students confirmed the presence of service users in their interviews (12, 17, 89, 105-106, 115-116).

We confirmed that the same processes take place in the States of Jersey recruitment processes (91).

Return to practice midwifery

To date, service users have not been directly involved on interview panels for return to practice midwifery students. Service user representatives confirmed that this is in the process of being implemented. Students told us their individual learning needs are assessed as part of the admissions process (104-107, 112).

We conclude selection and admission processes follow NMC requirements. Academic staff and service users receive equality and diversity training. We are confident that practice placement providers participating in recruitment activities hold currency for equality and diversity training which is verbally checked by the LME. However, the university assurance processes require improvement to ensure a robust audit trail.

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

What we found before the event

There is evidence of a comprehensive partnership approach to addressing poor performance in practice. Sign-off mentors are supported in escalating concerns regarding student performance by the ALPs. Student focused documentation clearly states the processes involved (6, 10, 23, 25, 44).

What we found at the event

We found transparent and robust processes to deal with, and, also pre-empt poor performance in theory and practice. There is a comprehensive tiered fitness to practise procedure and clear lines of decision making which effectively manage issues of concern regarding student performance. Mentors and sign-off mentors gave pertinent and unprompted examples of events or a change in student circumstance that would need to be reported. The office of the Procter has a key role in managing this process and effectively feeds back lessons learnt through the faculty QA committee structure. Some of these committees have practice partner and service user representation. To date midwifery student issues have been effectively managed through the early resolution approach and no student on either programme under review has required referral to the fitness to practise panel. This is unusual compared to students from other professions and the Procter attributes this to the diverse and

effective support diligently undertaken by the midwifery academics and practice placement providers. Information regarding the processes are transparent to students who also told us that they understand the requirements of professional behaviour (6, 10, 23, 25, 44, 75, 85, 89-92, 99, 112).

For students who have failed theory or practice assessment components there is a robust and transparent reassessment policy in place and all staff are aware of the policies for managing referral within the NMC 12-week period. We viewed the practice assessment documents which included a final sign-off sheet which was completed by the sign-off mentor confirming achievement of outcomes (85, 89-92, 98, 100, 104-107, 110).

The team has a proactive approach to monitoring attrition in order to identify trends. Actions taken include the enhancement of information to guide and support students, an open-door policy with enhanced and timely support and intervention for students in difficulty (48, 75).

The programme leaders told us that the LME completes the final good health and good character declaration prior to students' applications for admission/readmission to the NMC register (98, 112).

Pre-registration midwifery

Student progression in 2016/17 was 93.33 percent for the first year, 86.95 per cent for the second year and 80.6 per cent completing in the third year (48).

Students and mentors confirmed that formative assessment takes place to highlight any concerns about performance and that the ALP is involved in practice assessment. One mentor told us of a positive outcome for a student who had not achieved in year three describing how the sign-off mentor was confident to fail the student and then provide tailored support to ensure NMC requirements were achieved. The student had mitigating circumstances and lessons had been learned and shared in terms of providing support and a break from study (89-92, 104-107).

We conclude the university has a robust and effective fitness to practise process to follow when concerns are raised regarding a student's performance in theory and practice for the pre-registration midwifery and return to practice midwifery programmes. These processes are clearly understood by all academic staff, practice placement providers and students. We are confident that concerns are appropriately investigated and effectively dealt with to protect the public. We confirmed that these processes apply to the pre-registration midwifery programme delivered in the States of Jersey.

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

Pre-registration midwifery

The pre-registration midwifery programme does not permit accreditation for prior learning (APL).

There is a university policy guiding the process of APL (18).

What we found at the event

The university has APL processes to enable students to have their previous learning and experience recognised against programme requirements. However, APL is not permitted for students entering the pre-registration midwifery programme which is compliant with NMC requirements or return to practice midwifery (18, 75).

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

There are clear processes in place to escalate concerns about poor performance in practice. Practice placement providers are supported to escalate concerns, and lessons from such proceedings are shared to encourage learning (6, 39-40).

What we found at the event

We confirmed that practice placement providers have confidence in the university enacting the processes to address issues of poor performance in practice. Mentors clearly describe the action they take if a student's performance does not meet expectations. They told us that they are supported by their PEF and ALP to resolve any issues. Mentors described examples of developing action plans and close working with ALPs to support specific students' needs. They told us that there is a transparent and open culture within maternity units, with ALPs, and a willingness to fail students if they do not meet the necessary standard. Sign-off mentors told us they make effective use of the ongoing record of achievement (placement summaries) and action planning to monitor students' performance (89-92, 104-107, 110).

Our findings confirm there are clear processes to address issues of poor performance in practice and practice placement providers are supported to escalate concerns for students studying the pre-registration midwifery and return to practice midwifery programmes. Our findings also apply to pre-registration midwifery students on placement in the States of Jersey.

Outcome: Standard requires improvement
Comments: The university assurance processes require improvement to ensure a robust audit trail confirms practitioners have completed equality and diversity training prior to engagement in recruitment activities.
Areas for future monitoring: There is a robust university process for assuring representatives from placement providers have completed equality and diversity training prior to engaging in recruitment activities.

Findings against key risks
Key risk 3 - Practice Learning **3.1   Inadequate governance of, and in, practice learning** **3.2   Programme providers fail to provide learning opportunities of suitable quality for students** **3.3   Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
There are formal agreements with HEENW who commissioned programmes provided by the university until the funding arrangements changed in September 2017. Students on the pre-registration programme are now self-funding and the number of students entering this academic year was 35 compared to previous commissions of 28. There are two students from the States of Jersey who are self-funding. The university has a variety of roles involved in the governance of the practice learning. There is a clear escalation of concerns policy (3, 10, 22-24, 32, 35, 41-42, 51-55, 58, 69-72).
What we found at the event

The university is accountable to the commissioning body HEENW for all intakes of students on the pre-registration midwifery programme prior to September 2017 when funding arrangements changed. There is evidence that the university has a long standing and robust relationship with HEENW. The commissioners describe the university as open and very responsive in reporting all QA requirements regarding recruitment, progression, completions and the student learning experience in theory and practice. Reporting processes are comprehensive and robust with an evidence based annual review conducted in partnership with practice placement providers and students. Contract review meetings are held quarterly. Action plans arising from the reviews are closely monitored and the university is effective in addressing these plans through to completion and sharing lessons learnt. The commissioners told us they are confident that the university would escalate concerns appropriately and effectively address issues which arise between the meetings (50-53, 55, 120).

The commissioners told us that the university has constructive and productive relationships with the three other AEIs providing midwifery programmes in the local area. A good example of this effective working is the production of the current PLSS and new InPlace placement platforms which have been developed in partnership and enable effective and open sharing of all information regarding placements. The university has robust service agreements with practice placement providers and adopts a proactive approach to monitoring and developing capacity within the placement circuit. There is a clear commitment to constructive working practices amongst the four AEIs sharing the placement circuit to ensure equity of access to placement resources (74, 88, 120).

We found robust evidence of productive partnership working between the university and practice placement providers. The university has a variety of roles involved in the governance of practice learning at strategic and operational levels. These include a faculty co-ordinator for practice learning and skills development who works with the programme leaders. Heads of midwifery meet regularly with the LME. The cluster leads maintain a strategic overview of the practice learning environment within a defined locality; they work closely with PEFs and the ALPs to support mentors, develop learning environments and regularly attend trust risk/governance forums. Representatives from practice areas attend programme management committees, which facilitates the sharing of information between placement areas and the university, including lessons learnt (74, 89-93, 104-107, 110, 112).

The university and practice placement providers have a comprehensive range of documentation offering advice to students studying the pre-registration midwifery and return to practice midwifery programmes regarding the escalation of concerns. There is a robust escalation of concerns process in place which has been effectively used by students on other NMC approved programmes. However, during the last two academic years no formal concerns have been raised by midwifery students. Patient and student safety is at the forefront of any action plans arising from adverse education, clinical governance, and risk issues requiring joint action. The action plans, are available to all local AEIs, and completion is robustly ensured through the PLSS monitoring system which alerts staff to remind them to conclude the action plans.

These measures effectively address issues which arise and the midwifery team has never had to remove a placement from the circuit. Processes are also in place to address the removal of placement areas from the circuit when required (10, 22-25, 32, 35, 41-42, 44, 51-55, 58, 69-72, 74, 89-92, 104-107).

Students we met are clear, consistent and extremely confident in describing how they would raise a concern about care they had witnessed being delivered by a healthcare professional. PEFs told us that policies and procedures for escalating concerns are covered in placement induction and openly discussed with students; this was confirmed by students. PEFs, managers and mentors all described an openness to listening to students' concerns and acting quickly when required. They support the student to understand what they have witnessed and keeping them informed of any follow up actions (89-92, 105-106).

There are effective processes in place to review placement areas following CQC reports. However, to date the university has only made two exceptional reports to the NMC, both in the last six months. Some of the flow charts mapping these processes fail to acknowledge the need to escalate concerns regarding all programme risks to the NMC as arbitrator of risk. The escalation of concerns process requires improvement to ensure exceptional reporting to the NMC in a timely manner occurs in accordance with the QA framework part four (NMC, 2017) (23-25, 44, 74, 86).

We found evidence of exemplary partnership working between the university and other AEIs across Cheshire and Merseyside in management tiers, and between frontline staff responsible for the academic and practice learning of students. The four AEIs work collaboratively across the sub-region; meet quarterly as the practice education partnership and have work streams that include governance of the educational audit process, and most notably to oversee the development of the PARE system (52, 73, 120).

Academic staff, mentors and practice managers confirmed that educational audits are completed in partnership, follow an established process and are recorded on a regional database. We were shown evidence of completed educational audits in the university and on practice visits. Educational audits are carried out on an annual basis conjointly between the placement and university. We were told that the outcome of audits and evaluations are presented to trust educational governance meetings, which oversee the implementation and closure of associated action plans for any areas of concern. We were shown an example of how this worked with an audit trail of an issue highlighted from internal quality monitoring processes. Regular quality surveillance reports are submitted to HEENW by the PEFs (73, 82, 89-92, 104-107, 110, 120).

We are also able to confirm our findings apply to the pre-registration midwifery placements in the States of Jersey.

We conclude there are well established and effective partnerships between the university and placement providers at all levels to manage risks, including partnership with three other universities who use the same placement locations. Management of risk at a local level is effective however the exceptional reporting to the NMC

processes requires improvement to ensure all risks are appropriately escalated to the NMC in a timely manner in accordance with the QA framework part four (NMC, 2017).

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

What we found before the event

Previous approval and monitoring reports evidence a partnership approach to the development of the programmes being monitored. Previous monitoring reports identified the development of service user and carer input into programme management and delivery as an area for future monitoring (1, 11-12, 45, 56).

What we found at the event

We found evidence that the academic team are taking steps to enhance their direct engagement of service users in both the pre-registration midwifery and return to practice midwifery programmes. The LME has invited service users to attend programme management committees, but it has been challenging achieving regular and consistent attendance at these meetings. We were told that service users have been recruited to join the programme management committee, and we were shown an induction process which prepared them for that role. Plans are also in place to involve service users in objective structured clinical examinations (OSCEs) that will be delivered during academic blocks of study (33, 72, 114, 116-117).

The university works with the forum of carers and users of services north west (FOCUS-NW) to jointly run preparation sessions for service users and carers to prepare them for participating in educational activities (11-12, 45, 116).

Students told us that they seek to get written feedback from a service user they care for at least once a year and an ALP conducts an in-depth interview with one of the student's service users once a year and provides this feedback to the student. Students will also ask for detailed feedback from women that they have provided care to during their case load management experience. ALPs told us that gathering women's feedback provides useful insight into students' experiences and although women's comments are almost always positive this does reinforce the student's experience and provides them with encouragement (89-92, 104-107, 110, 117).

Pre-registration midwifery

Practitioners informed us that they contribute to programme management, development and delivery and we saw minutes of meetings which confirmed this. Managers confirmed that they release practitioners to be involved in the programme delivery. Students confirmed that this is effective in enabling the link between theory and practice on the programme (78, 89-92).

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There is evidence that service users received values based training and induction that sets outs their role and provides information about the department appropriate to their level of involvement (114-117).

There is robust evidence that academic staff have effective systems in place to bring user experience and women's voices into the delivery of the programme. Service user testimonials are integrated across modules and clearly documented in lesson plans. The academic team make use of patient voices videos to introduce women's perspectives on, for example, mental health issues and smoking during pregnancy and involve expert service users in a taught session on neonatal nutrition. During year two of the programme students have the opportunity to listen to a radio play providing the perspective of a woman whose faith as a Jehovah-Witness influences her choices in pregnancy and birth. Students confirmed that lectures involve women's voices which they confirmed are insightful (89-92, 113).

Return to practice midwifery

The students could not recall any service users who had been involved in programme delivery at the university, but confirmed they had been actively involved in the formative assessment of their practice. We viewed an example of a completed form used for this purpose (104-107, 110).

We conclude from our findings that practitioners and service users and carers are involved in programme development and delivery of the pre-registration midwifery and return to practice midwifery programmes.

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

What we found before the event

The university operates a system of support for practice learning with cluster leads and PEF leads for each cluster. There is also an ALP role which supports students in practice working closely with the PEFs. The APL role oversees the resources and quality of the learning environment and provides support for the escalation of concerns. The role focuses on the learning environment catering for all supervisors/mentors/practice teachers and learners irrespective of their profession or programme (21-22, 27, 38-39, 54, 59, 61).

What we found at the event

Academic staff confirmed that their workload is managed to enable them to visit practice areas and support mentors and students in the achievement of NMC standards. Practice managers and mentors clearly describe the roles undertaken by the ALP and the PEF and students confirmed constructive support is available in

practice placements from AEI staff. Students confirmed this was consistently in place across all trusts. We found many examples cited by staff and students across all trusts of the value, availability and responsiveness of ALPS (9, 89-92, 98, 104-107, 110, 112).

Pre-registration midwifery students in the States of Jersey described support from practitioners which is comparable to students in local trusts. They told us that their academic link tutor visits regularly and is available via email and telephone (91).

Our findings confirm that students are effectively supported in practice placement settings by staff from the university including the endorsed provision in the States of Jersey.

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

What we found before the event

The university has an approved mentor preparation programme. The university confirmed that this is the programme practitioners access for their initial preparation. The approval documentation clearly indicates that a live register of mentors is operational and that annual updating of mentors takes place.

Ongoing support is provided by the PEFs and APLs and mentors attend annual updates (37-39, 49).

What we found at the event

We found that registrants are prepared for the mentor role through a NMC approved mentor preparation programme delivered by the university at academic level six, seven and a flexible non-credit bearing route. The university is responsive to requests from practice placement partners to provide bespoke delivery patterns and increased occurrences of the mentor programme, which results in increased numbers of available mentor/sign-off mentors to support students. Managers confirmed that the frequency of mentorship training was sufficient to meet their needs (73-74, 89-92, 105-106).

Mentors told us that mentor updates are integrated into mandatory training within their NHS trusts. They told us that they are fully supported in their roles by the PEFs; practice documentation is well understood by themselves and students. Mentors told us that they are looking forward to using the PARE system which has the potential to enable more timely completion of documentation and enhance the accountability of the mentor and student to complete the process in a timely manner (73-74, 89-92, 105-106).

The mentor database on the PLSS clearly identifies and flags status in terms of updates and triennial review. The PEFs described how updating of the register was managed to ensure students are supported according to NMC standards (73, 89-92, 100, 104-107).

We conclude that mentors and sign-off mentors are appropriately prepared for their role in supporting and assessing students including those supporting pre-registration student midwives in the States of Jersey.

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

What we found before the event

The university have systems in place to ensure students are appropriately allocated to mentors/sign-off mentors and these include annual inter-professional educational audits. Information is housed on the PLSS. Changes to the placement circuit are communicated to the university and the cluster lead works strategically with the practice placement providers to ensure sufficient placement capacity. The same systems operate in the States of Jersey (37-39, 49, 59-61).

What we found at the event

We were shown the PLSS system in the university and during practice placement visits. The mentor database is clear and duty rotas confirm that all students are allocated an appropriately prepared and updated sign-off mentor and deputy mentor. Practice managers, mentors and students confirmed that the placement areas enable sufficient experience for students to achieve NMC standards. All students described how the hub and spoke approach to practice learning supported their achievement (73-74, 89-92, 99, 104-107).

The mentor database, which we found accurate and up to date, is managed by the PEFs. We examined duty rotas which confirm students are only assigned to appropriately prepared sign-off mentors. The educational audit is updated to record the number of students that can be supported in a placement area. The new online system InPlace that is replacing PLSS will only allow mentors to be assigned to students if they are appropriately qualified and have completed annual updates and triennial reviews (74, 89-92, 95, 104-107, 110).

Changes to the placement circuit are managed through effective and timely escalation to the university to ensure the change has minimal impact on the student experience (74).

Return to practice midwifery

Students source their own placements, which must comply with all QA processes, including a current educational audit and available appropriately prepared sign-off mentor(s). The university offers additional support and preparation for the sign-off mentors to support the needs of return to practice students, if required (104-107).

We conclude there are effective mechanisms in place to ensure students are allocated to appropriately prepared mentors/sign-off mentors which results in effective support for student achievement of the NMC competencies for the pre-registration midwifery and return to practice midwifery programmes. The same mechanisms operate in the States of Jersey.

Outcome: Standard requires improvement

Comments:

The process to complete exceptional reporting to the NMC requires improvement to ensure all risks are appropriately escalated in a timely manner.

Areas for future monitoring:

Exceptional reporting to the NMC takes place in a timely manner.

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 approval and previous monitoring reports evidence that NMC standards and requirements are met for the planned delivery in theory and practice of the approved programmes. There is a clear learning and teaching strategy. Simulation is used as an educational approach, as is problem based learning.

Inter-professional learning takes place in a variety of ways including emergency skills drills and eLearning (1-2, 36, 64, 66, 68).

What we found at the event

Pre-registration midwifery

Students confirmed that they are provided with information that specifies the learning, teaching and support available to them. Students in the States of Jersey described effective remote access to university learning resources and support. Students and academic staff described a range of responsive teaching and learning approaches including simulation, inter-professional learning opportunities and service user perspectives. Programme and module handbooks and learning resources confirm these approaches (36, 64, 89-92, 97-99).

Practice managers, mentors and students told us that students are well prepared for placement and that the recent change to the placement plan to block delivery of theoretical sessions has increased opportunities for students to develop basic skills, such as vital sign measurement, prior to placement. Academic staff, mentors and students confirm effective formative and summative assessment processes. Programme data, including first time pass rates and progression rates, indicate the positive impact of assessment strategies which is also reported by external examiners (26, 48, 89-90, 92).

Students and academic staff confirmed the process for ensuring EU requirements are met and this was evidenced by completed practice assessment documents. The programme hours are clearly recorded and monitored and meet NMC requirements. Students and practitioners described the evolving model of restorative supervision as part of advocating for education and quality improvement (A-EQUIP) (89-92, 100-101).

Academic staff and students informed us how programme and practice placements are evaluated and students described how feedback has been acted upon; for example, in relation to assessment dates and increasing the skills content of the programme prior to placement (89-92, 99).

Return to practice midwifery

All students we met told us that their prior learning and experience is taken into account in determining the length of their programme and specific learning needs. They confirmed that they benefit from effective teaching and learning strategies which includes simulation and online resources. Theory is delivered via a combination of shared learning with students studying the pre-registration midwifery programme, and negotiated topics that are delivered to return to practice midwifery students to meet their specific learning needs. Students have the opportunity to attend a variety of learning sessions in practice, including multi-professional skills drills and risk management meetings. They confirmed they must undertake mandatory training

before they go into practice placements. Mentors confirmed they have access to and understand the learning outcomes for return to practice students. Students confirmed they find programme handbooks, the module guide and practice assessment documentation clear and easy to understand. We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice (104-107, 109-110, 112).

All students reported to us that they feel confident and competent to practise and to return to the professional register on completion of their programme. Students confirmed they understand the requirements of revalidation and have the opportunity to start to complete their portfolio of evidence (104-107, 110).

The programme team confirmed that they review the effectiveness of the programme and complete an annual review of the programme (112).

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

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

What we found before the event

The approval and previous monitoring reports provide evidence that the NMC standards and requirements are met and the planned delivery of the programmes in theory and practice will effectively prepare the students for NMC registration.

Within the pre-registration midwifery programme the essential skills clusters and the NMC outcomes and competencies are completed within practice placements.

Students gain alternate experience on spoke placements including the neonatal unit at the Countess of Chester Hospital. The department requested an external review from the Royal College of Paediatrics and Child Health due to an increase in neonatal deaths (89, 118).

There is a new electronic approach to assessment of practice; in the transfer period some of the documentation remains as paper copies (1-3, 35, 57).

What we found at the event

The commissioner, HEENW told us they are confident that students exiting the programmes under review are safe, competent and fit for practice and gain

employment on successful completion of the programmes (120).

Pre-registration midwifery

Students in all placement areas we visited are articulate and confident in their description of practice learning experiences and how they contribute to the achievement of NMC outcomes and competencies.

Students reported a positive experience of case loading management which enables them to understand the impact of pregnancy, birth and a new baby on a woman and her family (99).

Students articulated the evidence required to demonstrate that NMC competencies are met; for example, in relation to the complex medical needs and the un-well neonate. We were told that mentors and supervisors in non-midwifery areas understand the outcomes required for the spoke placement and effectively support students learning. We met with nurses in the neonatal unit at the Countess of Chester Hospital and they confirmed that students are able to achieve outcomes within a supportive environment. The practice assessment process and documentation is well understood by sign-off mentors and they are able to describe how they assess and plan for ongoing learning and achievement. The grades for practice are integrated into module assessments clearly linking theory and practice, and are valued by both students and mentors. Mentors and practice managers described how protected time is implemented to ensure the effectiveness of formative and summative assessment in practice. Students confirmed this is consistently in place across all practice placement providers (89-92, 100).

Students, mentors and practice managers confirmed that the programme prepares students for practice and that poor performance is identified and managed effectively. This includes the States of Jersey. The LME meets regularly with the heads of midwifery and programme performance is monitored by the university and HEENW (50, 52, 89-92, 98).

Return to practice midwifery

All practice placement providers offer a range and breadth of placement opportunities including midwifery led care and high risk care across hospital and community placements. Mentors, managers and students are consistent in reporting that allocated placements enable them to meet NMC outcomes and competencies. There is flexibility to review the programme allocation to meet individual learning needs, which was verified by a student who had an amendment to her placement experience (104-107).

Sign-off mentors are familiar with, and understand the requirements of the practice assessment documentation. Mentors and managers are satisfied that poor performance of students is identified and addressed. Mentors are supported by PEFs and ALPs in managing practice assessment to its conclusion. Employers confirm that students successfully completing the programme are fit for practice (104-107, 110).

Practice constitutes 50 percent of the return to practice midwifery programme and is based on OSCEs, achievement of NMC standards and a portfolio which includes

overall grading of practice based on objective criteria. Mentors and students told us they understand learning outcomes and the requirements of assessments. The external examiner reviews practice assessment and has confirmed standards are met (104-107).

Our findings confirm that students are well supported in audited practice placements to achieve all NMC practice learning outcomes and competencies at progression points and for entry to the register.

Outcome: Standard met

Comments:
No further comments

Areas for future monitoring:
None identified

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

The university has a comprehensive QA manual covering QA metrics for programme delivery and student experience.

There are systems in place for students to evaluate theory and practice elements of the programme. The previous monitoring report noted that uptake of evaluation opportunities was low and mechanisms had been put in place to address this.

External examiner visits to practice placement areas were identified as an area requiring improvement during the last monitoring event for the pre-registration nursing adult programme. The pre-registration midwifery programme was compliant in this area (14, 18-19, 26, 35, 46, 56, 68).

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What we found at the event

We found that the university has a comprehensive system of QA. There are a range of committees at strategic and operational levels to review and enhance the provision of approved NMC programmes. The board of studies has oversight of all programme developments including modifications, approval outcomes, and the appointment of external examiners. The business of the committee is informed by a range of committees including: the faculty quality and curriculum committee; learning teaching and assessment committee; practice and skills committee; and, programme committees. The last two committees are conducted in partnership with practice placement providers and student and service user representatives as members of the programme committees. Representation from service users has historically been problematic however two new service user members have been identified but have yet to attend a meeting (14, 18-19, 25, 46, 56, 61, 68, 76-77, 81, 83, 88).

Issues arising from the module assessment boards and the award boards feedforward to the programme committee which ensures any issues are robustly managed (77, 80, 85).

The student voice is valued by the university in enhancing the programme provision. Evaluation draws on numerous sources of information to gain a robust oversight of the effectiveness of the programmes and the student experience in theory and practice. Students told us about the department's open-door policy and how they feel confident and at ease in raising issues with academic staff, if necessary. They confirmed they feel listened to and gave examples of changes that had been made in response to their feedback. The university has recently introduced an online module evaluation which has seen response rates fall from 80 percent to 50 percent. The midwifery team has effectively managed this by introducing a system of face to face evaluation with students to complement the online survey. Students told us that they complete evaluations at the end of every module and practice placements. PEFs and managers told us that they review the feedback from individual students, feed this back to practice staff and promptly address any concerns that students raise (65, 89-92, 105-106).

There is an active student staff consultative committee and the minutes of meetings clearly evidence the measures taken to address feedback from students (78-79, 105).

The university appoints appropriately qualified and experienced registrants as external examiners for the programmes under review, and monitors their registration and revalidation status. The external examiners review students' work in theory and practice and meet annually with students and mentor/sign-off mentors. Students are aware of the role of the examiner and have met an examiner in practice. Practitioners reported that they have access to external examiner reports via the programme management committee (43, 76, 91-92, 104-107).

Pre-registration midwifery

Practitioners and students told us about the change to the placement learning plans

from integrated study days to block weeks which had come into place in September 2017. We were shown an audit trail of the development of this approach with a rationale to improve student learning and placement capacity. Documentary evidence indicates that the programme hours continue to meet NMC requirements. This change has not required modification under the university regulations, however the proposed change to the approved delivery plan was not queried with the NMC to establish whether a modification was required. The QA processes for programme changes require improvement to ensure all proposed programme changes are referred to the NMC to establish the appropriate QA process to follow (76, 88, 103).

There is inconsistency in the scrutiny of external examination of assessment in year one compared to years two and three of the programme. In year one the external examiner only views theoretical work for failing students rather than a sample of the whole cohort. This approach is in line with current university regulations. The external examining process requires improvement to ensure a consistent approach across the three years of the programme (76, 87-88).

We confirm the QA governance structure and processes also apply to the delivery of the programme in the States of Jersey.

Return to practice midwifery

Students told us that they are highly satisfied with the programme and do not have concerns requiring change; they are confident that the programme team would make changes, if required (79, 104-107, 110-111).

An external examiner is appointed to the return to practice midwifery programme, and we are confident that the external examiner is involved in all aspects of the programme. However, the external examiner reporting on the return to practice midwifery programme is not transparent in the external examiner annual report. The external examiner reporting process requires improvement to ensure transparent external examiner annual reporting for all NMC programmes (78, 85, 108).

Our findings confirm the university has effective improvement systems for student feedback and evaluation/programme evaluation to address weakness and enhance programme delivery. However, some quality monitoring mechanisms require improvement to ensure a consistent approach to external examiner sampling of students' assessed work and to ensure transparent external examiner annual reporting for all NMC programmes. In addition, the QA process for proposed programme changes requires improvement to ensure all proposed changes are referred to the NMC to establish the appropriate modification process to follow.

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

What we found before the event

The university has a policy for students to raise concerns and complaints about their learning experience.

External examiners' comments are fed back to practice placement providers (3, 67-68).

What we found at the event

There is a robust university process that enables students to raise concerns and complaints in a supportive and timely manner. At the time of reporting no midwifery student has formally complained about their experience of campus learning or during a practice placement. We were informed about one student who raised informal concerns which are being effectively addressed through early resolution.

Students in all practice settings told us they are satisfied with the programme and are confident that any concerns about practice learning would be dealt with promptly. An example was provided: this related to the number of sign-off mentors and was supported by an action plan to resolve the problem. Mentors and practice placement providers report being aware of how to raise concerns and complaints in practice settings (89-92 ,95-96, 98, 104-107).

Online placement evaluations have inbuilt keywords which will trigger urgent review and response. Overall, we found that students positively evaluate practice learning environments. PEFs and the programme team confirm that they access student evaluations and feedback on placement learning experiences and act on emergent issues. ALPs and PEFs told us that they work jointly on action plans to address any concerns and issues are escalated, as required (82, 89-92, 104-107, 110).

Managers within placement provider organisations find feedback productive and report that they take this into account when planning future student placements and service improvements. Academic staff and students described effective staff/student liaison mechanisms which deal with student concerns and expectations in an open and transparent manner (89, 105-106).

We conclude that the student voice is valued and all concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners. There is an effective system in place to evaluate all midwifery practice placements used by the University of Chester and the electronic system ensures issues are addressed in a timely manner with feedback to practice on the lessons learnt.

Outcome: Standard requires improvement

Comments:

The QA processes for programme changes require improvement to ensure all queries regarding potential

programme changes are referred to the NMC to establish the need for a modification.

The external examining process requires improvement to ensure:

- transparent external examiner annual reporting for all NMC programmes.

- a consistent approach to external examiner scrutiny of assessed work at all academic levels of programmes.

Areas for future monitoring:

- Modifications to NMC approved programmes follow NMC QA processes.

- The transparency of external examiner annual reports for all NMC programmes.

- External examiners' review of theory and practice assessments is consistent at all academic levels.

Evidence / Reference Source

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115. UoC, university meeting with service user, 8 November 2017

116. UoC, university meeting with service user - FOCUS, 9 November 2017

117. UoC, university meeting about service user involvement with academic staff, 9 November 2017

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120. UoC, telephone discussion with commissioner HEENW, 7 November 2017

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 18 Oct 2017
Meetings with:
Associate dean (learning and teaching)   Head of midwifery, child and reproductive health and LME   Programme leader for pre-registration midwifery 36 month   Programme leader for return to practice midwifery   Director of practice learning   Faculty administrator for quality
At monitoring event
Meetings with:
Introduction and presentation   Associate dean (learning and teaching)   Head of midwifery, child and reproductive health and LME   Deputy head of midwifery, child and reproductive health   Faculty administrator for quality   Programme leader (pre-registration midwifery)   Programme leader (return to practice midwifery)   Director of practice learning   Senior lecturers x2   Presentation of PLSS and PARE   Director of practice learning   Practice office administrator   Associate dean (learning and teaching)   Project Lead for PARE   Meetings with programme teams   Pre-registration midwifery   Programme leader

Deputy head of midwifery, child and reproductive health

Head of midwifery, child and reproductive health and LME

Return to practice midwifery

Senior lecturer

Programme leader

HEENW telephone discussion

Education transformation programme manager (Cheshire and Merseyside)

Practice learning meeting:

Director of practice learning

Programme leader (pre-registration midwifery)

Programme Leader (return to practice midwifery)

Workforce development lead

Practice development midwife

Admissions and progression:

Senior assistant registrar (marketing, recruitment and admissions)

University Proctor

Programme leader (pre-registration midwifery)

Programme leader (return to practice midwifery)

Institutional compliance officer

Deputy head of midwifery, child and reproductive health

Head of midwifery, child and reproductive health and LME

Senior assistant registrar (AQSS)

Deputy registrar (registry services)

QA meeting:

Deputy head of midwifery, child and reproductive health

Head of midwifery, child and reproductive health and LME

Associate dean (learning and teaching)

Senior assistant registrar (AQSS)

Faculty co-ordinator for academic quality

Additional meeting - service level agreements

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Associate dean (business and enterprise)

Executive dean

Additional resource meeting

Head of midwifery, child and reproductive health and LME

Meetings with:

Mentors / sign-off mentors	18
Practice teachers	
Service users / Carers (in university)	4
Service users / Carers (in practice)	4
Practice Education Facilitator	8
Director / manager nursing	1
Director / manager midwifery	19
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	1 Consultant midwife

Meetings with students:

Student Type	Number met

Registered Midwife - 36M	Year 1: 8 Year 2: 4 Year 3: 10 Year 4: 0
Return to Practice Midwifery	Year 1: 4 Year 2: 0 Year 3: 0 Year 4: 0