2017-18
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Coventry University
Programmes monitored	Registered Midwife - 18 & 36M; Return to Practice Midwifery
Date of monitoring event	28 Feb-01 Mar 2018
Managing Reviewer	Peter Thompson
Lay Reviewer	Sarah Fishburn
Registrant Reviewer(s)	Deborah Wisby, Diane Fraser
Placement partner visits undertaken during the review	Pre-registration midwifery: University Hospitals Coventry and Warwickshire NHS Trust: antenatal ward, labour ward George Eliot Hospital NHS Trust: Riversley Park Centre community team, maternity unit South Warwickshire NHS Foundation Trust: maternity unit Return to practice midwifery: University Hospitals Coventry and Warwickshire NHS Trust, midwife led unit (Lucina)
Date of Report	12 Mar 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 Coventry University's programmes

The school of nursing, midwifery and health (SNMH) is located within the faculty of health and life sciences (FHLS) in Coventry University (CU).

The school is made up of the subject areas: nursing, midwifery, physiotherapy, occupational therapy, dietetics, paramedic science and operating department practice. It offers a range of undergraduate and postgraduate post qualifying courses, and includes pre-registration nursing and pre-registration midwifery programmes.

This monitoring review focuses on the three year and the 18 month pre-registration midwifery programmes, approved on 29 June 2013, and the return to practice midwifery programme which was approved on 13 November 2014.

An extension to the approval of the pre-registration midwifery programmes was granted by the NMC until 31 August 2020. The programmes lead to the award of BSc (Hons) midwifery.

The three year pre-registration midwifery programme currently supports 107 students and recruits 35 students per year. Funding for the 18 month programme is provided by Health Education England West Midlands (HEEWM) but enrolment numbers are consistently low with two students enrolling on the programme in 2016 and one student in 2017.

The return to practice midwifery programme is also funded by HEEWM; one student was enrolled in 2016 and one student in 2017.

The monitoring event took place over two days and included visits to practice placements to meet a range of stakeholders.

Summary of public protection context and findings

Our findings conclude that the university has systems and processes in place to monitor and control the risk themes: fitness for practice and quality assurance to meet NMC standards and assure protection of the public. The key risk themes resources and admissions and progression have identified weaknesses which require improvement. The key risk theme practice learning is not met and the university is required to implement an urgent action plan to ensure the risk is controlled.

27 April 2018: The university implemented an action plan to address the unmet outcomes. Evidence has been submitted to demonstrate completion of the action plan. The key risk theme practice learning is now met and the identified risks are controlled.

The control of the key risks is outlined below.

Resources: requires improvement

We confirm from our findings that the university has adequate academic staff with experience and qualifications that are commensurate with their role in delivering the pre-registration midwifery and the return to practice midwifery programmes to meet NMC standards.

We found that some students have difficulty in securing consistent supervision and support from their sign-off mentors within the labour ward of one of the placement providers because of the impact of the integrated model of theory and practice. This requires improvement (1.2.1).

Admissions and progression: requires improvement

We confirmed that selection and admission processes follow NMC requirements. However, we found that there are no checks made to confirm that practioners involved in the selection of students have completed equality and diversity training. This requires improvement (2.1.1).

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

The university has procedures in place to manage issues of concern about a student's professional conduct whether academic, or practice related. We found evidence of effective implementation of these procedures which demonstrates the rigour of the process in ensuring public protection.

Practice placement providers understand and are able to implement the university's procedures in addressing issues of poor performance in practice. This process 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

Our findings conclude that the university has effective partnerships with practice placement providers at all levels.

The university has worked in partnership with education commissioners and practice placement providers in responding in a timely and appropriate manner, following concerns raised by external quality monitoring which may impact on the practice learning environment.

Policies regarding raising and escalating concerns are accessible and understood by students. We are confident that concerns are investigated and dealt with effectively by both academic staff and practice placement providers, and that the public is protected.

There is an established service user and carer engagement strategy which is coordinated by a senior academic staff member. We confirmed that service users and carers are involved in all aspects of the pre-registration midwifery and the return to practice midwifery programmes.

We conclude from our findings that some students are supported and assessed by mentors who have not completed sign-off status. This does not comply with the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) that midwifery students must be supported and assessed by adequately prepared sign-off mentors. The university must implement an urgent action plan to ensure that only appropriate and adequately prepared sign-off mentors support and assess students on the pre-registration midwifery programmes (3.3.1).

In addition, the university must review the pre-registration midwifery programme and practice assessment documentation to ensure consistency of the term 'sign-off mentor' and to define roles and responsibility in accordance with NMC standards. The university must ensure this definition and role and responsibilities is disseminated to placement providers (3.3.1).

We conclude from our findings that in two practice placement providers, systems are not in place to ensure pre-registration midwifery students are only assigned appropriate and adequately prepared sign-off mentors. The university must implement an urgent action plan to ensure robust systems are in place to ensure pre-registration midwifery students are only assigned appropriately qualified sign-off mentors (3.3.2).

27 April 2018: The university implemented an action plan to ensure all pre-registration midwifery students are supported and assessed by appropriate and adequately prepared sign-off mentors; the pre-registration midwifery programme and practice assessment documentation ensures consistency of the term 'sign-off mentor' and defines roles and responsibility in accordance with SLAiP (NMC, 2008); and, the definition and role and responsibility of the sign-off mentor is disseminated to placement providers.

A review of the evidence confirmed that all pre-registration midwifery students are supported and assessed by mentors who have completed sign-off status. We confirmed that revised documentation and systems are now in place within all practice placement providers, to ensure pre-registration midwifery students are only assigned appropriate and adequately prepared sign-off mentors. The key risks are now controlled and the NMC Standards are met.

Fitness for practice: met

We conclude from our findings that programme learning, teaching and assessment strategies, experience and support in practice placements enable students on the pre-registration midwifery and return to practice programmes to meet programme and NMC competencies. Sign-off mentors and employers describe successful students completing the programme as fit for practice and employment.

Quality assurance: met

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 and the return to practice midwifery programmes.

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

27 April 2018: A review of progress against the university action plan took place. Documentation submitted by the university confirms that all pre-registration midwifery students are supported and assessed by mentors who have completed sign-off status. Revised systems and processes are now in place to ensure pre-registration midwifery students are only assigned appropriate and adequately prepared sign-off mentors.

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

The following areas are not met and require urgent attention:

- The university must ensure that only appropriate and adequately prepared sign-off mentors support and assess students on the pre-registration midwifery programmes. (3.3.1)

- The university must review the pre-registration midwifery programme and practice assessment documentation to ensure consistency of the term 'sign-off mentor' and to define roles and responsibility in accordance with NMC standards. In addition, the university must ensure this definition and role and responsibilities is disseminated to placement providers. (3.3.1)

- A robust system must be put in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to support and assess pre-registration midwifery students. (3.3.2)

The following areas require improvement:

- The impact of the integrated model of theory and practice on students working with their sign-off mentor should be reviewed to assist students to have sufficient and consistent support from their sign-off mentor. (1.2.1)

- A process should be implemented to monitor and record that practitioners participating in student selection interviews for the pre-registration midwifery and return to midwifery practice programmes have undergone equality and diversity training. (2.1.1)

Summary of areas for future monitoring

- Sufficient sign-off mentors provide consistent supervision and support for pre-registration midwifery students.

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- The practice learning model enables the allocation of sign-off mentors to pre-registration midwifery students.

- A process is in place to monitor and record that practitioners participating in student selection interviews for the pre-registration midwifery and return to midwifery practice programmes have undergone equality and diversity training.

- All students on the pre-registration midwifery programmes are supported and assessed by appropriate and adequately prepared sign-off mentors.

- The pre-registration midwifery programme and practice assessment documentation is consistent in the term 'sign-off mentor' and in defining roles and responsibility in accordance with SLAiP (NMC, 2008).

- Placement providers understand and comply with the definition and roles of the sign-off mentor in accordance with SLAiP (NMC, 2008).

- Robust systems are in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to support and assess pre-registration midwifery students.

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 midwifery programme team works closely with the three practice placement providers. The programme team are led by a recently promoted lead midwife for education (LME) who represents midwifery education at strategic and operational level.

The midwifery team are positive about the pre-registration midwifery and return to practice midwifey programmes that they deliver. They celebrate many successful achievements of their students who qualify to become midwives.

The midwifery team reported there are clear policies to ensure that students are fit for practice at progression points and on completion of the programme. We were told that the majority of students are employed locally following NMC registration as a midwife.

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

Sign-off mentors confirmed that they have excellent partnership relationships with the university. They told us they are supported in their mentor preparation and updating, and see their role in supporting student midwives as challenging but fulfilling. They see midwifery lecturers regularly in the practice learning environments. Midwifery lecturers respond rapidly to any issues of concern and provide support to students and mentors. Practitioners are involved in programme design and participate in the selection and admission process.

Students

The return to practice midwifery student regards the university as helpful and welcoming. They appreciate the close working relationship between the school and the sponsoring placement provider.

Pre-registration midwifery students told us they selected the university because of their positive experience during open days. Overall they find the lecturers to be supportive and they assist them to meet their learning needs. The continuity and quality of the sign-off mentor is the main issue they raise at student forums and in programme evaluations. Students told us that they enjoy a good breadth and depth of learning experiences.

Service users and carers

Service users and carers told us that they are involved in the selection of students, and in delivery of all programmes being monitored. Service users and carers were involved in the re-approval of the pre-registration midwifery programmes and the return to practice midwifery programme, and are currently helping to develop the baby friendly initiative (BFI) within pre-registration midwifery programmes. Current service users told us that the student midwives are kind, helpful and knowledgeable when providing clinical care.

Relevant issues from external quality assurance reports

We considered Care Quality Commission (CQC) reports published in the 12 months which preceded the monitoring visit and related to practice placements used by the university to support students' learning. These external quality assurance reports provide the review team with context and background to inform the monitoring review.

We found the CQC inspections we reviewed did not report any concerns with the maternity and gynaecology services used for the pre-registration midwifery and return to practice midwifery programmes.

The findings from the following CQC inspections identified areas which could adversely affect students' practice learning experience:

Coventry and Warwickshire Partnership NHS Trust quality report. Date of report: 8 November 2017 (1).

CQC carried out an inspection of the trust's mental health inpatient and community services from 26 to 30 June 2017. Overall, the services were rated as requires improvement with safety, effectiveness of services, responsiveness and leadership each rated as inadequate. Concerns raised included: the physical environment and works required to eradicate ligature points; medicines management; supervision of children at risk; segregation arrangements for long term clients; risk assessment and Mental Health Act updating for staff.

Linden Lodge Nursing Home quality report. Date of report: 28 April 2017 (2).

CQC carried out an unannounced inspection to the nursing home on 22 February 2017. Overall, the services were rated as requires improvement with safety of services and leadership each rated as inadequate. Concerns raised included: records of care; risk assessment; medicines management; and quality assurance procedures did not always identify areas where the service could improve, which included medicine management procedures and care records.

South Warwickshire NHS Foundation Trust quality report. Date of report: 28 March 2017 (3).

CQC carried out an announced comprehensive inspection of Warwick Hospital and community services from 15 to 18 March 2016 and undertook an unannounced inspection on 29 March 2016. Overall, the services were rated as requires improvement with safety of services, effectiveness of services and leadership each rated as inadequate. Concerns raised included: staffing levels; staff understanding of duty of candour; records of care; standards of hand hygiene; mandatory training compliance falling below the trust stated targets; understanding of safeguarding of children; medicines management; risk assessment and governance.

University response

The university has reviewed the above CQC inspection outcomes as part of its CQC monitoring activities. Consideration of the impact of the outcomes on the quality of students practice learning experience has been conducted in collaboration with practice placement providers. Pre-registration nursing students remain on placements and receive ongoing support from the academics in practice (10, 12).

George Elliot NHS Trust, Nuneaton quality report. Report dated: 12 January 2017 (4)

CQC carried out an inspection at the trust on 4, 6, and 25-27 October 2017. The previous inspection took place in 2014 with an overall outcome of requires

improvement. The CQC inspection in 2017 was to review whether the required improvement actions had been made. Overall, the trust was rated as requires improvement. Safety of services, effectiveness of services, responsiveness of services and leadership were rated as inadequate. Maternity and gynaecology services, diagnostic imaging and medical services were rated good; surgery and accident and emergency services were rated as requires improvement and end of life care was rated as inadequate. The National Health Executive published a statement on 25 January 2018 to report that the trust had failed to improve on its CQC rating since 2014 and identified ongoing problems with senior leadership and end of life care (5, 13).

University response

The head of school confirmed that the school is in discussions with senior managers and with academic staff with links to the trust about the outcomes of the CQC inspection. An appraisal of the impact of the concerns on students' practice learning experience is being carried out. The lead for practice education at the university met with senior staff and the general manager for education and training at the trust on 12 February 2018 to discuss the implications of the CQC report. The head of school submitted an exceptional report to the NMC on 13 February 2018 informing them of completed risk assessments. They gave assurances of mechanisms in place for supporting students in practice placements. Further meetings were held in partnership with the trust on 27 February 2018 and an ongoing action plan was agreed (6-7, 12).

St Andrews Healthcare Northampton media report: Date of report: 1 March 2017 (8)

The NMC was made aware of a TV programme, shown on 1 March 2017, which reported allegations being made about Northampton St Andrews Healthcare relating to the use of restraint, the use of antipsychotic medications and the physical environment in relation to young people receiving care in the adolescent service. The university was asked by the NMC, on 2 March 2017, to report on any actions taken in light of these concerns and submitted a report to the NMC on 17 March 2017. The report confirmed that a review of the mental health placements had been undertaken and that mechanisms had been put into place to support students. The actions involved liaison with another AEI who use the practice placement environments (9-10, 12-13).

In the university self-assessment report 2017-2018 a number of placement organisations were identified who had recent CQC inspections. The university reported that a new process, agreed with placement providers, and detailed within a process flow chart, has been introduced to ensure appropriate responses are made to concerns raised in CQC reports. The faculty has also introduced a revised and updated rising and escalating concerns policy, which requires that a school risk action log is maintained to provide oversight of the practice placement areas. This is monitored by the school practice education group (PEG) which is chaired by the head of school (10-12, 14).

What we found at the event

The school confirmed that it has reviewed 26 CQC reports in the last 12 months out of which 13 reports identified that some inspection areas have concerns requiring action. The revised processes for responding to CQC reports have been followed which include discussion with relevant education leads in practice to ascertain the impact for students' practice learning. The university confirmed that students continue to be allocated to these placement areas without negative consequences for their learning (10-12, 14).

We found that the university works closely with all practice placement providers to monitor the outcomes of external monitoring reports. There are effective communication channels in place between university senior management and directors of nursing and midwifery in placement provider organisations (10-12, 86, 89-91).

Follow up on recommendations from approval events within the last year

The school confirmed no approval events were held within the last year (12, 14).

Specific issues to follow up from self-report

The faculty has revised its processes for responding to outcomes from CQC inspection reports and raising and escalating concerns. The implementation of these processes will be monitored in 2017-18 (11, 14, 67, 70).

(See section 3.1.1)

Findings against key risks

Key risk 1 – Resources

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

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

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

What we found before the event

We found that the academic team supporting the pre-registration midwifery and return to practice midwifery programmes comprises a core of seven academic staff, all of whom have due regard and teaching qualifications recorded with the NMC. The team is complemented by two part-time joint appointments seconded from practice placement providers to support the programmes. The two part-time academic staff are mentored by members of the midwifery team and supported by the university to undertake a postgraduate teaching qualification (12, 15-17, 19).

The pre-registration midwifery and the return to practice midwifery programmes are led by designated programme leaders who have due regard and a teaching qualification recorded with the NMC (12, 17, 20).

What we found at the event

We confirmed that the university has procedures to check that nursing and midwifery lecturers' NMC registration and revalidation requirements are met. These are monitored by the reporting manager (LME for midwifery) and recorded on a faculty database (12, 15, 19, 96).

Academic staff and students confirmed that specialist teaching is also provided from other disciplines within the school and faculty. This teaching includes: mental health awareness; physical needs assessment; public health; and, caring for children with learning disabilities (69, 77, 96, 100, 102-104, 106, 108).

We confirmed that a 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 is the lead for the pre-registration midwifery programmes. The strategic role of the LME is recently recognised by promotion of the LME to principal lecturer level (12, 16-17, 22-23, 25).

We confirmed that midwifery staff teaching the pre-registration midwifery and the return to practice midwifery programmes, are appropriately qualified and experienced and that the application of specialist knowledge and skill is supported (15-16, 18-19, 89, 96).

All teaching staff confirmed and can demonstrate that they have protected time to fulfil requirements, including engaging in continuing professional development and revalidation requirements, gaining the qualifications required of their role, and fulfilling any other roles required to support the programmes (21, 78, 87-88, 96).

We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery and the return to practice midwifery programmes to meet NMC standards.

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

What we found before the event

We confirmed that the statement of compliance and placement learning agreements for the pre-registration midwifery programmes commit resources to support students in practice placements (22-23, 25, 62).

Sign-off mentors to support students undertaking the return to practice midwifery programme are agreed as a requirement for entry to the programme (12, 36, 40).

We found there are mechanisms in place to ensure that sufficient qualified sign-off mentors are available to support the number of pre-registration midwifery students (15, 25-26, 35).

What we found at the event

We confirmed that midwifery practice placements, in the partner placement provider organisations, are used exclusively by Coventry University. Sign-off mentor registers are maintained by the practice development midwife (PDM) within each organisation and are made accessible to the midwife placement coordinator to inform student allocations. Allocations are planned 12 months in advance (12, 35, 88, 96).

Return to practice midwifery

We confirmed that the programme leader liaises directly with the sponsoring placement provider to ensure that the designated sign-off mentor is appropriately qualified and prepared before enrolling students onto the return to practice midwifery programme (12, 96, 100).

The student confirmed that she had received excellent support from her sign-off mentor throughout the programme and that she had achieved more than 40 percent of time working with her sign-off mentor. She confirmed that she was always regarded as supernumerary and was able to move between all of the bespoke placements. She was assisted in the selection of the sign-off mentor by the acting head of midwifery within the trust and the programme leader. The student worked three to four shifts per week and she was able to safely meet all practice learning outcomes in 18 weeks. The student confirmed that her learning needs were a priority (100-101, 109).

Pre-registration midwifery

We found the allocation of pre-registration midwifery students is managed by the midwifery placement coordinator. Availability of sign-off mentors is checked with the PDM in each of the three placement providers. Placement capacity is agreed through the educational audit process and is monitored at the PEG (12, 89-91, 94-95).

Sign-off mentors confirm they are appropriately trained and qualified for the role they are undertaking and that they are available to sign-off students at each of the two progression points. This was confirmed in the scrutiny of ongoing achievement

records (OARs) (101-108).

The midwifery placement coordinator provided and explained allocation data which demonstrated that there are sufficient appropriately qualified sign-off mentors available to support the current numbers of students studying both pre-registration midwifery programmes (94-95, 101, 105, 107).

Students confirmed that they achieve 40 percent of their time with sign-off mentors and that they are enabled to achieve learning outcomes and competencies (101, 105, 107).

We found that some students have difficulty in securing consistent supervision and support from their sign-off mentors within the labour ward of one of the placement providers. Some students reported inflexibility of the programme due to an integrated model of theory and practice which is not always conducive to working alongside their sign-off mentor, in addition to the inflexibility of the shift patterns students are allowed to work. This requires improvement.

In some cases, students were being supported and assessed by midwives who had not yet undertaken sign-off mentor preparation (94-95, 101-102, 110).

We conclude from our findings that there are sufficient appropriately qualified sign-off mentors available to support the number of students on the pre-registration midwifery and return to practice programmes. However, in one placement area some pre-registration midwifery students experience difficulty in securing 40 percent of the time with their sign-off mentors. This requires improvement.

Outcome: Standard requires improvement

Comments:

Some pre-registration midwifery students have difficulty in securing consistent supervision and support from their sign-off mentors within the labour ward of one of the placement providers. Some students reported inflexibility of the programme due to an integrated model of theory and practice which is not always conducive to working alongside their sign-off mentor. This requires improvement.

The impact of the integrated model of theory and practice on students working with their sign-off mentor should be reviewed. The practice learning model should enable the allocation of sign-off mentors to provide sufficient and consistent support to pre-registration midwifery students.

Areas for future monitoring:

- All students on the pre-registration midwifery programmes are supported and assessed by appropriate and adequately prepared sign-off mentors.

- The practice learning model enables the allocation of sign-off mentors to pre-registration midwifery students.

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
We found documentary evidence that selection and admission processes follow NMC requirements (22-23, 25-28, 36, 39-40). The pre-registration midwifery and the return to practice midwifery programmes have clear entry criteria which meet university and NMC requirements (26-28). The university has a policy for the management of students who are under the age of 18 years at programme commencement (41).
What we found at the event
We confirmed that selection processes use the NHS values based approach and involve academic staff, and practice placement providers. The pre-registration midwifery programmes' selection process involves midwifery students. We found that practice placement partners routinely release staff to participate in selection and admission processes (36, 39-40, 90, 96-97). Service users confirmed that they had undertaken selection training which included equality and diversity training. They told us that they feel a valued member of the interview team, and that their opinion is taken into account when selecting pre-registration midwifery students. They explained the red flag system whereby if any member of the interview team notes a serious concern about an applicant, a red flag is raised and the applicant cannot progress onto the programme. They told us that they are satisfied that this system works effectively and that only suitable students are allowed admission to the pre-registration midwifery programmes (90, 96-97, 111). We saw evidence that all students on the programmes being monitored are required to complete OH and DBS clearance checks prior to commencing the programme. We confirmed that information confirming that students have satisfied the OH and DBS checking procedures are shared by exception reporting between the university and placement providers. Students are not allocated to practice until all screening has

been completed (39-40, 42-44, 90).

Return to practice midwifery

We confirmed that applicants for the return to practice midwifery programme are required to produce evidence of previous NMC registration. Each candidate is interviewed by the programme leader, and a senior manager from the sponsoring placement provider. Service users and carers are not directly involved in face-to-face interviews. However, questions prepared by service users and carers are used during the selection process. The interviews are conducted using a values based approach in line with the NHS constitution and the NMC Code (36, 40, 90, 109).

We found that the programme leader and LME assess each candidate's ability for the programme of study based on their individual needs and the length of time that NMC registration has lapsed. The LME prescribes the number of hours that the candidate has to complete in clinical practice in order to gain adequate practice learning experiences to fulfil NMC competencies, and build confidence. The hours of clinical practice range between a minimum of 210 hours to a maximum of 450 hours, dependent upon the candidate's time out of practice (36, 40, 90, 109).

We found that the current student fully understands her personalised programme plan and requirements which were agreed and negotiated with the LME and programme leader upon enrolment (100).

Pre-registration midwifery

Our findings confirm all students on the pre-registration midwifery programmes undertake a face-to-face interview. The interview involves three additional screening processes; a timed numeracy assessment, a literacy assessment which is based on answering a question which is related to the NHS constitution and the NMC Code and a communication assessment. The communication assessment is values based and is conducted by a range of stakeholders including academic staff, midwives, service users and current student midwives (39, 90, 96-98).

The admissions tutor confirmed that all personnel involved in face-to-face selection of candidates have undertaken preparation which included equality and diversity training using the faculty training materials. We were told that the admissions tutor confirms compliance with equality and diversity training with individual academic staff and students engaged in the selection panel. However, it was confirmed that practitioner compliance with equality and diversity training is not formally checked and is based upon an understanding of mandatory training conducted by placement providers. This requires improvement (12, 17-18, 90, 111).

Senior academic and placement managers confirmed there have not been any students under the age of 18 years commencing the three-year programme. They told us that they would follow the policy and procedures for the enrolment of individuals under the age of 18 years if a candidate was selected (41, 90).

We conclude that the selection and admission processes follow NMC requirements. However, the process for checking and recording that practitioners have completed equality and diversity training prior to participating in the selection process for the pre-

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registration midwifery and return to practice midwifery programmes 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 a policy and procedure to address concerns relating to the academic and professional conduct of students in both academic and practice placement settings. Students, academic staff and placement providers are informed of processes for monitoring students' performance (15, 39-40, 42-47).

Between January 2016 and March 2017, there were six cases where pre-registration midwifery students appeared before the professional conduct committee. Cases related to breaches of confidentiality, fraudulent signing of documentation and harassment and bullying. All cases were dealt with as per the university disciplinary procedures and panel membership included NHS trust representation (12, 46-47).

What we found at the event

Our findings confirm that the fitness to practise (FtP) policy and procedures are robust, effective, fair and impartial, and swiftly address any concerns about the conduct of students that might compromise public safety and protection. FtP cases are referred from the school to the faculty professional suitability panel (PSP) which has an independent chair. We viewed six FtP case examples involving the conduct of pre-registration midwifery students. We confirmed that the policy and procedures were followed and are robust (42, 46-47, 90, 96).

All FtP activity and outcomes are reported to and monitored by the faculty quality in learning and teaching committee. We were told that the chair of the PSP met with placement partners and school staff to discuss the increase in concerns relating to breaches of confidentiality on social networks. This resulted in reinforcing the guidance given to students in relation to the need for confidentiality when using social network sites (47, 90).

We found that pre-registration midwifery and return to practice midwifery students are aware of the university requirements for academic, personal and professional conduct. They told us that they know where to seek information and guidance. Academic staff and sign-off mentors confirmed this. Records of meetings with academic personal tutors (APTs) demonstrate a good level of information and support for students (29-31, 100, 102-106, 108).

We found that the role of the APT is well defined and is central to monitoring students' progress. We saw examples of issues related to poor student performance in theory

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and practice. These were addressed through learning agreements and regular monitoring discussions by the APT. Academic staff and students confirmed that they follow the agreed procedures to address issues of poor student performance (90, 96, 100, 102-106, 108).

Our findings confirm that all pre-registration and return to practice midwifery students are only signed-off for admission or re-admission to the NMC register by the LME following a robust and transparent process compliant with NMC requirements. All requirements for the academic award and for entry to the register are checked and submitted to the assessment board after which the LME submits evidence for registration to the NMC (29-30, 48, 58-59, 90).

Students confirmed that they complete self-declarations of health and good conduct on admission, annually and on completion of the programme. Records of completion are maintained securely by the programme administrator within the students' personal files (48-49, 90, 100, 102-106, 108-109).

Pre-registration midwifery

Student handbooks and the programme specification provide the assessment schedule for each year of the pre-registration midwifery programmes. We found that there are clear criteria for progression, which are confirmed at assessment boards. Academic staff told us that they understand the 12-week rule and provided assurance that it is used only in exceptional circumstances, as required by the NMC (26-27, 29-30, 59-60, 90, 96).

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

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

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What we found before the event

We found that the university has a clear policy and procedures to manage accreditation of prior learning (APL) (15, 61).

What we found at the event

We confirmed that the APL policy and process is not used within the pre-registration midwifery or the return to practice midwifery programmes (12, 90, 96).

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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

We found documentary evidence that details procedures for sign-off mentors to address issues of students' poor performance in practice. The faculty has a clear policy and guidelines for supporting students in practice (45-46, 76).

Practice assessment documentation provides guidance for monitoring student performance in practice for all programmes monitored (32-34).

What we found at the event

We were informed by the programme team, PDMs, midwifery managers, sign-off mentors and students that they have a clear understanding about the procedures for monitoring student performance in practice (90, 96, 100-108).

Practice placement staff provided examples of working with the academic in practice (AIP) to formulate action plans for failing students or raising concerns about student conduct. In one instance this had included withdrawing a pre-registration midwifery student from practice because of concerns about health issues. They confirmed that issues are identified early and acted upon with the involvement of the AIP and they have confidence that issues are thoroughly investigated (45, 90, 101, 105, 107).

Practice assessment documentation evidences that students are given initial, mid-term and end of placement discussions with sign-off mentors about their learning outcomes, progression and achievement (45, 108-109).

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

Outcome: Standard requires improvement

Comments:

The process for checking and recording that practitioners have completed equality and diversity training prior to participating in the selection process for pre-registration midwifery and return to practice midwifery students requires improvement. (2.1.1)

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Areas for future monitoring:

- A process is in place to monitor and record that practitioners participating in student selection interviews for the pre-registration midwifery and return to midwifery practice programmes have undergone equality and diversity training.

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
We found documentary evidence of partnership working at operational and strategic levels between Coventry University and its placement partners (10-12, 15, 62-64, 66-70). Partnership working operates to ensure that patient and student safety is at the forefront of any action plans arising from concerns raised through CQC inspections, clinical governance, and risk issues requiring joint action (66-70).
What we found at the event
The university has current practice education agreements with the three practice placement provider organisations who support the pre-registration midwifery and return to practice midwifery programmes. These agreements are due to be renewed in April 2018 (62, 86, 90-91). Academic staff and senior placement managers confirmed that all clinical governance and risk issues with a potential effect on service user, or student safety are effectively communicated to the university from practice placement providers in a timely way. This includes through regular contacts and in standing agenda discussions at the strategic partnership group meetings (67-68, 90, 96, 100, 104).

The partnership group for health and social care (PGHSC) involves representatives from HEEWM, heads of schools within the faculty, directors of nursing and midwifery and the LME. This group is key in monitoring resources, placement capacity, the impact of service reconfigurations, and the quality of placements at a strategic level (66-67, 69, 81, 91).

The head of school chairs the PEG which is attended by senior staff from placement providers and placement leaders. This group considers and responds to CQC alerts, monitors student evaluations and responses, placement capacity and the allocation of students to practice placements. The group has been instrumental in reviewing the policy and procedures for raising and escalating concerns in practice and the mechanism for responding to CQC concerns raised in relation to practice placements. We were told that revised policies and procedures have been implemented in the current academic year and will be evaluated and reported to the PGHSC and to the NMC through the annual self-assessment report. Senior academic and placement staff confirmed that the review of the procedures for responding to CQC inspection outcomes has identified clear criteria for exceptional reporting to the NMC and resulted in the university submitting a report in February 2018 (10-12, 14-15, 68, 83-86, 91).

The LME chairs the midwifery professional advisory group (PAG) which meets three times per year and provides a forum for exchange of information relating to issues impacting on the delivery of pre-registration midwifery and return to practice midwifery programmes. Heads of midwifery, AIPs and PDMs attend the midwifery PAG (69, 91, 96).

We confirmed that all practice learning areas have an educational audit, using the learning environment profile (LEP), every two years or more frequently if any issues develop which may impact upon the quality of practice learning. We saw educational audits for all the placement areas we visited, some of which had action plans to address areas for improvement. We confirm that educational audits are carried out according to established processes in compliance with NMC requirements (62-63, 91, 101, 105, 107).

We confirmed that a policy and procedure for the withdrawal and reintroduction of placements is understood by placement providers who confirmed that there had been no such recent activity relating to maternity placements (11, 71, 91).

Processes for the consideration of CQC reports and for escalating concerns/whistle blowing about concerns in practice are in place. Escalation of concerns is managed through a clear policy and processes that were revised in 2017. We found evidence of information for students provided within programme handbooks and practice assessment documents. PDMs, employers, sign-off mentors and students report the process is effective in ensuring that concerns are fully investigated and supported (6-7, 10-11, 25-34, 83-85, 91, 100-108).

We found that information and a flowchart on how students can raise and escalate concerns is provided in the programme handbooks, practice assessment

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documentation and are prominently displayed in each placement area. Students told us they are confident in knowing where to obtain support and guidance when raising a concern relating to a service user care and/or a safety issue (29-34, 100, 102-104, 106, 108).

We conclude that there are well established and effective partnerships between education and service providers at all levels and NMC risks are effectively managed.

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

What we found before the event

We found documentary evidence that practitioners and service users and carers are involved in programme development and delivery of the pre-registration midwifery and the return to practice midwifery programmes (22-23, 25, 56-58, 75).

What we found at the event

Service users told us that they contribute to all aspects of pre-registration midwifery and return to practice midwifery programmes' development and delivery. They told us they have been involved in the breast feeding objective structured clinical assessments (OSCEs); providing service user perspectives about complicated births; and, evaluating students undertaking role play assessments of delivering antenatal classes. One service user described her involvement in areas of midwifery programme development which included the UNICEF BFI. We found that service user views are represented by the service user and carer coordinator at the programme management meetings (56-57, 77, 80, 96-98).

All sign-off mentors and students confirmed that service users provide testimonials through the NHS family and friends test and provide personal feedback to students. This allows students to reflect on the care they give to women and babies (91, 100-108).

Our findings confirm that practitioners were involved in the pre-registration midwifery and the return to practice midwifery programmes' development and approval. They contribute to the delivery of the midwifery programmes by participating in simulation and OSCEs and deliver specialist input that includes mental health, screening, genetics and safeguarding. Practitioners are involved in the assessment of practice of students. They also contribute to programme monitoring through membership of the PAG and PEG as well as contributing to annual programme reviews (22-23, 25, 57, 67-68, 76-77, 91, 96).

Return to practice midwifery

The programme leader and the return to practice midwifery student confirmed that all pre-registration midwifery taught sessions were open to and attended by the return to practice students, which ensured that she had opportunities for engaging in service user and practitioner-led sessions (12, 77, 91, 100, 109).

Pre-registration midwifery

We met service users on the antenatal and postnatal wards who had been cared for by pre-registration midwifery students. They confirmed that they are very satisfied with the care provided. They told us that students are kind, introduced themselves and asked for consent appropriately. They told us students are knowledgeable, are well supervised by midwives, and ask for support appropriately when delivering care (99).

Our findings confirm that practitioners and service users and carers are involved in the development and delivery of the pre-registration midwifery and the return to practice midwifery programmes.

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

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What we found before the event

The faculty has a clear role specification for the AIP and this is monitored by the programme leader (12, 21).

We found that learning education profiles (audits) and student evaluations confirm a visibility of AIPs in practice settings. The AIP has scheduled visits to practice placements within each of the three practice placement provider organisations (63, 74-75).

What we found at the event

Return to practice midwifery

The student confirmed that she has been well supported during practice learning by the programme leader. The programme leader advised us that she visits students in practice at least twice during their placement. This was confirmed in the notes of meetings between the programme leader and students. This included a student who was placed in the east midlands area (74, 77, 91, 100, 109).

Pre-registration midwifery

The programme team understand their roles in practice and confirmed that they have sufficient time to engage with practice (21, 75, 91, 96).

Students and sign-off mentors told us that they are well supported in practice by the AIP through tripartite meetings and scheduled visits. Students reported that midwifery

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lecturers are easily contacted by email or telephone should they have an issue of concern. Contact details are located in the programme handbooks. A student notice board is located in each placement area and on the trust intranet, which provides information about when the AIPs plan to visit the practice placement area (32-33, 91, 101-108).

We found evidence within practice assessment documentation of the AIP involvement in supporting students in practice through regular visits and their contribution to the tripartite assessment of practice. We viewed a case example of a failing student in practice which demonstrates effective support from the AIP working in partnership with the sign-off mentor (32-33, 45).

Our findings conclude that students studying the pre-registration midwifery and return to practice midwifery programmes are effectively supported by academic staff in practice placement settings.

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

What we found before the event

We found documentary evidence that the university and practice placement providers support midwives to prepare as sign-off mentors and to remain compliant with the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008). Information provided in sign-off mentor annual updates confirms that sign-off mentors have opportunities to prepare for and maintain their role in assessing students in practice (15, 71, 77, 79).

The external examiner confirmed that the approved sign-off mentor preparation programme was fit for purpose (54).

What we found at the event

The university has an approved mentor preparation module which includes sign-off status for midwives (14, 72, 91).

Sign-off mentors confirmed they understand their role in signing-off student achievement at the progression points and on completion of the pre-registration midwifery programmes (91, 100-108).

Sign-off mentors told us that they have received good preparation for their role and they are well supported if they have problems with student learning and assessment in practice. They are quite clear about their responsibility to only sign-off students who have demonstrated competence (91, 100-108)

We found that sign-off mentor updates are conducted within the trusts by the PDM

and the AIP. All updates are part of the mandatory training for trust staff and are offered at regular intervals. Midwifery managers and sign-off mentors confirmed that sign-off mentors are supported to attend the updates and this was confirmed within the mentor registers (79, 91, 101, 105, 107).

Return to practice midwifery

The sign-off mentor explained her understanding of the practice assessment requirements and the importance of completing the practice assessment documentation appropriately. We confirmed this process in a completed practice assessment document (100, 109).

Pre-registration midwifery

We found instances in two practice placement providers, University Hospitals Coventry and Warwickshire NHS Trust and South Warwickshire NHS Foundation Trust, where pre-registration midwifery students are being supervised and assessed by mentors who are not appropriately prepared for their role (101-102, 107-108).

At University Hospitals Coventry and Warwickshire NHS Trust intrapartum area we found a number of students who named their mentor but we were unable to locate them on the live mentor database. We confirmed that the midwives supervising students are mentors who have not completed formal preparation for sign-off mentor status. We checked practice assessment documentation submitted by first and third year students from this placement and found that the named mentors had signed-off NMC competencies (101-102, 110).

We found some students in this practice placement were confused about the terms mentor and sign-off mentor and the terminology used in practice assessment documentation and the OAR. Some third year students reported they had encountered difficulties when sign-off mentors had been reluctant to sign-off achievements at the progression point at the end of year two because they had not supervised or observed the students' performance in achieving the competencies signed-off by mentors (101-102).

We were told that the PDM makes regular visits to placement areas and carries out checks that students are being supervised and assessed by sign-off mentors (38, 101-102).

Students at South Warwickshire NHS Foundation Trust confirmed the names of their sign-off mentors and we confirmed they are appropriately prepared for their role and up to date by checking the mentor register. However, students informed us that mentors had signed-off competencies which were then verified by sign-off mentors without direct observation (26-27, 32-33, 82, 101-103).

We confirmed that students from this trust had raised the issue at a recent meeting of the students' forum where they had been told by midwifery team staff that a mentor could sign-off practice documentation. The PDM told us that she had been concerned about the variability in the signing-off process and was told by midwifery academic staff that mentors could sign-off competencies (82, 107-108).

We conclude from our findings that some students are supported and assessed by mentors who have not completed sign-off status. This does not comply with the SLAiP (NMC, 2008) that midwifery students must be supported and assessed by adequately prepared sign-off mentors. The university must implement an urgent action plan to ensure that only appropriate and adequately prepared sign-off mentors support and assess students on the pre-registration midwifery programmes.

In addition, the university must review the pre-registration midwifery programme and practice assessment documentation to ensure consistency of the term 'sign-off mentor' and to define roles and responsibility in accordance with NMC standards. The university must ensure this definition and role and responsibilities is disseminated to placement providers.

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

We found that mentor registers are held by practice placement providers and shared with the midwifery placements coordinator within the university. The educational audits and intelligence gathered from AIP placement visits provides ongoing monitoring of sign-off mentor availability to support the allocation of students (12, 15, 35, 68-70).

What we found at the event

We found that in some placement areas we visited systems are in place to ensure only appropriate and adequately prepared sign-off mentors are assigned to pre-registration midwifery students (104, 106).

However, we found instances in two of the placement providers (University Hospitals Coventry and Warwickshire NHS Trust and South Warwickshire NHS Foundation Trust) where pre-registration midwifery students are assigned mentors rather than sign-off mentors (101-102, 107-108).

At University Hospitals Coventry and Warwickshire NHS Trust intrapartum area a number of students told us their named mentor but we were unable to locate them on the live mentor database (101-102, 107-108).

We conclude from our findings that in two placement providers systems are not in place to ensure pre-registration midwifery students are assigned appropriate and adequately prepared sign-off mentors.

The university must implement an urgent action plan to ensure robust systems are in place to ensure pre-registration midwifery students are only assigned appropriately

qualified sign-off mentors.

<table>
<tr><td style="background-color:red; text-align:center">Outcome: Standard not met</td></tr>
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Comments:

We found some students are supported and assessed by mentors who have not completed sign-off mentor status. The university must implement an urgent action plan to ensure that only appropriate and adequately prepared sign-off mentors support and assess students on the pre-registration midwifery programmes.

The university must review the pre-registration midwifery programme and practice assessment documentation to ensure consistency of the term 'sign-off mentor' and to define roles and responsibility in accordance with SLAiP (NMC 2008). In addition, the university must ensure this definition and role and responsibility is disseminated to placement providers.

In two placement providers we found systems are not in place to ensure pre-registration midwifery students are only assigned appropriate and adequately prepared sign-off mentors.

The university must implement an urgent action plan to ensure robust systems are in place to ensure pre-registration midwifery students are only assigned appropriately qualified sign-off mentors.

The university implemented an action plan to ensure all pre-registration midwifery students are supported and assessed by appropriate and adequately prepared sign-off mentors; the pre-registration midwifery programme and practice assessment documentation ensures consistency of the term 'sign-off mentor' and defines roles and responsibility in accordance with SLAiP (NMC 2008); and, the definition and role and responsibility of the sign-off mentor is disseminated to placement providers.

<table>
<tr><td style="background-color:#92d050; text-align:center">27 April 2018: Follow up Documentary Evidence from Coventry University. Standard now met</td></tr>
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27 April 2018: A documentary review of evidence confirms that all pre-registration midwifery students are supported and assessed by sign-off mentors. The programme team checked the pre-registration midwifery practice assessment documentation to confirm that students' competencies were signed off at all progression points by a sign-off mentor. Assurance that all pre-registration midwifery students are supported and assessed by sign-off mentors was confirmed by the LME and reported to the assessment board in April 2018.

Student handbooks, OAR documentation and the logbook of clinical skills have been revised to ensure information is explicit that only sign-off mentors sign off NMC competencies. Briefing sessions with students have emphasised this requirement.

Clinical managers and sign-off mentors within each of the practice placement provider organisations have been fully briefed about the role of the sign-off mentor. This is evidenced in the schedule of briefing sessions and the midwifery newsletter of March 2018.

Systems and processes have been strengthened to control the risk; these include:

- A formalised system of checks has been implemented prior to the allocation of students to practice areas to confirm that all students have a designated sign-off mentor for the duration of their placement. In addition, the academic in

practice undertakes placement visits to confirm that only a designated sign-off mentor signs off achievement of NMC competencies.

- Practice placement providers have confirmed that all mentor records are accurate and up to date and that these are used to confirm that only appropriately prepared and up to date sign-off mentors are allocated to support and assess pre-registration midwifery students on each placement.

- An updated practice assessment document checklist has been implemented which requires the module leader to confirm that the achievement of NMC competencies have been confirmed by the designated sign-off mentor. The module leaders will also verify this at the assessment board.

- The university has carried out briefings of external examiners to ensure that they report explicitly on compliance with SLAiP standards in the assessment of practice reporting process within module reports, report of visits to practice placements and in external examiner annual programme reports.

- Strategic oversight of compliance with these arrangements will be maintained through the governance of placement learning framework for pre-registration midwifery students. Revised agendas of partnership group meetings including the PAG and PEG will ensure the monitoring of sign-off mentor resources at operational and strategic levels takes place at regular intervals.

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

Evidence to support completion of the action plan:

- Schedule of student briefings, March 2018

- Schedule of practice placement providers' briefings, March to April, 2018

- Midwifery newsletter, March 2018.

- Pre-registration midwifery, 36 month and 18 month programme handbooks, updated April 2018

- Pre-registration midwifery, 36 month and 18 month programme practice assessment documentation, updated April 2018

- Updated governance processes to support learning and assessment in practice for midwifery, version 3, March 2018

- Notes of midwifery professional advisory group, 18 April 2018

- Minutes of subject programme assessment board, 5 April 2018

- Pre-placement check list of sign-off mentor allocation to pre-registration midwifery students, March 2018

Areas for future monitoring:

• All students on the pre-registration midwifery programmes are supported and assessed by appropriate and adequately prepared sign-off mentors.

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- The pre-registration midwifery programme and practice assessment documentation is consistent in use of the term 'sign-off mentor' and in defining roles and responsibilities in accordance with NMC standards. Placement providers understand and comply with the definition and roles of the sign-off mentor in accordance with NMC standards.

- Robust systems are in place to ensure only appropriate and adequately prepared sign-off mentors are allocated to support and assess pre-registration midwifery students.

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

Documentary evidence in approval reports, programme specifications and practice assessment documentation confirms that the pre-registration midwifery and return to practice midwifery programmes address NMC standards and requirements (22-34).

What we found at the event

We found a range of information is provided for all students studying for the pre-registration midwifery and the return to practice midwifery programmes. Documentation includes learning and teaching approaches, assessment strategies, mapping of learning outcomes and competencies. Academic staff and students told us that the online student intranet provides access to the module information directory, learning materials, allocation information and the student services hub (29-34, 92, 100, 102-103, 105, 107).

We confirmed that the programme teams collect, analyse and report appropriate information/data to ensure continued effectiveness of its approach to, and enhancement of, teaching strategies and learning opportunities in the pre-registration midwifery and the return to practice midwifery programmes. The annual course quality

enhancement and monitoring (CQEM) report collates data from a range of sources including student evaluations, external examiner reports, and progression and achievement statistics to complete a comprehensive annual report (55, 80-81, 92).

Return to practice midwifery

The student confirmed her bespoke programme took into account her prior experiences and current needs to meet the return to practice midwifery programme outcomes and NMC competencies. The student had a full understanding of the NMC outcomes to be achieved both in theory and in practice. She meets regularly with her programme leader to monitor progress, receive feedback and discuss further development needs and opportunities (96, 100).

We found that the bespoke programme is achieved through access to pre-registration midwifery modules. Students are encouraged to access timetabled sessions which provide opportunities for simulation, inter-professional learning and active participation in midwifery theoretical sessions necessary to meet agreed learning outcomes. Academic staff reported that students are usually very keen to learn, willing to integrate with pre-registration midwifery students, and to capitalise on all learning opportunities offered. The programme leader told us that returners sometimes find the virtual learning environment (VLE) difficult to access but support is available through technical services and through the programme leader on an individual basis (36, 65, 77, 92, 96, 109).

The student we met is clear about the requirements for revalidation and told us that the work she has undertaken on the programme has prepared her well to re-register as a midwife (100).

Pre-registration midwifery

Students told us that they benefit from effective teaching and learning strategies which includes simulated learning. They confirmed that they are given opportunities to rehearse and develop their knowledge and skills with confidence and competence both in the simulation suite and in clinical practice. They have annual mandatory training in preparation for midwifery practice and clinical staff are invited to meet with students at the commencement of their programme and at the start of each year (102-104, 106, 108, 112).

Our findings confirm that pre-registration midwifery students are able to meet the required hours of theory and practice. Attendance tracking is in place for theory and practice elements and is monitored by the programme leader and by the APT who meets with students three times per year. Students confirmed that this gives them opportunities to review and to gain feedback about their progress and to identify ongoing development needs (59-60, 76, 92, 100-109).

Within the 18-month midwifery programme the European Union (EU) increase in hours requirement was approved through a minor modification and is compliant with EU requirements (24, 27, 30, 92, 96).

All students are able to describe the requirements and content of their programme, including the EU directives, and they are confident that they are enabled to achieve all

learning outcomes (92, 96, 102-104, 106, 108, 110).

We confirmed through documentary evidence that all EU requirements are met within the pre-registration midwifery programmes. Both programmes are compliant with theory and practice hours and student achievement of all NMC learning outcomes and competencies at progression points and for entry onto the NMC register (26-27, 55, 59-60, 101-107, 110).

Our findings conclude that learning, teaching and assessment strategies in the pre-registration midwifery and return to practice midwifery programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

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

We found documentary evidence confirms that the pre-registration midwifery and return to practice midwifery programmes enable students to achieve NMC learning outcomes and competencies at progression points and for entry to the NMC register (26-28).

We found the essential skills and competencies and EU directive requirements are identified in the assessment of practice documentation (26-28).

External examiner reports identify that the assessment strategy is appropriate for the programme being monitored, midwifery practice is graded, marks awarded are consistent, and the standard of feedback is good (51, 53).

What we found at the event

Return to practice midwifery

The sign-off mentors and student confirmed that the individualised bespoke programme is realistic and that all requirements are achievable. They told us they regularly reviewed their programme with the programme leader. The programme plan is modified to include any additional needs of the student identified through reflection and supervision to enable the student to be competent to return to the register (92, 96, 100).

The sign-off mentor and student demonstrated a clear understanding of the practice assessment documentation and the OAR. They are confident that it accurately assesses and records the student's competence for re-entry to the NMC register

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(100, 109).

Pre-registration midwifery

Our findings confirm that students experience a range of hospital and community placements and work within two of the three practice placement providers. We found that hub and spoke arrangements provide opportunities to follow service user journeys and to meet essential skills clusters and NMC outcomes (96, 101-103, 105 - 107).

Students experience caseload management of normally two women during the programme. All midwifery care provided is recorded in a caseload log. Students confirmed that case holding is embedded in the midwifery programme. They are supported to attend antenatal clinic appointments with women on their caseload and they are able to attend key events during the women's birth experiences (92, 96, 102-104, 106, 108, 110).

Sign-off mentors and students confirm their understanding of, and can demonstrate appropriate use of, the practice assessment documentation and the OAR. Sign-off mentors confirm their role in accurately recording the student's competence for the appropriate stage of achievement in practice (102-103, 107-108).

Third year students reported they will be confident and competent to register with the NMC and practise as a midwife on completion of their programme (102-103).

Senior midwifery managers confirmed that students who successfully complete the pre-registration midwifery programmes are able to practise safely and effectively and are employable (92, 101, 105, 107).

Our findings confirm that audited practice placements enable students to achieve all required practice learning outcomes in accordance with the NMC standards for the pre-registration midwifery and the return to practice midwifery programmes.

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Findings against key risks

Key risk 5 - Quality Assurance

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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

We found documentary evidence that evaluation systems use a diverse range of data sources and provide reporting and dissemination of findings to all relevant stakeholders to enhance programme delivery (14, 29-31, 35, 67-69, 73-75, 80-82).

What we found at the event

We found that the university provides opportunities for students to evaluate all aspects of their learning experiences in theory and practice. Students confirmed that evaluation is carried out for each unit of learning at each progression point and on programme completion, and third year students participate in the national student survey (NSS) (81, 93, 101-104, 106, 108).

Students and academic staff confirmed that students have opportunities to participate in regular students' forums, linked to 'you said we did' feedback. Students told us they have discussed issues with academic and practice placement representatives which included the timing of module evaluations, difficulties with the use of Turnitin, caseload communication issues and confusion over the role of sign-off mentors. We tracked these issues through forum minutes and found that issues had been reported and reviewed by the professional advisory group and reported to the partnership meetings. We saw evidence of action plans to address student disquiets. Responses and actions have been disseminated to students through student representative networks (67-69, 82, 93, 101-104, 106, 108).

We were told by academic staff that time is set aside for students to complete evaluations within the timetable. This was confirmed by students. Students gave examples of the programme team's response to their evaluations, for example the need to ensure that staff in practice placements contact students directly when their caseload woman goes into labour. This was addressed by providing students' contact details with labour ward staff and community midwifery teams (93, 101-104, 106, 108).

The university has a comprehensive range of internal quality assurance systems to ensure achievement of both academic and practice outcomes. The academic and professional awards are confirmed at final assessment boards and are commensurate with the awards approved conjointly by the university and the NMC (50-51, 53-54, 59-60).

We found that programme leaders complete annual CQEMs using a range of data sources and the reviews contain evidence of actions and outcomes from programme evaluation, student feedback and evaluation and external examiner reports (80-81).

We found clear criteria and systems in place for appointing external examiners who have due regard for midwifery and currency in education and practice. The associate head for quality and accreditation monitors external examiners' compliance with NMC registration and revalidation requirements during their tenure (37, 93, 113-114).

We found evidence which confirms that external examiners engage in and report on the theory and practice components of the pre-registration midwifery and return to practice midwifery programmes. External examiners have opportunities to meet with students and sign-off mentors and participate in OSCEs (50-53, 80).

Our findings confirm that external examiners verify the quality of theory and practice based learning and the achievement of students undertaking the pre-registration midwifery and the return to practice midwifery programmes. Any issues raised by external examiners are responded to directly by the programme leader and, if necessary, are clearly actioned in a timely manner through quarterly meetings of the professional advisory group and annually within programme reviews (50-51, 53-54, 68, 80).

We confirmed that the university has followed up and effectively concluded issues and recommendations identified in previous monitoring reviews. Feedback from the NMC confirms that the self-assessment reports, 2016-2017 and 2017-2018, are compliant with NMC requirements (14-15, 35, 80, 87).

Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration midwifery and the return to practice midwifery programmes.

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

We found that university policy and processes provide guidance and support for students who wish to raise a concern or complaint about their experience in practice, and for academic staff involved in handling complaints or supporting students and/or placement staff (15, 29-30, 70, 83).

What we found at the event

Students told us that they are aware of the process to follow to raise concerns about their experience on practice placements. They are reminded at the onset of each

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placement of the protocols to raise concerns, and all documentation is readily available within handbooks and the online learning platform. Students confirmed they are confident that they would be advised and supported when raising any concern in practice but were unable to provide any examples (29-30, 32, 93, 101-103, 106, 108).

Practice placement staff told us that student concerns and complaints in relation to practice are uncommon and that any concerns are dealt with in a timely manner. There is student guidance which provides examples of the types of concerns that may be raised and information is provided about communication pathways for raising concerns. There were no specific examples of recent concerns raised by midwifery students in practice settings (93, 101-108).

Senior managers within each placement provider told us that they frequently visit students in practice and provide an open-door policy should they wish to discuss any matters of concern. They confirmed that they encourage a freedom to speak out policy and provide in house open meetings for students to meet with the head of midwifery. Senior academic and placement managers are confident that good links with the university would enable any issues to be escalated and investigated quickly and effectively (93, 101, 105, 107).

We confirmed that evaluations of practice are reported and discussed at the professional advisory group and collated reports are released to heads of midwifery three times per year for dissemination to placement areas via PDMs (64, 73, 92, 101, 105, 107).

We confirmed that practice placement providers receive and respond to any observations made by external examiners. Feedback from external examiners to placement providers is during placement visits made by external examiners, dissemination of issues raised in external examiner reports and annual reviews which are conducted jointly by academic and placement providers (64, 80, 92).

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

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. CQC Coventry and Warwickshire Partnership NHS Trust quality report, 8 November 2017

2. CQC Linden Lodge Nursing Home quality report, 28 April 2017

3. CQC South Warwickshire NHS Foundation Trust quality report, 28 March 2017

4. CQC George Elliot NHS Trust, Nuneaton quality report,12 January 2017

5. National Health Executive concerns relating CQC report of George Elliot NHS Trust, 25 January 2018

6. Exceptional report relating to George Elliot NHS Trust, submitted to NMC and associated correspondence, 13 February-21 February 2018

7. FHLS action plan in response to CQC concerns George Elliot NHS Trust, February 2018

8. St Andrews Healthcare Northampton Media broadcast, 1 March 2017

9. CU response to NMC regarding St Andrews Healthcare, 10 March 2017

10. FHLS review of CQC inspection reports and summary of actions taken, 2016-2018

11. FHLS process flowchart and algorithm for responding to CQC inspection reports, 2018

12. Managing reviewers initial visit to CU, 13 February 2018

13. NMC briefing report, 30 January 2018

14. CU NMC self-assessment report, 2017-2018

15. AEI requirements, November 2017

16. FHLS midwifery academic staff curriculum vita, 2018

17. FHLS faculty resources report 2017-2018

18. CU staff development report 2017

19. FHLS staff database extract of midwifery staff NMC registration details and revalidation, 2018

20. Managing reviewer online searches NMC register, 13 February 2018

21. FHLS academic in practice positional paper, 2013

22. NMC approval report BSc (Hons) midwifery 36-month programme, 19 July 2013

23. NMC approval report BSc (Hons) midwifery 18-month programme,19 July 2013

24. NMC confirmation letter of minor modifications to BSc (Hons) midwifery 18-month programme, 24 March 2017

25. NMC approval report return to practice midwifery programme, 4 July 2014

26. BSc (Hons) midwifery 36-month programme specification, 2016

27. BSc (Hons) midwifery 18-month programme specification, 2016

28. Return to practice midwifery programme specification, 2014

29. *BSc (Hons) midwifery 36-month programme handbook, 2017-2018*

30. *BSc (Hons) midwifery 18-month programme handbook, 2017-2018*

31. *FHLS continuing professional development handbook, 2017-18*

32. *BSc (Hons) midwifery 36-month programme PADs and OARs, 2016-2018*

33. *BSc (Hons) midwifery 18-month programme PADs and OAR, 2016-2018*

34. *Return to practice midwifery programme PAD and OAR, 2016-2018*

35. *CU NMC self-assessment report, 2015-2016*

36. *SNMH overview of return to practice midwifery programme, 2018*

37. *FHLS database of external examiner registration details and NMC revalidation, 2018*

38. *Student midwives at UHCW NHS Trust check and challenge proforma, 2017*

39. *SNMH admission and selection procedures for pre-registration midwifery programme, 2017-2018*

40. *Admissions checklist for return to practice midwifery programme, 2017*

41. *CU under 18 student admissions and enrolment policy, March 2015*

42. *CU professional suitability and FtP policy and procedures, 2 November 2016*

43. *CU policy and procedures for student DBS, April 2013*

44. *CU policy and procedures for OH screening, 2013*

45. *FHLS process for supporting midwifery students who are experiencing difficulties in relation to practice assessment with case example, 2017*

46. *CU student disciplinary procedures, 2017-2018*

47. *FHLS professional suitability panel summary and case transcriptions, 2017-2018*

48. *Examples of student midwives' annual self-declaration of health and good conduct, 2016-2017*

49. *FHLS declaration documentation for final declarations of good health and good conduct, 2017-2018*

50. *External examiner reports, BSc (Hons) midwifery, 36-month programme, 2016-2017*

51. *External examiner reports, BSc (Hons) midwifery, 18-month programme, 2016-2017*

52. *Records of external examiner visits to practice and involvement in OSCEs, 2017-2018*

53. *External examiner reports, return to practice midwifery programme, 2016-2017*

54. *External examiner reports, mentorship programme, 2016-2017*

55. *SNMH pre-registration midwifery progression data, 2016-2018*

56. *FHLS service user engagement strategy, 2016-2020*

57. *FHLS service user group terms of reference, 2016*

58. *Contribution of service users and practice partners to pre-registration midwifery and return to practice midwifery programmes, 2017*

59. Pre-registration midwifery programmes and return to practice midwifery programme subject and programme assessment board summaries various, 2016-2017

60. FHLS subject and programme assessment board minutes, various 2017

61. CU policy and procedures for APL, 2013

62. CU learning development agreements, 2016

63. FHLS learning environment profiles educational audits, maternity services, various 2016-2018

64. FHLS PAG terms and reference and minutes of meetings, various, 2016-2018

65. Course work guide for return to practice midwifery programme, 2017-2018

66. FHLS Partnership Group Health and Social Care, terms of reference and constitution, 2016

67. Notes of partnership group meetings, various, 2017-2018

68. Notes of PAG meetings, various dates, 2017-2018

69. Notes of practice education group meeting, various 2017-2018

70. Governance processes to support learning and assessment in practice-midwifery, 2018

71. FHLS adjustment or suspension of placements, 2017

72. Coventry and Warwickshire practice learning group: sign-off mentor record of achievement, October 2011

73. FHLS placement evaluation processes, 2017-2018

74. Pre-registration midwifery students completed evaluations of practice, various, 2016-2017

75. Pre-registration midwifery student modules evaluations, various, 2016-2018

76. FHLS procedures and documentation for tracking student attendance in theory and practice, 2017

77. Pre-registration midwifery theory timetables, 2017-2018

78. AIP visits schedules 2017-2018

79. Mentor update schedules, 2017-2018

80. BSc (Hons) midwifery annual programme quality report, 2016-2017

81. CU quality assurance framework 2017-2018

82. FHLS minutes of student forum, 10 November 2017

83. FHLS escalating concerns (whistle blowing) for students undertaking practice education in health and care organisations, version 6, 2017

84. FHLS escalating patient safety concern: reporting process, 2015

85. FHLS escalating patient safety concern: flow chart, 2017-2018

86. Managing reviewer meeting, commissioning and quality monitoring of placements, 28 February 2018

87. NMC/Mott MacDonald feedback letters for self-assessment reports, 2017 and 2018

88. School of nursing introduction and presentation, 28 February 2018

89. Managing reviewer meeting with senior team to discuss resources, 28 February 2018

90. Managing reviewer meeting to discuss admission and progression, 28 February 2018

91. Managing reviewer meeting practice learning, 28 February 2018

92. Managing reviewer meeting fitness for practice, 1 March 2018

93. Managing reviewer meeting to discuss quality assurance,1 March 2018

94. Meeting to discuss allocation pattern of students to labour ward, University Hospitals Coventry and Warwickshire NHS Trust, 1 March 2018

95. Pre-registration midwifery placement capacities record University Hospitals Coventry and Warwickshire NHS Trust, September 2017-September 2018

96. Meeting with programme teams, pre-registration midwifery and return to practice midwifery, 28 February 2018

97. Meeting with service users and carers, 28 February 2018

98. Telephone call with service user representative 1 March 2018

99. Meetings with service users on antenatal and postnatal wards, University Hospitals Coventry and Warwickshire NHS Trust, 28 February 2018

100. Placement visit to University Hospitals Coventry and Warwickshire NHS Trust, midwife led unit (Lucina): meeting with return to practice midwifery student and sign-off mentor, 28 February 2018

101. Placement visit to University Hospitals Coventry and Warwickshire NHS Trust: meeting with midwifery managers and development midwife, review of mentor registers, duty rotas and educational audits, 28 February 2018

102. Placement visit to University Hospitals Coventry and Warwickshire NHS Trust, antenatal ward: meeting with students and sign-off mentors, 28 February 2018

103. Placement visit to University Hospitals Coventry and Warwickshire NHS Trust, labour ward: meeting with students and sign-off mentors, 28 February 2018

104. Placement visit to George Eliot Hospital NHS Trust, Riversley Park Centre community team: meeting with student, 28 February 2018

105. Placement visit to George Eliot Hospital NHS Trust: meeting with midwifery matron, midwifery managers and PDM, review of mentor register, and audits, 28 February 2018

106. Placement visit to George Eliot Hospital NHS Trust: meeting with students, February 2018

107. Placement visit to South Warwickshire NHS Foundation Trust: meeting with head of midwifery, midwifery managers, sign-off mentors, PDM, review of mentor register and educational audits, 1 March 2018

108. Placement visit to South Warwickshire NHS Foundation Trust: meeting with students and sign-off mentors, 1 March 2018

109. Scrutiny of RtP midwifery student completed assessment documents and folders, 1 March 2018

110. Sample of pre-registration PAD and OARs for year three cohort module ending February 2018

111. FHLS equality and diversity training package, 2016

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112. Orientation to practice checklist and preparation presentation, 2017

113. CU FHLS processes for appointing external examiners, 2016-2017

114. Pre-registration midwifery and return to practice midwifery programmes external examiners curriculum vita, 2017-2018

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 13 Feb 2018
Meetings with:
Head of school of nursing and midwifery Associate head of school of nursing and midwifery – quality and accreditation LME (programme director pre-registration midwifery programmes) Senior lecturer midwifery (placements coordinator) Senior lecturer midwifery (course director return to practice midwifery programme) Quality and accreditation coordinator, faculty registry
At monitoring event
Meetings with:
Head of school of nursing and midwifery and health Associate head of school of nursing and midwifery and health – quality and accreditation LME (programme director pre-registration midwifery programmes) Senior lecturer midwifery (placements coordinator) Senior lecturer midwifery (programme director return to practice midwifery programme) Quality and accreditation co-ordinator, faculty registry Risk manager and governance lead, George Eliot Hospital NHS Trust Maternity clinical risk manager, University Hospitals Coventry and Warwickshire NHS Trust Governance lead, South Warwickshire NHS Foundation Trust Module leads for pre-registration midwifery programmes Admissions tutor for pre-registration midwifery programmes Associate dean for quality and accreditation Principal lead healthcare education review Associate head of school of nursing, midwifery and health (student experience) Matron, University Hospitals Coventry and Warwickshire NHS Trust PDM, George Eliot Hospital NHS Trust

Meetings with:

Mentors / sign-off mentors	13
Practice teachers	
Service users / Carers (in university)	2
Service users / Carers (in practice)	4
Practice Education Facilitator	
Director / manager nursing	6
Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Midwife - 18 & 36M	Year 1: 7 Year 2: 5 Year 3: 4 Year 4: 0
Return to Practice Midwifery	Year 1: 1 Year 2: 0 Year 3: 0 Year 4: 0