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

Programme provider	University of Manchester
Programmes monitored	Registered Midwife - 36M
Date of monitoring event	29-30 Nov 2017
Managing Reviewer	Peter Thompson
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Nicola Hadlett
Placement partner visits undertaken during the review	North Manchester General Hospital - The Pennine Acute Hospitals NHS Trust: Labour ward/delivery suite; maternity assessment unit; antenatal ward St Mary's Hospital – Manchester University NHS Foundation Trust: Antenatal ward; antenatal clinic; postnatal ward. Hulme Medical Centre: Community midwifery team
Date of Report	11 Dec 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

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

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

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

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

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

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

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

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

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

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

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

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

Summary of findings against key risks

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

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to University of Manchester, University's programmes

The division of nursing, midwifery and social work (DNMSW) is located in the school of health sciences within the faculty of biology, medicine and health (FBMH). This faculty is one of three faculties within the University of Manchester (UoM). The division offers a range of undergraduate and postgraduate post qualifying courses and MPhil/PhD study, and includes pre-registration nursing and pre-registration midwifery programmes.

This monitoring review focuses on the 36-month pre-registration midwifery programme which was approved on 9 April 2013. An extension to the programme approval was granted by the NMC until 31 August 2020. The programme leads to the award of BMidwifery (Hons).

The university, together with other local approved education institutions (AEIs) and practice placement providers, has formed the Pan-Manchester practice placement group (PMPG) which works collaboratively to manage placement resources and to oversee the quality of practice placements which support the pre-registration midwifery programme.

The pre-registration midwifery programme enrolled 66 students in September 2015; 59 students in 2016 and 75 students in 2017.

The monitoring took place over two days and included visits to practice placements to meet a range of stakeholders. Particular consideration was given to The Pennine Acute Hospitals NHS Trust (North Manchester General Hospital) which has concerns reported by the Care Quality Commission (CQC).

Summary of public protection context and findings

Our findings conclude that the UoM has systems and processes in place to monitor and control all risk themes to assure protection of the public.

Resources: met

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

There are sufficient appropriately qualified sign-off mentors to support the number of students studying the pre-registration midwifery programme.

Admissions and progression: met

We found admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration midwifery programme meet NMC standards and requirements required to protect the public.

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Disclosure and barring service (DBS) checks and occupational health clearance are completed before a student can proceed to practice placements, and these compulsory procedures are undertaken to protect the public.

Health and character declarations are completed by students at each progression point and prior to entry to the professional register.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements. This ensures both protection of the student as well as protection of the public.

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.

The university has a fitness to practise (FtP) policy and procedures which are robust, effective, fair and impartial and address concerns about student conduct and unprofessional behaviour. This ensures public protection.

Our findings confirm that pre-registration midwifery students are only signed-off for admission to the NMC register by the Lead Midwife for Education (LME) following a robust and transparent process compliant with NMC requirements.

Practice learning: met

We conclude that partnership working between the university, other AEIs sharing the same practice placements, and practice placement providers is strong and effective at both strategic and operational levels to ensure effective practice learning environments and experiences for students.

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

We found that practitioners are involved in programme development and delivery. Service users and carers are involved in programme development, admissions processes, and teaching and provide formative feedback on students' performance in practice. They also contribute to programme monitoring as established members of the pre-registration midwifery programme committee.

Our findings conclude that the academic team effectively support students in practice placement settings. There is considerable investment in the preparation and support of sign-off mentors; the completion of annual mentor updates and triennial reviews are robust. All mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by sign-off mentors about

assessing and signing-off competence to ensure students are fit for practice to protect the public.

Fitness for practice: met

We conclude from our findings that programme learning, teaching and assessment strategies, experience and support in practice placements enable pre-registration midwifery students to meet programme and NMC competencies. 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 programme.

External examiners act with due regard and engage in the assessment of theory and practice. We found evidence that the university ensures external examiners fulfil their role and responsibilities. NMC registration and due regard is confirmed on appointment of external examiners for the pre-registration midwifery programmes. The university monitors the currency of NMC registration and revalidation throughout their tenure.

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
None identified

Summary of areas for future monitoring
None identified

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The programme team and the LME presented an overview of the programme and key roles of team members such as module leads, admissions tutors and assessments tutors. The recently appointed simulation lecturer described recent innovations in simulation learning. The team are motivated and passionate in their approaches to learning, teaching and student support. In particular, they are committed to ensuring that students benefit from a programme which offers opportunities to practice within a cuturally diverse health service delivered by multi professionals. We found close and effective working relationships with placement providers and practice education facilitators (PEFs) to ensure quality practice learning experiences for students. There is evidence of continued engagement in clinical practice and clinical credibility amongst midwifery lecturers.

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

All managers and heads of midwifery are confident that the programme produces midwives who are fit for practice at the end of the programme. All sign-off mentors are confident that they are well prepared for their role and they are fully supported in practice by the university academic staff. Trusts are proactive in maintaining and increasing their qualified sign-off mentor numbers and actively promote them to attend annual updates and triennial reviews.Practitioners are engaged in all aspects of the programme and gave examples of their involvement in programme delivery, such as interviewing, induction to practice sessions, teaching sessions, objective structured clinical examinations (OSCEs) and viva voce assessments.

Students

Students are positive that they have chosen the right university and are confident that the programme prepares them for registered midwife status. Students are confident that there is a good supportive network which facilitates their learning and achievement and positively identified the roles undertaken by academic advisers, PEFs, link lecturers and sign-off mentors.

Service users and carers

We met service users in the university and also within practice settings. Service users in the university are proud to be associated with the midwifery programme and are fully engaged in all elements including; curriculum development, selection, teaching,

evaluation and monitoring. They confirmed that they are well prepared, fully briefed and supported for their involvement.

Service users in practice confirmed that midwifery students are caring, polite in seeking consent, and are professional in their interventions. Service users who had been involved in the case loading apsects of the students' programme provided very positive written evalutions about the ways in which students had initiated case loads and supported them throughout.

Relevant issues from external quality assurance reports

We considered 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.

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

The Pennine Acute Hospitals NHS Trust, North Manchester General Hospital Quality Report. Date of report: 12 August 2016 (1)

CQC carried out an announced inspection of North Manchester General Hospital between the 23 February to 3 March 2016 as part of its comprehensive inspection of the trust. Overall, the hospital was rated as inadequate; maternity and gynaecology services, medical care services, urgent and emergency care services and services for children and young people were all rated as inadequate. Surgery was rated as requires improvement. Concerns raised related to: incident reporting; cleanliness and infection control; staffing levels, with over reliance on agency and bank staff; access and flow; and, leadership and management. Maternity and gynaecology services were required to address staffing issues with concerns raised in relation to staff shortages; difficulty in securing refreshment break opportunities; consultant cover for the labour ward during out of hours; health and safety risk assessments; and, incident investigation.

UoM response

The university has exceptionally reported concerns about the hospital to the NMC since September 2015 with reports submitted in May 2016, December 2016 and August 2016. The LME provided a further exceptional report to the NMC following a trust-wide review of maternity and gynaecology services completed on 16 June 2017. The LME provided an update of the actions taken and gave assurances that supportive measures continue to be in place for student midwives who are allocated to North Manchester Hospital (1-4, 91).

CQC Stockport NHS Foundation Trust, Stepping Hill Hospital Quality Report. Date of report: 3 October 2017 (5)

CQC carried out an announced inspection visit to the hospital on 19 to 22 January

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2016 (report published on 11 August 2016). The hospital was rated overall as requiring improvement. Maternity and gynaecology services were rated as requiring improvement with concerns relating to staffing, access and flow, leadership and management.

A subsequent unannounced inspection of the hospital was carried out on 21, 22 and 28 March 2017 to look at the care and treatment received by patients in the urgent and emergency care department and patients receiving care from the medical services team at the hospital. The outcome of this inspection visit confirmed the overall rating of requires improvement to medical care and maternity and gynaecology services and to rate urgent and emergency care services as inadequate.

UoM response

The university exceptionally reported to the NMC on 3 October 2017 with an action plan that provided assurance about the measures in place to support student learning (5, 91).

CQC Gorton Parks Care Home inspection. Date of report: 13 September 2017 (6).

The CQC carried out an unannounced inspection visit on 11 to 12 July 2017. The outcome of the visit was an overall grade of requires improvement for safety of service, effectiveness of service, caring, responsiveness of service and leadership. Specific concerns related to staffing, support at meal times for residents, availability of activities to engage and stimulate residents, medicines management, and carrying out audits.

UoM response

The university has withdrawn pre-registration adult nursing from this placement and an action plan has been implemented which provides close monitoring by the university link lecturer and PEF. The university plans to allocate two UoM students in January 2018 subject to a satisfactory educational audit (7, 91).

What we found at the event

We found robust partnership working between all AEIs and placement providers across Greater Manchester, which ensures that information relating to clinical governance and risk issues with a potential effect on patient, service user, or student safety are effectively communicated in a timely way. This is achieved through a Pan-Manchester network using an agreed investigation pack, based upon the Health Education England (HEE) Quality Framework 2017/18. This ensures consistency across all partners in the Greater Manchester area in responding to adverse reports in relation to practice areas supporting students on NMC approved programmes (7, 15, 19, 70, 72, 91, 109).

During the monitoring visit we found evidence of a collaborative, proactive approach to ensure that clinical governance issues are controlled and well managed (70).

Follow up on recommendations from approval events within the last year

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The division confirmed no approval events were held within the last year (7).

Specific issues to follow up from self-report

Issues and actions highlighted in the 2016-2017 self-report (8) include:

Introduction of nurse associate training in Greater Manchester may have an unknown impact on student placement capacity in the region. (see section 1.2.1)

The impact on recruitment of removing bursaries for pre-registration nursing and midwifery programmes and the new fee paying arrangements. (see section 2.1.1)

Removal of the division's student progress committee, to comply with university processes, takes effect from the September 2016 cohort and rolls out with existing cohorts. This committee has provided an additional opportunity for programme leaders to meet formally with failing students and to discuss mitigation. The removal of this committee may result in an increase in the numbers of students facing academic failure and discontinuation. (see section 2.1.2)

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 pre-registration midwifery programme team comprises a core of 18 staff, which includes a professor of midwifery and two teaching fellows. All staff within the team, with the exception of one, are registered midwives, the one other being a nursing registrant who delivers the neonatal content of the programme (9).

Two thirds of the team hold a NMC recorded teaching qualification and the university supports academic staff to obtain a teaching qualification within two years of employment (9-10, 22-23).

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What we found at the event

We confirmed that the university has procedures to check that midwifery lecturers' registration and revalidation requirements are met. The date when revalidation is next due is provided on curricula vita (9-10).

Academic staff told us that NMC revalidation and continuing professional development is supported by the division and that teaching staff engage in teaching, clinical practice and research (9-10, 69-71, 77, 92, 94).

Academic staff and students described how students benefit from being taught by a range of subject specialists from across the faculty that include subjects in anatomy and physiology, mental health, psychology and public health (70-71, 77-78).

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 programme (7, 9, 22, 69-71, 76-77).

We found that midwifery lecturers maintain effective links with practice learning environments. Some part time lecturers have part time and honorary clinical contracts with local NHS trusts to maintain clinical expertise. One lecturer has recently completed the neonatal and infant physical examination (NIPE) programme in a local maternity unit (9, 77, 80, 84).

Students confirmed that lecturers have specialist knowledge and skills (78, 81-82, 88).

We conclude that the university has adequate resources to deliver the pre-registration midwifery programme and 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 for midwifery and the NHS placement charter pledge resources to support pre-registration midwifery students in practice placements (12-13).

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 student allocations (14-17).

What we found at the event

We found that the PMPG and the Greater Manchester midwifery management group maintain an overview of student practice placements. These groups consider the placement needs of all AEIs within the Manchester placement circuit and ensure that sufficient appropriately qualified sign-off mentors are available to support the students allocated to placement at all times (15, 17-18, 53, 70-72, 102).

Students and sign-off mentors reported that there are sufficient sign-off mentors to support their learning and assessment in practice, and students confirmed spending between 40 percent and 90 percent of practice experience with their allocated sign-off mentor. We confirmed that a designated deputy sign-off mentor is available to support the student in the absence of the designated sign-off mentor (78, 81-83, 86-88).

We confirmed that guidelines are in place to ensure that students maintain supernumerary status; this was confirmed by students and sign-off mentors. Variations in shift patterns are closely monitored to ensure that students are supported by their sign-off mentors (52, 77-78, 81-88).

Sign-off mentors reported that they are supported to undertake an initial mentor preparation programme, complete annual updates and complete triennial review requirements to undertake the sign-off mentor role (81-83, 87-88).

PEFs told us that they monitor students from all professions, including nurse associate students, to ensure the number of students allocated to practice placements do not exceed those agreed at the educational audit (80, 84).

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

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 2 – Admissions & Progression

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

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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 process follow NMC requirements (20-21, 24, 26-27).

We were told that the withdrawal of the midwifery bursaries has had an impact on the recruitment to the pre-registration midwifery programme as midwifery applications were down by 20 percent compared to the same time in 2016. However, the division has recruited to the target numbers set by practice placement providers (7-8).

The pre-registration midwifery programme has clear entry criteria which meets university and NMC requirements (20, 22).

The university has a policy for the management of students who are under the age of 18 years at programme commencement (28).

What we found at the event

We confirmed that selection is based upon a values-based approach; candidates watch a video scenario and write a short explanation about the attitude displayed by the midwife in the scenario. Their values are explored during a group interview process (26-27, 74, 79, 97).

We found that academic staff, practitioners, service users and carers are included in all interview panels and they all receive training in equality and diversity. The admission tutor told us that, in addition to requesting all participants involved in interviews to confirm they have received equality and diversity training, the tutor also receives confirmation with PEFs about practitioners training; checks academic staff training records; and records of service user induction and training activity which are maintained by the division administration team. All panel members meet with the admission tutor on the day of selection and participate in a selection day briefing which includes discussion of the NHS constitution and values, reinforcement of equality and diversity principles and avoiding bias (22-24, 27, 77, 79, 99).

Service users confirmed that they participate fully in the questioning of candidates and fully engage in the decision-making process about selection. They confirmed that they undertake equality and diversity training initially when joining the service user group and then have updates every two years (77, 79).

Students described their interview day experiences and confirmed that a values-based approach was used and that a lecturer, practitioner and service user had been involved in their interviews (78, 81-83, 86-88).

All students confirmed that they completed occupational health and DBS clearance

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checks prior to commencing the programme. We were told that a small number of students recently starting the programme were not allowed to start placements due to delays in DBS clearance. Trust representatives and the LME told us that the allocation team informs the PEF directly of any delays in DBS clearance affecting individual student placements (74, 78, 81-83, 86-88).

Senior academic and placement managers confirmed that they are prepared to accept students who are under 18 years at the start of the programme. They understand the under 18 years policy and make adjustments based upon risk assessment of the individual in relation to placement characteristics in order to protect the student and the public (74, 80, 84).

We conclude that admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration midwifery programme meet NMC standards and requirements required to protect the public.

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 placement settings. Students, academic staff and placement providers are informed of processes for monitoring students' performance (29-30, 40, 49).

It was reported that one student from the programme was referred to the faculty FtP committee in 2016-17, having been referred from the division's health and conduct committee. This case is ongoing (7, 31).

What we found at the event

Our findings confirm that the 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. We viewed a case example, involving a midwifery student's failure to disclose a health concern, which demonstrates that the policy and procedures was followed. Cases are referred from the division to the faculty FtP panel which has an independent chair. In the case provided we saw that the LME had asked for an LME from a neighbouring AEI to take her place as a member of the FtP panel in order to ensure objectivity (29-31, 74, 100).

We confirm that all FtP activity and outcomes are monitored by the faculty undergraduate teaching and learning committee which provides monthly updates to the division. We were told that the ongoing FtP case within midwifery has already

resulted in establishing a disability champion within the division for giving guidance and providing support for students in making disclosures about health issues (33, 74).

Students are aware of the university requirements for academic, personal and professional conduct and told us that they know where to seek information and guidance. Academic staff and mentors confirmed this. Records of meetings with academic advisers demonstrated a good level of information and support for students (74, 77-78, 81-83, 85-88, 96).

We found that the role of the academic adviser is well defined and is central to monitoring students' progress. We saw examples where issues of poor student performance were identified in theory and practice and were addressed through learning agreements and regular progression checks at six-monthly intervals by the academic adviser. Academic staff and students confirmed that they follow the agreed procedures to address issues of poor student performance (32, 71, 74, 77-78, 96).

Students confirmed that they complete self-declarations of health and good conduct on admission, at progression points and on completion of the programme. Records of completion are maintained securely by the programme administrator within student personal files (33, 35, 74, 77-78, 84, 96).

Our findings confirm that pre-registration midwifery students are only signed-off for 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 (7, 74, 76-77, 96, 110-111).

Student handbooks and the programme specification provide the assessment schedule for each year of the three-year programme. There are specified 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 (7, 20, 33, 74, 114).

We found that student progress committees are a formal mechanism to consider achievement and progression profiles and to identify any mitigating circumstances with students who are failing to achieve. The meeting is chaired by a senior academic outwith the programme team, the programme lead, and the academic advisor. We confirmed that the removal of the student progress committee in September 2016 has had no discernible impact on student progression. Students are encouraged to submit mitigating circumstances during the assessment period or no later than five working days after the assessment period affected which is detailed in the programme handbook (7, 74, 93, 114).

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

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

What we found before the event
We found that the university has a clear policy and procedures to manage accreditation of prior learning (APL) (21, 25, 38).
What we found at the event
We were informed that APL is not permitted within the pre-registration midwifery programme which is compliant with NMC requirements (7, 74).
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 poor performance in practice. The mentor website gives access to generic and midwifery-specific policies and procedures to support and monitor students in practice (33, 36, 40, 66).
What we found at the event
We confirmed that sign-off mentors follow the university's procedures to address issues of poor performance, as evidenced in the midway and final interview sign-off sections in the students practice assessment documents (36, 66, 74, 78, 96, 104). Ongoing achievement records contain records of six monthly discussions between sign-off mentors and the student to review progression and achievement in practice. Students and sign-off mentors told us that ongoing records of achievements are discussed during the initial placement interview for each practice placement (74, 78, 84-88, 115). We saw examples of learning agreements to support students failing in practice, and sign-off mentors confirmed that support is given by PEFs and university link lecturers (ULLs) (78, 81-88, 98). Midwifery managers confirmed there are clear policies for raising concerns about students' conduct and progression in practice with the university, and identified examples of implementing the policy (74, 80-83, 87). Our findings confirm the university has effective policies and procedures in place for the management of students' poor performance in practice, which are clearly

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understood and implemented by practice placement providers.

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

Findings against key risks
Key risk 3 - Practice Learning **3.1   Inadequate governance of, and in, practice learning** **3.2   Programme providers fail to provide learning opportunities of suitable quality for students** **3.3   Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
We found documentary evidence of partnership working at operational and strategic levels between UoM, practice placement providers and other AEIs within the Pan-Manchester area. This 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 (15, 21, 23).
What we found at the event
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 AEIs from associated practice placement providers in a timely way. This is achieved through a Pan-Manchester network. The PMPG is key in monitoring

resources, the impact of service reconfigurations and the quality of placements at a strategic level. We found that the trust-based ULL and PEF liaison groups, and the close collaboration in practice placements settings between the ULL, PEFs and sign-off mentors ensures that governance and risk issues are managed effectively (7, 14-15, 17, 19, 70, 72).

We found that the university has exceptionally reported concerns and incidents on three occasions to the NMC during the past 12 months, two of which related to maternity placements and one to the ongoing impact on NHS staff of the Manchester bombings in 2017. The university monitors practice placements in partnership with other AEIs and placement partners and responds appropriately by implementing robust action plans with deadlines for completion (4, 7, 72, 91, 95).

We confirmed that close partnership working ensures that practice placement providers provide updates relating to all clinical governance and risk issues in placement settings and that information obtained is exceptionally reported on to the NMC in a timely way. Senior academic and placement managers told us that they have an equal responsibility and have clear mechanisms in place to monitor placement settings (72, 91, 103, 109).

Educational audits comply with NMC requirements and are undertaken according to established processes to verify the validity of a safe practice learning environment. The ULL and PEF undertake educational audits of practice placement areas every two years and any actions, where appropriate, are reported and reviewed by the ULL and PEF liaison groups. This information is shared with other programme providers through the PMPG. We were told that educational audits involving shared maternity placements with another AEI are done collaboratively by the respective link lecturers (14, 16, 19, 72, 84, 103, 108).

Policies and procedures for the withdrawal and reintroduction of placements are clearly available on the mentor website. We found evidence within the educational audit database and associated allocations database of placements being removed. Reasons for removal included: the educational audit was out of date, services had been reconfigured, or there were ongoing investigations of incidents involving students (40-42, 72, 103, 116).

We found that information and a flowchart on how students can raise and escalate concerns is provided in the programme handbook and practice assessment documents 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 safety issue (32-33, 39, 43, 66, 78, 81-88).

Sign-off mentors and practice placement staff described the raising and escalating concerns policy and told us they receive good support from academic staff when supporting students who had raised a concern. They gave us examples of concerns that had been raised and investigated (43, 72, 80-88).

Senior academic staff told us that incidents involving students or concerns raised by students are reported quarterly to the PMPG and to Health Education North West (HENW). We found that in 2016-2017 there were three incidents reported concerning midwifery students in practice placements. We found that all incidents were managed in line with the policy and procedures for raising and escalating concerns. Our findings conclude that the raising and escalating concerns policy enables robust investigation of concerns and support of students, and that any changes recommended following the outcome of the investigation are implemented (33, 40, 42-44, 66, 72, 84, 89-90).

We confirmed that a service level agreement is in place, which ensures collaboration between education and practice placement providers. We were told that this is an agreement between placement partners within the HENW catchment area and provides the basis for good partnership working (16, 70, 72, 89, 102).

We conclude from our findings that there are effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations.

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

What we found before the event

We found documentary evidence that practitioners and service users and carers are involved in programme development and delivery of the pre-registration midwifery programme (22-24, 45-46).

In the pre-registration midwifery programme, service user involvement has been considerably increased with the development of the 2013 curriculum. User groups representing cultural diversity of the greater Manchester areas were involved in curriculum design, a focussed midwifery culture day and a breastfeeding peer support group. Service users have made valuable contributions to the working group preparing the baby friendly initiative (BFI) submission (24, 45).

The division organised a workshop to prepare service users and carers for their involvement in programme engagement and have another workshop scheduled for November 2017 which was held at the time of the monitoring event. (7, 46).

What we found at the event

Practice managers describe supporting practitioners to be involved in programme delivery including contribution to a range of teaching sessions that include the

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following topics: infant feeding; midwifery emergencies such as shoulder dystocia; and, women's mental health (80, 84).

Practice managers and academic staff informed us about practitioners' involvement in curriculum planning, OSCEs and viva voce (22-24, 80, 84, 94).

PEFs confirmed that they regularly attend programme committee meetings and provide feedback to practice placement areas about student recruitment, student evaluations and feedback (72, 84, 113).

Our findings confirm that service users participate in all aspects of the programme and their engagement is formally arranged and supported through the division. Service users described their involvement in selection and recruitment, teaching and attending programme committee meetings where programme management and delivery is discussed (22-24, 45-46, 53, 79, 94, 99, 113).

Students told us that service users have been involved in teaching a range of subjects that include their experience of maternal diabetes, bereavement and cultural and disability awareness (56, 79, 81-82, 87, 94).

There are opportunities for service users to feedback on students' performance. Sign-off mentors generally seek this feedback and then upload it to the student's online practice assessment record and evaluation document (PARE) (78, 84-88, 104).

Students and mentors told us that service user feedback is required within the case loading modules and this is written within the practice assessment documents (39, 81-83, 85, 87-88).

We saw examples of very positive feedback provided by service users regarding care provided by midwifery students and about students' participation in managing a caseload (39, 47).

We conclude from our findings that practitioners and service users and carers are involved in all aspects of the pre-registration midwifery programme.

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

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What we found before the event

We found documentary evidence that academic staff have a variety of opportunities available to engage in practice based activities. ULLs work in partnership with placement providers to identify, monitor and enhance the practice learning environment. This is evidenced in the educational audit documentation. We confirmed that a workload management tool demonstrates that academic staff have the capacity to engage in ULL activities (14, 16, 23, 33, 48).

What we found at the event

We confirmed that the ULL role is a Pan-Manchester agreed role, which is shared amongst the greater Manchester universities that share practice placement areas. The UoM hold regular ULL induction and training events to prepare new academic staff for the role and refresh current ULLs' knowledge and responsibilities of the role (23, 48).

The role and responsibilities of academic staff supporting students' learning in practice placement settings are clear and understood by students. Students described the processes they would follow to seek academic staff support (78, 85-88).

Sign-off mentors know who the ULL is for their practice placement area and confirmed that working relationships are effective and strengthened by the work of the ULL and the PEF. We saw examples of support provided by the ULL and PEF when managing failing students in practice (81-83, 85-88, 96).

PEFs identified a range of activities conducted by the ULL that include: site link lecturer meetings in placements; attending student forums; carrying out educational audit; mentor updates; and supporting sign-off mentors in the assessment of students' practice (80-84, 86-88).

We conclude from our findings that AEI staff support students in practice placement settings.

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

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What we found before the event

We found documentary evidence that the UoM 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). Sign-off mentor updating information confirms that sign-off mentors have opportunities to prepare for their role in assessing practice (14, 17, 19, 40, 49-50).

What we found at the event

Senior practice managers and PEFs told us that mentor preparation and support is a priority within their trusts and that they normally release midwives to undertake a mentor preparation programme at the end of the post qualifying preceptorship year (72, 80, 84).

Sign-off mentors confirmed that their mentor preparation programme adequately prepared them for their sign-off mentor role; the annual mentor updates and access to an online mentor resource site supports their continuous development in the role; and, practice managers are proactive in supporting their attendance at training. We

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were told that the annual update is part of the trust's annual mandatory training (50, 81-83, 86-88).

Sign-off mentors told us that the PEF is key in providing support for their role, particularly when they are managing failing students (72, 81-83, 86-88).

We found that sign-off mentors have a good understanding of their role and responsibilities in the assessment of practice and that they use the graded assessment of practice objectively. Student progression and completion profiles confirmed that the full range of assessment grades are awarded. Two sign-off mentors told us that they had awarded 100 percent for practice for exceptional students (81-83, 86-88, 96, 110-111, 114).

We confirmed that sign-off mentors understand and are confident in completing practice assessment at progression points and the sign-off requirements at the end of the programme (81-83, 86-88, 114).

Our findings confirm that sign-off mentors are appropriately prepared for their role in assessing practice.

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 records are held by practice placement providers and shared with the UoM. Systems are in place via the ULL and PEF liaison work and triangulation of mentor records with allocation schedules to ensure that students are assigned only to appropriate and adequately prepared sign-off mentors. Monitoring by ULLs and PEFs, and by the midwifery education group ensures that any issues of capacity in placements are identified and managed (40, 49-50).

What we found at the event

Our findings confirm that mechanisms are in place to ensure that intelligence relating to changes resulting from service reconfigurations are communicated to programme providers in a timely way to enable effective oversight of student support by sign-off mentors (15, 17, 19, 40, 49-50).

PEFs and academic staff confirmed that data gathered from mentor registers, educational audits, service reconfigurations and student evaluations are used to inform the placement of students to ensure that they are always allocated to a sign–off mentor (13-15, 18, 72, 74, 80, 84, 116).

We viewed records of mentors within each practice placement organisation we visited. We confirmed the mentor registers are accurate and up to date and contain

records of all essential data which provides assurance that sign-off mentors are up to date (80, 84).

The educational audit captures information about numbers and types of students allocated to individual practice placement areas. Allocations are checked against the database to ensure that maximum numbers of learners are not exceeded. We confirmed that the number and type of students in placement areas is sufficient to accommodate and support students' learning, and assessment of competence (18, 72, 80, 84, 103, 108, 116).

Our findings confirm that the university has systems in place to ensure that only appropriate and adequately prepared sign-off mentors are assigned to pre-registration midwifery students.

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

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
We found documentary evidence that the pre-registration midwifery programme is mapped against the relevant NMC standards (20, 22, 33, 39, 101).

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What we found at the event

Students are provided with clear and current information that specifies the learning, teaching and support available to them, including resources to enable learning (33, 39, 70, 73, 77-78, 104, 106-107, 112).

Students told us the programme is delivered in a variety of ways including lectures, group tutorials, online learning through the Blackboard platform and through simulations. They told us that they appreciate the opportunities provided to them to rehearse and develop their practice skills. The ongoing development of enhanced simulation, supported by a dedicated simulation coordinator, is identified by students as a positive aspect of their learning experience. In particular, students identified the simulated exercise in ward management and commented on its challenges and realism to practice in promoting values based care, dignity, courtesy and respect for the service user (53, 58, 73, 77-78, 105).

Academic staff described a range of inter-professional learning opportunities within each year of the programme, which include workshops exploring the roles of healthcare professionals in emergency scenarios, cultural diversity, pharmacy in midwifery and perinatal mental health. They confirmed that students' learning is well supported through sessions provided by physicians, paediatric specialists, anaesthetists, mental health specialists and a consultant midwife who covers the public health content of the programme. These sessions are positively evaluated by the students (11, 51, 53, 57-58, 62, 70-71, 77, 94).

All students we spoke to confirmed they are adequately prepared for commencing practice placements through mandatory training which includes; manual handling, basic life support, safeguarding and information governance. This training must be completed before they can attend practice placement and sessions are repeated annually. PEFs and students confirmed that all students are required to complete trust induction days, which are provided at the start of placements (78, 81, 85-88).

We found that students are enabled to monitor their progress and further development through appropriate and effective formative and summative assessment processes and feedback systems. Six monthly reviews of achievement and progression are completed between students, sign-off mentors and academic advisers which was confirmed by students, sign-off mentors and the programme team (20, 22, 33, 56, 73, 77-78, 85-88, 96).

Students confirmed that the requirements and content of the European Union (EU) directive are transparent and understood. Students record required EU experience in the 'white book' and confirm they do not encounter or expect to encounter difficulties obtaining this required experience. The 'white book' is now part of the PARE and is available to all students and mentors electronically as well as in hard copy which is preferred by some students (39, 60, 78, 81-83, 86-88).

The LME confirmed that all final checks are made to ensure that all students achieve the EU requirements on completion of the programme (110-111).

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Third year students reported they will feel confident and competent to practise and to enter the professional register on completion of their programme. Stakeholders confirmed that successful students completing the programme are well-prepared and employable (53, 73, 77-78, 81-89, 102).

Our findings confirm that the university collects, analyses and reports appropriate information/data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities. Student achievement, evaluations, progression, teaching strategies and the effective delivery of the programme are discussed in programme committees and at the annual quality day. Any areas for improvement are followed up through an annual action plan which is monitored by the director for undergraduate education (7, 53-54, 70, 73-74, 78, 91, 113).

We confirmed that attendance in theory and practice is monitored and recorded. The division's examinations office track student progression and verify all theory and practice modules have been successfully passed and hours completed before students' profiles are presented to the examination board. The examination board adheres to the university guidance on examination boards (33, 42, 55, 110-111).

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

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

What we found before the event

We found documentary evidence that assessment of practice documentation and student support enables pre-registration midwifery students to achieve NMC practice learning outcomes and competencies at progression points and for entry to the NMC register. This is confirmed by external examiners (20, 22, 33, 39, 64, 117).

What we found at the event

We were informed that all students have practice placement experience with two trust practice placement providers to ensure they gain experience in working with women from different ethnic groups within the greater Manchester area (33, 49, 70, 73, 77-78).

We confirmed that students engage with a wide variety of practice learning

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experiences to meet essential skills clusters and NMC outcomes. Hub and spoke opportunities are mapped across the programme, where appropriate. Students and sign-off mentors gave examples of hub and spoke experiences which enable students to follow service user pathways which are important when fulfilling case loading requirements. Students confirmed that sign-off mentors facilitate their learning and assist them to gain the experiences they need to successfully complete the programme (20, 22, 33, 73, 77-78, 80-88, 116).

We confirm that practice assessment documentation clearly demonstrates the practice competencies, which must be achieved by students. The graded assessment of practice is robust and understood by students and sign-off mentors. Quantitative practice requirements are clearly identified within the ongoing record of achievement and practice assessment profile (15, 22, 33, 39, 73, 78, 80-88, 106-107, 112).

Students, sign-off mentors and academic staff confirmed that the online PARE has improved the student experience and contributed to improved monitoring of students in practice (73, 77-78, 80-88, 116).

Students and sign-off mentors confirmed that they understand their responsibilities and the process involved in signing-off practice competencies and grading midwifery practice. Sign-off mentors confirmed they are confident in signing-off students' competence at progression points and at the end of the programme (73, 77, 80-88).

Midwifery managers and employers informed us that most students are employed by their placement trust on successful completion of the programme and following NMC registration. They told us they are confident in employing UoM midwifery students, subject to trust selection policies and procedures (70, 73, 80, 84, 102).

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

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 (11, 53, 59-62).
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. 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). The annual student experience action plan (SEAP) for the midwifery programme demonstrates that the university recognises issues raised by students and uses improvement systems to address weaknesses and enhance delivery. The programme team hold an annual quality day to review the programme and to agree the action plan which is shared with the student liaison committee, the school teaching and learning committee and is monitored by the director for undergraduate education (11, 53, 59-62, 75).

Students confirmed that they evaluate theory and practice at staged points. They have opportunities to provide feedback through student forums and through representation on the programme committee. They told us that they receive information about responses to their evaluations and feedback through student representatives on the programme committee and through 'you said we did' flyers (11, 78).

We confirmed that evaluation of practice is managed through the online PARE system and mentors confirmed that they have immediate access and work with the ULL and PEFs to address any concerns raised by students (15, 19, 61, 75).

We confirmed that the policy and procedures for university complaints are communicated within student handbooks, mentor handbooks and online resources. The senior managers are confident that students benefit from a close working relationship with their academic advisor in the university and with the PEFs in the practice setting. Complaints are dealt with at the informal stages and resolved in an efficient and timely manner. Students were unable to give examples of complaints made about the academic setting but are confident in knowing where and how to |

raise concerns or complaints (75, 77, 80-88).

Our findings confirm that the university has robust QA systems in place to ensure achievement of both academic and practice outcomes (75, 110, 117).

We confirmed that external examiners are appointed with due regard and that qualifications, currency, registration details and revalidation status are confirmed on appointment and thereafter for the duration of their tenure with the university (55, 67, 75).

We found a range of evidence which confirms that external examiners engage in and report on the theory and practice components of the pre-registration midwifery programme and they visit practice placements annually. PEFs confirmed introducing external examiners to sign-off mentors and students in practice placements. We confirmed that external examiners scrutinise theoretical and practice assessment documents, attend OSCEs and attend assessment boards. We confirmed that the programme lead responds in a timely and effective way to issues raised in external examiner reports (37, 39, 64-65, 68, 75, 110, 115, 117).

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 programme.

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 a university policy and processes which provide guidance and support for students who wish to raise a concern or complaint about their experience in practice, and for staff involved in handling complaints or supporting students and/or placement staff (34, 42-43, 49, 63, 66).

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 placement of the protocols to raise concerns, and all documentation is readily available on the online learning platform, Blackboard. 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 (33, 42, 78, 81-83, 85-88).

Practice placement provider staff told us that formal student complaints are uncommon and that any disquiets are dealt with in a timely manner. They gave an example of a student not being aware of who was her designated sign-off mentor

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three days into her placement. They confirmed that this matter was resolved locally by early intervention of the PEF to the satisfaction of the student concerned. Practice placement providers are confident that close working relationships with students engenders trust, and students are prepared to give direct feedback to sign-off mentors, PEFs and to their academic advisor (75, 80, 84).

We confirmed that practice placement provider staff, PEFs and ULLs have direct access to the PARE. This gives instant access to completed evaluations of practice by students and enables academic and practice placement staff to identify any concerns or risks identified by students and respond appropriately through discussions and action plans. The processes ensure that the student receives notification of the university and practice placement providers' response to the comments raised in evaluations (15, 59-60, 75, 95).

We confirmed that practice placement providers receive and are able to respond to any observations made by external examiners. We saw examples discussed at programme committees, which are attended by PEFs, and a programme newsletter, published quarterly, includes summaries of external examiner feedback and activity (53, 56, 75, 84,115).

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

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2.   LME correspondence to NMC concerning The Pennine Acute Hospitals NHS Trust, North Manchester General Hospital, 28 June 2017

3.   The Pennine Acute Hospitals NHS Trust review of maternity and gynaecology services, 16 June 2017

4.   NMC briefing report, University of Manchester, 30 October 2017

5.   CQC: Stockport NHS Foundation Trust, Stepping Hill Hospital quality report, 3 October 2017

6.   CQC Gorton Parks Care Home inspection report, 13 September 2017

7.   Managing reviewer initial visit to UoM, 14 November 2017

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10.   DNMSW: academic staff development strategy, 2012

11.   DNMSW: pre-registration midwifery students' evaluations, various, 2015-2017

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13.   NHS placement charter, 2014

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15.   Pan-Manchester placement management group minutes, various dates, 2016-2017

16.   The North West learning environment educational audit and guidance, 2016

17.   Pan Manchester maternity and gynaecology placement providers profile of mentors, 2016

18.   DNMSW: allocation timeline forum, 2017

19.   Greater Manchester midwifery management group, minutes, various dates 2015-2017

20.   UoM BMidwifery (Hons): programme specification, 2017

21.   AEI requirements, 2016-2017, 13 November 2017

22.   UoM BMidwifery (Hon): NMC approval report, 2013

23.   NMC monitoring report, UoM, February 2014

24.   DNMSW: areas of service user and carer engagement, December 2014

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27.   DNMSW: student admissions policy, December 2012

28.   UoM: process for admitting minors: information for applicants and DNMSW framework for students under 18, undated

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32.   UoM: the role of the academic advisor, 2016

33.   BMidwifery (Hons): programme handbook, 2017

34.   DNMSW: Blackboard online learning platform, screenshot, 2017

35.   DNMSW: proformas for declarations of good conduct and health, 2016-2017

36.   DNMSW: supporting and assessing struggling midwifery students, January 2017

37.   DNMSW: examination board minutes, various dates, 2015-2017

38.   UoM: APL principles and guidance, 2014

39.   DNMSW: BMidwifery (Hons) practice assessment documents and record of statutory clinical midwifery experience years one, two and three, 2017

40.   Pan-Manchester: mentors' online resources, accessed 13 November 2017

41.   Pan-Manchester: policy and procedures for removing placements, 2016

42.   Pan-Manchester: processes for dealing with incidents involving students, 2015

43.   DNMSW: policy for raising and escalating concerns in practice, 2016

44.   Pan-Manchester: NMC CQC reporting flow chart, 2016

45.   UoM self-assessment report to NMC, 2015-2016

46.   DNMSW: service user training day agenda, 29 November 2017

47.   DNMSW: examples of service user feedback about midwifery students' performance in care and in initiating case loads, 2016-2017

48.   DNMSW: role of the ULL details: http://www.nursing.manchester.ac.uk/mentors/resources/ullrole/

49.   DNMSW mentor handbook, 2017

50.   DNMSW mentor update framework: http://www.sites.nursing.manchester.ac.uk/mentors/mentorupdating, 2017

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*57.   DNMSW: early years inter-professional education "an introduction to other health care professionals",
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*58.   DNMSW: joint study day maternal mental health day - working together to improve outcomes for mothers
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63.   UoM: university complaints procedure flowchart, 2016

64.   BMidwifery (Hons): external examiner unit reports, 2015-2017

65.   BMidwifery (Hons): example of programme lead response to external examiner, 2017

66.   DNMSW: guide to providing feedback and raising concerns, 2017

67.   DNMSW: database of external examiner NMC registration and revalidation details, 2017

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69.   NMC online register cross checking of academic staff details, accessed 29 November 2017

*70.   DNMSW: senior staff presentation; overview of school provision and introductory presentation, 29
November 2017*

71.   Managing reviewer meeting with senior team to discuss resources, 29 November 2017

*72.   Managing reviewer meeting with senior team to discuss shared governance and practice placement
partnership, 29 November 2017*

73.   Managing reviewer meeting, fitness for practice, 30 November 2017

74.   Managing reviewer meeting, admissions and progression, 29 November 2017

75.   Managing reviewer meeting to discuss quality assurance, 30 November 2017

*76.   Managing reviewer meeting with LME to discuss signing-off processes for admission of students to NMC
register, 29 November 2017*

77.   Meeting with pre-registration midwifery programme team, 29 November 2017

78.   Meeting with student midwives in university, 29 November 2017

79.   Meeting with service users and carers, 29 November 2017

*80.   Visit to North Manchester General Hospital -The Pennine Acute Hospitals NHS Trust: meeting with senior
managers, education team and midwifery clinical educators, review of mentor register, duty rotas and educational
audits, 29 November 2017*

81.   Visit to North Manchester General Hospital -The Pennine Acute Hospitals NHS Trust: labour ward. Meeting with students and sign-off mentors, 29 November 2017

82.   Visit to North Manchester General Hospital -The Pennine Acute Hospitals NHS Trust: maternity assessment unit. Meeting with students and sign-off mentors, 29 November 2017

83.   Visit to North Manchester General Hospital -The Pennine Acute Hospitals NHS Trust: antenatal ward. Meeting with students and sign-off mentors, 29 November 2017

84.   Visit to St Mary's Hospital – Manchester University NHS Foundation Trust. Meeting with, senior managers, education team and midwifery clinical educators: review of mentor register, duty rotas and educational audits, 29 November 2017

85.   Visit to St Mary's Hospital – Manchester University NHS Foundation Trust: antenatal ward. Meeting with students and sign-off mentors, 30 November 2017

86.   Visit to St Mary's Hospital – Manchester University NHS Foundation Trust: antenatal clinic. Meeting with students and sign-off mentors, 30 November 2017

87.   Visit to St Mary's Hospital – Manchester University NHS Foundation Trust: postnatal ward. Meeting with students and sign-off mentors, 30 November 2017

88.   Visit to community placement Hulme Medical Centre, meeting with students and sign-off mentors, 30 November 2017

89.   HEENW minutes of annual review meeting, UoM, 8 February 2017

90.   DNMSW: summary of reported incidents in practice and serious incidents for nursing and midwifery, 2016-2017

91.   DNMSW: summary of CQC reporting outcomes and UoM responses, 2014-2017

92.   DNMSW: database of academic staff details of NMC registration and revalidation, 2017

93.   DNMSW: draft of self-assessment report to NMC, 2017-2018

94.   BMidwifery (Hons): examples of teaching timetables, 2016-2018

95.   DNMSW: flow chart of practice learning planning and governance framework, midwifery, 2017

96.   BMidwifery (Hons) samples of student progression files, years one, two and three, containing self-declarations of health, summaries of achievements in theory and practice, progression meetings with academic advisors, student contact and feedback sheets, various dates

97.   BMidwifery (Hons) pre-registration midwifery programme interview questions, winter, 2017-2018

98.   BMidwifery (Hons) examples of learning agreements for failing students, various dates, 2015-2017

99.   BMidwifery (Hons) pre-registration midwifery programme selection panel selection and staff details, 2016

100.   DNMSW case synopsis of fitness to practise, midwifery example, 2017

101.   BMidwifery (Hons) mapping of NMC standards to curriculum, 2013

102.   UoM meeting with director contracts and external liaison, 29 November 2017

103.   Pan-Manchester: flow diagram review and monitoring of educational audits, 2016

104.   Pan Manchester: online PARE system, viewed 29 November 2017

105.   DNMSW: simulation briefing for ward clinical decision making, 3 October 2017

106.   Case loading assessment tool, NURS21270- establishing a caseload, 2017

107.   DNMSW, pre-registration midwifery assessment of practice marking grid, 2017

108.   Completed educational audits, various placements and dates, 2015-2017

109.   Greater Manchester practice education group (GMPEG) investigation pack for determining action required following CQC or NMC outcome reports, 2017

110.   BMidwifery (Hons) assessment board final award, September 2017

111.   LME sign-off spreadsheet, August 2017

112.   Course unit guides showing assessment strategy and confirming graded assessment weighting, 2016-2017

113.   BMidwifery (Hons) programme committee minutes, various dates 2016-2017

114. Summary of pre-registration midwifery students' progression and achievement, 2016-2017

115.   BMidwifery (Hons) completed practice learning and progression documents; ongoing achievement record, 2017

116. UoM meeting with allocations manager, 29 November 2017

117. DNMSW external examiners' annual reports BMidwifery (Hons), 2016-2017

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 14 Nov 2017
Meetings with:
Director of undergraduate education, DNMSW Academic lead for quality assurance, DNMSW Midwifery academic lead for clinical practice in midwifery, DNMSW Teaching and learning enhancement manager, DNMSW LME, DNMSW
At monitoring event
Meetings with:
Head of the division, DNMSW Director of undergraduate education, DNMSW Teaching and learning enhancement manager, DNMSW Academic lead for quality assurance, DNMSW Midwifery academic lead for clinical practice in midwifery, DNMSW LME, DNMSW Lead practice educator Wythenshawe Hospital Midwife student link, Wythenshawe Hospital Admissions tutor, midwifery (Hons) programme Assessment tutor, midwifery(Hons) programme PEF Wythenshawe Hospital Interim matron/professional development midwife, Tameside Hospital Interim practice development midwife, Tameside Hospital PEF Tameside Hospital Director of contracts and external liaison, UoM Allocation team lead, UoM Honorary senior lecturer in public health, UoM Divisional director of midwifery and gynaecology maternity, The Pennine Acute Hospitals NHS Trust Deputy director of nursing and head of midwifery, Manchester University NHS Foundation Trust

Head of midwifery services, Tameside and Glossop Integrated Care NHS Foundation Trust

Head of midwifery and women's health, Stockport NHS Foundation Trust

Lead midwife labour ward and senior mentor, Wythenshawe Hospital

Meetings with:

Mentors / sign-off mentors	10
Practice teachers	
Service users / Carers (in university)	4
Service users / Carers (in practice)	4
Practice Education Facilitator	5
Director / manager nursing	
Director / manager midwifery	10
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	3 1 recently qualified midwife 2 university link lecturers

Meetings with students:

Student Type	Number met