

2015-16

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

Programme provider	University of Worcester
Programmes monitored	Registered Midwife - 36M; Mentorship
Date of monitoring event	20-21 Apr 2016
Managing Reviewer	Shirley Cutts
Lay Reviewer	Kathleen Houston
Registrant Reviewer(s)	Deborah Wisby, Carole Proud
Placement partner visits undertaken during the review	<p>Wye Valley NHS Trust: Midwifery Unit, Education and Development Centre Belmont Abbey</p> <p>Worcester Acute NHS Trust: Midwifery Unit Charles Hastings Education centre Beech A Ward Medical High Care Level 2 Acute Stroke Unit Antenatal Ward</p> <p>2gether NHS Foundation Trust: Stonebow Unit, Hereford</p>
Date of Report	03 May 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures 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.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

The NMC may conduct 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 to strengthen the risk control: 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 Registrant teachers have experience / qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
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 Academic 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 properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Documentary evidence to support 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			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
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 Worcester's programmes

The University of Worcester (UoW) Institute of Health and Society (the institute) hosts a number of pre and post-registration nursing and midwifery programmes. It is also the base for two education and research centres: the association of dementia studies and the national centre for the study of violence and abuse. Current projects include working with women with bipolar disorder from pregnancy, through birth, to the first three months after childbirth. This is part of the bipolar disorder research network.

This monitoring review focuses on the pre-registration midwifery programme and the mentorship programme. The university was reapproved to deliver the three year pre-registration BSc (Hons) midwifery programme in May 2012 and the mentorship programme in February 2013.

The university is the sole provider of midwifery education across Herefordshire and Worcestershire. Pre-registration midwifery education is delivered by the department of allied health sciences which is situated within the institute. Currently all places on the pre-registration midwifery programme are commissioned by NHS Midlands and the east strategic health cluster.

The mentorship for assessment in practice programme is offered via three routes; academic level six and level seven routes and a non-accredited route. This is the first year of offering a non-accredited mentorship route which was approved via a major modification in September 2015 in response to a request from practice partners and commissioners. The programme is delivered five times a year within a framework agreed with local trust partners and involves some trust based delivery of the modules.

The monitoring event took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration was given to student experiences in both Wye Valley NHS Trust and Worcestershire NHS Trust which were both subject to adverse Care Quality Commission (CQC) inspection reports. In November 2015 Worcestershire Acute Hospitals NHS Trust transferred all birth and obstetric inpatient services from Alexandra Hospital, Redditch to the Worcester Royal Hospital because of staff shortages.

Summary of public protection context and findings

Our findings conclude that the University of Worcester has systems in place to monitor and control all five of the key risks to assure protection of the public.

The control of key risks is outlined below.

Resources: met

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

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

Admission and progression: met

We found that the admission and progression procedures are rigorous and robust. They are effectively implemented to ensure students entering and progressing on the pre-registration midwifery and mentorship programmes meet NMC standards and requirements which is fundamental to the protection of the public.

Admission to the midwifery programme includes a values based approach and includes service users in the recruitment process. Disclosure and barring service (DBS) checks and occupational health clearance are completed before a pre-registration midwifery student can proceed to placement. We are assured that students entering and progressing on the programme meet NMC standards and requirements. These compulsory procedures are undertaken in order to protect the public.

The institute manages the admission of students to the mentor preparation programme to ensure that students have appropriate study skills experience.

Our findings confirm that a process is in place for students on the pre-registration midwifery programme to complete an annual declaration of good health and character at the commencement of year two and three of the programme and on completion of the pre-registration midwifery programme, which is verified by the lead midwife for education (LME) prior to entry onto the NMC register. We found that the processes to address issues of poor performance in both theory and practice are well understood by mentors and students and implemented effectively in the pre-registration midwifery programme. We found evidence of a robust fitness to practise procedure and decision making process which manages issues of concern about students ensuring public protection.

We found evidence of robust and rigorous fitness to practise procedures, which meet the requirements of the NMC to protect the public from students who have exhibited poor character or who have been subject to criminal proceedings.

Practice learning: met

We found strong evidence of effective partnerships with service providers and associated education providers at both strategic and operational levels. The LME is visible in the trusts and works both at an operational and strategic level with heads of midwifery (HoMs) and placement providers. We found that placement providers and the institute work closely together in meeting the challenges that exist from the escalation process and following recent adverse CQC inspection reports and the subsequent closure and transfer of the Alexandra Hospital maternity services.

Service user involvement is well embedded in both the pre-registration midwifery programme and the mentorship programme. Service users who input to the programmes feel valued and supported.

We found that all mentors and sign-off mentors are appropriately prepared for the role of supporting and assessing students. The preparation and completion of mentor updates and triennial review is robust. There is a clear understanding held by mentors and sign-off mentors about assessing and signing-off competence to ensure that students are fit for practice to protect the public.

We found that records of mentors and sign-off mentors are accurate and data is recorded for annual updates and triennial reviews.

Fitness for practice: met

We conclude that teaching, learning and assessment strategies and support in practice settings enable students to meet programme outcomes and to achieve the NMC competencies. Mentor students report being adequately prepared to effectively supervise students.

Commissioners and external examiners confirm that the programmes meet all NMC requirements and describe students completing the pre-registration midwifery 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 mentorship programmes. We found there is effective partnership working and shared responsibility for students' learning in the practice environments.

We found that both programmes are subject to programme evaluation and there is clear evidence that issues are followed through to resolution and that feedback is provided on actions taken through the course committees.

Summary of areas that require improvement

None identified

Summary of areas for future monitoring

To ensure that students are aware of their responsibilities in completing the annual declaration of good health and character.

Summary of notable practice

Resources

None identified

Admissions and Progression

The introduction of a 'friends and family open day' prior to the commencement of the midwifery pre-registration programme is innovative and worthy of dissemination. The aim of the day is to provide information to friends and family about the structure and content of the programme. The intention is that this understanding of the programme will prepare friends and family members to support the student.

Practice Learning

None identified

Fitness for Practice

Within the mentorship programme, the programme team has introduced a workshop for the student mentor to attend the university with their pre-registration student. This provides the student mentor with the opportunity to explore their learning needs and

their role away from the practice area. The student mentors evaluate this session highly, reporting that it helps them review their role and the impact of mentorship.

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found the midwifery programme team are able and effective. The team is relatively newly formed, as recruitment has recently taken place and there is still one midwife lecturer vacancy to be filled. We found that the team work cohesively, successfully undertaking their responsibilities to teach and support students and provide the zoned academic role for placement areas. They informed us of how they are maintaining their clinical practice requirements and several staff are undertaking doctoral research. The LME is visible in the trusts and works both at an operational and strategic level with heads of midwifery and placement providers.

The mentor programme team are highly motivated. They are responsive to practice partners' feedback, for example, in developing a non-accredited module. They actively search for ways to develop students' learning experiences, for example, by providing additional study skills for applicants who have not studied during the previous eight years. They encourage student mentors to use the same technology as pre-registration nursing and midwifery students, for example the use of PebblePad which is the IT system which enables evidence for assessment to be shared between the student and mentor. This encourages an effective dialogue between mentor students and pre-registration students.

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

We found that all sign-off mentors, practice facilitators (PF) and employers expressed confidence in both of the programmes being reviewed. Mentors and sign-off mentors told us that they receive good preparation for their role and support from the programme team and zoned academics. We found that sign-off mentors are committed to ensuring that students are appropriately recruited, supported in theory and practice learning, and that they meet NMC standards and competencies on completion of the pre-registration midwifery programme. Commissioners, HoMs and senior practice partners confirm that they have a very positive relationship with the university and that they have confidence in the quality of the programmes and the procedures that support them.

Students

Students are confident that the programme prepares them for registration as a midwife. They expressed how they are developing both professionally and personally as the programme progresses.

They are particularly positive about the recruitment event as part of the admissions process and the values based recruitment (VBR) day. They confirmed that service users, practitioners and the academic team were all involved in the recruitment and selection process.

They are well supported by academic and practice staff members. They state that all members of the academic team are easy to access and are responsive. Students praised the quality of mentoring and the availability of appropriate placement learning. They acknowledged the role of the zoned academic in making the university and practice learning a seamless experience. Inter-professional learning (IPL) is available, encouraged and often arranged by mentors. Feedback from service users is utilised to enhance practice learning.

Student mentors are familiar with the policies and procedures to support effective learning in practice. They were able to describe the strong partnership between the university and practice.

Service users and carers

We found that service users and carers feel valued and supported by the institute. The university supports a service user/carer group called IMPACT. Members of this group are involved in the recruitment process of midwifery students and contribute to the design and delivery of the curriculum. Their input is positively evaluated by staff and students. We also met with a service user from the women's forum (user group) at Wye Valley NHS Trust who provided positive feedback on her birth experiences and the involvement of a second year student midwife in delivering her care.

Relevant issues from external quality assurance reports

CQC reports were considered for practice placements used by the university to support students' learning. These external QA reports provide the reviewing team with context and background to inform the monitoring review.

The following reports require action(s):

During 2014/15, the CQC monitored a number of the university's practice partner organisations. Three out of four of the main partner NHS trusts were inspected. They were all rated good for caring but safety, effectiveness, well-led and responsiveness were not rated so well (4).

Wye Valley NHS Trust was visited by the CQC in July 2014. The trust was rated overall as 'inadequate' and placed in special measures. The NMC were notified prior to the release of the formal report and an action plan was developed in partnership with the trust to secure student learning. A further CQC review of the service in January 2016, which included the maternity services, rated the trust inadequate. Whilst the trust has been under special measures, midwifery academic tutors have been available to provide support for students and practice evaluations continue to reflect the students' positive view of their practice learning experience. The students we met are positive about their experience and we found that academic staff and PFs are highly visible in the placement areas. There continues to be a strong relationship between the LME, HoM and senior midwives with regular meetings to discuss any student or placement issue (4, 8, 20, 72).

Worcester Health and Care Trust was inspected in January 2015, the CQC report published in June 2015 indicated they achieved an overall requires improvement, although many individual placements were rated good (4, 9).

Worcester Acute Hospital NHS Trust had an unannounced inspection of the emergency departments in March 2015 as CQC intelligence considered it a high risk trust. Immediate action was taken to ensure the emergency departments were safe. The NMC was notified and a report was produced by the university in partnership with the trust identifying how the students' learning would continue to be secured. CQC carried out a further inspection in July 2015, with an overall rating of requires improvement. Standards of care were again rated as good (4, 10).

There are robust procedures in place to ensure student learning is secure in placements experiencing adverse CQC reports. A pro-active approach is taken which includes notifying the NMC and Health Education West Midlands (HEWM), reviewing learning environment profiles (LEP) and student evaluations, monitoring student allocations and the role of the zoned academics. All students and placement areas have access to the raising concerns algorithms. We found that staff and students are aware of how to implement these measures (9, 20, 72-73).

In July 2014 HEWM held a self-prompted level three review of the obstetrics, gynaecology and midwifery service in the County Hospital Maternity Unit Hereford. The panel comprised external obstetricians, midwives, head of professional programmes from the University of Worcester and personnel from HEWM. This review was triggered following concerns identified by the Royal College of Obstetricians and Gynaecologists into obstetric services at Wye Valley Trust. The midwifery input to the review included commendations about the high levels of student support provided by the NHS trust and university. Midwifery students were reported as fit for purpose, fit for award and fit for practice at the point of registration with the NMC. It was also recognised that the institute and their practice partners had worked together to significantly improve the numbers of sign-off mentors in the last 12 months (4).

In October 2015, the Worcestershire Acute NHS Trust closed the maternity inpatient services, including the special care baby unit, on the grounds of clinical safety relating to neonatal nurse staffing. A report was sent to the NMC by the associate head of the institute for professional programmes to outline the issues and actions taken to ensure continued support of the student learning environment and experience (4).

Follow up on recommendations from approval events within the last year

There were no approval events in the last year.

Specific issues to follow up from self-report

Mentor preparation programme

A change to the assessment pattern from a 2,500 word essay (graded), evidence file (graded) and stage two competency booklet (pass/fail) to a 3,000 word essay and evidence file which includes the stage two competencies (pass/fail).

Actions taken by the university: this has been implemented with the support of the external examiner and is being monitored by the board of examiners. It has evaluated positively by the student mentors.

Pre-registration nursing

To collaborate with relevant stakeholders to review the current curriculum and develop a framework for the development of a new pre-registration nursing curriculum in 2015-16.

Actions taken by the university: pre-registration nursing 'away days' took place in January and May 2015. A stakeholder away day took place in September 2015 including students, service users, academics and practice partners. These days continued to evaluate the current provision and consider future developments. Field of practice meetings reviewed the current curriculum against the NMC (2010) standards and considered how to ensure the field of practice modules remained contemporary. The programme team requested an extension from the NMC for the approval of the pre-registration nursing programme until the new pre-registration nursing standards are published. The NMC confirmed the programme extension for the pre-registration BSc (Hons) nursing (children's nursing, mental health nursing and adult nursing) programme until 31 August 2019. This action point will therefore carry forward.

Continue to embed and evaluate VBR using the 6Cs and multiple mini interviews.

Actions taken by the university: the admissions tutor and programme lead continue to review VBR, the VBR selection day and shortlisting criteria mapped to the values of the NHS Constitution. Service users, practitioners and the academic team are all involved in the selection process.

Review the allocation of practice placements to allow timely information about the practice placement to be available to students.

Actions taken by the university: the work based learning (allocation team) produced an allocations algorithm, which has been shared with students. An improved national student survey (NSS) rating was achieved in relation to placement information.

To monitor attrition particularly within adult nursing.

Actions taken by the university: the overall attrition across all three fields of nursing practice is 7.33 percent with the adult field reduced from 10.4 percent in June 2014 to 6.5 percent in August 2015. These achievements ensured that attrition rates achieved a green RAG (red, amber, green) rating (13 percent or less) by HEWM.

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**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.

What we found before the event

Recruitment to the midwifery team took place in 2015 (1, 2).

The LME is a practising midwife with a NMC recorded midwifery teaching qualification. She is the strategic lead for all matters related to midwifery education (3).

All lecturers for both the midwifery and the mentorship programmes have the appropriate professional qualification and the majority have a teaching qualification recorded with NMC (13).

What we found at the event

Pre-registration midwifery

The midwifery teaching team consists of 6.9 whole time equivalents. All team members hold a current NMC midwifery registration and the majority have a NMC recorded teaching qualification. One midwife teacher completed a postgraduate certificate in education in 2015 which still has to be recorded with the NMC and another is currently working towards a teaching qualification. Three team members are associate lecturers who provide specialist education. We found that the university is committed to supporting new teaching staff to complete the postgraduate certificate in education (13, 16, 71).

We were told that the midwifery team successfully undertake responsibilities to teach and support students. They informed us of how they maintain their clinical practice requirements and several staff are undertaking doctoral research in their specialist area (71).

The LME is supported by the university to fulfil the role and responsibilities required by the NMC and it was evident in meeting HoMs that the LME engages at both an operational and strategic level (71).

Mentor preparation programme

All members of the teaching team for the mentor programme hold current NMC registration and a recorded teacher qualification. In 2015 a new programme leader, was appointed to lead the programme. The institute is currently appointing a new member of academic staff with a specific remit for leadership, coaching and mentoring. The team is supported by PFs in all practice areas (13, 16, 71).

Support for revalidation is led by the associate head of the institute for professional programmes. A presentation has been developed to inform staff about the requirements for revalidation and explain how they can be met. The process will be monitored through the annual appraisal process and a central record kept (17-18).

We conclude that the university has adequate appropriately qualified academic staff to deliver pre-registration midwifery and mentorship programmes to successfully undertake their responsibilities to teach and support students and to meet the NMC standards.

<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>
<p>The university and practice placement partners have worked together to significantly improve the numbers of sign-off mentors in the last 12 months, but this continues to be an issue (4, 5).</p>
<p>What we found at the event</p>
<p>Pre-registration midwifery</p> <p>We found that the midwifery academic team work closely with practice placement partners to ensure that there are sufficient sign-off mentors to support pre-registration midwifery students. In both trusts we visited, practising midwives rotate around the different areas in the midwifery units. The midwifery academic team and the staff in the institute's work based learning support office (WBLSO) work with the managers in the units to ensure that there are sufficient sign-off mentors in the appropriate placement areas. We were provided with a supervisor of midwives (SoM)/student allocation list. Year one and two students are expected to arrange an informal meeting with their SoM. Not all students who we met are aware of this requirement. All third year students are aware of the requirement for a formal meeting with their SoM (43, 72-74, 76, 78).</p> <p>Midwifery students confirmed that they are assigned sign-off mentors and they work 40 percent of their time with their sign-off mentor (72-73, 91).</p> <p>We found that the practice placement partners see supporting students as a priority (19-20, 72-73, 89).</p> <p>Mentorship</p> <p>To undertake the mentorship programme student mentors must be able to work with a pre-registration nursing or midwifery student and have the support of a mentor supervisor. A mentor supervisor is a mentor who is active on the mentor register and must have studied to academic level six (94).</p> <p>The institute ensures that the mentorship module is delivered when pre-registration students are learning in practice. In practice, the mentor supervisor is usually the named mentor of the pre-registration student who the student mentor will work with (83-85).</p> <p>We conclude that there are sufficient sign-off mentors to support the pre-registration midwifery students and sufficient experienced mentors to support student mentors.</p>
<p style="text-align: center;">Outcome: Standard met</p>
<p>Comments: No further comments</p>

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 and progressing to qualification

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Pre-registration midwifery

VBR strategies are embedded in the admission process. The admissions tutor produces a progress report on the admission process for the head of academic unit at the end of the academic year (1).

All applications received are scrutinised and shortlisted against set criteria which include both education and professional requirements. Applicants are invited to selection days where they present to their peers and take part in group work. Students undertake literacy and numeracy tests in accordance with NMC requirements (3).

Academic and practice learning partners participate in the recruitment and selection process. Equal opportunities training is undertaken through the university or the practice partners' employing organisation. Service users and existing midwifery students participate in selection days. They are prepared through participation in university-based guidance and support (1).

Evidence of the applicants' good health and good character is part of the selection process. All applicants undertake an enhanced DBS check and occupational health assessment (3).

Mentor preparation programme

Students on the programme have to be qualified for a minimum of one year and can access the programme at either academic level six or seven depending on their previous education. They are supported in their clinical area to gain the required experiences and are allocated a student and an experienced mentor. All applications are reviewed by one person who ensures that they are fully completed with a personal statement, reference and copies of qualifications. A rigorous process is in place to ensure that applicants are prepared for the level of academic study required for both accredited and non-accredited routes (4, 6, 14).

What we found at the event

Pre-registration midwifery

All shortlisted applicants are invited to attend an interview day. The interview day consists of group activities, a presentation by the applicant, numeracy and literacy tests and a face-to-face interview. Practice partners and service users are involved in all selection activities, assessing the applicants against pre-determined criteria. The service users we spoke to describe it as a rigorous process. They also confirm that training for this role, including equality and diversity, is provided by the university. Academic staff and practice placement providers judge the values based interview approach as an effective tool in ensuring that students have the necessary personal attributes to work appropriately with service users, including good communication skills and adaptability (28-31, 70-71, 79).

Students are actively encouraged to disclose any disability to facilitate safe systems of support and permit additional needs/reasonable adjustment to be put in place (44).

If a caution, conviction or reprimand is declared on the universities and colleges admissions service (UCAS) form it is reviewed by the admissions tutor, programme lead and LME. When an offer is made a DBS check is undertaken. On day one of the programme students complete a self-declaration of good health and good character. This is repeated as part of the enrolment process for year two and three of the programme. Students who intercalate complete an enhanced DBS before re-joining the programme. The LME confirms students' good health and good character on completion of the programme. Students we met were not clear about the good health and good character declaration process but the institute demonstrated that students are not able to re-enrol without completing the declaration (26, 32).

Once an offer is made there are opportunities for the successful applicants to maintain contact with the institute before commencement of the programme. This is through 'friends and family days'. These days provide an insight into the demands of the programme and an opportunity to meet current students (33, 71).

Theory and practice learning progression points occur concurrently at the end of year one and year two of the programme (44).

Mentorship

Ward managers, PFs and supervising mentors informed us that the decision to recommend a nurse or midwife to apply for the mentorship programme is based on specific criteria which include the motivation and experience of the nurse or midwife. All reported at least 12 months post-registration experience with two years perceived as the norm (86, 89).

Areas are targeted where service reconfiguration or staff changes have led to low mentor numbers in relation to capacity (85, 89).

The PFs explained that all applications must go through the trust training department. The training department confirms that NMC registration is current and all mandatory training is completed before forwarding the application to the university. The university accepts the recommendation of the practice placement provider (20, 25, 89).

The programme leader for the mentorship programme manages the admissions process for the programme. Criteria has been developed which determines the suitability of each applicant to access the programme. Applicants must include evidence of recent academic study and/or previous degree level study, a personal statement, a completed reference, confirmation that mandatory training is up to date and their preferred mode of study i.e. academic level six, level seven or non-accredited. Applications are not processed, and a place offered, until this information is received (21-22, 71, 84).

Applicants who do not meet the criteria are contacted and provided with feedback which is supportive and helpful. If a need for further academic development is identified for the applicant this is provided by the institute (23-24).

The admission criteria for mentorship is explained in the mentorship handbook for students and in the mentor supervisors' guide (94-95).

We conclude that admission processes to the pre-registration midwifery and mentorship programmes are rigorous and meet the NMC standards.

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

What we found before the event

Pre-registration midwifery

The university has fitness to practise (FtP) processes in place which ensure that students completing the programme and entering the NMC professional register are suitable to do so (4).

During the academic year 2014-15, there were two issues concerning midwifery students which were managed by the programme lead and head of professional programmes. Following investigation it was decided that referral to the FtP committee was not appropriate in either case. This is the third consecutive year that no midwifery students have been referred to the FtP committee (4).

Improving the attrition rate has been identified as a priority for the 2015-16 academic year. A rise in the number of intercalations is due to serious accidents, illnesses and pregnancies and some withdrawals. The midwifery team identified this and initiated a strategy to build student resilience whilst on the programme (1).

Mentor preparation programme

Terms of reference for an applied professional studies (APS) practice panel have been established due to a mentor student failing in practice. This also facilitated debate as to how to further support mentor supervisors, and further guidance will be included in their handbooks regarding the process of failing a mentor student in practice (14).

What we found at the event

We found that all academic staff members, practice placement staff and students are aware of the procedure to address issues of poor performance (72-73).

Interrogation of the institute's FtP database showed five referrals to the FtP committee in 2015. Three were from students on pre-registration nursing programmes and two from other health professions (49, 62).

Pre-registration midwifery

A robust FtP procedure and decision making process manages issues of concern about a student, whether academic or behavioural. Some sign-off mentors that we met gave examples of partnership working with the university in supporting students who are poorly performing and described how an action plan is put into place to provide ongoing support to both the student and mentor. An information leaflet is also available to inform mentors of the process (43, 61, 72-73).

For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points. At each progression point i.e. at the end of academic year, achievement of outcomes at first attempt and/or referral is confirmed within the designated 12 week period to meet NMC requirements. Students are required to step off the programme if they do not successfully complete all elements of the previous year within this timeframe (3).

Mentorship preparation programme

We were informed that the attrition rate for mentorship has given cause for concern. The introduction of the robust admissions process identified in section 2.1 is a response to this. In addition the team has introduced support mechanisms for successful applicants. A formative assessment and enhanced tutorial support is now a key element of the module delivery (71, 84-85).

Mentor supervisors are supported by the mentorship programme team, PFs and the zoned academics in their area when making decisions regarding the student mentor's achievement and performance in practice (84-86, 89).

Failure for assessment in practice, in both programmes being monitored, results in the convening of a practice panel. Membership of this panel includes a PF, an administrator from the WBLSO and the programme leader. It is chaired by a programme leader from another programme. The purpose is to determine future learning opportunities in practice for the student to facilitate successful completion of the assessment (34, 84, 94-95, 109).

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 stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

<p>The university has FtP procedures in place which are implemented by practice partners when required (1).</p>
<p>What we found at the event</p>
<p>We are confident that practice placement providers have a clear understanding about the procedures to address issues of students' poor performance in practice. Sign-off mentors and mentor supervisors confirm that issues are identified early and acted upon with the involvement of the LME or programme lead and zoned academic (72-73, 83-84, 87).</p> <p>These practices include student support, but also ensure that students are competent and fit to practise in accordance with both the university and NMC requirements to protect the public.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>
<p>The university has clear guidelines to manage the accreditation of prior learning (APL) and achievement, with guidelines provided which link to the Quality Assurance Agency guidelines. The institute has clear processes for managing this process (112-115).</p>
<p>What we found at the event</p>
<p>We found evidence that the APL process is applied to all fields of the pre-registration nursing programme. The university provides a foundation degree in health and care which has been mapped against the pre-registration nursing curriculum. All APL applications are presented to the institute's APL committee (1).</p> <p>Pre-registration midwifery</p> <p>APL does not apply to this programme. We found that systems are in place to manage transfers into the programme (1, 3, 26).</p> <p>Mentor preparation programme</p> <p>APL is an option which is only appropriate when the module is undertaken as part of a degree programme (2, 21, 84).</p>
<p style="text-align: center;">Outcome: Standard met</p>
<p>Comments:</p>

The institute has robust procedures in place to support admission and progression. Students are compliant with the process for annual declaration of good health and good character but were unable to describe this to the review team.

Areas for future monitoring:

To ensure that students are aware of their responsibilities in completing the annual declaration of good health and character.

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

Partnership working between the practice placement areas and zoned academics is strong, with an emphasis on increased communication and swift resolution of any issues (1).

The institute has a robust procedure in place to ensure student learning is secure in placements experiencing adverse CQC reports. This includes notifying the NMC and HEWM, reviewing LEPs, student evaluations and monitoring student allocations. The head of work-based learning ensures the programme lead and associate head of institute for professional programmes are notified of impending CQC visits and their outcome. The zoned academic ensures all students and placement areas have access to the raising concerns algorithms. Collaboration between the university programme team and its trust partners is ongoing through regular meetings to facilitate early notification of any issues (4).

Reconfiguration in the trusts has led to placement capacity being a standing agenda item on quality steering group meetings and PF meetings. The head of the WBLSO provides regular reports to the associate head of institute for professional programmes on placement forecasting and needs analysis (4).

The institute has been involved in the establishment and opening of a midwifery led unit in a local trust, which facilitates partnership working and increases student midwives exposure to a normal birth environment (1).

All new and existing placement areas identified by practice partners have a LEP

completed annually. This information is recorded by staff in the WBLSO and each placement area is allocated a zoned academic. As the LEP only provides a snapshot of placement capacity at the time it is completed, trust partners also complete a scoping exercise each semester to confirm placement capacity. This scoping information is then communicated to the work-based learning team, to inform the allocations process (4).

Strategies are in place to ensure ongoing clinical governance in practice learning. The LME holds regular meetings with the HoMs and has effective communication networks with matrons and mentors relating to operational matters. A process for notifying the LME of any serious incident in practice that indirectly or directly involves a midwifery student is in place (4).

Raising concerns algorithms are contained within the student practice learning document and available on the university's virtual learning environment, with all individual placement areas being provided with a laminated copy to display in the setting. The algorithm contains a range of essential contact details. Knowledge of the university's raising concerns policy is also included in the evaluation (4).

Students are well supported through the process of raising concerns, via their trust partners, but also via the university team, including their zoned academic, personal academic tutor and their appropriate progression lead. Knowledge of the university's raising concerns policy is also included in the evaluation. An algorithm exists indicating the process for the removal of students from a placement area when significant concerns are raised and the re-introduction of students to a placement area after the concerns have been resolved. Ten pre-registration nursing students have implemented the raising concerns process in the past year (4).

The development of the new curriculum was led by the LME. Practice partner involvement included service users, students, sign-off mentors, midwives and clinical practice midwifery facilitators from partner NHS trusts. The LME provides professional input at strategic and operational levels (3).

Increasing links with the private, voluntary and independent (PVI) sector are being explored and developed (6).

What we found at the event

We found that partnership working is strong at both operational and strategic levels. The university is viewed by practice placement partners as flexible and responsive to their needs. We found examples of this flexibility in the programmes being monitored. For example, in the midwifery programme the WBLSO communicates with the practice partners to remain cognisant of the movement of midwives around the maternity unit. This ensures that students are always placed with a sign-off mentor. In the mentor preparation programme the WBLSO informs the programme leader of pre-registration student placements to ensure that student mentors will have access to a student midwife (20, 34).

Partnership working is rooted in well-established forums. A member of the WBLSO attends the bimonthly PF meetings and also manages the evaluation of practice process (see 5.1.1). Practice partners attend board of examiner meetings and programme committee meetings. The LME meets regularly with the local supervising

authority midwifery officer (LSA MO) and is visible in the maternity units. Commissioners meet with the head of the institute five times per year and describe their working relationship as good (20, 34-38).

The development of the non-accredited route for the mentor preparation programme was the university's response to a request from their practice partners. A mentor strategy group was instigated to lead this development. The group consisted of members of the academic team, PFs and senior nurses from the trusts. A flexible approach is also taken to start dates for cohorts on the mentor preparation programme. They are timed to coincide with pre-registration nursing and midwifery students commencing practice placements. This ensures that student mentors can meet the outcomes of the programme through supervised mentorship of a pre-registration student. Partnership working is rooted in well-established forums (15, 20, 34, 48, 50, 80).

A member of the WBLSO attends the bi-monthly PF meetings and also manages the evaluation of practice process (see 5.1.1). Practice partners attend board of examiner meetings and programme committee meetings. The LME meets regularly with the local supervising authority midwifery officer (LSA MO) and is visible in the maternity units. Commissioners meet with the head of the institute five times per year and describe their working relationship as good (20, 34-37).

LEPs are completed by the PF and zoned academic annually. The zoned academic is informed when the educational audit is due by the WBLSO. All LEPs reviewed during our visit were in date. Student feedback and evaluation is discussed in partnership with zoned academics, the LME, students and placement providers. Any changes in placement capacity are sent to programme lead and PF. A 'hot desk' is identified for use by PFs in the WBLSO (34, 39, 50, 80, 96).

The university is the sole provider of midwifery education in the area therefore the only other students accessing the placement areas in Wye Valley NHS Trust and Worcester Acute NHS Trust are pre-registration nursing students from the same university. In the 2gether NHS Trust, multiple education providers do access their placements. The PF was able to describe clear communication and planning between the universities (85, 90).

The well-established nature of the partnership working also enables extraordinary events to be managed collaboratively, sensitively and supportively. The learning environment for students is monitored regularly following CQC inspections. Action taken to protect the students' learning through the provision of additional resources and collaborative working with placement providers is effective and ensures that midwifery students are not subjected to either poor educational or patient care practices (40, 72-73).

In October 2015 a decision was made to close the midwifery unit in Redditch at very short notice. A number of midwifery students were undertaking their practice placements in the unit. Practice partners and the institute worked together to minimise the impact on the students and to maximise the continuity of their experience. This is still being monitored and evaluated. A report was sent to the NMC by the associate head of institute for professional programmes to outline the issues and actions taken to ensure continued support of the student learning environment and experience (20, 34-36, 41-42).

<p>We found that midwifery students are confident about the process of raising and escalating concerns in practice settings. Students are well supported through the process via their trust partners, their zoned academic, personal academic tutor and their appropriate progression lead. If a student is required to write a statement, support is provided, and should they need to attend a formal trust investigation, they are accompanied to this meeting. Following investigation of any incidents, students are as far as possible (whilst maintaining confidentiality) kept up to date with the outcome of the investigation. Trusts are encouraged to communicate with students via the university rather than directly contacting them (43, 72-73, 76, 78, 89).</p> <p>An example from a first year student confirmed the process. Practice staff are also aware of the process of informing the university regarding concerns, attendance monitoring and serious incidents. The HoM praised the support of the university for situations where concerns or complaints had to be addressed (72).</p> <p>We conclude that partnership working is active at all levels, with an emphasis on ensuring that students are supported and protected in their practice placements.</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>Pre-registration midwifery</p> <p>The team were commended for their partnership working and stakeholder involvement in the development of the programme. Also for the enthusiasm and developments for service user engagement in the programme (3).</p> <p>Mentor preparation programme</p> <p>Practice placement partners, particularly mentors and PFs are involved in the support and delivery of the programme. All students require supervisors in practice and this role is fulfilled by practice partners. The institute ensures that supervisors in practice have suitable qualifications to carry out this key role. PFs also act as practice experts in the delivery of simulated role play within the mentorship programme (14).</p>
<p>What we found at the event</p>
<p>Pre-registration midwifery</p> <p>The service users we met explained their participation in recruitment (see section 2.1), teaching, curriculum development and research. They belong to the university's service user group, IMPACT, which has approximately 30 members. They described the support and training they receive for their roles, identifying that their level of involvement is self-determined according to individual's strengths. They spoke positively about the development they observe in the students. IMPACT leads some working groups. They feel valued and listened to. They are also included in the interview process for academic staff posts (43-44).</p>

We met one service user from the women's forum at a maternity service we visited who provided positive feedback on her birth experiences and commented on how well a second year student midwife worked with the midwife in the delivery of her care (72). The external examiner is complimentary regarding the service user feedback forms which form part of the assessment of practice (45). The institute is currently preparing to be assessed for baby friendly accreditation and service users are also involved in the planning for this (46). Practitioners are involved in the delivery and development of the programme. The LSA MO described the teaching she undertakes with third year students. Practice partners are well represented at both course committee and board of examiner meetings (36, 64, 100).

Mentor preparation programme

Practitioners are involved in the delivery and ongoing monitoring of the programme. The recent introduction of a non-accredited option for the programme led to the creation of a mentor strategy group to develop this initiative, which included representatives from academic staff and practice partners. As the programme has now been implemented, the group has been disbanded and issues are now referred to the bi-monthly PF meetings. Service users were also members of the mentor strategy group (47-50).

We found that mentors and PFs are key to the delivery of the mentorship programme.

We found that service users contribute to the feedback of pre-registration students' performance. In obtaining feedback from service users the student mentors cited their single occasion assessment documentation. The supervising mentor assesses the student mentor's skill at facilitating a learning experience for the pre-registration student. During this process the student mentor is expected to take the opportunity to discuss the process and obtain feedback from the service user or their carer (85).

All mentors and students were clear about the process for gaining consent from service users and for gaining feedback. One mentor supervisor noted, 'it is interesting getting feedback from service users; they rarely comment on the technical skill of the student nurse but do note if they are respectful and friendly' (85).

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

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

What we found before the event

Pre-registration midwifery

Academic staff provide students with a good level of support. Midwifery lecturers support learning in practice through a range of activities including practice teaching, midwifery supervision and tripartite student assessment. At least 20 percent of their normal teaching hours are allocated for supporting learning in practice and this activity is monitored by the LME. The level of support was commended during a HEWM self-prompted level three review of the obstetrics, gynaecology and midwifery service in Hereford Hospital (3-4).

<p>Student midwives are required to rotate through placements which are geographically widespread. The challenges posed by this, for example travelling, have been raised at the course committee. Academic tutors are supporting students across the counties (1-2).</p> <p>The academic tutor is responsible for supporting students in linking theory with practice through the tripartite assessments of practice learning (1).</p>
<p>What we found at the event</p>
<p>We found that academic staff are well known and highly visible in practice placement areas. PFs and ward managers spoke of the challenge of a negative CQC inspection and the need to work with staff in the WBLSO and zoned academics to ensure that actions from educational audits are followed up and the placement provides a positive learning environment for students (89).</p> <p>Pre-registration midwifery</p> <p>We found that zoned midwifery academics give regular and timely support, participate in mentor update sessions and assist PFs and sign-off mentors in the management of placement capacity (71-73).</p> <p>Zoned academics participate in the educational audit of practice placements and use findings from these audits and student feedback to inform mentor updates (71-73).</p> <p>Midwifery students and sign-off mentors told us that they are well supported in relation to learning and assessment in practice by zoned academics through tripartite meetings. Students, sign-off mentors, SoMs, PFs and HoMs report that zoned academics are visible in the placement area and are easily accessible by email or telephone (72-73).</p> <p>Mentor preparation programme</p> <p>Student mentors and supervising mentors describe a system of zoned academics that carry out both the educational audits of placement areas with the PFs, and the interim review with the pre-registration students in practice. A student mentor reported positively on the support from her zoned academic at the interim review with the pre-registration student she was supporting (83, 85-86, 89).</p> <p>We conclude that academic staff are well known and visible in practice areas. They provide support to both students and practice placement partners.</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>Pre-registration midwifery</p> <p>All midwifery mentors are sign-off mentors who have completed an approved mentor preparation programme, attended regular updates and met the additional criteria to be</p>

sign-off mentors, in accordance with the Standards for supporting learning and assessment in practice (NMC, 2008) (4).

The grading of practice is monitored by the academic midwifery team. In 2014-15 scrutiny of results demonstrated a normal distribution of grades during year one of the programme with an increase of higher grades in practice assessment in year two and three of the programme (1).

Students are asked a series of questions about the mentoring/sign-off mentoring process in their evaluation of practice questionnaire. Where concerns are highlighted, trusts and individual placement areas are required to provide a response and/or action plan (3).

Mentor preparation programme

Mentor updates are themed to focus on different aspects of mentoring. A mentor strategy group has also been established which meets three times a year to share mentoring issues and give feedback on the programme. The university offers mentor awards and holds an award ceremony which acts as an incentive to promote best practice. Students on the mentor programme are supported by experienced mentors whilst they support pre-registration students (6).

The mentor team has worked with the PFs to emphasise the importance of supporting mentor supervisors. Discussion has taken place as to whether to offer mentor supervisor workshops within the trusts (14).

What we found at the event

Pre-registration midwifery

All mentors supporting pre-registration midwifery students are sign-off mentors. We found that they are appropriately prepared for the role of supporting and assessing students. The preparation and completion of sign-off mentor status and updates is robust and there is a clear understanding about assessing and signing-off competence to ensure students are fit for practice. HoMs support new midwifery mentors to successfully complete an NMC approved sign-off mentorship programme to enable them to support and assess student midwives, once they have completed an initial preceptorship programme post qualification as a midwife (54, 72-73, 81, 86, 91).

We found that the system for preparing mentors, updating mentors and re-engaging lapsed mentors is thorough and consistent. Mentor update sessions are regular (fortnightly, monthly or bi-monthly across the trusts) and themes cover key issues (72, 81, 89).

Mentor preparation programme

We found that practice placement partners and students are confident in the abilities of mentors to teach and assess in clinical practice. Commissioning of the mentor preparation programme has been devolved to the trusts. Senior nurses in the trusts have reviewed mentor preparation programmes delivered by other providers and are very positive about the provision offered by the University of Worcester (20, 51).

This approach has facilitated a flexible approach to the delivery of the programme,

<p>timing it to coincide with the placement dates for the pre-registration students (51).</p> <p>The mentorship programme enables student mentors to gather evidence in the eight NMC domains of mentorship (95).</p> <p>The student mentors were keen to discuss the challenge of assessing a student in practice. They understand the support that is available from their ward/department team, the PFs and the zoned academics. They appreciate the opportunity to use PebblePad which is the IT system which enables evidence for assessment to be shared between the student and mentor. By using the system on the mentorship module, a student mentor noted, 'I really began to understand how it works and it was good to have my student to support me in this' (83).</p> <p>Detailed guidance and support is provided for mentor supervisors from the PFs and the academic team. They are required to confirm that they meet the requirements to be a supervisor as they sign-off the student (52-53).</p> <p>The university and their practice partners acknowledge the work of the mentors at an annual award ceremony. Students nominate mentors for awards for good practice which are scrutinised by a panel of academics and their practice partner (55, 69, 92, 97).</p> <p>We met two pre-registration students who informed us that they would be nominating their mentor for an award. One stated, 'she really has let me see how a great mentor works; she is encouraging, trusts you, gives you great confidence and you never feel a fool asking her. I would like to be a mentor like her' (89, 98).</p> <p>We conclude that mentors are well prepared for their role and are valued by students and senior staff in the trusts.</p>
<p>Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with</p>
<p>What we found before the event</p>
<p>Mentor updates are held across the trust sites and are delivered in partnership with a PF and a member of the academic team. Updates are face-to-face and consist of a two hour interactive session. Triennial review is led by the PFs. The university is currently working with practice partners to develop an online mentor update facility to complement and not replace the current face-to-face process (4).</p> <p>Mentor updates are provided monthly to ensure all opportunities are available to maintain mentor live status (4).</p> <p>The university employs a PF for the independent sector, whose remit is to increase placement capacity in the independent sector, particularly GP practice placements, and to support student learning in the practice learning environment (4).</p>
<p>What we found at the event</p>

We found that practice partners encourage and facilitate mentors to attend annual updates. Mentor update sessions are regular; fortnightly, monthly or bi-monthly across both trusts, and themes are based on key issues. They are delivered in a variety of venues and include sessions specifically designed for 'lapsed' mentors. Management of failing students is a regular topic (56-59, 72, 89).

In Wye Valley NHS Trust the PFs explained how the regular sessions may be supplemented by additional sessions for individuals or small groups to ensure mentors are updated before being allocated a student (85).

All sign-off midwifery mentors have attended annual updates and a clear process is in place for meeting the requirements of triennial review, which is documented on the live register (77).

We verified the attendance of annual updates and evidence of triennial review on the live mentor register held in each trust visited. A mechanism is in place to maintain the live mentor database which is managed by the PFs. This involves sending out regular email alerts and notifications to midwifery sign-off mentors and their managers, informing them when their update is due and in monitoring sign-off mentor capacity. Regular sign-off mentor updates are timetabled and delivered across a variety of days of the week and times, to meet the needs of differing shift patterns across the trusts and to facilitate attendance (73, 86, 88, 90-91).

Triennial reviews and mentor updates are recorded with appropriate immediacy. Annual audits and monthly checks of the mentor register ensure that sufficient qualified mentors are available (34).

Compliance with triennial review is high within the trusts. We attended a triennial review workshop where mentors were able to reflect and complete the documentation for triennial review. They were supported by the PFs who had developed the 'mentorsaurus' to stimulate discussion and promote reflection on the mentorship role (93).

In the PVI sector the lecturer, with responsibility for this area of practice, co-ordinates and undertakes the annual updates and recording of triennial review. The mentors complete a self-assessment to demonstrate that they have met the requirements for triennial review (77, 88).

We conclude that managers ensure that mentors attend annual mentor updates sufficient to meet the requirements for triennial review to meet the NMC standards and requirements. The content of the updates enables them to focus on both local and national issues.

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

What we found before the event

Each trust holds a mentor database, and the independent sector mentor database is held by the university. While each trust uses a slightly different database, all record mentor/sign-off mentor status, mentor qualification, where they work, date of

qualification, NMC number, date of last mentor update and whether they are live/active or dormant mentors. Mentors and/or their manager are sent an email when they are due to attend a mentor update. Trust based mentor databases are audited annually, by the programme lead, in partnership with the member of the practice placement team responsible for maintaining the database. The database as a whole is reviewed and four randomly selected LEPs are used to check the mentor status against the records on the database (4).

What we found at the event

We found that the mentor registers are current and demonstrate that mentors have attended annual updates and meet the requirements for triennial review. The placement providers confirmed that the databases are subject to monthly checks, frequent ad hoc updating by PFs and they are audited annually by the programme leader and the PF responsible for the database (35, 88, 90).

We accessed four mentor databases. All followed a different format but they all recorded the information required to ensure an active mentor, who had due regard and, where necessary, sign-off status was allocated to a student (35, 82-83, 86, 88, 90).

The PFs are central to maintaining the database. In Worcester Acute Hospitals NHS Trust and for the PVI placements administrative support is also available. We found that systems are in place to ensure accurate updating of live mentor registers (35, 86, 91).

We conclude that the mentor databases are up to date and are maintained by the PFs in accordance with the NMC standards.

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 – documentary evidence to support 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

What we found before the event

Pre-registration midwifery

The programme consists of 50 percent theory and 50 percent practice (each 2,475 hours based on a 37.5 hour week). Two complementary learning and teaching strategies have been selected, namely the spiral curriculum and enquiry based learning (EBL). The programme team has responded to student feedback and reviewed the assessment load and schedule. The variety of assessment has been reduced and summative assessments now take place at the end of theory blocks. Summative assessment activities include group presentations, a webfolio, reflective essays, scenario-based examinations and an independent study (3).

The midwifery team are committed to delivering an innovative curriculum that places students at the centre of their learning, is more likely to promote deep learning and facilitates the acquisition of higher order cognitive skills. They are also developing a robust system of IPL and there is a clear strategy in place for IPL within the EBL curriculum (1, 3-4).

All students maintain an e-portfolio using PebblePad which provides opportunities for students to demonstrate interdisciplinary learning gained from mandatory 'spoke' placements within their practice documents. Spoke placements focus on inter-professional working and learning and are overseen at each of the three reviews per practice year (4).

Student midwives have been successful in a number of awards; award of British journal of midwifery student midwife of the year for a finalist student midwife, runner up for outstanding student midwife from the Cavell nurses trust for a finalist student midwife, and won the 90 second innovative ideas session at the 2015 Royal College of Midwives (RCM) student conference. This year, four out of eleven students from the institute of health receiving academic scholarships are midwifery students (1).

A midwifery society has been established as a recognised society within the university, holding regular educational events for students and academics (1).

Midwifery students are seen as being fit for purpose, fit for award and fit for practice at the point of registration with the NMC (4).

Mentor preparation programme

Teaching and learning strategies are varied and student support for both academic work and clinical practice is good. Students are inducted in the use of PebblePad, the IT system in use. Following completion of the programme, students are supported to achieve sign-off mentor status. Allocated time is agreed by managers and mentor students feel supported, though it is more difficult to take time in acute ward areas than in community settings (6).

The development of an online mentor community site on the values exchange has

received funding through the student experience focus fund. The site provides a platform for pre- and post-registration students to engage with mentorship. The aim for this programme is to connect mentors in practice with other mentors, academic staff and PFs to forge effective relationships, to ensure best practice through promoting discussion and debate around the process and practice of mentorship. This is especially important due to the geographical spread of mentors across Herefordshire and Worcestershire. It is also anticipated that the annual mandatory mentor update will be developed online to enable mentors to remain as active mentors on the live register (14).

What we found at the event

We found that teaching and assessment strategies for both programmes promote the development of academic learning skills and the application of theoretical knowledge to practice.

Pre-registration midwifery

We found that the programme meets all the statutory requirements of the European Union (EU) midwives directives and the standards for pre-registration midwifery education (NMC, 2009). The programme complies with guidelines for a 156 week pre-registration programme and consists of 50 percent theory and 50 percent practice (43, 74-75).

The EBL approach is designed to equip students with professional knowledge and skills, and also to promote graduate skills, enabling them to identify, access, organise and communicate knowledge effectively. The programme is delivered full time over three years and integrates two theory modules and one practice module in each year of the programme (43, 74-75).

The combined spiral curriculum and EBL teaching and learning strategy is positively evaluated by the students we met (72-73). Midwifery students report that they benefit from a range of effective learning and teaching strategies including simulated learning, for example developing their skills in obstetric emergencies (72-73).

The midwifery academic team gave examples of innovative teaching and learning strategies they used, for example storytelling and IPL activities, working collaboratively with other professional groups in understanding roles and responsibilities. The midwifery team informed us of their development work around achieving the United Nations Children's Emergency Fund (UNICEF) Baby Friendly Initiative (BFI) university accreditation standards. This is a programme developed to ensure that newly qualified midwives and health visitors are equipped with the basic knowledge and skills to support effective breastfeeding (46, 71).

The LSA MO describes the students as well informed and that they demonstrate understanding of the SoM role. She confirms that the students are confident in case loading and she has positive expectations of their abilities as registered midwives (36).

Formative assessment is an important feature across the programme. It provides students with regular feedback on their progress, allowing them to self-assess their achievement. Furthermore it is aligned to summative assessments, increasing student

confidence in achieving the module learning outcomes (45, 63, 68, 72-73).

A midwifery society has been established as a recognised society within the university and regular educational events for students and academic staff members are timetabled, which was evaluated positively by the students we met (72-73).

An additional source of support for the professional and personal development of student midwives is the allocation of a named SoM in the maternity services for the duration of the programme recognising the important contribution of midwifery supervision for public protection (76, 78).

Mentor preparation programme

We found a robust mentorship programme. Students confirm that the programme consists of six days of workshops, discussions and lectures in the university and four days self-directed learning in practice or study. (71, 83-84, 87).

The student mentors are positive about the teaching and learning strategies employed on the programme and highlighted the workshop at the university where they attended and worked with their pre-registration student. 'This gave us a really good opportunity to appreciate our learning from a different perspective' (83).

We heard that the student mentors appreciate the support they receive from the formative assessment prior to tutorial. They described receiving detailed and useful feedback within 48 hours of submission (83).

The students submit a portfolio of evidence via PebblePad which directly links to the NMC eight domains for mentorship; they are given support and templates to facilitate evidence collection. Students registered for the programme provided at academic level six or seven also submit an academic essay (87).

We conclude that the learning, teaching and assessment strategies used in both programmes enable students to develop the knowledge and skills required to meet the programme outcomes, NMC standards and competencies.

Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

Pre-registration midwifery

Students are expected to have placements across the two maternity services and this can cause difficulties for some students who rely on public transport. It is a regular discussion item at course committee meetings (1).

Students have the opportunity to gain a range of practice learning experiences utilising a 'hub and spoke' model. These usually last between two and 12 weeks and include both hospital and community based practice learning environments. Students gain experience of 24-hour/seven day midwifery care. Mandatory case-loading opportunities occur in every year of the programme focused on the community placement (3).

The assessment of practice document provides an ongoing record of progress and achievement across the programme. Students give signed consent for this information to be shared. There are two formative assessments of practice each year and one summative assessment of practice at the end of the final practice block each year. The grading of practice assessment and tripartite arrangements are established between the student, sign-off mentor and academic tutor. The competencies required to achieve the NMC standards are met within the practice modules. These practice competencies are divided into four domains which are explicitly assessed within the practice assessment. The essential skills clusters are embedded within the programme and achieved within the practice modules (3).

Opportunities exist for international or elective placements within the UK in the final year of the programme of either four or 12 weeks duration. During the academic year 2014-15, the midwifery international co-ordinator facilitated a total of 21 students to have elective placements (1, 3).

IPL is encouraged within the practice setting. The university has identified that the lack of a specific midwifery PF in one trust may compromise this. It has been noted that good IPL in the practice setting enables midwifery students to learn and challenge current practice (1, 7).

Mentor preparation programme

Work-based learning opportunities are made available with PFs ensuring that students have an appropriate learner and an appropriate supervisor (6).

What we found at the event

We found that the practice placements provide sufficient opportunities for students on both programmes to achieve the competencies to meet the NMC standards.

Pre-registration midwifery programme

Students undertake placements across two NHS maternity services within a wide geographical area. The students we met at both hospital trusts are supportive of this as a programme requirement and had no major concerns. The benefits of this placement model are reported by practice placement providers and students, especially in terms of enhancing employability. Access to public transportation was reported as being a challenge and strategies are in place to allow for flexibility of shift patterns and mentor support. For example, community midwives would collect students from the train station and overnight accommodation can be provided if required. Students gain experience of 24-hour midwifery care, seven days a week (20, 72-73).

IPL is a common feature in the practice placement area. Student midwives have the chance to spend time with pharmacists, paramedics and physiotherapists. Additionally, they have the opportunity to attend an inter-professional workshop run by academic staff which includes social workers and mental health workers. They are also encouraged to follow women's pathway of care through the ultrasound department and diabetes clinics (64, 71-72, 89).

The assessment of practice document provides an ongoing record of progress and

achievement across the programme. The grading of practice assessment and tripartite arrangements are established between the student, sign-off mentor and academic tutor. Students are awarded a grade for practice by their sign-off mentor. Tripartite arrangements enhance the practice based relationship between the student, their sign-off mentor and the academic tutor. Formalised meetings take place at least three times across each year of the programme, providing a formative assessment opportunity and encouraging the development of a focused learning plan (63, 65, 74-75).

The assessment of practice document contains the essential skills and competencies and EU directive requirements. The NMC standards for pre-registration midwifery education are also clearly articulated in the practice assessment documentation and understood by students and sign-off mentors. Sign-off mentors report clear understanding of the practice assessment documents. We found the tripartite approach to the assessment of practice is important for the reliability of assessing judgements, as well as identifying any cause for concern and implementing action plans (72-75).

Within the midwifery students' course guides there is information regarding theoretical and clinical placement attendance and the expectation that attendance must be 100 percent in both university and practice settings. Students and sign-off mentors that we met understand the 100 percent attendance requirement and informed us how attendance patterns are monitored (43, 63, 66, 72-73).

HoMs, senior practice partners and commissioners confirm that they are satisfied with the calibre of students completing the programme and are able to employ those who apply for midwife posts (20, 35, 72-73).

Mentor preparation programme

To undertake the programme, the student mentor requires the support of a supervising mentor and a pre-registration student in practice. This is co-ordinated and organised by the programme leader; work-based learning office and PFs prior to the mentor students commencing the programme (71, 83-85).

We found that the role of mentor supervisor is valued by the student mentors, mentor supervisors and pre-registration students. A pre-registration midwifery student told us that it was, 'fine to have a student mentor, I feel as though I am getting twice the experience' (89).

We were told that the logistics of organising the mentor supervisor, student mentor and pre-registration student to be on the shift could be challenging but a ward manager assured us that it is important that the off duty is managed to make this possible (89).

Student mentors and mentor supervisors confirmed the central role of the mentor supervisor in facilitating experiences for the student mentor and in assessing their performance in practice (83, 85-87, 89).

Student mentors told us using PebblePad as a portfolio was, at first, daunting but it is very useful as it enables them to understand the system the pre-registration students are using and allows them 'to learn together' (83).

We conclude that students on the pre-registration midwifery programme achieve NMC practice learning outcomes, competencies at progression points and meet the NMC standards for entry to the NMC register. Additionally, we conclude that students completing the mentor programme achieve learning outcomes and competencies to

meet the NMC standards for mentorship and for inclusion on local mentor registers.
Outcome: Standard met
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Findings against key risks
<p>Key risk 5 - Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>
<p>Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>Pre-registration midwifery</p> <p>Theory modules are evaluated both informally and formally. The former occurs on an ongoing basis with the programme year lead throughout the academic semester. Formal end of year module evaluations are completed during the evaluation week. The evaluations are completed electronically using the Bristol online survey (BOS) electronic platform. The programme year leads summarise and analyse the results. The reports are published on the electronic student platform, PebblePad, and discussed at course committee meetings (1).</p> <p>In 2015 the NSS score for midwifery was 97 percent; a significant increase on the previous year's outcome which was 79 percent (1).</p> <p>To comply with university regulations, the sampling of assessment items occurs following a board of examinations meeting (BoE). It is during this process that student feedback is considered and changes to assessments can be proposed. These are considered by the institute's quality committee (1).</p> <p>Twice yearly, course committees are held, which are well attended by student representatives and practice partners (4).</p> <p>The LME meets with the HoM twice per year in each trust, to ensure effective communication on all matters of learning, practice or service re-configuration. The LME</p>

is also involved in the trusts' SoM meetings and processes (4).

Mentor preparation programme

Module evaluations are overall positive. Students enjoy the module and the level of support offered by tutors. Teaching staff are responsive to comments, for example moving the session on the continuous assessment of practice document (CAP) to be earlier in the module and the introduction of a formative assessment to enable students to receive feedback on their written work earlier in the module (14).

What we found at the event

Pre-registration midwifery

We found that all modules, practice placements and the programme are subject to evaluation. Twice yearly midwifery course management committees, chaired by the programme leader, are held which are well attended by student academic representatives (StAR) and practice partners (4, 21, 67, 71, 73-74, 89).

The evaluation of practice process is managed by staff in the WBLSO. A named person in the department collates the responses and forwards them to the programme leader who then informs the PF who informs the placement area. Action plans are developed as necessary. Results are also posted on Blackboard the virtual learning environment. If a mentor is named in an evaluation of practice they are sent a postcard informing them (34, 60, 88).

The quality steering group oversees the quality aspects of the provision, including evaluations of theory and practice experiences and recruitment and retention issues. Modifications to modules including assessment strategies are presented at the institute's quality committee.

Results of theoretical and practice assessments are presented to the BoE which is attended by the external examiner. The pre-registration midwifery course handbook provides clear guidance on the role of the external examiner and how this links to the NMC approved midwifery programme. The current external examiner holds the relevant NMC professional and academic qualifications. She confirms satisfaction with the assessment strategy of the programme and the variety of assessments and has visited practice placements and met with students and mentors. She describes the academic team as responsive and is impressed with their high level of visibility in practice (11, 43, 63, 68, 101).

The university has a system which encourages subject assessment boards to refer modules for consideration or review by the course team. This scrutiny does not alter marks but seeks to assure the consistent application of marking standards, the identification of issues and the quality enhancement of learning, teaching and assessment practices to inform the annual course evaluation. This post examination moderation board usually occurs following the BoE which enables attendance by the external examiner, and practice partners (63, 99-100).

Mentor preparation programme

We found strong QA processes are in place to review and develop the programme.

Programme evaluations received from the cohorts running during semester one of the academic year 2015-16 were, on the whole, very positive. The students found the tutors supportive and easily accessible and the sessions interesting, informative and based in 'real life' practice. The overall pass rate has improved against previous academic years. Discussions with student mentors confirmed that the programme team encouraged debate and feedback and the students were positive about the programme delivery (83, 102, 105, 108).

The student e-portfolio and essay is moderated by academics, mentor supervisors and PFs with an external examiner providing scrutiny and feedback. The programme team are clear that the same level of scrutiny will be provided for the non-accredited programme. We found that the external examiner is supportive of the programme and the assessment strategy. She is positive regarding the consistency of marking and states that the academic team are responsive. She accesses work through PebblePad so has access to all theoretical and practice assessments. We were informed that visits to practice areas are planned for July 2016 (87, 104, 107).

The mentor team also hold a post BoE moderation board which is attended by the external examiner. There is evidence that issues identified for action at this board have been implemented and include changes to the admissions process and the introduction of a compulsory formative assignment (12, 103, 106).

We conclude that there are effective QA mechanisms in place to manage risks and to monitor and develop of the mentorship and pre-registration 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

An online evaluation tool is available for the evaluation of practice. When completed, results are mapped to the LEP and CQC standards regarding students' experiences of patient care. Processes are in place to follow up areas of concern (4).

What we found at the event

The complaints process is incorporated in the raising concerns algorithm. All students, mentors and practice placement providers report being aware of how to raise concerns and complaints in practice settings. The process is also evidenced in the course handbook. Overall practice learning environments are evaluated positively by students. PFs and the programme team confirm that they access student evaluations and feedback on placement learning experiences and act on emergent issues. They ensure evaluation data is available to individual placement areas and work in partnership with zoned academics in resolving emergent issues with an action plan (see 5.1.1) (43, 72-73, 80, 110).

The evaluation of practice questionnaire also provides students with the opportunity to rate the quality of care they have witnessed in the practice area. These are RAG rated,

with red rated areas being followed up by the PFs (27).

We saw evidence of how student concerns regarding a mentor were appropriately addressed. Support and education was provided for the mentor whose role in mentorship now evaluates positively (111).

The trusts we visited were open and transparent regarding negative CQC inspections and the need to ensure positive learning environments for students (see 3.1.1) (85-87, 89, 98).

We conclude from our findings that the university has robust processes in place to raise concerns and complaints and ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant parties.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. University of Worcester (UoW), annual evaluation report midwifery, 2014-15
2. Initial visit, 5 April 2016
3. UoW programme approval report, midwifery, May 2012
4. UoW self-assessment report 2015-16
5. UoW pre-registration midwifery, course management committee, 16 June 2015
6. NMC programme approval report, learning and assessment in practice, February 2013
7. UoW course management committee, pre-registration midwifery, 16 June 2015
8. CQC inspection report, Wye Valley Trust, January 2016
9. CQC inspection report, Worcester Health and Care NHS Trust, June 2015
10. CQC inspection report, Worcester Acute Hospitals NHS Trust, December 2015
11. External examiner report, pre-registration midwifery, academic year 2014-15
12. External examiners annual report, mentor programme, academic year 2014-15
13. NMC register check, 7 April 2016 and 21 April 2016
14. University of Worcester, course annual evaluation report and enhancement plan 2014/15, Standards to support learning and assessment in practice
15. UoW mentorship team meeting, 15 December 2014
16. Staff CVs, viewed 20 April 2016
17. PowerPoint presentation 'revalidation – a guide for NMC registrants employed by the University of Worcester', viewed 21 April 2016
18. Table of registrants within the institute of health and social care identifying revalidation dates, viewed 21 April 2016
19. UoW BSc (Hons) midwifery, course management committee meeting minutes, 13 January 2016
20. Meeting with senior practice partners, 20 April 2016
21. Application process for mentorship for assessment in practice, undated
22. Template letter for mentorship for assessment in practice – offer letter, undated
23. Template letter for HESC3006 – incomplete application form, undated
24. Template letter for HESC3006 – actions regarding academic qualifications, undated
25. Emails from Worcester Acute Hospitals NHS Trust to LME x 2, viewed 21 April 2016
26. Programme specification for BSc (Hons) midwifery, undated
27. Audit of Worcestershire Acute NHS Trust placement evaluations for end of year February cohorts
28. Midwifery selection days – panel members, 2015-16
29. UoW, literacy assessment task, midwifery selection day 2015-16

30. *UoW numeracy test – midwifery selection day, undated*
31. *Screening criteria 2015-16, November 2015*
32. *Annual declaration of GHGC as requirement for re-registration, viewed 21 April 2016*
33. *UoW becoming a student midwife, a guide for family and significant others, undated*
34. *Meeting with head of work based learning and employer engagement, 21 April 2016*
35. *Telephone interview with commissioners, 20 April 2016*
36. *Telephone interview with LSA MO, 21 April 2016*
37. *UoW/Wye valley NHS Trust, BSc (Hons) midwifery, head of midwifery and programme lead link meeting, November 2015*
38. *Notes from professional development in health sciences/east strategic health cluster, consultation meeting, October 2014*
39. *Learning environment profiles process – nursing and midwifery, undated*
40. *Emails from associate head of institute, professional programmes to NMC officer outlining plans to manage outcomes of CQC inspections in local trusts, February 2015, April 2015, October 2015, November 2015*
41. *Letter to education commissioning and quality programme lead, HEE from associate head of institute professional programmes, 3 November 2015*
42. *UoW/NHS Worcester, BSc (Hons) midwifery, head of midwifery and lead midwife for education, link meeting minutes of meeting, December 2015, March 2016*
43. *UoW BSc (Hons) midwifery course handbook, cohort September 2015*
44. *Programme specification for BSc (Hons) midwifery, undated*
45. *UoW notes from attendance at BoE, external examiner, midwifery, 21 January 2016*
46. *UoW BSc (Hons) midwifery, Baby Friendly accreditation steering group, July 2015, December 2015*
47. *Curriculum planning meeting notes, 10-11 April 2015*
48. *Standards to support learning and assessment in practice meeting, agenda and notes, May 2015*
49. *UoW fitness to practise database, 2015*
50. *UoW, institute of health and society, minutes of PFs meeting, 25 November 2015, 28 January 2016*
51. *Notes from mentorship meeting, 12 January 2016*
52. *UoW, institute of health and society, mentorship for assessment in clinical practice, guidelines for supervisors, March 2016*
53. *UoW, mentorship for assessment in practice, declaration of achievement of NMC mentor domains, summary of protected learning and time spent with supervisor and evidence file checklist, undated*
54. *Snapshots of mentorship for assessment in practice evidence log x 2, printed 21 April 2016*
55. *NHS/University of Worcester, 2015 mentor awards programme*
56. *Independent sector, mentor updates, January to July 2016*
57. *Mentors updates, private, voluntary and independent sector, 2016*

58. Worcester healthcare, mentor updates, January to June 2016
59. Wye Valley Trust mentor updates, 2016
60. UoW, institute of health and society, response from UoW to NMC following CQC inspections of Hereford County Hospital, January 2016
61. UoW, mentors: managing student nurses or student midwives issues in practice, undated
62. Anonymised fitness to practise case studies, viewed 20 April 2016
63. UoW programme specification for BSc (Hons) midwifery, undated
64. UoW, BSc (Hons) midwifery, course management committee meeting minutes, 13 January 2016
65. UoW, student tutorial records x 2, February 2016
66. NHSE, patient safety concern report form, undated
67. UoW, BSc (Hons) midwifery, StARs and LME link meeting, minutes of meeting, 12 November 2015, 13 January 2016
68. Telephone interview with external examiner, pre-registration midwifery, 21 April 2016
69. UoW, NHS, rewarding excellent mentors, mentor awards 2015, nominee
70. UoW meeting with service users, 21 April 2016
71. UoW initial meeting with midwifery programme lead/LME and programme team, 20 April 2016
72. Wye Valley NHS Trust meetings with trust personnel, HoM, midwifery staff, mentors, midwifery students, SoMs, service user, 20 April 2016
73. Worcester Royal hospital meetings with trust personnel, HoM, midwifery staff, mentors, midwifery students, SoMs, 21 April 2016
74. BSc (Hons) midwifery, record of practice numbers document, undated
75. BSc (Hons) midwifery assessment of practice document, undated
76. Wye Valley NHS Trust SoMs student midwife allocation list, undated
77. UoW/Worcestershire Acute Hospitals NHS Trust, midwifery mentor self-assessment for triennial review document, undated
78. Worcestershire Acute Hospitals NHS Trust, SoM student midwife allocation list, undated
79. UoW midwifery selection day guidance for assessors, revised 23 November 2015
80. UoW midwifery learning environment profiles, Wye Valley NHS Trust, Worcestershire Royal Hospital, viewed 21 April 2016
81. Wye Valley NHS Trust midwifery mentor database meeting, 20 April 2016
82. Worcestershire hospital midwifery mentor database meeting, 20 April 2016
83. Meeting with current mentorship students, UoW, 20 April 2016
84. Meeting with senior lecturers delivering mentorship programme, 20 April 2016
85. Meeting with practice educators and supervising mentors at Wye Valley NHS Trust, 20 April 2016
86. Meeting with practice educator, mentor supervisor, zoned academic, mentorship student at 2gether NHS

Foundation Trust, 20 April 2016

- 87. Meeting to review student mentor evidence for practice on PebblePad, 21 April 2016*
- 88. Meeting to review mentor database for private, voluntary and independent sector, 21 April 2016*
- 89. Meeting with PFs, supervising mentors, ward managers and students at Worcester Acute Hospital NHS Trust, 21 April 2016.*
- 90. Meeting to review Worcester Acute Hospital NHS Trust mentor database, 21 April 2016.*
- 91. Documentation, sign-off mentor study day programme at Worcester Acute Hospitals NHS Trust, accessed 21 April 2016*
- 92. Process for disseminating student evaluation of practice learning experiences, March 2016*
- 93. 'Mentorsaurus', Wye Valley NHS Trust workshop for triennial review, accessed 20 April 2016*
- 94. Mentor supervisor handbook, accessed 20 April 2016*
- 95. Student mentors handbook, accessed 20 April 2016*
- 96. Completed audits (learning environment profiles) for placement visited, accessed 20 April 2016.*
- 97. Process for nominating a mentor for a 'mentor of the year' award, accessed 20 April 2016*
- 98. UoW raising concerns policy and procedure for mentors and students, undated*
- 99. Extract from UoW assessment regulations, viewed 21 April 2016*
- 100. UoW, institute of health and society, report of post-exam board moderation, BSc Hons midwifery, March 2015, October 2015*
- 101. UoW, notes from meeting to practice placement area, external examiner, pre-registration midwifery, 21 January 2016*
- 102. Notes from mentorship meeting, 12 January 2016*
- 103. UoW, institute of health and society, report of post-exam board moderation, mentorship for assessment in practice, October 2014*
- 104. Telephone interview with the external examiner, mentor preparation programme, 20 April 2016*
- 105. Mentor mid semester evaluations, HESC3006A, HESC3006B, HESC3006C, November 2015*
- 106. UoW external examiner report, mentor module, February 2016*
- 107. UoW assessment moderation form, mentor module, January 2016*
- 108. UoW, institute of health and society, BSc (Hons) health sciences, professional development for health sciences, BSc (Hons) nursing studies course management committee, 1 July 2015*
- 109. UoW, institute of health studies, practice panel meeting, mentor preparation programme, March 2015*
- 110. UoW BSc (Hons) midwifery course handbook, cohort, September 2015*
- 111. Case study – ineffective mentor: student relationship, viewed 21 April 2016*
- 112. UoW, admissions policy, undated.*
- 113. UK quality code for higher education, assessment of students and the recognition of prior learning, part B, downloaded May 2016*

114. UoW, application for credit transfer and recognition of prior learning, undated

115. UoW, application for credit transfer and recognition of prior experiential learning, undated

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 05 Apr 2016
Meetings with:
Associate head of institute for professional programmes LME Course co-ordinator for midwifery
At monitoring event
Meetings with:
Associate head of institute, professional programmes LME/programme lead, pre-registration midwifery Programme lead, preparation for mentorship Lead for practice education, Wye Valley Trust Practice placement manager, Worcester Acute Health Trust Interim director of nursing and midwifery, women and children's division, Worcester Hospitals Trust Interim head of corporate nursing and education, Worcester Health and Care NHS trust Interim deputy director of nursing, Worcester Health and Care NHS Trust Head of midwifery, Hereford hospital, Wye Valley Trust Head of work based learning, institute of health and society, University of Worcester Students on the mentorship programme Senior lecturers delivering the mentorship programme Mentor supervisors, practice educators and mentors at Wye Valley NHS Trust Practice educator, zoned academic, mentor supervisor and student mentor at 2gether NHS Foundation Trust Work based learning co-ordinator and practice facilitator for private, voluntary and independent sector Practice facilitators, mentor supervisors, ward managers and students at Worcester Acute Hospitals NHS Foundation Trust Pre-registration midwifery programme team Trust personnel - Wye Valley NHS Trust and Worcester Royal hospital Heads of midwifery Midwifery/sign-off mentors

Supervisor of midwives
Student midwives
Women's Forum- Service user
Midwifery/general practice educator/facilitators
Ward managers/matrons
Tour of both maternity units

Meetings with:

Mentors / sign-off mentors	12
Practice teachers	
Service users / Carers	4
Practice Education Facilitator	8
Director / manager nursing	
Director / manager midwifery	2
Education commissioners or equivalent	2
Designated Medical Practitioners	
Other:	18
	Ward manager/modern matrons x 3

Meetings with students:

Student Type	Number met
Registered Midwife - 36M	Year 1: 8 Year 2: 9 Year 3: 4 Year 4: 0

Mentorship	Year 1: 6 Year 2: 0 Year 3: 0 Year 4: 0
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