2013-14
Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of Hull
Programmes monitored	Registered Nurse - Adult; Registered Midwife – 18 & 36M
Date of monitoring event	05- 06 February 2014
Managing Reviewer	Brenda Poulton
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Ann Kingscott, Sue West
Placement partner visits undertaken during the review	Stroke Unit, Scunthorpe Hospital A&E, Grimsby Hospital Stroke Unit, Grimsby Hospital CCU, Grimsby Hospital Brough Medical Centre Alanby Spire Hospital Scunthorpe Hospital - Maternity Unit, Delivery Suite Grimsby Hospital - Maternity Unit, Delivery Suite Hull - Health Centre - Community Midwifery Teams
Date of Report Publication	4 July 2014

Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care.

We set standards 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.

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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 Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under

scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement" When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks

Category	Risk				
Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers hold NMC recordable teaching qualifications and 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 provider's procedures address issues of poor performance in both theory and practice	2.1.3 Programme provider's 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		
	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	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 that the NMC sets standards for**	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register 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 the University of Hull's programmes

In August 2013 the Faculty of health and social care at the University of Hull (UoH) was reorganised into four new departments; nursing, midwifery and child health, psychological health and wellbeing, health technology and perioperative care.

The department of nursing, midwifery and child health was reapproved for delivery of the midwifery programmes in 2009 and for pre-registration nursing programmes in 2011. This review focused on pre-registration nursing (adult field) and pre-registration midwifery, 18 month and three year programmes. Students are satisfied with the programmes and the support they receive from the university and its practice placement partners.

The practice area extends over a wide area, north and south of the Humber and nursing and midwifery programmes are commissioned by Health Education (HE) Yorkshire and the Humber. For both programmes the employers and mentors are confident of students' fitness for practice and fitness for purpose at the point of registration.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NL&GHFT) which was subject to adverse Keogh and Care Quality Commission (CQC) reports in 2013.

Summary of public protection context and findings

Our findings suggest that the university is well resourced to deliver the programmes for which it is approved. The student allocation system is effective in ensuring that all students are suitably paired with an appropriately qualified mentor thus ensuring a safe and positive learning experience.

We found that the admissions process is well managed. The university ensures that successful applicants have the necessary numeracy skills for safe practice by administering a numeracy test as part of the selection process. Practice placement partners are confident that the interview process is appropriate for the selection of students with the appropriate values and attitudes for effective nursing practice.

Robust procedures are in place to ensure Disclosure and Barring service (DBS) checking and occupational health screening is undertaken before applicants are accepted. Students self declare good health and good character annually. The university has clear policies for addressing professional unsuitability and professional misconduct. A robust fitness to practise process addresses issues of concern whether academic or professional misconduct. Examples of fitness to practise cases demonstrate the rigour of the process in ensuring public protection.

We found that mentors and practice learning facilitators have the confidence and knowledge to implement the cause for concern policy in situations where students are not achieving the required competencies and may be a danger to public protection.

The HE Yorkshire and the Humber practice placement quality assurance system (PPQA) which includes the regional educational audit tool (REAT) demonstrates good collaboration between universities and practice placement partners across the region. This ensures consistency of educational audit and avoids replication. We found effective partnership working between the university and its practice placements partners. This ensures shared governance in the identification of unsuitable or unsafe practice placements and clear processes for the removal and relocation of students if required.

One of the main practice placement providers, NL&GHFT, was subject to adverse Keogh and CQC reports in 2013. NL&GHFT has implemented a range of measures to address these deficits and a recent follow up review was positive about the progress made. At a senior management level the university has maintained clear communication lines with NL&GHFT to identify and control any risks to the protection of the public and the education of students. Furthermore, students were fully informed of the Keogh investigation and outcomes.

Summary of areas that require improvement

For the university to maintain the links with practice learning environments for pre-registration nursing (adult) the link lecturer (LL) role requires strengthening. Whilst there is a clear LL policy the implementation of this was not apparent in the placement areas visited. Mentors and students were not aware of the name of the LLs in their current practice area or those in previous practice learning environments. The students, however, are very positive about their personal supervision group leader (PSGL) who visits them annually, in practice, and more frequently if required.

Summary of areas for future monitoring

- The development of the academic in practice role.

- Implementation of an effective link lecturer policy.

- Review progress with quality improvement in NL&GFT to maintain effective learning environments for students.

- Implementation of the proposed service user and carer involvement proposals.

- Response rates for student evaluations.

Summary of notable practice

Practice Learning

One of mentors at the independent hospital we visited is championing the six C's (compassion, courage, competency, commitment, care and communication) within the workplace. This initiative is part of the Chief Nursing Officer's (England) vision and strategy for building a culture of compassionate care. It aims to embed these values in all nursing, midwifery and care-giving settings throughout the NHS and social care to improve care for patients. First year adult nursing students were able to discuss the concept and can articulate the behaviours that have been explained to them in terms of compassion and dignity. This has built on their learning in university.

It is difficult to engage expectant and new parents in the development and evaluation of the midwifery programme. Therefore, as part of the new curriculum development process, the midwifery team has engaged service users via a dedicated Facebook page to encourage comments and feedback about maternity experiences.

The midwifery team has been involved in the development of the local perinatal mental health strategy and has also developed and run a supporting multi-professional module. This facilitates self referral and aids communication between health and social care partners in order to support women's mental health needs.

Summary of feedback from groups involved in the review

Academic team

We found that the programme teams are well prepared for their roles and there is evidence of their professional development. The academic team members are approachable and provide appropriate support to their students whilst at the university. However, support is notably absent from LLs, whilst adult nursing students are in placement. The role of the personal supervision group leader (PSGL) is a positive one for staff and students. There have been staff changes and new staff members may have role confusion with the separate role of PSGL and LL. The LL policy works well for the midwifery programme.

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

We found the majority of adult nursing mentors are not aware of the name of their designated LL or their role. The practice learning facilitators (PLF) are the pivotal part of the interface between the university and practice placement environments. Without exception, they are dedicated and wholly supportive of the student learning process. However, they are also extremely overworked, taking on the role of the absent LL as well as their respective duties with mentors and students. It is a risk that their roles are currently under review as it would severely compromise the student learning experience if they were to disappear. The mentors are enthusiastic about the student learning experience and motivated by a desire to instil their own high values into the process. There is evidence of a mentor adopting an innovative approach to patient care giving students value added experience within the placement (see notable practice section).

Students

We observed that students display a competent and professional attitude in their

approach to patients and have good knowledge of the legal and ethical implications of practice. They display sufficient knowledge to treat patients with dignity and would always ensure that confidentiality is respected. It is clear that students would be confident in escalating a concern if they encountered malpractice. Students fully understand the raising cause for concern guidelines and could articulate the action they would take. All students value the role of the PSGL. First year students, although new to placement, felt well prepared by their clinical skills modules to commence placement.

Service users and carers

We found that there are strategies for service user and carer (SUC) involvement with support from senior management and a lecturer designated one day per week to take this forward. Access to SUCs during the review was limited. There is evidence in the continuous assessment of practice (CAP) documents that SUCs evaluate the care they receive from students. There is limited involvement in student selection through the inclusion of a SUC question as part of the interview. The midwifery team have set up a Facebook page to encourage SUCs to contribute to the development of the new midwifery curriculum.

Relevant issues from external quality assurance reports

Keogh reviews and Care Quality Commission reports were considered for practice placements used by the university to support students' learning.

The following report requires actions:

NL&GHFT has been the subject of both Keogh and CQC monitoring. In the last four years the Trust has had four episodes when the mortality figures for patients who experienced a stroke were higher than the expected national rates. The trust has addressed this by the development of a 'stroke pathway' in line with the National Institute for Health and Clinical Excellence (NICE) quality standards. However, some issues needed urgent action as they may be detrimentally impacting on patient experience and continuity of care. These included:

- a large number of staff had not received mandatory training, appraisal or clinical supervision; staff morale was low; and engagement in problem solving and raising concerns about patient care was inadequate;

- there were concerns with ongoing nursing care and treatment for some patients; record keeping was inconsistent; and staff reported pressures of work lead to shortfalls in basic care causing them concern;

- actions to involve clinical leaders in improving the quality of services, in particular the treatment of stroke, respiratory diseases and septicaemia;

- improvements to patient flow including early triage, reduction in bed moves/patient transfers and more efficient management of medical outliers;

- actions required to improve patient experience, with focus on single sex

accommodation, hydration and feeding support;

- reviewing of staffing levels and skill mix to address areas of inadequate staffing to allow close monitoring of acuity/dependence in all areas.

During the monitoring visit we learned that NL&GHFT has put in place measures to address the deficiencies identified by the CQC and Keogh reports. Four quality matrons (QM) are employed. Each QM manages a range of different work streams with one responsible for education. The QMs check patient and staff experiences on every ward each month. The QMs plan to include student evaluations as part of this system; raise the profile of mentors; raise the student voice in the organisation; and provide quality workshops, aligned to quality work streams.

We were told that faculty members have ongoing discussions with the trust; the NMC is already aware of this; and the faculty is kept up to date with issues that are being pursued from the action plans in place to address deficiencies.

A further Keogh review of NL&GHFT in November 2013 noted a number of positive improvements: the trust's clear commitment to whole system review; improved medical leadership; transformation in A&E in terms of patient flow and staff morale; and renewed focus on staff development, including mandatory training and appraisal (see 3.1.1). The Keogh mid-term review reported that the trust has made significant progress in addressing identified risks.

All CQC compliance reports relevant to the placement areas used by the University of Hull for approved nursing and midwifery programmes, were considered but did not require further discussion as part of this review.

Evidence / Reference Source

1. CQC Inspection reports Goole & District Hospital, May 2013 & January 2014
2. CQC Inspection report Diana Princess of Wales Hospital, May 2013
3. CQC Inspection report Scunthorpe Hospital, May 2013
4. Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England North Lincolnshire and Goole Hospitals NHS Foundation Trust Rapid Response Review, July 2013
5. Keogh Review Summary announcement from NL&GHFT, 02 August 2013
6. Interview with Quality Matron NL&GHFT responsible for dementia, learning disability and education work streams , 06 Feb 2014
7. NL&GHFT Keogh mid-term review, message from chief executive, 25 November 2013

Follow up on recommendations from approval events within the last year

Return to Practice-Nursing June 2013

Recommendation:

- Develop pre-course material.

Pre-course material has now been developed and the recommendation is fulfilled.

Evidence / Reference Source

1. Programme approval report: return to practice, June 2013
2. Meeting with faculty Director of Quality Assurance and Enhancement, 05 February 2014

Specific Issues to follow up from self-report

All actions highlighted in the self-report are complete. Specific issues followed up include:

The effectiveness of the numeracy test (on admission) in preventing failure of numeracy tests later in the programmes.

Numeracy testing at the selection stage was only introduced for the September 2013 intake. Out of 450 applicants interviewed for pre-registration nursing, adult, 23 (5%) failed the numeracy test and were rejected.

Ensuring that placement providers release staff to participate in interviewing

Service managers endeavour to release staff if at all possible but sudden sickness/absence is a limiting factor (see 2.1.1).

Improving student completion of practice evaluations

Every effort is being made to improve the response rate to student evaluations. For example, reminding students at every opportunity of the benefits of evaluating practice areas so improvements can be made where possible (see 5.1.1).

Evidence / Reference Source

1. NMC Annual Self Assessment Programme Monitoring, 13 December 2013
2. Meeting with Faculty Director of Quality Assurance and Enhancement , 05 February 2014

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 hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role

What we found before the event

All lecturers are subject to annual appraisal; continuing professional development opportunities are well defined; and staff members are encouraged to access development opportunities as required. The Faculty of health and social care requires new staff members to undertake teaching qualifications within two years of appointment.

All registrant nurse and midwife programme leads hold current registration and an NMC recordable teacher qualification.

What we found at the event

We found that the midwifery team is actively involved in midwifery research activities and writing for midwifery textbooks. A midwifery lecturer is an appointed supervisor of midwives.

NMC requirements are met in terms of appropriate qualifications and experience. There is evidence of continuing professional development and scholarly activity.

Evidence / Reference Source

1.   Previous NMC Monitoring report , 28 January 2011

2.   NMC register checked , 08 January 2014

3.   Interview with LME, 05 February 2014

4.   Interview with midwifery team, 06 February 2014

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students

What we found before the event

Practice learning facilitators (PLF) ensure there are sufficient appropriately qualified mentors to facilitate the allocated number of students. The faculty has a bespoke allocations department under the guidance of the academic lead for placement learning. Through this department there is control of allocation of students to all placement areas. Administrative staff within the department work closely with the PLFs to ensure changes within placement areas are acknowledged and updated.

The database of placements, including the number of mentors, sign-off mentors and practice teachers, is held on a regional database (PPQA), co-ordinated by HE Yorkshire and the Humber. This database also holds placement audits.

There have been issues relating to student placement capacity in Hull NHS Foundation Trust where there is a requirement to accommodate Open University (OU) students alongside UoH students.

What we found at the event

The UoH allocates to eight NHS trusts and individual private providers. Letters requesting placements for a certain number of students are issued to the appropriate educational lead or student co-ordinator who will confirm the number of places available. PLFs are involved if extra placements need to be found. Students are matched to mentors and the allocations department checks that allocated mentors are up to date and are sign-off mentors, if required.

Student capacity issues in Hull NHS Foundation Trust have been resolved via an agreement between the OU and the UoH. OU will inform UoH well in advance of the number of students they will be placing in a practice learning environment so that UoH can manage their placements accordingly.

There are sufficient qualified mentors and sign-off mentors to support the number of student allocations.

Evidence / Reference Source

1. PLF Role (undated)

2. Minutes of meeting between University of Hull, OU and Humber NHS FT, 19 July 2013

3. Interview with Academic Lead for Placement Learning, 05 February 2014

4. Mentor registers on PPQA website viewed, 05- 06 February 2014

5. Discussions with PLFs and Managers, 05-06 February 2014

6. Review meetings with Midwives, Midwife managers, Midwife sign off mentors and Supervisors of Midwives, 05-06 February 2014

7. Interview with midwifery PLF for Trust, 05 February 2014

8. Interview with Head of Midwifery, 05 February 2014

9. Review of documents (midwifery), Education Audit documents, mentor register/database, 05-06 February

2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

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

Selection procedures include face to face interviews involving academics and practice placement partners. There have been some issues with service staff being released (see above). AEI commentary states: 'Service users collaborated with the pre-registration programme teams in setting the interview questions for candidates'. There is no documentary evidence to support this.

All panel members have relevant interview preparation including equality and diversity training.

All applicants are required to declare any convictions and cautions on the application form. There is DBS checking and occupational health (OH) screening of all successful applicants.

All applicants must complete and pass a numeracy test as part of the interview process.

What we found at the event

We were told that there are plans in place to involve service users in the face to face interview process. This already happens with the learning disability and mental health fields and the intention is to extend this model of service user engagement to the other

programmes. Currently, the admissions tutor meets with service users to agree a question to be used during the interview. Practice placement partners expressed their confidence in the interview process as selecting students with the appropriate values and attitudes for effective nursing practice.

Students explained the numeracy test undertaken as part of the interview process.

Adult nursing:

Two students reported having been interviewed by a single person. We found placement providers are not always able to participate in the recruitment process at short notice because of their clinical priorities. Academic staff confirmed that interview dates are sent to practice placement partners in good time but releasing practice staff for participation in student interviews is variable, governed largely by winter pressures. Scrutiny of interview records convinced us that the majority of students are interviewed jointly with practice placement providers and the incidents reported are isolated occasions.

All interviewers have completed equal opportunities and recruitment and selection training.

Midwifery:

The Lead midwife for education (LME) is the admissions tutor. Joint interviews with midwives from practice are undertaken. All staff members are required to have completed equal opportunities and recruitment and selection training. There are no problems with releasing midwives to participate in student selection. The Head of Midwifery (HoM) has confidence in the university processes for DBS and OH screening.

Evidence / Reference Source

1. Undergraduate Health Professional Programmes Selection Procedures and Admission Criteria Entry - 2013

2. 2014 UG Interviews

3. Numeracy tests, 31 October 2013

4. Undergraduate pre qualifying programmes - interview records: nursing - adult/child/mental health – entry

5. 2014

6. Meetings with nursing students, PLFs, Managers, 05- 06 Feb 2014

7. Review meetings with midwives, midwife managers midwife sign off mentors and supervisors of midwives,

8. 05- 06 February 2014

9. Interview with LME, 05 February 2014

10. Interview with Head of Midwifery, 05 February 2014

11. Interviews with midwifery students, 05- 06 February 2014

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

What we found before the event

There is a clear policy for addressing professional unsuitability and professional misconduct; a clear Fitness to practise (FtP) policy; and, students self-declare ongoing good health and good character, annually. Faculty restructuring necessitates review of the FtP guidance.

What we found at the event

We found that the FtP process meets NMC requirements. During the last academic year there were two students referred to the FtP panel. Both were adult field students: one falsified records and the second also falsified records but also lied about when she was on placement. Both students had their training discontinued.

We found the FtP process is robust and addresses issues of concern whether academic or professional misconduct. Examples of FtP cases demonstrate the rigour of the process in ensuring public protection.

Evidence / Reference Source

1. Professional Unsuitability and Professional Misconduct, Oct 2011
2. Faculty of Health & Social Care, The determination of fitness to practise, Oct 2009
3. Governance and Professional Standards: Fitness to Practise - Policy and Processes Draft, November 2013
4. Meetings with nurse managers and PLFs, 05- 06 Feb 2014
5. Interviews with midwifery students, 05 - 06 February 2014
6. Review Midwifery programme handbook, 06 February 2014
7. Interview with LME and midwifery team, 05- 06 February 2014

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

What we found before the event

PLFs are instrumental in raising concerns when practice learning environments pose a risk to the quality of the student experience.

What we found at the event

For both pre-registration nursing and midwifery, all mentors and PLFs articulated the action to take in the case of concerning performance issues of students.

There is good integration of midwifery supervision. Student midwives confirm they have a named supervisor of midwives to provide support and experience of midwifery supervision during the programme. They would report any concerns of midwifery practice to the Supervisor of Midwives (SoM).

Evidence / Reference Source

1. NMC Annual Self Assessment Programme Monitoring, 13 December 2013
2. Meetings with nursing managers and PLFs, 05-06 February 2014
3. Review meetings with midwives, midwife managers, midwife sign off mentors and supervisors of midwives, 05-06 February 2014
4. Interview with LME, 05 February 2014
5. Interview with Head of Midwifery, 05 February 2014
6. Interviews with students, 05-06 February 2014
7. Interview with midwifery team, 06 February 2014

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

What we found before the event

There is a clear university APL process.

Only midwifery applicants with a registered nurse adult qualification are admitted with advanced standing to the shortened programme.

What we found at the event

All three APL claims scrutinised involved 120 credits at level 4 and 5, plus 770 hours of supervised practice, gained through study at a local further education college. Exemptions from year one of the pre-registration nursing degree were granted. The documentation reviewed demonstrates that learning outcomes have been mapped to the NMC standards and competencies.

For midwifery, transfer requests from another university are processed via the LME.

Students entering the shortened midwifery programme meet NMC requirements.

Evidence / Reference Source
1. University Code of Practice, Accreditation of Prior Certificated and Experiential Learning, September 2012   2. APL/APEL Board Minutes of meetings held 27 March 2013 and 01 August 2013   3. Three examples of APL claims, dated 09 September 2013   4. Meetings with nursing students, 05- 06 February 2014   5. Interview with LME, 05 February 2014

Outcome: Standard met
Comments: • We are satisfied that pre-registration nursing students are interviewed jointly with practice placement partners. On rare occasions due to sickness or service pressures this has not been the case. However, we are confident that the university and its practice placement partners are committed to joint interviews and this is being carefully monitored by both parties.
Areas for future monitoring: none

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
HE Yorkshire and the Humber have developed a practice placement quality assurance system (PPQA) which includes a regional educational audit tool (REAT). This is a

collaboration between AEIs and practice placement partners across the region.

There are a number of partnership commitments in place in order to ensure safe and supportive practice learning for students. PLFs are funded by the local education and training board (LETB) and hosted by local trusts. Their role is to support students and placement providers and liaise with academic staff in relation to student development within practice.

There is a joint monthly meeting between PLFs and the academic lead for practice learning together with the director of quality assurance and enhancement. This ensures consistency of approach taken in addressing a number of practice and programme related issues.

Additionally, the faculty has set up a practice placement forum to enable discussions regarding practice issues. The strategic partnership group meets three times per year and involves the dean and faculty executive, HE Yorkshire and the Humber commissioning manager and senior managers from the university and placements.

In addition, there are occasions when a placement may require temporary or permanent withdrawal of students. This could be due to a number of reasons, for example, staff shortage. Ward staff would contact the PLF who would then use a flowchart for decision making about withdrawal of placements to decide the appropriate way forward. Audit and incident reporting by trusts to the faculty is variable, although improving. Recently a more robust approach has been discussed and is being put in place to strengthen this process.

What we found at the event

We found that the PLF monthly team meetings are well supported not only by PLFs from across the area but senior health and social care faculty staff. Inclusion of PLFs in faculty activities is evidenced through periodic email briefs from the dean. The PLF role is a crucial link between the university, their organisation and placement areas.

The PLFs told us that there are effective communication networks between the trusts, university and commissioners and a willingness by the faculty staff to provide support if requested.

The education commissioning lead is a member of the strategic partnership group and rates partnership working with UoH as excellent. The changing priorities in health care delivery necessitate constant additions to nursing and midwifery curricula. We found evidence that the university is very responsive to such changes.

Clinical governance issues are communicated to the university via PLFs. Following the Keogh review of NL&GHFT the three PLFs, hosted by the trust, forwarded the review summary to the academic lead for practice learning. A message was sent to students via the virtual learning site eBridge together with a summary of the report findings. Students were kept fully informed that the university was working closely with the trust to meet the desired outcomes. The quality matron employed by NL&GHFT took on the role in April 2013 and links with the academic lead for practice learning on a regular

basis.

Actions initiated in relation to patient and student safety include: mandatory training achieved for all staff; clinical educators employed to support newly qualified nurses in preceptor-ship; and to make sure existing staff are clinically competent for the teaching of students.

No wards were closed or removed from the training circuit and no students were removed from practice learning environments in the hospitals reviewed by the Keogh team.

There is a process for staff and students to raise concerns in relation to issues observed in the practice learning environments. The raising and escalating concerns policy emphasises students' responsibility in reporting any concerns relating to patient safety and care. There are two processes; one for students and one for staff. This is made clear to students in preparation for practice and guidelines have recently been revised. This is available to students and staff via eBridge. Nursing and midwifery students are aware of the procedures in place for escalating concerns and all know how to access it.

Adult nursing

In all placements visited we found there was a current educational audit in place, with evidence that action plans were in progress. All action plans related to increasing the number of mentors and ensuring currency. The mentor registers indicate that these have been actioned.

Midwifery

Educational audits take place annually with both academic staff and practice partners in attendance. These are reviewed and any actions followed up by the LME.

Evidence / Reference Source

1. Practice Placement Quality Assurance (PPQA): Regional Educational Audit Tool (REAT) website

2. North and South Bank PLF team meetings minutes: 18 Sept. 2013, 17 October 13, 20 November. 2013, 11 December 2013

3. Practice Placement Forum Terms of Reference, 25 October 2013

4. Minutes of meetings of Practice Placement Forum: 14 Feb 13-18 July 2013, 03 October 2013

5. NHS Yorkshire and the Humber and University of Hull Strategic Partnership Group Terms of Reference (undated)

6. Minutes of Strategic Partnership Group, 19 November 2012, 14 March 2013, 15 July 2013

7. Telephone interview with Education Commissioning Lead , 05 February 2014

8. Process for withdrawing placement areas for use by pre- registration students (flow chart undated)

9. Interview with Quality Matron NHL&GFT, 06 February 2014

10. Email communication to students from Academic Lead Placement Learning, 02 August 2013.

11. Email communication from PLF 02 August 2013, Keogh Review Summary (shared on e bridge)

12. Escalating Concerns Policy and Tracking Form, January 2014

13. Meetings with nurse managers, PLFs, mentors, students, 05- 06 February 2014

14. Review meetings with midwives, midwife managers, midwife sign off mentors, PLF and supervisors of midwives, 05- 06 February 2014

15. Interview with LME, 05 February 2014

16. Interview with Head of Midwifery, 05 February 2014

17. Interviews with midwifery students, 05- 06 February 2014

18. Interview with midwifery team, 06 February 2014

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

---

What we found before the event

The SUC strategy and implementation plan is embedded within the three faculty strategic plans. A member of the academic team is currently working with programme leads to embed the use of SUCs within programme development and teaching. The module specification template is shortly going to be amended to reflect how SUCs contribute to individual modules within programmes. Supporting evidence from a SUC who wishes to comment on a student's performance can be completed by the mentor with the SUC concerned.

What we found at the event

We found that there is a lecturer allocated one day per week to co-ordinate the approach to SUC involvement. There is support from senior management to progress the involvement of SUCs in all aspects of the programmes and a commitment to embed this in teaching, learning and research.

Since restructuring in August 2013 clinical psychology and other health related disciplines have joined the faculty and strengthened the commitment to SUC involvement. A service user appointment within the faculty has been requested. There is a core group of SUCs who provide representation on programme management teams; are involved in curriculum planning; and take part in an inter-professional study day for students during the induction week of their programme. This latter initiative has been in place since 2011 and involves a presentation by service users and group discussion with inter-professional groups, including nursing and midwifery students.

Adult nursing

Students told us that they found the inter-professional study day beneficial as it afforded the opportunity to hear SUCs' stories and to gain some insight into how it feels to be in the care system. There is evidence that mentors complete service user evaluations of

the care received from students. All evaluations demonstrate that students communicated well and showed a high level of care and compassion.

Midwifery

We found that practitioners and service users participate in midwifery teaching and learning within the university setting. SoMs support students in practice with a named supervisor for students at each site. SoMs provide teaching sessions at the university about midwifery supervision and its important contribution to public protection from the beginning of the programme.

The curriculum development group engaged service users via a dedicated Facebook page to encourage comments and feedback.

In March 2014, the midwifery team's SoM is presenting at the LSA bi-annual conference regarding a supervision project. Additionally, the midwifery team were involved with the development of the local perinatal mental health strategy and with developing and running a multi-professional module. Sessions are provided for students during the programme. This session facilitates their learning about self-referral and aids communication between health and social partners in order to support women's mental health needs.

Evidence / Reference Source

1. Faculty of Health & Social Care Engagement and Implementation Plan, November 2013

2. Learning and Teaching Implementation Strategy and Development Plan - 2013- 15

3. Supporting evidence from service user or carer who wishes to comment on a student's performance

   (to be completed by mentor with service user or carer concerned)

4. Six completed forms reviewed ranging in date from November 2012 to November 2013

5. Service Improvement through learning and development: user and carer perspective, power point presentation (undated)

6. Job description: Academic Lead for Service User and Carer Activity (undated)

7. Report to faculty executive group, 06 October 2013

8. Service User and Carer framework, 2012

9. Annual Plan - Service user and carer, 03 Dec ember 2012

10. Service User and Carer Forum, minutes of meeting 28 February 2013

11. Faculty structure (01 August 2013) aligned to proposed redesign for service user activity

12. Module specification template, including record for service user participation, January 2014

13. Meetings with nursing mentors and students, 05- 06 February 2014

14. Continuous Assessment of Practice (CAP) viewed 05 -06 Feb 2014

15. Interview with LME, 05 February 2014

16. Interviews with midwifery students, 05- 06 February 2014

17. Interview with midwifery team, 06 February 2014

18. Review of module handbooks, 06 February 2014

19. Review meetings with midwives, midwife managers, midwife sign off mentors and supervisors of midwives, 05- 06 February 2014

Risk indicator 3.2.2 - academic staff support students in practice

---

What we found before the event

All students are supported throughout their three year programme by a PSGL who visits them annually, in practice, and more frequently if required.

There is a clear LL policy. The purpose of the LL role is to establish an effective faculty presence in placement areas ensuring that the learning environment provides students with opportunities to achieve competencies to meet NMC standards. All practice learning environments have a named LL who plays a pivotal role in auditing the learning environment annually. Each placement should know their LL and will be given contact details. Reporting procedures and processes are established within the faculty.

What we found at the event

We were told that the LL system has been in place for some years but due to departmental reorganisation, staff changes and increased workloads the current process now focuses almost exclusively on audits of practice learning environments. Students are well supported in practice by their PSGL but for adult nursing areas the onus falls on the PLFs to support practice learning environments and act as the link between the university and practice placement partners.

We found that students are visited once a year by their PSGL, during placement, with additional support being made available if a problem is identified. Students perceive the PSGL role in a very positive way. However, the move to a student centred model has had an impact on the support available for adult placement areas from academic staff. There was no evidence that the role of the LL had been realigned following implementation of the PSGL role.

 The director of quality assurance and enhancement and the academic lead for practice learning are aware that the LL policy is not working effectively for adult nursing students. New models have recently been proposed with the favoured approach being to identify a designated LL for each practice learning environment and ensure that each LL has a protected one day per week to fulfil their LL role.

Midwifery

Students are aware of the availability of LLs within each clinical area. Practice staff, mentors and students find the LLs available and responsive.

Evidence / Reference Source

1. Personal Supervisors: for Staff and Undergraduate and Taught Postgraduate Students, September 2013

2. Principles of the Link Lecturer Role, April 2012

3. Meeting with Academic Lead for Placement Learning and Director of Quality Assurance and Enhancement , 06 February 2013

4. Paper: Link Lecturer, allocation of the role, 04 February 2014

5. Meetings with nursing PLFs, mentors and students, 05-06 February 2014

6. Interview with mentors and managers, 05 February 2014

7. Interviews with midwifery students, 05-06 February 2014 in university and practice areas

8. Interview with midwifery team, 06 February 2014

Risk indicator 3.3.1- evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

Mentor updates take place on a regular basis and are carried out by PLFs, supported as required by faculty academic staff. Mentor updates are either carried out in group sessions, face-to-face with individuals or by completion of an online workbook.

What we found at the event

Mentorship updates include NMC requirements for mentors and sign-off mentors; curriculum changes; methods of assessment; progression points; and dealing with failing students.

Adult nursing

We found that all mentors are positive about their preparation and updating as mentors and could relate how it helps them in their role in supporting and assessing students. However, there is no evidence to suggest that mentors are using the PPQA to its full potential.

Midwifery

Mentor training is available at different institutions/sites, with opportunities for a variety of methods of updating. Students are, on the whole, reassured by the mentors' ability to assess them. Some students consider that grading of practice is too subjective. However, both students and mentors confirm that they can request lecturer attendance at assessment interviews if needed.

Evidence / Reference Source
1. PLF Role(undated)
2. Online workbook: http://www.mentorupdate.co.uk/
3. Mentorship update PowerPoint presentation by PLFs (undated)
4. Meetings with mentors, managers and PLFs, 05- 06 February 2014
5. Interview with mentors, managers and Head of Midwifery, 05 February 2014
6. Visit to clinical areas, 05- 06 February 2014
7. PPQA seen 05 February 2014
8. Interview with practice development facilitator, 05 February 2014
9. Interview with mentors and managers, 05 February 2014
10. Interviews with students, 05- 06 February 2014 - university and practice areas

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

What we found before the event

Mentors maintain a record of updates and how skills are maintained, for verification by their line manager at triennial review.
Pressures in clinical areas have resulted in some mentors being unable to be released to attend mentor updates.

What we found at the event

Adult nursing
We found that all mentors interviewed have been able to attend updates within the last year. Action plans on educational audits indicate that this has previously been a problem that has since been resolved.
Midwifery
Mentors confirm that they are allowed time out to attend mentor updates and these are recorded in their mentor record.

Evidence / Reference Source

1. NMC Annual Self Assessment Programme Monitoring, 13 December 2013

2. Triennial Review and Mentor Evidence Booklet (undated)

3. Meetings with nursing mentors, managers and PLFs, 05-06 February 2014

4. Nursing mentor registers and education audit, viewed 05-06 February 2014

5. Interview with midwifery mentors, managers and Head of Midwifery, 05 February 2014

6. Visit to clinical areas, 05- 06 February 2014

7. PPQA seen 05 February 2014

8. Interview with PLF, 05 February 2014

9. Interview with mentors and managers, 05 February 2014

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

What we found before the event

PLFs maintain placement profiles and mentor registers.

What we found at the event

Adult nursing

Records of mentors were checked for mentors allocated a student seen during our visit to placements. We also checked the record of the mentor who had supported the student in the previous placement allocation. We found all mentors are current and have triennial reviews where appropriate.

Midwifery

Mentor databases demonstrate that mentor updates and triennial reviews are accurate and complete.

Evidence / Reference Source

1. PLF Role (undated)

2. PPQA website viewed 05- 06 February 2014

3. Visit to clinical areas, 05-06 February 2014

4. PPQA seen 05 February 2014

5. Interview with PLF, 05 February 2014

6. Interview with mentors, managers and Head of Midwifery, 05 February 2014.

Outcome: Standard requires improvement

Comments:

- We were satisfied that the university is working closely with NL&GFT to ensure that students are exposed to good quality learning experiences and patient and student safety is maintained.

- We are confident that SUC involvement in programme development and delivery is progressing but the momentum needs to be maintained.

- Whilst there is a clear LL policy and plans to improve this, currently LLs are not consistently available in adult nursing practice learning environments. Students are well supported, in practice, by their personal supervision group leader. However, the lack of a consistent academic presence in placement areas is a risk for the faculty in terms of assuring students are being exposed to good practice and positive role models. The PLFs endeavour to maintain an overview of all clinical areas but acknowledge that this is not always possible. They do aim to visit placement areas once per semester.

Areas for future monitoring:

- Progress with quality improvement in NL&GHFT to maintain effective learning environments for students.

- Implementation of the proposed SUC involvement proposals.

- Implementation of an effective LL policy

Findings against key risks

Key risk 4 - Fitness to Practise

4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Adult nursing

Students within placements are encouraged to ensure they understand the role of the professionals with whom they work. Adult nursing students are required to set their own objectives for working with other health care professionals and receive feedback from

them.

Simulation of practice is included in year one for:

- Infection prevention and control
- Assessing and recording vital signs
- Moving and handling people
- Medicines management

Midwifery

The department of midwifery and child health provides three preparation for midwifery programmes: the three year BSc Midwifery (three year) programme, for applicants who are non nurses; BSc in Midwifery – short programme, an 85 week programme for applicants who are already registered nurses; and a postgraduate diploma in midwifery, 85 weeks, for applicants who are first degree qualified registered nurses. There is some sharing of learning across the three programmes.

What we found at the event

Adult nursing

The teaching and learning strategies used and pattern of skills and theoretical modules enable students to meet the NMC competencies. Of special note is the clinical skills teaching and students' development of essential skills. The assessment strategies test the students' ability and hours of practice are compliant with EU requirements.

Students are very positive about their critical care modules, the lecturers are seen as enthusiastic about their subject and clinically credible.

Midwifery

The programme and module handbooks illustrate where and how the specified NMC competencies are met and assessed. The LME oversees the management of the programmes. Clinical assessment documents assess essential skills clusters.

Curriculum development has been taking place in readiness for programme approval in April 2014. Changes from the existing programme include maximising placement length by alteration to the pattern of the university semester. Students on the shortened midwifery programme will be assessed for competence in numeracy during their course to provide assurance to the HoMs of their competency.

Evidence / Reference Source

1. Practice Learning Environment profiles PPQ website.

2. Interviews with midwifery students, 05- 06 February 2014

3. Interview with midwifery team, 06 February 2014

4. Review of Module handbooks, 06 February 2014

5. Review meetings with midwives, midwife managers, midwife sign-off mentors and supervisors of midwives, 05- 06 February 2014

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

---

What we found before the event

Students are adequately supported in practice by mentors, PSGL and PLFs. Adequate safeguards are in place to ensure poor performance is identified and addressed (see 2.1.3). To enable students to prepare for each placement, practice placement learning environment profiles are available for students to view on the PPQA website.

What we found at the event

Adult nursing

Overall there is confidence in students' progress and competence at the point of registration. All managers and mentors are confident of students' fitness for practice and fitness for purpose at the point of registration.

Midwifery

Clinical assessment documents assess essential skills clusters. HoMs are reassured by the robustness of the clinical assessment process, including grading of practice. Where students do not meet the expected level of competence robust processes are in place.

There is evidence that mentors supervising failing students receive support from the LL, PLF and personal tutor, as required.

There is clear evidence that all learning outcomes are met during the programme. Sign-off mentors and the HoM have confidence in the programme; consider qualifying students fit for practice and fit for purpose; and seek to employ midwives exiting the programme.

Evidence / Reference Source

---

1. Practice Learning Environment profiles PPQA website

2. Interviews with midwifery students, 05- 06 February 2014

3. Interview with midwifery team, 06 February 2014

4. Review of Module handbooks, 06 February 2014

5. Review meetings with midwives, midwife managers, midwife sign-off mentors and supervisors of midwives, 05-06 February 2014

Outcome: Standard met

Comments: no further comments

Areas for future monitoring: none

Findings against key risks

Key risk 5- Quality Assurance

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

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

What we found before the event

Feedback from students and mentors, regarding their practice experience, is available on the PPQA website. Students in the final year of their programme will also have the opportunity to provide feedback, utilising the additional questions regarding practice on the national student survey questionnaire.

What we found at the event

We found that student questionnaires for NL&GHFT all show positive results (either agree or strongly agree for all items). However, the response rate for each year viewed was only three or four students with no indication of the numbers allocated to the practice learning environment concerned. The faculty is exploring ways of ensuring a higher response rate to student placement evaluations.

The staff student committee meets once per semester and there is student

representation from nursing and midwifery for each year of the programme.

Adult nursing

Compliance with completion of placement evaluation forms is limited. Students indicate they are reluctant to put negative comments in writing and prefer to do this verbally to their PSGL. Students could articulate where changes have been made following feedback.

Midwifery

Students contribute to curriculum development and cohort representatives pass on the views of students. Practice placement evaluations are completed by students and they confirm that, on the whole these, are acted upon. This is encouraged by PLFs and lecturers.

Evidence / Reference Source

1. NHS Yorkshire & Humber PPQA Student Evaluation Instructions, 27th April 2011

2. PPQA Practice Placement Questionnaire undated

3. Student questionnaire statistics NL&GFT Diana Princess of Wales Hospital A&E Academic year:

    a. 10 October 2012 - 09 October 2013

    b. 10 October 2011 - 09 October 2012

    c. Scunthorpe General Hospital - Stroke Unit - 10 October 12 to 09 October 2013

4. Interview with Director of Pre Qualifying Studies and the Faculty Director of Quality, 05- 06 February 2014

5. Staff student committee minutes, 30 October 2013

6. University Code of Practice (undated)

7. Boards of Examiners minutes, May 2012

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

What we found before the event

There is a rigorous process for the conduct of exam boards. The role of external examiners in the review of academic process and agreement of awards is clearly articulated. There is no documentary evidence of the requirement of external examiners to engage with practice. The four pre-registration nursing external examiner reports viewed document no evidence of engagement with students and only one report refers to the review of student CAP documents. The midwifery external examiner report is complimentary about the programme and the co-operation of the programme team. However, whilst there is mention of assessing practice documents there is no evidence

of meeting with students.

What we found at the event

External examiner reports are clear and detailed and there is evidence that programme leads respond to external examiner comments. Some external examiners only examine theoretical modules but for those who examine practice modules there are plans for visits to be made to students in practice learning environments.

Adult nursing

Students gave examples of where they have raised concerns; one regarding the standard of infection control demonstrated by her mentor and another with the quality of mentorship. Both issues were responded to and effectively dealt with by the placement manager and PLF respectively.

Midwifery

Our findings demonstrate that communication at all levels is good with response to issues dealt with in a timely manner. The 'open door' policy of LME, the local supervising authority midwifery officer and HoM enhances the opportunities for swift action, if necessary. All students have access to a named supervisor of midwives as well as a personal tutor, to allow timely debriefing to take place.

Evidence / Reference Source

1.   University Code of Practice (undated)

2.   Boards of Examiners, May 2012

3.   External Examiner Reports

    a.   Pre registration adult:

        i.   31 July 2013

        ii.   10 August 2013

        iii.   14 August 2013

        iv.   20 August 2013

    b.   pre -registration midwifery:

        i.   September 2013

4.   Regulations for the investigation and determination of complaints by students, November 2011

Outcome: Standard met

Comments:

- The PPQA website is accessible and affords students the opportunity to evaluate their practice placement experiences. However, the university is aware that response rates are low and measures are being considered as to how these can be improved.

Areas for future monitoring:

- Response rates for student evaluations.

Personnel supporting programme monitoring
Initial visit on 07 January 2014 prior to monitoring event. Meetings with:
Faculty Director of Quality Assurance and Enhancement Practice learning facilitators x 3 Lead midwife for education Programme leader midwifery - 3 year programme Programme leader midwifery - 85 week programme Adult field leader pre-registration nursing programme BSc Nursing Programme leader (all fields) Director of pre-qualifying studies Associate Dean, Learning, teaching and quality
During monitoring event. Meetings with:
Dean of the Faculty of Health and Social Care Associate Dean, Learning, teaching and quality Faculty Director of Quality Assurance and Enhancement Lead midwife for education Director of pre-qualifying studies Practice learning facilitator x 1 Programme leader midwifery BSc Nursing Programme leader Commissioning manager HE Yorkshire and the Humber Academic lead for service users and carers Academic lead for placement learning Quality Matron Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Meetings with:

Mentors / sign-off mentors	22

Practice teachers	0
Service users / Carers	0
Practice Education Facilitator	4
Director / manager nursing	5
Director / manager midwifery	1
Education commissioners or equivalent	0
Designated Medical Practitioners	0
Other:	5: Supervisor of midwives Matron Managers Midwife not sign off

Meetings with students:

Student Type	Number met
Nursing - Adult	Year 1: 4 Year 2: 0 Year 3: 5 Year 4: 0
Midwifery (3 yr)	Year 1: 2 Year 2: 2 Year 3: 10
Midwifery (18 month)	Year 1: 2 Year 2: 3