

Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance (QA) framework for nursing, midwifery and nursing associate education

Programme provider	Staffordshire University
Programmes monitored	Registered Midwife - 36M BSc (Hons) Midwifery Practice – 2009 standards Bachelor of Midwifery (Hons) – 2019 standards
Date of monitoring review visit	24-26 May 2022
Lead QA Visitor	Patricia Hibberd
Lay Visitors	Sifelani Chikunya Sandra Stephenson
Registrant Visitors	Rachael Spencer Sarah Snow
Practice learning partner organisation visits undertaken during the review	Shrewsbury and Telford Hospital NHS Trust (SaTH) Princess Royal Hospital, Women and Children’s Centre, Telford Royal Shrewsbury Hospital, Maternity Services, Shrewsbury Bridgnorth community services Wrekin Midwifery Led Unit
Date of Report	14 June 2022

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the UK and nursing associates in England. They maintain a register of professionals eligible to practice and investigate concerns and take action where appropriate through fitness to practise processes.

The NMC wants to make sure that nurses, midwives and nursing associates are consistently educated to a high standard, so that they're able to deliver safe and effective care at the point of entry to the register and throughout their careers. They also want to make sure that patients, people who use services, carers and the public have a clear understanding of what nurses, midwives and nursing associates know and are competent to do.

Standards for nursing and midwifery education

The [Nursing and Midwifery Order 2001](#) establishes the NMC and sets out their primary purpose of protecting the public, their functions and activities. The Order sets out NMC powers in relation to quality assurance (QA) of education. This ensures that nurses, midwives and nursing associates are educated to consistently deliver high quality care. The legislation not only defines their role in education and training, it allows the NMC to define and set standards which include the outcomes and proficiencies to be achieved through that education and training. Further it enables them to take appropriate steps to satisfy themselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving their education programmes.

The NMC can withhold or withdraw approval of programmes when standards aren't met.

QA and how standards are met

QA is the process the NMC follows to ensure that education programmes for nurses, midwives and nursing associates, meet the standards required to prepare them to join the register. This includes ongoing monitoring of education and training programmes. It's one of the primary ways that the NMC fulfils their duty to protect the public.

The NMC QA framework published in August 2018 puts better, safer, effective care at the heart of what they do. The QA framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions and their practice learning partners (PLPs), or employer partners (EPs) in the case of apprenticeships, must provide in order to meet NMC standards.

If QA identifies that an education institution and/or PLPs/EPs aren't meeting NMC standards they must take action to ensure return to compliance. This will ensure that there's public confidence in the NMC's role in nursing, midwifery and nursing associate education and encourages the education institution to remain responsible for meeting NMC standards.

Education monitoring reviews

The QA framework outlines the NMC's data driven approach to monitoring. This approach to monitoring enables the NMC to be risk-based, focussing on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. Their monitoring approach promotes self-reporting of risks/concerns/issues by AEIs and it engages nurses, midwives, nursing associates, students, people that use services, carers and educators in processes.

The NMC may conduct a targeted monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery or nursing associate education in both the AEI and its PLPs/EPs.

The published QA methodology requires that QA visitors (who are always independent to the NMC) should make judgements based on evidence provided to them about the quality and effectiveness of the AEI and PLPs/EPs in meeting the education standards.

QA visitors 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 PLPs/EPs have all the necessary controls in place to safely control risks to ensure programme providers and PLPs/EPs achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Not met: The AEI doesn't have all the necessary controls in place to safely control risks to enable AEIs and PLPs/EPs 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's 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 doesn't reflect a balance of achievement across a key risk.

When a standard isn't met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant PLP/EP. The action plan must be delivered against an agreed timeline.

The NMC have the power to withdraw approval for an AEI or programme if the actions fail to demonstrate the standard is met.

The education monitoring visit to Staffordshire University (SU)

The NMC took the decision to conduct a scheduled education monitoring visit to SU to seek assurance in relation to the delivery of the approved pre-registration midwifery programmes in line with NMC standards for nursing and midwifery education. The focus of the visit was SU's pre-registration midwifery programme focussing on practice learning and support in practice learning environments for students, primarily in the SaTH.

The NMC actioned this visit because risks identified in the extraordinary review in February 2020, were further highlighted through the approval of the pre-registration midwifery programme in April 2021. These risks focus on the high vacancy rate within SaTH in addition to ongoing concerns reported in relation to patient safety and the culture of caring and an increase in the number of midwifery students at the AEI. All of this poses a potential significant risk to student supervision, support and learning and concerns for public protection.

The NMC provided the AEI with the intended focus of the monitoring visit and a specific review plan was conveyed to the AEI. The education monitoring review plan clearly indicates the areas for review under five key risk themes: 'effective partnership working: collaboration, culture, communication and resources', 'selection, admission and progression', 'practice learning', 'assessment, fitness for practice and award', and 'education governance: management and QA' which will be reviewed across academic and practice settings (6).

The QA monitoring visit team included a lead QA visitor, lay visitors and registrant visitors with due regard for the programmes under review. The QA visit team used the review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They concluded their findings in response to the risks identified, NMC standards and key risk areas.

Summary of findings against key risks				
Effective partnership working	1.1 Inadequate capacity to accommodate all students in practice learning environments	1.1.1 Evidence of effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments		
	1.2 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC	1.2.1 AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme	1.2.2 Sufficient appropriately qualified academic assessors are available to support numbers of students	
	1.3 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.3.1 Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students		
Selection, Admission and Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.4 Programme providers' procedures are implemented by practice learning providers in addressing issues of poor performance in practice
Practice Learning	3.1 Inadequate governance of and in, practice learning	3.1.1 Evidence of effective partnerships between the AEI and practice learning provider at all levels, including partnerships with multiple education institutions who use the same practice learning environments		
	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 design, development, delivery, assessment, evaluation and co-production.	3.2.2 AEI staff support students in practice learning settings	
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that practice supervisors/assessors are properly prepared for their role in supervising and assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared practice supervisors/assessors are assigned to students.	

Assessment, Fitness for Practice and Award	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards.	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 and this is confirmed through documentary evidence.		
	4.2 Audited practice learning placements fail to address all required learning outcomes in practice in accordance with NMC standards.	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 and this is confirmed through documentary evidence.		
Education Governance	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			Standard not met	

Introduction to Staffordshire University's programmes

SU is an AEI. They're approved to deliver programmes leading to eligibility to apply for registration as a nursing associate, nurse (adult, mental health and children's) and midwife. SU also offer an independent and supplementary nurse prescribing programme.

The focus of the education monitoring visit is the AEI's pre-registration midwifery programme. The visit is conducted on 24-26 May 2022. An initial preparatory visit was undertaken via remote means on 9 May 2022.

The pre-registration midwifery programme comprises the Bachelor of Midwifery (BMid) three-year programme which is in approval since 26 July 2021. The programme commenced in September 2021 and is approved under the Standards for pre-registration midwifery programmes (SPMP) (NMC, 2019) and the Standards of proficiency for midwives (SPM) (NMC, 2019). Students are in year one (level four). Students in year two (level five) and year three (level six) are continuing on the three-year full-time BSc (Honours) midwifery practice programme (BSc MP) approved in 2013 under the Standards for pre-registration midwifery education (SPME) (NMC, 2009). All students are transferred to the Standards for student supervision and assessment (SSSA) (NMC, 2018) (1-4).

The monitoring visit comprises a review of documentation presented by SU prior to the visit. During the visit, QA visitors met students from all years of the midwifery programme, together with senior academic managers and staff, service users and carers. Visits to midwifery placements were conducted to meet with managers, practice assessors, practice supervisors and students in placement. This included review of relevant educational audits (104-116).

SU deliver the midwifery programme from two campuses, Blackheath Lane (BHL) campus in Stafford and the campus at Royal Shrewsbury Hospital (RSH). SU are in the process of withdrawing delivery from the RSH campus, only recruiting to BHL from September 2021. SU have a clear plan for managing risk as they withdraw from the RSH campus (162-163).

There's a total of 136 students undertaking midwifery programmes across the two campuses. In year one, there's 42 students based at BHL. Students in years two and three are taught from both campuses. In year two, there's 26 students at BHL with 12 students at RSH. In year three, there's 29 students at BHL and 27 students at RSH (15).

PLPs comprise Mid Cheshire Hospitals NHS Foundation Trust (MCH), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), University Hospitals of North Midlands NHS Trust (UHNM), The Royal Wolverhampton NHS Trust (RWT) and SaTH) (17).

SaTH is one of the main PLPs working in partnership with SU providing practice learning and support for students on NMC approved programmes. The focus of this monitoring visit is pre-registration midwifery with an emphasis on practice learning and support in practice learning environments for students on placement at SaTH.

SaTH maternity services currently comprise a main consultant led unit at Princess Royal Hospital (PRH), Telford, alongside the Wrekin midwifery led unit (MLU), There are community midwifery services based in the Royal Shrewsbury Hospital (RSH), Further community midwifery services are based in Bridgnorth, Ludlow, Whitchurch and Market Drayton. All areas are audited placement learning environments for SU midwifery students. They also have placements to the neonatal services based at PRH.

There's been concerns with quality and safety in SaTH. This led to an NMC extraordinary review of the SU midwifery programme in February 2020 raising concerns about the monitoring of placement capacity to meet midwifery requirements. The effectiveness of SU communication for student supervision and support is also identified. This includes ensuring students' concerns are listened to and acted upon. The BMid programme approval raised similar concerns (1, 4, 5, 7).

The midwifery programme is under the process of enhanced scrutiny from the NMC. SU provide monthly reports as part of this. In the annual self-report to the NMC, SU confirm risks are mitigated or managed in relation to placement capacity, service user and carer involvement and through the recent reorganisation of programme leadership in the midwifery programme (39).

Summary of findings in relation to key risk themes and NMC standards

Our findings conclude that the AEI has systems and processes in place to monitor and control the following risk themes to meet NMC standards and assure protection of the public:

- Selection, admission and progression
- Assessment, fitness for practice and award

We find the following key risk themes aren't controlled:

- Effective partnership working: collaboration, culture, communication and resources
- Practice learning
- Education governance: management and QA

The AEI must identify and implement an action plan to address these key risks that aren't met to ensure the pre-registration midwifery programme meets NMC standards to protect the public.

Effective partnership working: collaboration, culture, communication and resources: not met

We can't be assured that all key risk indicators in relation to effective partnership working in practice learning are successfully managed by SU, in order to protect the public.

There's effective collaboration at a strategic level. PLPs confirm they're involved in the stakeholder and governance process at SU. Partnership agreements are in place. PLPs and service users are involved in curriculum development. Placement capacity and placement allocations including availability of practice assessors and practice supervisors are included in the governance processes. There are processes in SaTH to monitor placement capacity for midwifery students including practice learning areas used by other students.

Service users and carers support co-production of the midwifery programme. There's ongoing development of service users in the midwifery programme including a developing partnership with the maternity voices partnership (MVP). Service users we met in practice settings spoke positively of the care provided by students.

We find that students at levels five and six are unable to confirm who their academic assessor is or that they're visible in practice settings to support assessment and progression (risk indicator 1.2.2).

Selection, admission and progression: met

SU use a values-based recruitment process which includes confirmation of good health and character and understanding of the role of the midwife. Processes to ensure equality and diversity are included. Recruitment of midwifery students includes healthcare professionals, service users and students. There's preparation for recruitment to support a fair process. There's commitment from senior PLPs to release midwifery practitioners for recruitment in the next recruitment cycle (88, 91, 100, 110, 112, 116).

Fitness to practise procedures are in place. SU give examples of how these are used. There's a process flowchart for academic and practice staff to raise a concern about student conduct, and a template form is provided to enable staff to raise the concern (78-79).

Practice supervisors and practice assessors follow agreed procedures to address issues with poor performing students. They confirm that they understand how to respond effectively to public protection concerns and student performance in practice learning environments and are supported to do so. Students understand the importance of public protection and are clear about processes to raise their concerns. There are robust policies to manage the raising of concerns and complaints and whistleblowing (132-135).

There's an SU under 18 safeguarding process in place.

Practice Learning: not met

We can't be assured that all key risk indicators in relation to practice learning are successfully managed by SU, in order to protect the public.

There's documentary evidence of SaTH policies and procedures for safe governance of practice learning. This includes a standard operating procedure for monitoring the suitability of a clinical area and include leadership, quality indicators, student feedback and concerns and staffing. Thresholds are identified to escalate concerns to senior nursing management in SaTH and the AEI(s) concerned. There's confirmed partnership working with SU to manage or escalate risks to practice learning.

Students confirm they've access to a named practice assessor and practice supervisor in all placements. They tell us that they enjoy their placement experiences and receive effective support and are enabled to meet their practice learning outcomes. Practice assessors and practice supervisors feel well prepared and are supported in their roles by clinical placement facilitators (CPFs). There's shared responsibility for ensuring that educational audits are completed and action plans are monitored.

We find the roles of AEI staff in practice learning settings aren't clearly understood by students at levels five and six or by practice supervisors and practice assessors across PLPs (risk indicator 3.2.2).

Assessment, fitness for practice and award: met

Programme documentation provides students with clear written information about programme requirements and learning, teaching and assessment. This includes an outline of learning and teaching strategies and learning opportunities (63-70).

BMid students are positive about their programme experience including preparation for practice through skills and simulation teaching. All students have access to the Blackboard virtual learning environment. BSc MP students tell us, and SU confirm, they're still receiving mainly online delivery but there's planned campus delivery at both BHL and RSH campuses from September 2022. Students confirm that skills teaching is face to face on both campuses (92, 95-97, 103).

All students confirm that they receive formative feedback on academic work.

There are practice learning opportunities available to students which enable them to develop and meet the SPME or SPMP and SPM. Year one students tell us of their progression requirements this year. SU raise as an issue the number of students in year three who'll need to use consolidation and elective weeks in the curriculum to make up some European Union (EU) directive numbers, particularly conduct of 40 deliveries. Individual students' EU numbers and programme hours data is collected and monitored by the lead midwife for education (LME) to ensure that adjustments to

students' placements can be made where needed. SaTH is aware of the outstanding proficiencies and requirements and are supporting students to achieve these, therefore this risk theme is met (69-70, 87, 99-100, 104, 106, 114).

PLPs confirm that students are able to proceed to a preceptorship programme on employment.

Education governance: management and QA: not met

We can't be assured that all key risk indicators in relation to education governance are successfully managed by SU, in order to protect the public.

There's a SU continuous monitoring policy implemented which includes a process of student feedback through module evaluation progressing to committees and action plans up to university level (125, 158).

There are processes for students to evaluate their experience and raise concerns and complaints, however, BSc MP students in level five and level six tell us their concerns and complaints about their learning experience aren't listened to or addressed.

Students are aware of processes to raise concerns or complaints about their experience during practice placements. They feel safe to escalate a concern in practice and are confident that they'll be supported during the process (97, 110, 116).

The programme team has a qualified professional midwifery advocate (PMA) within the academic team who's been in post since January 2022. The academic PMA offers additional support to students on an ad hoc basis (87).

Senior PLP managers confirm that any quality concerns raised through evaluation, audit or external QA processes are shared with SU. There's partnership working with SU to assure student placements are safe or to move students' placements where this is required. SU have a contingency plan for moving students away from a PLP if safety and quality can't be assured (92).

There's a robust business plan and road map for the staged withdrawal of the RSH campus (162-163).

We find insufficient evidence to provide assurance that actions and outcomes from routine student feedback and evaluation systems are used effectively to inform programme enhancements at level five and level six (risk indicator 5.1.1).

27 June 2022:

SU reviewed the report and proposed several minor amendments in relation to factual accuracy. All amendments were made in the report.

Summary of areas for future monitoring

- Midwifery specific service user engagement in all aspects of the programme.
- Student achievement of the EU directive requirements and the impact on student progression and completion.

Summary of feedback from groups involved in the review

Academic team

The academic team give an overview of midwifery provision at SU. They tell us there are 136 students in total, with the majority of students (65 percent) classed as mature (86).

SU confirm that they're focusing on ways to encourage diversity in their recruitment in order to better reflect the demographics of the range of placement areas accessed by midwifery students. One example is that they've expanded the number of applicants invited for interview. They've been successful in recruiting two male students to the programme. They tell us they're encouraging diversity in the interview panels which include current students, academic staff, service users and practitioners. They confirm that they've not been able to include practitioners during the COVID-19 pandemic, however, questions used by interview panels are agreed with PLPs as part of a values-based approach. There's mandatory equality and diversity and unconscious bias training, and checks are in place to ensure that all interviewers are currently prepared and updated (91).

Senior academics tell us that there's a clear workload and resource plan for the midwifery programme team. There's been a period of change in the team, but they've recently made and are currently making new staff appointments. They appointed a new course director in March 2022 who's also acting as the interim LME. There are over nine full-time equivalent team members and two further midwifery lecturers who'll be in post by the end of the academic year. They tell us that the staff student ratio is favourable to that used as standard across SU, providing the time for the academic assessor role, academic link lecturer and practice requirements of the academic midwife. The academic mentor role is undertaken in conjunction with the academic link lecturer role for the same students. The academic assessor role is allocated for years one and three to the same students, with a change in allocation of academic assessor for year two (89-90).

The academic team confirm that the BSc MP programme is delivered on two campus sites: BHL campus in Stafford and the campus at RSH in Shrewsbury. The BMid programme is only delivered at BHL. For the BSc MP, academic team members teach across the two sites, with sessions repeated on each site. Most of the academic team are based at BHL campus. There's one member of the midwifery academic team based at RSH (86).

The RSH campus will close once the BSc MP is concluded there. The team tell us there's a teach-out plan for third year students at RSH in 2022-2023 confirming that all teaching sessions will be facilitated as in previous years. There's a commitment to maintain skills and simulation teaching, and no resources will be removed during this final academic year on that site. There'll also be opportunity for students based at RSH to access skills and simulation facilities at the BHL campus (86, 89).

The senior team confirm the governance systems in place to assure NMC standards. They outline the committee structure and tell us of the key decision-making stakeholder groups. The senior management team (SMT) meets on a weekly basis in order to make timely decisions related to any current issues or concerns. They tell us that the interim LME attends SMT meetings on a monthly basis so that key midwifery issues are discussed as part of senior governance (94).

The interim LME tells us that all midwifery lecturers are also academic link lecturers across the five NHS trusts. Academic link lecturer activity includes supporting practice assessors, practice supervisors and students and participation in educational audits. Link lecturing activity is undertaken on a twice-weekly basis at SaTH and once weekly at other trusts. Link lecturing activity is undertaken with the academic link lecturer for SaTH basing themselves in a vacant office for two hours should any student, practice supervisor or practice assessor wish to see them. Link lecturing activity is undertaken via phone or email only in one NHS trust (UHDB). This was at the trust's request during the pandemic. The interim LME tells us that students are allocated by their term time address to one PLP for the duration of the programme. There's an opportunity for an elective placement for three weeks at the end of year three. Educational audits are undertaken annually at SaTH and every two years in other PLPs. The academic team tell us of debrief sessions with each year group of students after each placement block (87).

The interim LME engages with the national LME network and quality and governance meetings in her role as both LME and course director. As part of a previous role, the LME worked closely with national MVPs, and is planning on establishing links with local MVPs to strengthen service user and carer involvement in the midwifery programme. There's a clear programme of induction for the LME (87).

There's one professional midwifery advocate within the midwifery academic team. She's new to post at SU (since January 2022) and offers additional support to students on an ad hoc basis. The academic team tell us there are plans to support more of the academic team to undertake the professional midwifery advocate qualification (87).

The senior team tell us of the QA processes within SU. They tell us of the processes in making changes to programmes in response to student evaluation and other feedback. They confirm that SU processes are in place to ensure oversight and assurance of SU regulations and NMC standards. They're clear about processes for modification of NMC programmes (94).

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors tell us they primarily engage with CPFs when seeking advice and support relating to student learning. They feel well supported in their role by their trust. They're aware that academic link lecturers from the AEI are attached to placement areas, however they can't provide examples of meeting with them in the practice learning environment. Practice assessors are unable to confirm that a collaborative process is undertaken by the academic assessor and practice assessor in recommending progression. Practice supervisors and practice assessors tell us they're appropriately trained and supported by their organisation to support students' learning and development of the SPME, SPMP and SPM. They're satisfied with the level of student ability, learning and progression (99).

Employers and education commissioner

Senior representatives from PLPs tell us that there's effective and collaborative partnership working at strategic and operational levels. There's been strong engagement in managing placement capacity across the five PLPs and with all AEIs in the local placement system to match workforce need with the available placement capacity. The number of students is agreed annually with the AEI in conjunction with an appraisal of the wider placement demands. Contingency plans are in place to support placements for SaTH or other placement providers where this is needed (87).

Employers confirm their commitment to working with the AEI to recruit students who are suitable for midwifery education. Pressures on services in the previous two years have reduced practitioner involvement in the interview process but there's a commitment to release staff to engage in the next interview cycle. They confirm they form part of the decision-making process in applicants' fitness for the programme. This is particular to applicants who have an issue declared in their disclosure and barring service (DBS) process. They confirm that equality and diversity training is a mandatory requirement and completion of this is monitored.

PLPs confirm effective arrangements for identifying, preparing and supporting practice assessors and practice supervisors for their role in the learning and development of midwifery students. They ensure that the identification of new practice assessors and practice supervisors is aligned with ongoing monitoring of placement capacity. Databases of practice assessors and practice supervisors are held within trusts as part of this oversight, which also enable identification of practice supervisors ready for development as practice assessors. Practice assessor and practice supervisor preparation is organised and delivered by employers. They confirm there's a range of nominated people within the trusts employed to prepare, develop and support practice assessors and practice supervisors in their roles and to support effective operational

links with the AEI. They confirm that live practice assessor and practice supervisor numbers are shared with the AEI as part of the placement allocation process.

Employers tell us they work in partnership with SU where there are temporary changes or reconfiguration to placements. Short term placement changes are communicated with SU to agree the management of the student's practice learning experience. It's confirmed that longer term reconfiguration, pause or withdrawal of placements is discussed through the practice quality meetings to enable forward planning and impact assessment. Employers describe how an action plan is developed to create or return a clinical area to an active placement. This includes the preparation of practice assessors and practice supervisors and a full educational audit. A phased approach may be used to enable this.

Employers are aware that many of the third-year student midwives are struggling to achieve the number of personally managed births required by the EU directive. They tell us they're supporting students to progress with this in a managed way. They're also ensuring that there's a clear plan for their induction and preceptorship as newly registered midwives.

Senior managers in SaTH comment that students graduating from SU are fit for practice and they're keen to employ them on successful completion of the programme.

Students

We met with year one students from the BMid programme and year two (level five) and year three (level six) students from the BSc MP programme. Representatives from each student cohort attended the AEI. The visitors also met year three (level six) students in practice settings. Year one and year two students weren't allocated to placement at the time of the visit (94-96, 103, 105, 109, 113, 115).

BMid students confirm that the recruitment process includes an online interview. They're interviewed by two people including a registered health professional and either a service user or student midwife. They tell us that DBS and occupational health assessment is completed. They're extremely positive about their experience to date in both theoretical and practice settings. They tell us how their learning experiences have prepared them effectively for the practice learning environment. Students tell us they've been invited to evaluate both their academic and placement experience and provided with feedback on what's being done by the AEI in response. They're appreciative of the changes that the academic team are currently making to improve student experience within the programme. They tell us there's face to face learning on campus with learning which is supported by materials and communication via the virtual learning environment. There's good access to skills and simulation resources. Students know their academic assessor, who is also the academic link lecturer for their placement NHS trust in year one.

Students tell us they've had two placements to date and understand their practice requirements. They're progressing well with the electronic midwifery ongoing record of achievement (e-MORA) and confirm that their practice assessors and practice supervisors are finding this accessible to use. They tell us of the effective support they've had from practice assessors and practice supervisors as well as CPFs and academic link lecturers. SU hold a debriefing session after each placement. Students confirm that they'll have a meeting to review their achievement at the end of year one with their academic assessor.

Two year one students attending the monitoring visit have placements in SaTH. They confirm that the support they receive is excellent and there's good visibility of academic link lecturers during their placements. They tell us practice assessors and practice supervisors are well prepared for the BMid and the e-MORA.

BSc MP students tell us that recent staff changes in the programme team and the COVID-19 pandemic is negatively impacting their experience. Level six students tell us they're behind in meeting the requirements of the EU directive. They're unclear about what still needs to be achieved.

BSc MP students are concerned as they tell us there's been little on-campus teaching and there's a lack of academic support from SU. They give us an example of delay in formative feedback in the preparation for assessment. They confirm that they're confident to seek help and raise concerns where appropriate. However, they're not satisfied that the processes of evaluation and raising concerns are effective. The outcomes and actions from evaluation aren't clearly communicated to and understood by them. They acknowledge the positive impact of new academic staff joining the programme and provide examples of helpful communication with the new LME. Some students confirm they meet with an academic assessor as part of the practice assessment process, however they're not confident in their understanding of the role.

Students on both programmes report high levels of satisfaction in the practice learning environment and describe consistently excellent support from practice assessors, practice supervisors and the CPFs. Discussion with students provides assurance that their practice learning needs are met and facilitate achievement of the SPM or SPMP and SPM.

Service users and carers

We met with service users and carers in the AEI and in placement settings. Service users confirm that they're involved in all aspects of the programme and are confident that their engagement is highly valued (100).

One service user we met in practice placement describes a process of consent for a student midwife to provide her postnatal midwifery care. She describes the student she encountered as caring. She wasn't invited to feedback on the student's care.

Relevant issues from external QA reports

The last Care Quality Commission (CQC) report for SaTH was published in 2021. The overall rating for SaTH remains 'inadequate'. The maternity service overall rating is 'requires improvement' (7).

There's a clear process of ongoing communication between SU and SaTH, with evidence of monthly meetings chaired by the director of nursing (32-34).

To monitor learning environments more closely, SaTH educational audits are completed on an annual basis (45).

In other PLP CQC reports, maternity services aren't recently inspected (8-12).

Follow up on recommendations from approval visits within the last year

Recommendations from the BMid approval visit include:

- Consider enhancing sustainable service user and carer engagement in the design, development, delivery and evaluation of the midwifery programme including simulated learning. (Standards framework for nursing and midwifery education (SFNME) (NMC, 2018) R1.12, R2.7, R5.5; SPMP R1.4, R2.4) (1)

Focused areas for monitoring are:

- Sustainable service user involvement.
- SSSA and e-MORA implementation for all students across all settings (1).

At the monitoring visit SU and service users and carers tell us that sustainable service user and carer engagement is developing. Service users and carers support co-production of the midwifery programme. There's ongoing development of service users in the midwifery programme, including a developing involvement with the MVPs. Service users in placement areas speak positively about SU students.

SSSA and e-MORA implementation is ongoing. BMid students tell us that there's been no problems implementing the e-MORA for their practice assessments. Practice assessor and practice supervisor preparation for the e-MORA is being rolled out. Practice assessors and practice supervisors confirm that they've not all received preparation yet but are supported to complete this.

At the monitoring visit we find that practice assessors and practice supervisors feel prepared for and are able to undertake the role. Students confirm they're well supported by practice assessors and practice supervisors. Academic assessors are identified and prepared for the role. BSc MP students at levels five and six aren't clear

about who their academic assessor is and tell us there's no visibility of the role in practice settings.

Specific issues to follow up from AEI self-report

There are a number of issues for follow up from the AEI's annual self-report (ASR) (13).

SU report that placement capacity is a key risk. SU tell us that mitigation is achieved at a strategic and operational level. Issues are raised at quality, education and workforce development meetings as well as extraordinary PLP/AEI meetings to ensure any specific risks are identified (23-31).

SU report that some students have required extensions to placement periods to ensure that hours, competencies and EU Directive requirements are met. This is attributed to individual delays rather than lack of placement capacity. SU report under NMC emergency standard E3 that adapted placement pathways were negotiated for year one students or those with health risks who had missed placements due to COVID-19. Additional time was negotiated for these students and was also used to facilitate the number of births required for final year students under the EU Directive.

SU report five exceptional reports to the NMC during 2020-2021. There's one exceptional report for midwifery on 8 April 2021 notifying the NMC of the interim arrangements made at SaTH due to sickness within senior midwifery leadership. The director of midwifery, deputy head of midwifery and midwifery matron were absent due to sickness and therefore additional support was to be put in place. SU tell us that collaborative meetings were set up to ensure QA of the learning environment, while visits by academic links were increased during this period to provide additional support for students in practice. A new director of midwifery is now in post at SaTH (13).

There's limited information about service users and carers provided for pre-registration midwifery in the ASR. Service users and carers are involved in assessment and are able to provide feedback to improve the process. There's an indication that they're involved in curriculum development. There's 47 members in the service user and carer group. Service users and carers related specifically to midwifery programmes aren't identified.

SU identify that under NMC recovery standard RN5 simulation is used to support learning and assessment in practice but not to assess proficiency. SU tell us that simulation doesn't contribute to midwifery student practice hours.

Placement extensions are utilised in order to facilitate student achievement of the required hours and EU standard requirements.

Findings against key risks	
Key risk one: Effective partnership working: collaboration, culture, communication and resources	
<p>1.1 Inadequate capacity to accommodate all students in practice learning environments</p> <p>1.2 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.3 Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>	
Risk indicator 1.1.1 – Evidence of effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments	
What we found before the review	
<p>There's evidence of processes in place within SU, SaTH and with other PLPs to monitor placement capacity for midwifery students. There's evidence of partnership working between SU and PLPs. SU present terms of reference and evidence of NHS quality, education and workforce development meetings with all trusts. The agenda includes items related to workforce development and practice learning/ placement capacity. Minutes of meetings with SaTH demonstrate changes in senior leadership in the AEI and in the midwifery service during 2021-2022 (23-31).</p> <p>There are monthly AEI meetings with SaTH to monitor key placement quality issues in nursing and midwifery chaired by the director of nursing. These are also attended by other AEIs with students in placement and Health Education England (HEE) representatives. HEE report differences between staff and management perceptions of capacity within the trust. On follow up there are reported isolated cases of students feeling pressure with regard to supernumerary status (32-34).</p> <p>SU present evidence of a collaborative practice learning quality meeting terms of reference. This group has joint education and practice membership and reports to the SU academic committee and NHS quality groups. Its role includes monitoring of concerns, evaluations and educational audit reports, as well as the sharing and dissemination of best practice (35).</p> <p>There's evidence to show that SU have responded to placement capacity issues. In 2021, admissions to the RSH campus were reduced in order to manage the reconfiguration of services within the trust. SU also present signed statements of commitment from four NHS trusts. These agree to increase placement capacity for students who need to be reallocated from SaTH in the case of exceptional</p>	

circumstances. There's a process for returning students to withdrawn placements (16, 18-21).

SaTH have a standard operating procedure for clinical placement monitoring with red flags to indicate rapid action. There's a process for red flag decision making and escalation of concerns within the organisation, including when to remove students from placement areas (36).

SU present a practice learning QA and governance dashboard to monitor placement capacity within SaTH. This includes themes arising from education audit and practice evaluation in addition to available staffing levels and available practice supervisors and practice assessors (37).

The education audit process and flowchart and completed educational audits are presented for SaTH placements. The process is conducted within the organisation over a period of one week. There's evidence that reports for midwifery placements at SaTH are currently completed annually and include a record of placement capacity and practice assessors and practice supervisors (38, 46, 104, 106, 108, 110, 112).

SU present evidence of regular academic link visits to the Princess Royal Hospital (PRH) maternity site at Telford, SaTH. Academic link meetings monitor and record staffing levels, placement capacity and the availability of the named practice assessors and practice supervisors for students (48-50).

There's evidence that SaTH notify the AEI when there are significant incidents and that the AEI support students through significant incidents (49-51).

What we found at the review

Documentary evidence and meetings with the senior academic team and senior and operational staff from PLPs tell us that placement capacity is sufficient to support student learning in practice learning environments. PLP representatives tell us that partnership processes are robust and effective at managing placement capacity. There's close working between PLPs and with all AEIs in local health economies to ensure placement capacity is monitored and managed. PLPs confirm they're committed to providing additional placement capacity if this is needed for quality or safety reasons in SaTH. The senior SU team tell us that they've reduced their overall annual student intake in order to assure sufficient capacity. The senior academic team and PLPs confirm that major changes to organisational capacity are discussed at key stakeholder meetings, with students being affected by minor changes to placements being managed between CPFs and the SU placement hub (18-21, 87, 91).

Documentary evidence and discussion with students and PLPs confirm that students have access to varied practice learning experiences in key maternity and specialist placement settings each year. Students confirm they're supernumerary when in

practice and that the variety of practice learning opportunities available to students enable them to develop and meet the SPME or the SPM (95-97, 100).

Adult nursing students access maternity placements. This is managed by the CPFs or academic link lecturer in each area to ensure there isn't a negative impact on midwifery students' learning and placement capacity. Senior PLPs and the academic team confirm that capacity on other placements shared with nursing is improving and will allow students to meet their EU Directive requirements (91, 104, 106, 114).

Our findings confirm evidence of effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments.

Risk indicator 1.2.1 – AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme

What we found before the review

There's evidence to indicate that AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme. NMC personal registration number (Pin) and curriculum vitae (CV) checks demonstrate that the interim LME and course leaders have due regard. The midwifery team currently comprises 11 midwives for the two-campus provision. One midwife is currently away from the team (16, 22).

Pin checks confirm that all team members are current registered midwives. CVs demonstrate that academic staff hold or are working towards a teaching qualification and have a range of midwifery practice experience (22).

Following the dean's involvement in listening events for all cohorts (as a result of feedback from an HEE direct listening event), students raised concerns about the management of the midwifery programme. They've appointed an interim LME while this is under investigation. An interim course leader is also in post and they tell us that additional midwifery appointments are being made (16).

What we found at the review

Documentary evidence and the senior academic team confirm that staff appointed are current midwives. There's a checking process to ensure that lecturers' registration and revalidation requirements are met. There's a current database which records Pin numbers and revalidation dates. NMC Pin checks confirm that the BMid and BSc MP course directors and members of the academic midwifery team are current on the NMC register (40, 87).

Academic midwifery staff hold a range of clinical backgrounds and expertise to support the application of specialist knowledge and skills. Examples include community

midwifery, newborn advanced life support, hypnotherapy and obstetric emergencies. One member of the midwifery team is a PMA and describes how this role and associated links with PMAs in PLPs enhances student support and learning. For example, supporting students who experience adverse events in the practice learning environment (22, 87).

The AEI confirm that all academic members of the programme team undertake the role of academic link lecturer, allocated to a specific partner trust. Senior managers, practice assessors and practice supervisors confirm this (87, 97, 100, 108, 110, 112, 116).

The interim LME tells us that they represent midwifery at strategic meetings in the AEI. The interim LME tells us, and the senior academic team confirm, that the interim LME is invited to attend a senior management team meeting once per month. The interim LME is involved in national activity as a member of the strategic LME UK-wide forum and since appointment they've been building networks with senior managers in PLPs in order to discuss midwifery at a strategic level (98).

Our findings confirm that AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme.

Risk indicator 1.2.2 – Sufficient appropriately qualified academic assessors available to support numbers of students

What we found before the review

There's evidence that academic assessors are qualified to undertake the role. SU provide guidance for the qualification and allocation of academic assessors. Most of the midwifery team are identified as academic assessors (58).

Academic assessors are allocated by the course leader, and SU maintain a register to demonstrate requirements. The SU process states that academic assessors delegate student progress to practice learning area teams. These are teams set up to support students in practice, support practice assessors and practice supervisors and monitor the quality of the learning environment. These teams include academic link lecturers (55-57, 59-60).

Learning area teams are required to share any action plans or concerns about a student with the academic assessor (60).

What we found at the review

Documentary evidence and meetings with the senior academic team confirm that there's a process for identifying and preparing academic assessors. The interim LME confirms there's recently been a whole team academic assessor update undertaken. The midwifery programme team tell us that academic assessor and other student

facing roles are streamlined to better support students in practice with the academic mentor and academic link lecturer roles combined. Each link lecturer is an academic assessor (87, 92, 98).

BMid students tell us that they know who their academic assessor is and that they're visible in practice settings. They're aware that their academic assessor is responsible for reviewing their overall progression. They tell us that e-MORA allows for dialogue between the academic assessor and the practice assessor (95).

Students on the BSc MP programme, together with their practice assessors, are unable to describe the role of the academic assessor. Students and practice assessors can't confirm there's a collaborative process undertaken by the academic assessor and practice assessor in recommending progression. Some are unaware of who their academic assessor is and how they contribute to their progression. Others tell us they've not been told when their academic assessor has changed when staff leave SU. Students on outlying community placements tell us they've not been visited by their academic link lecturers and have little or no understanding of the role of the academic assessor (58, 97, 104, 106, 110, 114).

We therefore find that students on the BSc MP programme at levels five and six are unable to confirm who their academic assessor is or that they're visible in practice settings to support assessment and progression. The lines of accountability for their assessment and progression aren't clear for BSc MP level five and level six students.

Risk indicator 1.3.1 – Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students

What we found before the review

SU have a placement allocation process which considers the student learning pathway and the practice capacity of the trusts. Placement allocations are reviewed by the PLPs and allocated to individual trusts. There's a minimum six weeks' notice of placement allocation to students (61).

SaTH have a standard operating procedure to monitor the number of practice assessors and practice supervisors, with red flag indicators if placements have one or less practice assessors or two or less practice supervisors. There's a red, amber, green (RAG) rated dashboard of practice assessors and practice supervisors for SaTH, indicating areas where practice assessors and practice supervisors are available for allocation (36, 62).

An audit summary indicates some inconsistency in practice assessor protected time to complete student documentation. There's a general understanding of the role and responsibilities of practice assessors and practice supervisors (46).

Academic link lecturer reports demonstrate that practice assessor and practice supervisor availability is monitored during visits as well as student experience. Educational audits identify the number of practice assessors and practice supervisors in the placement area (49-51).

SU academic assessor information indicates that students have a different academic assessor for each part of the programme. Student facing documentation confirms that they'll have a different academic assessor in each year of the programme (55, 58, 65-66).

What we found at the review

Documentary evidence and meetings with senior academic and PLP managers, practice assessors, practice supervisors and students confirm SU and PLPs have effective processes for ensuring sufficient practice supervisors and practice assessors are prepared and available for allocation to students (88).

Senior PLP managers tell us that there's close partnership working with SU in the allocation of placements. They discuss the process of reviewing the number of practice supervisors and practice assessors and supporting the preparation of practice supervisors to become practice assessors. Students, PLP managers, practice assessors and practice supervisors confirm that there are sufficient, trained and supported practice assessors and practice supervisors to support students in placements. Senior representatives confirm that the processes in place to monitor and respond to changes are effective (92, 95-97).

There's documentary evidence of the preparation required for practice assessors and practice supervisors. The training for practice assessors and practice supervisors comprises a workbook and additional face-to-face session. Practice assessors and practice supervisors in SaTH tell us that they've received the training. They confirm there are enough practice assessors and practice supervisors for the number of students they support on placements. They tell us they're able to undertake online ongoing refresher training and updates on specifically allocated study days. Practice assessors and practice supervisors in SaTH tell us they're well supported to undertake their roles, particularly by the CPFs within the organisation. For example, there's a WhatsApp group that allows them to stay up to date with developments on wards (104, 108, 110, 126).

Practice assessors and practice supervisors tell us they haven't received training in the roll out of the e-MORA yet but find that students support them in using the technology to complete this (108, 110, 112, 116).

BMid students confirm that their experience of practice assessors and practice supervisors using the e-MORA has been positive and straightforward (95).

All students tell us they enjoy their placement experiences and describe consistently excellent support from practice assessors, practice supervisors and CPFs. They confirm PLPs are flexible and responsive to their learning needs. For example, a specific day has been organised and facilitated by the CPFs to enable BSc MP year three, level six students to practise obstetric and neonatal emergency skills (95-97).

Students confirm they're assigned and have access to a nominated practice assessor and receive timely feedback from practice supervisors to support their progress and acquisition of the SPME or SPM. Students confirm they receive effective support from practice supervisors and practice assessors to enable them to safely meet learning outcomes. One third year student we met discussed the long-term absence of their named practice assessor. However, this was resolved by the PLP who re-allocated a practice assessor to undertake this role (95, 97, 100, 104, 106, 114).

There's evidence of support from appropriate practice supervisors where short placements or experiences are utilised. Practice supervisors tell us if they're required to move from their ward to the delivery suite, they'll take the student with them or leave them on the ward with another practice supervisor. This depends on the needs of the student and where they'll best meet their proficiencies. They tell us they're flexible and take time to meet with students for debrief, to reflect on learning from the day and to complete the practice assessment document (PAD). On the neonatal unit 80 percent of staff are qualified practice supervisors and practice assessors in order to support students (108, 110).

Practice assessors and practice supervisors tell us they support students to prepare for challenging situations, such as an anticipated neonatal death. They ask students if they want to be involved and support them through hot debriefing. They tell us the processes they follow in the event of critical incidents, including reporting. They signpost students to the PMA and trust resilience midwives (Trim) and support them with the help of the CPFs (110, 112, 116).

Students tell us of the excellent support they get from practice staff following difficult incidents. For example, students tell us of phone calls they receive from the CPF and emails from the Trim team to support them following difficult shifts on placement. Practice assessors and practice supervisors involved in traumatic incidents tell us they're fully supported, with a debrief following each incident, followed by signposting of students for further help and assistance (104, 106, 114).

Our findings confirm that there are sufficient appropriately qualified practice supervisors and practice assessors available to support the number of students.

Outcome: NOT MET

Comments:

Risk indicator 1.2.2 is not met.

We find that students at levels five and six are unable to confirm who their academic assessor is or that they're visible in practice settings to support assessment and progression.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

None identified.

Findings against key risks

Key risk two: Selection, admission and progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.1 – Selection and admission processes follow NMC requirements

What we found before the review

The SU admissions policy is designed to ensure fair, lawful, clear, open and consistent admission to the AEI (71).

The website for midwifery informs candidates that a values-based recruitment process is used. Information is provided to applicants via the website, including the process of confirmation of good health and character. This also includes occupational health clearance and DBS clearance (169).

There's a written process for the self-declaration of a criminal record and annual self-declaration of health and character. Students are required to sign a commencement agreement including the sharing of data with professional and educational bodies. They also sign a contract of professional behaviour which outlines conduct expectations (72-74).

The SU admissions policy indicates that staff are prepared for their role in admissions (71).

Evidence provided demonstrates that service user involvement in recruitment is developing in midwifery. The SU service user strategy and evaluation for midwifery indicates that progress has been made in including service users in interview panels for midwifery (75-76, 163).

For under 18s there's a university safeguarding policy (77).

What we found at the review

Documentary evidence and meetings with stakeholders confirm that selection and admission is open, fair and transparent and is linked with professional values and behaviours in line with the code (71-77, 88, 91).

The senior academic team tell us they're focusing on ways to encourage diversity in their recruitment in order to better reflect the demographics of the range of placement areas accessed by midwifery students. One example is that they've expanded the number of applicants invited for interview. They've been successful in recruiting two male students to the programme. They tell us they're encouraging diversity in the interview panels which include current students, academic staff, service users and practitioners. They confirm they haven't been able to include practitioners during the COVID-19 pandemic, however, questions used by interview panels are agreed with PLPs as part of a values-based approach. In line with the SU admissions policy they tell us all interviewers are prepared for their roles and this includes mandatory equality and diversity and unconscious bias training. Senior PLP representatives also confirm that equality and diversity training is mandatory and participating staff are prepared for interviews. SU hold briefings at the start of every interview day as part of the preparation (71, 91, 122).

BMid year one students confirm their recent experience of selection panels. They were interviewed by two personnel which included an SU registered health professional. The other interviewer was normally a midwifery student or a service user. The senior academic team tell us there's briefing preparation to support interviewers who aren't registered midwives in assessing applicants' suitability for the role. This includes a pre-interview briefing and developed evaluation criteria used to assess candidates' responses. These also support panels to assess understanding of professional values and behaviours in line with the NMC Code. SU tell us it's their intention to normally ensure that a member of the midwifery team is involved in midwifery selection panels during the next recruitment cycle (91, 98, 122).

Senior PLP managers confirm that under normal circumstances they support release of staff to participate in selection panels. Practice assessors and practice supervisors confirm there's been previous involvement in selection activities but none in the recent recruitment cycle. Senior PLP managers confirm that this is due to the ongoing impact

of the pandemic, however, they're committed to releasing staff for the next recruitment cycle. Senior academic leaders also confirm that this practitioner involvement in selection panels is being planned into the next recruitment cycle. They confirm that, in the meantime, questions used by the selection panel are co-produced with practitioners (88, 91, 100, 110, 112, 116).

Service users tell us that they're an integral part of the student and staff recruitment processes within SU. They confirm that they feel valued and respected and are fully trained, developed and supported in their role in student recruitment. They're trained in equality, diversity and inclusion and receive regular update training. They tell us that newly recruited service users initially shadow someone on first involvement and they're given access to the relevant documents and policies. They confirm that they're conversant with the value-based recruitment system. They confirm their involvement in pre- and post-interview debriefs with members of the academic team. They tell us some of their service user colleagues come from the MVP specifically to support the midwifery programme (101).

SU confirm the process for ensuring that all students fulfil health and character requirements. SU managers and PLP senior managers tell us that selection decisions following issues arising from a self-declaration, DBS or occupational health reviews are always agreed in partnership. Senior managers confirm the process for DBS and health clearance prior to placement commencement. Students confirm that they're aware of the mandatory health and character checks that are required of them at every stage of the programme (88, 91, 93, 95, 104, 106, 110, 116).

There's documentary evidence of a university safeguarding policy to support the admission of students who are under 18. Senior academic managers confirm they haven't needed to use this for any students on the midwifery programme (77, 91).

Our findings confirm that selection and admission processes follow NMC requirements.

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

What we found before the review

Documentary evidence demonstrates there's a SU fitness to study and practise procedure that assures students of a fair and confidential process. The fitness for study process is initiated for students who are repeatedly using extenuating circumstances or not engaging in the course, as well as for health and wellbeing issues. Fitness to practise procedures apply to the pre-registration midwifery programme and the SU policy indicates that this is used for matters of health, behaviour, criminal behaviour and safeguarding issues. There's a process flowchart for academic and practice staff to raise a concern about student conduct and a template form is provided to enable staff to raise the concern (78-79).

There's a precautionary suspension process which prevents student engagement and a temporary suspension process in which suspended students are reviewed every two to three weeks. There's a range of letter and decision templates to support the processes. There's a process of appeal. There's a student's complaints process (127, 129).

There's a fitness to practise report which clearly evaluates fitness to practise cases in the school and makes recommendations arising from the evaluation (128).

Recent enhancements have included implementation of a temporary suspension policy to review the precautionary suspension process in a timely way. Letter templates are also revised (127).

Information about concerns processes is provided in student facing practice learning handbooks. There's guidance for cause for concerns in practice, and flowcharts to demonstrate a process of student escalation for safeguarding and professional practice and poor conduct or quality in a clinical practice area (67-68).

Achievement of midwifery requirements are recorded in the e-MORA and there's a self-declaration process for students to confirm that they meet the EU Directive requirements of the midwifery programme (72).

There's documentary evidence that SU monitor to confirm that students meet the requirements for the NMC register including achievement of award, practice hours and EU Directive requirements and self-declaration of health and character (65-66, 72).

What we found at the review

Meetings at the visit assures that detailed policies and procedures for managing students' fitness to practise are used effectively. SU senior managers outline the annual evaluation and reporting of fitness to practise, and tell us how they're improving the support for students during the process (93, 128).

SU have introduced a process to ensure that where students are temporarily suspended following an incident, this is reviewed after two to three weeks to ensure safety is balanced with proportionality. Senior SU managers outline the management of a recent fitness to practise case in the school which ultimately resulted in withdrawal of a student from the programme, and tell us of both the processes and the support SU provided to the student. This includes support following withdrawal from the programme (130).

Senior PLP managers are aware of fitness to practise processes and confirm they're involved in decision making (88).

All students confirm that they understand the importance of fitness to practise. They make declarations of health and character annually and understand the rationale for this (96-97, 104, 106, 110, 114, 116).

Documentary evidence outlines the process for signing students off to enable application to the NMC register at the end of the BSc MP midwifery programme. This includes self-declaration of EU competencies and completing a student checklist confirming completion of all requirements (121, 167-168).

We find that SU has procedures in place to address issues of poor performance in both theory and practice.

Risk indicator 2.1.4 – Programme providers' procedures are implemented by practice learning providers in addressing issues of poor performance in practice

What we found before the review

There's evidence of robust procedures to address issues of poor performance and fitness to practise. This includes academic conduct procedure and processes (131).

Guidance for student concerns procedures is provided in student facing practice learning handbooks. This includes SU guidance for cause for concerns in practice. There's a flowchart to demonstrate a process of escalation for concerns with students and students struggling in practice (65-66, 129).

SaTH have policies in place to ensure that students are able to raise concerns in practice. This includes a concerns and complaints policy and a freedom to speak up policy (132-133).

There's an equality and diversity process and a process for managing conflicts of interest in the NHS provided (134-135).

What we found at the review

Practice assessors and practice supervisors confirm that students are positive, aware and feel well supported in relation to matters of public safety (114).

Practice supervisors and practice assessors tell us they follow the appropriate procedures to address issues with poor performing students. They confirm that they understand how to respond effectively to public protection concerns and student performance in practice learning environments and are supported to do so. They tell us they primarily engage with the CPFs to seek advice and support about issues relating to student performance and progression and in order to develop appropriate action plans. However, tripartite meetings between the student, practice assessor and academic assessor take place to address poor performance in practice for failing students (96, 104, 106).

They tell us of positive experiences of supporting students, who were able to overcome issues and meet the NMC standards and proficiencies. One practice assessor describes a recent example of initially contacting the CPF, developing an action plan for the student and closely working together to support a specific student's needs (108, 110, 112, 116).

Practice assessors tell us of debriefs following incidents and the availability of Trim support that's available for students affected by serious incidents. The academic team has a PMA to help support students affected by adverse events in practice (87).

Students tell us they're confident about reporting and escalating matters relating to poor practice and are aware of the SaTH whistleblowing procedures available for public protection. They confirm they feel well-supported during placements by practice staff and have the confidence to raise matters pertaining to patient safety without fear. For example, students named various key members of practice staff such as the practice supervisors, practice assessors, CPFs and senior managers as important contact points for reporting issues of concern in relation to public safety (104, 106, 133).

Students tell us they're well supported by practice learning staff to consolidate skills they may be experiencing difficulty with, and there are opportunities in the curriculum to debrief, for example when returning to SU following a placement block (96-97, 100, 104, 106, 110, 114, 116).

Our findings confirm that SU's procedures are implemented by practice learning providers in addressing issues of poor performance in practice.

Outcome: MET

Comments:

None identified.

Revised Outcome: MET/NOT MET
Date:

Comments:

N/A

Areas for future monitoring:

None identified.

Findings against key risks	
Key risk 3: Practice Learning	
3.1	Inadequate governance of and in practice learning
3.2	Programme providers fail to provide learning opportunities of suitable quality for students
3.3	Assurance and confirmation of student achievement is unreliable or invalid
Risk indicator 3.1.1 – Evidence of effective partnerships between the AEI and practice learning provider at all levels, including partnerships with multiple education institutions who use the same practice learning environments	
What we found before the review	
<p>There's documentary evidence of SaTH policies and procedures for safe governance of practice learning. These include robust policies to manage the raising of concerns and complaints and whistleblowing (132-135).</p> <p>There's a standard operating procedure with RAG actions for clinical placement monitoring and a red flag alerting system. This process was developed following a HEE review in 2020 to develop a more systematic process for monitoring and assessing the suitability of areas for clinical placements. Red flag indicators are used to inform the suitability of a clinical area and include leadership, quality indicators, student feedback and concerns and staffing. Three or more flags trigger a red alert which is escalated to senior nursing management and the AEI(s) concerned. Mitigations are subsequently proposed (36).</p> <p>SaTH confirm the need to work with AEI(s) to escalate risks to the NMC. There's evidence of regular meetings where issues are shared (27-29, 32-34).</p> <p>There's an SU checklist for reintroducing a placement where this has been previously removed. This includes ensuring that actions from the educational audit are completed and that there are sufficient prepared practice assessors and practice supervisors (138).</p> <p>SU tell us they're currently working with HEE to develop a governance matrix and decision-making tools around raising concerns (16).</p> <p>The NHS education contract (2021-2023) is signed. There are commitment statements signed by four trusts (18-21).</p> <p>There are data sharing agreements signed with individual trusts (139-142).</p>	

SU have submitted eight exceptional reports to the NMC since the extraordinary review in 2020. Exceptional reports have included the adoption of emergency standard E3 in January 2021. A further report informed the NMC of the departure of the dean of the school and interim replacement in June 2021. There's been one exceptional report related to maternity for SaTH (14).

As part of enhanced scrutiny, SU provide monthly reports to the NMC. The most recent indicates an amber rating due to staff sickness. There's also an ongoing complaint identified in SaTH which is currently being investigated. At the initial visit, the academic team tell us that the amber flag is resolved as more staff are now appointed. In the report, students also report feeling unprepared for practice and adjustments are being made to the timetable to include more clinical skills sessions. Year three, level six students are receiving freedom to speak up (FS) sessions with FS guardians (16, 146-147).

There's minutes of regular quality and governance meetings recorded between SU and partner trusts. This includes a monthly meeting between SaTH and other AEIs that monitors learning environments and placement capacity. This acts as a reporting mechanism for both the trust and AEIs and includes HEE representation (24-34).

There's evidence that education audits are completed annually for midwifery placements (38-48).

There are processes for the withdrawal and reintroduction of placements (138).

Policies for raising and escalation of concerns are present in student facing documentation (67-68).

What we found at the review

Senior staff from PLPs tell us of a positive working relationship with SU and the midwifery programme team, and confirm commitment to regular meetings that take place to identify and mitigate any risks to student learning in practice learning environments (42, 87, 96, 100, 104, 106, 114).

Service level agreements with PLPs are in place through the HEE national contract and through statements of commitment and data sharing agreements. Overall, these confirm compliance with NMC standards (139-145).

The educational audit of practice learning environments is completed in partnership with PLPs. There's documentary evidence of current educational audits in placements. The programme team and senior managers in SaTH confirm this is currently an annual process. A senior manager confirms they've been undertaken according to SU processes, thereby providing assurance about safe and effective practice learning environments. Documentary evidence, the midwifery programme team and PLPs

confirm that audit is collaborative and any identified actions are followed up (38-48, 87-88, 109-111, 117).

There's documentary evidence that robust investigation and appropriate escalation occurs when students raise concerns. This is confirmed by students at the visit. Students are confident that they can raise concerns about practice and that these concerns would be taken seriously by PLPs (110, 116).

The programme team confirm that all academic members of the programme team undertake the role of academic link lecturer allocated to a specific partner trust (87).

All practice learning areas confirm three monthly educational link meetings between the AEI and trust representatives (100).

We find evidence of effective partnerships between the AEI and practice learning providers at all levels, including partnerships with multiple education institutions who use the same practice learning environments.

Risk indicator 3.2.1 – Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production

What we found before the review

Following actions required by the extraordinary review which took place in February 2020, a response regarding service user and carer involvement in midwifery is developed by SU. The response indicates a commitment to ensure that there's collaboration with service users in the development of the service user strategy. A current service user policy is in place to direct the involvement of service users and carers (75).

The course committee policy, terms of reference and membership indicate that practitioners, students and service users are included in committees. There's evidence of student, service user and practitioner attendance at the midwifery committee meetings (152-153).

There's evidence of quarterly reports of service user engagement that include the development of the new curriculum and the sharing of service user lived experiences for delivery of student learning and student assessment (75-76).

What we found at the review

Documentary evidence and meetings with service users and carers and practitioners at the visit confirm their involvement and co-production in the midwifery programmes. Senior PLP managers confirm they support practitioners to be involved (88).

Service users and carers are enthusiastic and committed to their role at SU across fields of health and social care. They confirm they're involved in all aspects of health programmes from recruitment through to programme development, review, teaching and assessment. They tell us they're very well supported, receive appropriate training and are valued. They confirm that midwifery is an area which is more problematic for engaging service users with recent experience of midwifery services. They tell us links are in place with the local MVP and groups including a parent engagement group in Stoke which supports families with children with additional needs. The service user and carer policy is updated to include a commitment to developing specific relationships with the local MVP (75, 101, 120, 164).

Students tell us they value the insight provided by service users and carers. Students confirm service user and carer involvement in assessment, citing an example of their involvement in a poster presentation assessment as well as giving examples of service user and carer feedback which contributes to their portfolio. A service user in SaTH confirms that consent is sought by a student midwife before providing her postnatal midwifery care. She describes the student she encountered as caring. In another example, a service user tells us that the e-MORA includes opportunities for service users and carers to feedback on student achievement in the practice learning environment. Students confirm the regular feedback they receive from maternity service users in practice placements is through their PAD (70, 87, 104, 106, 114).

We conclude that practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production.

Risk indicator 3.2.2 – AEI staff support students in practice learning settings

What we found before the review

The role of AEI staff as academic link lecturers and academic assessors is identified for students in practice documentation and placement learning handbooks. Preparation for practice sessions provide information regarding the AEI support for midwifery students and there's an induction programme for student midwives in SaTH (148-150).

Monthly monitoring reports to the NMC demonstrate regular academic link support visits. There are regular academic link lecturer reports from SaTH recording the areas visited, students seen, concerns raised/actioned and clinical staff spoken to. Issues related to student support are identified (146-147).

What we found at the review

The senior academic team confirm that a clear and detailed workload model is used which allows time for academic midwifery staff to support students in practice settings. Staff student ratios are also managed with a view to supporting this. They tell us that this includes time to be a link lecturer as well as an academic assessor (89-90).

The midwifery programme team confirm they're given time to support learning in practice. Each member of the midwifery academic team links with an NHS trust. Link lecturers tell us they visit placements every week, except for one trust (UHDB) where link activity is undertaken by phone or email at the present time (87).

Students confirm they're assigned and have access to a nominated practice assessor in the practice learning environment. There's evidence that students are allocated to an academic assessor and that meetings take place, however level five and level six students and their practice assessors are unable to describe the role or confirm that a collaborative process is undertaken with an academic assessor in recommending progression. There's documentary evidence of academic link lecturers meeting with students in practice learning environments. Level five and level six students, practice assessors and practice supervisors understand that academic link lecturers are allocated to each placement area, however they can't confirm meetings take place. They tell us that increased visibility of academic link lecturers would be welcomed for support (49-51, 58, 100, 104, 106, 114).

An academic link lecturer confirms that there's been twice weekly visits to SaTH to support students. SaTH produced guidance for access to the units as part of the ongoing management of the pandemic. Due to this, the academic link lecturer tells us that these are held in a non-clinical area and offered to students on a periodic drop in capacity. The academic link lecturer confirms that their availability is communicated to students via the CPFs (154-155).

BMid level four students confirm that they've had two placements to date and feel well prepared and supported. They've met with academic link lecturers and/or academic assessors in placement settings (95).

BSc MP level five and level six students tell us they don't feel supported by SU. They tell us their academic link lecturers and their academic assessors aren't visible whilst they're on placement. They feel that communication with them is generally poor. They tell us the CPFs visit them regularly, including those on outlying rural placements, so they do feel well supported by SaTH during their placements. Students confirm their first point of contact for any concerns in practice would be the CPF (96-97, 104, 106, 108, 110, 112, 116).

Practice assessors tell us they've little knowledge of the role and responsibilities of the academic assessor (100, 108, 110, 112, 116).

We therefore find the roles of AEI staff in practice learning settings aren't clearly understood by students at levels five and six or by practice supervisors and practice assessors across PLPs.

Risk indicator 3.3.1 – Evidence that practice supervisors/assessors are properly prepared for their role in supervising and assessing practice

What we found before the review

The SaTH practice assessor and practice supervisor preparation materials and workbooks are presented. The practice assessor annual update provides summary feedback of placement evaluation together with an update on the new curriculum and e-MORA. Updates are included in the annual staff mandatory programme (126).

There's a SU practice learning quality dashboard and a SaTH standard operating procedure that monitors risks to the allocation of practice assessors and practice supervisors. The practice learning and governance process assures a minimum of one practice assessor and one practice supervisor in any one setting (36-37).

Practice documents indicate progression points and sign-off for practice and academic assessors (69-70).

What we found at the review

Documentary evidence and senior PLP representatives, practice assessors and practice supervisors tell us there's appropriate training and updates provided for practice learning and assessment of students (88, 100, 126).

Senior PLP representatives confirm there are effective arrangements for identifying, preparing and supporting practice assessors and ensuring this is aligned with ongoing monitoring of placement capacity. They tell us databases of practice assessors and practice supervisors are held within trusts as part of this oversight and enable identification of practice supervisors ready for development as practice assessors. Practice assessor and practice supervisor preparation is organised and delivered by PLPs in partnership with SU. They confirm there's a range of nominated people within trusts employed to prepare, develop and support practice assessors and practice supervisors in their roles, and to support effective operational links with the AEI. Ongoing updates and training for practice assessors and practice supervisors are facilitated using conjointly prepared resources (88, 100, 104, 106, 114, 126).

Practice assessors and practice supervisors tell us of monthly education meetings within SaTH. These build an opportunity to focus on or clarify aspects of their practice assessor and practice supervisor roles. Practice assessors and practice supervisors tell us they work with BSc MP students to complete the PAD and with BMid students who use the e-MORA. They tell us they haven't had preparation for the e-MORA yet but recognise this is a new document and training is still rolling out. BMid students are prepared to use the e-MORA. Those who have used the e-MORA tell us it's easy to use and is flexible and time efficient (151).

PLPs tell us they've sufficient capacity of trained staff for the number of students and are also looking to increase numbers (108, 110, 112, 116).

Practice assessors tell us they receive feedback from students and service users to inform teaching and assessment. Student feedback on placements is completed online, it's then collated and fed back to the wards by the CPF (104).

Service users tell us they give their feedback to students using the PAD. Practice assessors and practice supervisors tell us that mothers generally give good feedback to students and report high levels of satisfaction with the students' work on the wards (106).

Our findings confirm that practice supervisors and practice assessors are properly prepared for their role in supervising and assessing practice.

Risk indicator 3.3.2 – Systems are in place to ensure only appropriate and adequately prepared practice supervisors/assessors are assigned to students

What we found before the review

SU have a placement allocation process which indicates roles and responsibilities of the AEI and PLPs. Allocation schedules are provided demonstrating a 12-month placement plan for each student. The standard is for students to receive their allocation a minimum of six weeks in advance (61).

Practice learning is a standing agenda item and discussed at the quality education and workforce development meetings with each of the PLPs. These forums also enable PLPs to discuss reconfiguration of services or other changes within the organisation (24-30).

Additional meetings are held with SaTH and other AEIs to monitor the availability of placements, practice assessors and practice supervisors. Educational audits and academic link meetings also indicate the availability of practice assessors and practice supervisors in placement (32-34).

SaTH have a dashboard and red flag system to closely monitor staffing levels and the availability of practice assessors and practice supervisors (36).

What we found at the review

There's documentary evidence of a clear placement allocation process which provides timely information for PLPs to ensure that students have adequately prepared practice assessors and practice supervisors. Senior academic managers and senior PLP representatives confirm that the allocation of students by the placement hub is effective and provides sufficient time to assure that practice assessors and practice supervisors are available. Student duty rotas clearly identify named practice assessors and practice supervisors (36, 61, 88, 92, 110, 112, 116).

Practice assessors and practice supervisors tell us that they're adequately prepared for the role. They understand their role in practice assessment (100, 104, 106, 114).

Service managers, practice assessors, practice supervisors and students confirm that the practice placement areas provide sufficient experience and support to enable students to achieve NMC proficiencies (97, 100, 108, 110, 112, 116).

Employers tell us they work in partnership with SU where there are temporary changes or reconfiguration to placements. They confirm that short term placement changes are communicated to SU to agree the management of the student's practice learning experience. Longer term reconfiguration, pause or withdrawal of placements is discussed through the practice quality meetings to enable forward planning and impact assessment. Employers describe how an action plan is used to create or return a clinical area to an active placement. This includes ensuring sufficient preparation and availability of practice assessors and practice supervisors and all actions completed on an educational audit. They tell us a phased approach may be used to enable this (88, 138).

We conclude that systems are in place to ensure only appropriate and adequately prepared practice supervisors and practice assessors are assigned to students.

Outcome: NOT MET

Comments:

Risk indicator 3.2.2 is not met.

We find the roles of AEI staff in practice learning settings aren't clearly understood by students at levels five and six or by practice supervisors and practice assessors across PLPs.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- Midwifery specific service user engagement in all aspects of the programme.

Findings against key risks

Key risk 4: Assessment fitness for practice and award

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice learning placements fail to address all required learning outcomes in practice in accordance with NMC standards

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 and this is confirmed through documentary evidence

What we found before the review

Programme documentation provides students with clear information for learning, teaching and assessment. Programme specifications provide students with learning outcomes which are mapped to the relevant modules. They provide the programme structure and an outline of the learning and teaching strategies used, together with the learning opportunities available to students. There's information on clinical learning experiences. Criteria for awards are identified. Information for the registration period of five years is identified in the BMid handbook. The BSc MP programme handbook states students are advised of registration requirements nearer the time (63-70).

Programme student handbooks and module specifications provide students with information on assessment and feedback. Feedback is expected to be provided within 20 days of submission. Module specifications make summative assessment clear and tells students of the assessments required to pass the module. Students are able to progress each year with a minimum of 90 credits but must achieve any outstanding credits within 12 weeks of progression (65-66, 80-81).

There's a policy for academic mentors responsible for supporting the development of student learning skills, resilience and social capital. SU provide website guidance and signposting for student academic and pastoral support as well as health and wellbeing (82).

SU's academic strategy 2020-2030 articulates a commitment to ensuring graduate competencies and professional practice, together with commitment to research enabled teaching (83).

There's a strategic and resource commitment to simulation-based learning and inter-professional based learning strategy. The simulation-based learning strategy includes the development of appropriate training including a mandatory training module for all staff and development of simulated patient training. Simulation facilities are provided at the RSH, Stoke and BHL campuses (84).

An example of a student preparation for practice session is provided. SU have a five-stage approach to simulation which illustrates the process of skills and simulation development for students. This starts with a first step of keynote lectures moving to facilitated skills sessions and facilitated simulation sessions which combine technical and non-technical skills. The final two stages include simulation activity with debrief and focus on non-technical skills and human factors with the practice placement described as the final stage (85).

At the initial visit, SU report a risk related to the number of final year (level six) students that won't complete the programme on time. They report that the initial number reported to HEE was less than the actual number. This is now reported accurately to HEE (16).

There's evidence that module and practice learning student evaluations take place. Module evaluations provided are mainly positive. Students would like more preparation/skills teaching (53, 118-119).

SU has a continuous monitoring policy and procedure focused on continuous improvement. The course monitoring report for July 2021 shows that the national student survey (NSS) for midwifery is below the SU benchmark in every category and saw a decline in NSS scores. Areas highlighted for improvement include student feedback, ensuring that students feel listened to and demonstrating where this is acted upon. Academic support and consistency between lecturing staff is an area for attention (125).

There are practice learning handbooks which detail what students can expect before, during and after their placement experience and introduces the key roles supporting learning in practice (66-68).

The PAD and e-MORA outline outcomes for each year of the programme. There's information on the required 50 percent practice and minimum of 2300 practice learning hours over the course and the requirement for mandatory training completion prior to placement. Hours are recorded in the PAD (BSc MP) and the e-MORA (BMid). There's documentation to record EU Directive requirements (69-70).

What we found at the review

Programme documentation demonstrates that students are provided with clear written information for learning, teaching and assessment. This includes an outline of learning and teaching strategies and learning opportunities (63-70).

BMid level four students confirm that teaching is on campus and includes simulation and skills teaching which has prepared them for initial placements. They tell us there's the provision of mandatory preparation and a clear induction process within their PLPs which includes introduction to policies and procedures. They're clear about what's needed for progression at the end of the year and feel they're receiving the learning

opportunities and feedback to achieve this. They understand the achievement of EU Directive requirements and are already underway in completing these (95).

All students have access to the Blackboard virtual learning environment. BSc MP students tell us and SU confirm they're still receiving mainly online delivery but there's planned campus delivery at both BHL and RSH campuses from September 2022. Students confirm that skills teaching is face-to-face on both campuses (92, 95-97, 103).

Students based at the RSH campus tell us they're disappointed that their simulation facilities are different to the facilities provided at BHL. Senior academic representatives and the midwifery team confirm that actions are being taken to mitigate this risk. They confirm that although BHL have a new simulation facility, all midwifery-specific simulation equipment at RSH mirrors the simulation equipment available for midwifery students at BHL. SU are also committed to leave all equivalent simulation equipment and resources at RSH until closure of the campus. There'll be opportunity for students based at RSH to access skills and simulation facilities at the BHL campus if they feel that this would support their learning more effectively (89, 98, 103).

All students confirm that they receive formative feedback on academic work. However, BSc MP level five and level six students tell us this isn't helpful or timely. They're frustrated with a general lack of response from the midwifery team to emails and queries. The dean tells us of the actions that are being taken to listen to students and to respond to student concerns. This includes a significant change of leadership within the midwifery programme team. Some students note that following the listening events held with the dean earlier this year and the new leadership provided by the interim LME and course director, there's some improvement in communication about the programme (96-97, 103, 123-124).

SU ensures that there are practice learning opportunities available to students that enable them to develop and meet the SPME or SPMP and SPM. Student achievement is documented in the PAD or e-MORA. The programme team and PLPs describe the opportunities for students to experience midwifery care for a diverse population across a range of settings, including midwifery led services. Discussion with students provides assurance that their practice learning needs are met and are of a sound quality. They confirm they're adequately prepared for entering practice learning settings through mandatory training. A number of students in year three of the programme tell us they'll need to utilise consolidation and elective weeks in the curriculum to make up some EU Directive numbers, particularly the conduct by the student of at least 40 deliveries. Individual students' EU numbers and programme hours data is collected and monitored by the LME to ensure that adjustments to students' placements can be made where needed (69-70, 87, 99, 100, 104, 106, 114).

Students confirm that they complete placement evaluation forms and the feedback they give in practice learning is always acted upon in a timely manner, and they cite specific examples of how it has been used (106).

Our findings confirm that students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register.

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 and this is confirmed through documentary evidence

What we found before the review

Practice learning handbooks provide students with information about their roles and responsibility to engage in the practice environment. Practice allocations are planned for each year and there's educational audits for a range of settings provided (67-68).

SU have a monitoring checklist to ensure that students meet all registration requirements. SaTH provide a preceptorship programme for the first 12 months post-registration. There's local induction for student midwives, additional support from PMAs and a personal development programme. This includes support with skills development (136, 150).

The e-MORA is a new document that's currently being rolled out for the BMid programme (70, 151).

What we found at the review

Documentary evidence and the monitoring visit confirm that practice learning environments expose students to learning experiences across all areas of maternity care. SU ensures there are practice learning opportunities available to students that enable them to develop and meet the SPME or SPM (61, 67-68).

The programme team and PLPs describe the opportunities for students to experience midwifery care for a diverse population across a range of settings, including midwifery led services. Discussion with students provides assurance that their practice learning needs are met and are of a sound quality. They confirm they're adequately prepared for entering practice learning settings through mandatory training (95-97).

Practice supervisors and practice assessors tell us they work closely with students to ensure they have a range of learning opportunities to allow them to meet programme outcomes and NMC proficiencies. They tell us students are professional, enthusiastic and engage fully in available practice learning opportunities. They confirm their understanding of and experience in recording student achievement and progression in the PAD and e-MORA. They tell us the students successfully completing the programme are fit to practise. A large percentage of students achieve employment with SU PLPs and practice learning staff are pleased they want to stay where they've been so well supported in practice (88, 108, 110, 112, 116).

Students tell us they're fully included in the practice learning environment and can access some additional training opportunities alongside staff. They tell us of excellent support from practice supervisors, practice assessors and CPFs to enable them to achieve programme outcomes and NMC proficiencies. Level six students tell us they're supported to catch up hours and births in line with EU Directives by practice learning staff. This includes their required EU Directive numbers being displayed so that they can be prioritised. All students tell us they'd recommend SaTH as a good placement area for other students and commend the support they've received there (97, 110, 116).

Individual students' EU Directive numbers and programme hours data is collected and monitored by the LME to ensure that adjustments to students' placements can be made where needed (69-70, 87, 99, 100, 104, 106, 114).

Senior PLP representatives confirm the employability of SU midwifery students and their readiness to undertake the role safely and effectively. They tell us of their induction and preceptorship programmes for newly qualified midwives and the support provided (88).

Our findings confirm that students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register.

Outcome: MET

Comments:

None identified.

Revised Outcome: MET/NOT MET
Date:

Comments:

N/A

Areas for future monitoring:

- Student achievement of the EU Directive requirements and the impact on student progression and completion.

Findings against key risks

Key risk five: Education governance: management and QA

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 review

There's a SU continuous monitoring policy which states that the monitoring process is overseen at module, course, department, school and institutional level through access to clear and transparent action plans. There's a process of student feedback through module evaluation progressing to committees and action plans up to university level (125, 158).

The quality enhancement service at SU oversees and advises on quality processes within the school. There's a continuous monitoring process and the school has a quality enhancement group which oversees the development of new courses and modules, module amendments and withdrawals as well as the appointment of external examiners (125, 156-157).

There are minutes of the school academic committee which demonstrate progression of actions from the quality group. The school academic committee receives reports from student representatives and service user and carer representatives. They oversee the continuous monitoring process and communications with professional and statutory regulatory bodies. NSS action plans are monitored (159).

The course committee is part of the continuous monitoring process and oversee the student experience and the quality of learning teaching and assessment on the programme. NSS action plans are produced at school and programme levels. One of the actions in the 2020 NSS was for the LME and placement lead to develop the academic link lecturer's responsibility and communication of this to PLPs (152-153).

There's a quarterly practice learning QA and governance meeting. Red flag indicators are applied to risks to safe and effective practice learning and trigger immediate investigation and action. The outcomes of the meeting feed into monthly senior management team meetings, the practice learning quality meeting and the school academic committee (37).

There's monthly reporting to the NMC as part of enhanced scrutiny. The reports are RAG rated. In February 2022 there's no red ratings. However, there's a number of amber ratings. These include:

- establishment of additional meetings between the dean, HEE and SaTH every six weeks in order to achieve the goal of providing a communication plan between the AEI and PLP.
- the strategies used to ensure student feedback is listened to and acted upon

and how to ensure that the students feel able to raise concerns. Additional listening events shared with HEE have been initiated as part of this.

- the visibility of academic staff in practice learning areas.
- reviewing the preparation for practice sessions to reinforce mechanisms for raising concerns.
- implementation of a contingency plan if students need to be reallocated from SaTH (146-147).

There's an external examiner (EE) policy and process that encompasses both module and award EEs. The EE application form demonstrates the process of recruitment of a first time EE who has currency in midwifery education. EE reports are provided from 2020 and 2021. EEs report positively on the quality of learning and teaching including practice assessment. The EE receives a sample of PADs, and recorded assessments are also provided (94, 165-166).

Placement evaluation response rates show a variable rate with the lowest being 52 percent in the September 2019 cohort and the highest 95 percent in the September 2018 cohort. The recent practice assessment record and evaluation survey shows a good number of upward and stable trends with small downward trends in sufficient preparatory information for placement (disagree 9.1 percent) and constructive feedback throughout placement (disagree 9.1 percent). 11.1 percent strongly disagreed that assessment interviews were conducted at the required times. 16.7 percent strongly disagreed that they had access to the organisation's information technology while they're in placement (52, 54).

What we found at the review

Documentary evidence demonstrates that there are robust processes in place to monitor and improve the quality of the midwifery programme. The senior academic team tell us how changes to the programme are made in response to student feedback through the AEI's QA system. They tell us of the processes to ensure that internal and external evaluation, including EE feedback and reports, is built into programme development and the reporting mechanisms of SU. This includes contribution to stakeholder committees where practice staff are present and into annual reports and action plans at all levels of the AEI. They tell us of the committees and reporting mechanisms in place to ensure that actions are monitored and risks assured. This includes processes for escalation of key risks to the NMC. They're clear about the process for establishing whether an NMC modification process is required for any programme changes (94).

Documentary evidence and the academic senior team tell us that appropriate EEs are appointed to the programme. There's an appointment checklist which includes confirming that the EE is current on the NMC register and has due regard for the midwifery programme. This is recorded on the SU staff record so that annual checks on the register can be undertaken. There's a system in place for mentoring new EEs. The

senior academic team confirm that EEs review a sample of theoretical assessments and PADs. SU tell us they're arranging for the EE to meet students and practice assessors as this has been difficult to achieve during the pandemic (94, 160-161).

BMid level four students confirm that they've been able to evaluate the delivery of their programme and feel that they're receiving feedback and responses to this. They identify that this has improved since the recent changes in the midwifery programme team (95).

BSc MP level five and six students also confirm there's a range of feedback opportunities available to them, including module and placement evaluations, the NSS and through their student representative who attends weekly meetings with SU. However, they tell us that there's been an issue with evaluations not being anonymous. They confirm one example of feedback being acted upon with a slight change to an exam with changes made for the next cohort. (52, 54, 96-97, 104, 106, 110, 114, 116, 118-119, 137-138).

Level five and six students tell us they don't receive appropriate and timely responses to requests for support from SU. Many students tell us they've stopped contacting SU for help and use their peers and practice learning staff instead. Some students tell us that they've felt ignored at times when the feedback loop isn't being closed. For example, they tell us emails have gone unanswered and requests for extensions to assignment deadlines and applications for exceptional circumstances haven't been responded to in a timely manner. They also tell us of their concern about online student meetings which are recorded as they feel this curtails free discussion. They tell us feedback, if received at all, doesn't address their concerns or offer them solutions. For example, many level six students tell us they're very anxious about how they'll achieve the required EU Directive number of births and SU's response has been that a plan will be put in place when needed. They tell us this hasn't reduced their levels of anxiety and they're worried about extending and missing out on electives. (52, 54, 96-97, 104, 106, 110, 114, 116, 118-119, 137-138).

Students tell us they understand the process of raising concerns and provide recent examples which were subsequently escalated to the dean. Documentary evidence confirms appropriate investigation and management of the concerns raised, however students aren't able to confirm that this is communicated effectively. For example, they're unaware that some members of the programme team have permanently left SU. Students do recognise the positive impact of new staff, particularly the LME, in "trying to improve things" (52, 54, 96-97, 104, 106, 110, 114, 116, 118-119, 137-138).

There's evidence that SU are aware of students' concerns and have reported this to the NMC. There's clear evidence that, following the extraordinary listening events held by the dean, significant changes are being made to respond to the serious concerns raised (102-103, 123-124, 147).

However, there's insufficient evidence that the normal mechanisms used to listen, respond and feedback to students as outlined by SU are functioning effectively at this time. We find, therefore, that there's insufficient evidence to provide assurance that actions and outcomes from routine student feedback and evaluation systems are used effectively to inform programme enhancements at level five and level six.

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 review

There's documentary evidence of student concerns and complaints processes in the AEI and in SaTH. There's a SU complaints and appeals process which outlines the values of the AEI. This provides clear guidance and a flowchart of the support to students (129, 132-133).

There's summary guidance for raising concerns and reporting incidents in practice. This is supported by flowcharts for:

- reporting safeguarding incidents
- concerns relating to professional conduct or practice
- concerns relating to the quality of learning experience
- concerns related to student professional practice
- reporting incidents
- emergency incident notification procedure (used only in life threatening circumstances). This outlines the criteria that SU use in order to exceptionally report to the NMC (129).

Concerns raised are taken into consideration as part of the red flag system. This is monitored through the practice learning QA and governance process. Issues of concern are part of the agenda at the NHS education, quality and workforce meetings. Quality issues are included in the course committee policy and example minutes (152-153).

SaTH have a concerns and complaints policy and procedure that outlines the process and identifies how complaints are learned from to improve practice. There's a SaTH freedom to speak up and whistleblowing policy. This indicates that complaints can be made to the trust but also to HEE (132-133).

What we found at the review

The senior academic team and senior PLPs confirm that the summary guidance for raising and reporting concerns in practice are effective in understanding concerns in practice (88, 92-93).

Senior representatives from SaTH and SU confirm they've worked collaboratively in supporting students through publication of the recent Ockenden report findings (92).

Senior PLP managers confirm that any quality concerns raised through evaluation, audit or external QA processes are shared with SU. They tell us they work in partnership with the AEI to assure student placements are safe or to move students' placements where this is required. There's a process for removing a placement. They confirm that reinstating a placement will always require that there's a completed educational audit and achievement of actions is closely monitored (88).

The senior academic team and PLPs confirm that there's a contingency plan for moving students away from a PLP if safety and quality can't be assured (92).

Students tell us they're aware of the process to follow to raise concerns or complaints about their experience during practice placements. They confirm that they feel safe to escalate a concern in practice and are confident that they'll be supported during the process (97, 110, 116).

The programme team has a qualified PMA within the academic team who's been in post since January 2022. The academic PMA offers additional support to students on an ad hoc basis. The academic team tell us there are plans to support more of the academic team to undertake the PMA qualification (87).

Senior staff from PLPs confirm that students participate in the daily 'safety huddle' to provide insight into risk management. The programme team tell us they facilitate debrief following each placement block. This is confirmed by the students we met (87, 96-97, 104, 106, 110, 114, 116).

Students' feedback in placement is received, summarised by CPFs and disseminated to practice assessors and practice supervisors. The students tell us of concrete examples of changes that are implemented because of feedback they've given in practice learning. For example, when the off duty rota was late that feedback was actioned quickly (108, 106, 116).

Student evaluations of practice are collated and received by the CPF who sends a summary to the ward manager to further disseminate. One practice supervisor had received a nomination from students recognising her contribution to the student journey, which she appreciated (116).

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

Outcome: NOT MET

Comments:

Risk indicator 5.1.1 is not met.

We find insufficient evidence to provide assurance that actions and outcomes from routine student feedback and evaluation systems are used effectively to inform programme enhancements at level five and level six.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

None identified.

Evidence/Reference Source

1. SU programme approval report, 24 March 2021
2. NMC letter to SU vice chancellor, 5 July 2021
3. NMC letter to SU vice chancellor, 26 July 2021
4. SU extraordinary review report, 11-13 February 2020
5. SU extraordinary review action plan, 22 March 2020
6. SU education monitoring review plan final, April 2022
7. CQC SaTH inspection report, 18 November 2021
8. CQC MCH inspection report, 14 October 2020
9. CQC RWT inspection report, 14 February 2020
10. CQC Queens Hospital, Burton inspection report, 22 October 2020
11. CQC UHNM inspection report, 22 December 2021
12. CQC UHDB quality report, 16 June 2021
13. SU NMC, AEI and PLP/employer partners ASR, 2020-2021
14. NMC briefing for SU monitoring visit, April 2022
15. SU midwifery course metrics, undated
16. SU initial monitoring visit, 9 May 2022
17. SU midwifery placement partner list proforma – midwifery, undated
18. SU commitment statement BMid (Hons) midwifery with MCH, 15 February 2022
19. SU commitment statement BMid (Hons) midwifery with RWT, 15 February 2022
20. SU commitment statement BMid (Hons) midwifery with UHDB, 18 February 2022
21. SU commitment statement BMid (Hons) midwifery with UHNM, 17 February 2022
22. CVs for SU LME and midwifery academic team, undated
23. NHS quality, education and workforce development (QEWD), terms of reference, 5 March 2019
24. NHS QEWD meeting minutes MCH, 28 April 2021, 20 October 2021
25. NHS QEWD meeting minutes RWT, 21 April 2021, 5 October 2021

26. NHS QEWD meeting minutes SaTH, 18 October 2021
27. NHS QEWD meeting minutes SaTH, 27 October 2021
28. NHS QEWD meeting minutes SaTH, 23 April 2021
29. NHS QEWD meeting minutes SaTH, 12 January 2021
30. NHS QEWD meeting minutes UHDB, 2 August 2021, 19 April 2021, 11 January 2021
31. NHS QEWD meeting minutes UHNM 20 April 2021, 19 January 2021, 18 November 2021, 20 July 2021
32. NHS SaTH nursing and midwifery meeting with AEI, October 2021
33. NHS SaTH nursing and midwifery meeting with AEI, 12 January 2022
34. NHS SaTH nursing and midwifery meeting with AEI, 9 February 2022
35. SU collaborative practice learning quality group terms of reference, undated
36. SaTH standard operating procedure clinical placement monitoring and red flag alerting system, June 2021
37. SU practice learning QA and governance dashboard master template, undated
38. SU educational audit process, January 2022
39. Educational audits – SaTH antenatal/day assessment clinic, 1 September 2021
40. Educational audits – SaTH ward 22 antenatal ward, 3 November 2021
41. Educational audits – SaTH ward 24 delivery suite, 3 November 2021
42. Educational audits – SaTH Oswestry and Whitchurch community midwives, 6 November 2020
43. Educational audits – SaTH ward 21 postnatal ward, 1 September 2021
44. Educational audits – SaTH Shrewsbury community midwives, 1 September 2021
45. Educational audits – SaTH Wrekin midwife led unit and community midwives, 1 September 2021
46. Educational audits – SaTH summary of education process, January 2022
47. Educational audits – SaTH day surgery unit, 4 November 2020
48. Educational audits – SaTH ward 14 gynaecology, 5 November 2020
49. SaTH placement link visit, 27 April 2021
50. SaTH placement link visit, 25 May 2021
51. SaTH placement link visit, 26 January 2022
52. SU practice assessment record and evaluation (PARE one), 1 September–31 January 2022
53. SU midwifery placement evaluations response rates, undated
54. SU practice assessment record and evaluation (PARE two), 1 September–31 January 2022
55. SU academic assessor information sheet, undated
56. SU preparation for academic assessor role, undated
57. SU academic assessor checklist for part one, undated
58. SU table of academic assessors, 2021-22
59. SU registration and qualifications database, April 2022
60. SU practice learning area team guidance, 2022
61. SU placement allocation process, September 2020
62. SaTH practice assessors and practice supervisors on each ward, 3 February 2022
63. BSc midwifery practice programme specification, September 2020
64. BMid midwifery programme specification, September 2021

65. BSc midwifery practice student handbook, 2020-2021
66. BMid midwifery course handbook, September 2021
67. BSc midwifery practice learning handbook, 2020-2021
68. BMid midwifery practice learning handbook, 2021-2022
69. BSc midwifery PADs (level five and level six), 2020-2021
70. BMid MORA sample, undated
71. SU admissions policy – link to website, undated
72. SU annual self-declaration of good character and good health and self-declaration of criminal record, undated
73. SU commencement agreement, undated
74. SU contract of professional behaviour, undated
75. SU service users and carers strategy 2020-2023, April 2020
76. Service user and carer reports: May 2020, September 2020, January 2021, May 2021, September 2021, January 2022
77. SU safeguarding policy, undated
78. SU fitness to study and fitness to practise procedure, 2020
79. SU fitness to practise flowchart, undated
80. BMid module specifications, undated
81. BSc midwifery practice module specifications, undated
82. SU academic mentor policy, undated
83. SU academic strategy, 2020-2030
84. SU health and social care simulation strategy, March 2020
85. SU five stage approach to simulation, undated
86. Formal presentation to the monitoring team, 24 May 2022
87. Meeting with AEI midwifery programme team, 24 May 2022
88. Meeting with senior representatives of PLPs, 24 May 2022
89. Meeting with SU senior representatives to discuss resources, 24 May 2022
90. SU workforce planning spreadsheet, viewed 24 May 2022
91. Meeting with senior SU representatives to discuss admissions and progression, 24 May 2022
92. Meeting with senior SU representatives to discuss practice learning, 24 May 2022
93. Meeting with senior SU representatives to discuss fitness for practice, 24 May 2022
94. Meeting with senior SU representatives to discuss QA, 24 May 2022
95. Student meeting - year one midwifery, 25 May 2022
96. Student meeting - year two midwifery, 25 May 2022
97. Student meeting - year three midwifery, 25 May 2022
98. Interview with LME, 25 May 2022
99. Midwifery student progression database – level six, 25 May 2022
100. Focus group with practice supervisors and practice assessors, 25 May 2022
101. Focus group with service user and carers, 25 May 2022
102. Meeting with LME and academic link lecturer – Shropshire, 25 May 2022
103. Meeting with dean and head of school (practice), 26 May 2022
104. Visit to SaTH: PRH (antenatal), 24 May 2022
105. Educational audit at visit: PRH (antenatal), 24 May 2022
106. Visit to SaTH: PRH (delivery), 24 May 2022

107. Educational audit at visit: PRH (delivery), 24 May 2022
108. Visit to SaTH: PRH (neonatal), 24 May 2022
109. Educational audit at visit: PRH (neonatal), 24 May 2022
110. Visit to SaTH: PRH (postnatal) 24 May 2022
111. Educational audit at visit: PRH (postnatal), 24 May 2022
112. Visit to SaTH: PRH (Wrekin maternity unit), 25 May 2022
113. Educational audit at visit: PRH (Wrekin maternity unit), 25 May 2022
114. Visit to SaTH: Bridgnorth community midwives, 25 May 2022
115. Educational audit at visit: Bridgnorth community midwives, 25 May 2022
116. Visit to SaTH: Shrewsbury community midwives, 25 May 2022
117. Educational audit at visit: Shrewsbury community midwives, 25 May 2022
118. Module evaluation research methods and appraisal, 2019-20
119. Module evaluation birth and the midwife, 2019-20
120. Updated service users and carers policy, May 2022
121. Third year student EU Directives spreadsheet, May 2022
122. Midwifery recruitment crib sheet, 25 May 2022
123. Letter from executive dean to lead QA visitor, 26 May 2022
124. Screenshots of executive dean's diary showing listening meetings with midwifery cohorts, undated
125. SU academic board continuous monitoring policy and departmental report, July 2021
126. SaTH practice assessor and practice supervisor preparation workbooks and updates, undated
127. SU fitness to practise letters templates and appeals processes, undated
128. SU fitness to practise annual report, April 2021
129. SU students concern procedures, undated
130. SU temporary suspension, undated
131. SU academic conduct procedure and processes, undated
132. SaTH concerns and complaints policy, December 2021
133. SaTH freedom to speak up, raising concerns (whistleblowing), 25 March 2019
134. NHS process for managing conflict of interest, September 2017
135. SaTH equality, diversity and inclusion policy, September 2020
136. SaTH preceptorship handbook, undated
137. SU practice placement concern/incident record, undated
138. SU checklist for returning areas to the placement circuit, January 2022
139. SU data sharing protocol MCH, 8 October 2019
140. SU data sharing protocol SaTH, 15 October 2019
141. SU data sharing protocol RWT, 9 October 2019
142. SU data sharing protocol UHNM, 31 October 2019
143. SU HEE NHS education contracts, 2021-2024
144. SU statement of compliance MCH, February 2021
145. SU statement of compliance UHNM, February 2021
146. SU monthly NMC monitoring report, August 2021, January 2022
147. SU monthly NMC monitoring report, February 2022
148. SU preparation for practice, level six, 2021
149. SU preparation for practice, level five, 2021

- 150. SaTH student midwife induction day, November 2021
- 151. SU e-MORA guidance presentation to students, undated
- 152. SU course committee policy, July 2016
- 153. Course committee meeting notes, 13 October 2021
- 154. Email guidance for academic staff clinical visits, SaTH lead nurse for workforce, education and quality, 12 January 2022
- 155. Meeting with LME and SaTH link tutor, 25 May 2022
- 156. SU quality enhancement service, weblink, undated
- 157. School of health and social care quality enhancement group action log, 13 January 2021
- 158. SU module evaluations, various dates
- 159. School of health and social care academic committee minutes, 26 January 2021
- 160. SU employment/staff database – seen at the visit, 27 May 2022
- 161. EE appointment checklist, undated
- 162. Shrewsbury business case, stage two, physical presence in Shropshire, undated
- 163. RSH exit road map, undated
- 164. Service user and carer provision within midwifery 2020-2022, undated
- 165. EE reports, 2019-2020, 2020-2021
- 166. EE policy (taught provision), 21 May 2020
- 167. SU completing students checklist, September 2018
- 168. SU self-declaration of EU requirements, BSc MP, undated
- 169. SU midwifery – link to website, undated

Personnel supporting education monitoring review	
Prior to the monitoring review visit:	
Meetings with:	
Interim executive dean - school of health, science and wellbeing, SU LME, SU Head of department - midwifery and allied health, school of health, science and wellbeing, SU Head of business management and contracts, school of health, science and wellbeing, SU Academic practice learning manager, school of health, science and wellbeing, SU	
At the monitoring review visit:	
Meetings with:	
Practice supervisors/assessors	28

Academic assessors	Five
Service users/carers	Five
Senior managers of the AEI	Interim executive dean – school of health, science and wellbeing Associate dean – students Associate dean – recruitment LME Head of department - midwifery and allied health (theory) Head of department – midwifery and allied health (practice) Head of business management and contracts, school of health, science and wellbeing Academic practice learning manager, school of health, science and wellbeing Midwifery course lead and lecturer Head of registry operations Regulations and compliance manager Director of learning and teaching Quality manager
Senior managers from associated practice learning partner	Director of midwifery, SaTH Director of midwifery, UHNM Deputy head of nursing and midwifery, RWT Matron for pre-registration education, RWT Workforce development lead, MCH Matron for pre-registration education, RWT Ward managers x two, SaTH Matron x one, SaTH
Director/manager nursing	N/A
Director/head of midwifery	Director of midwifery, SaTH Director of midwifery, UHNM Deputy head of nursing and midwifery, RWT Matron for pre-registration education, RWT
Education commissioners or equivalent	Senior HEE representative observed the visit
Practice education facilitator or equivalent	Three

Other:	N/A
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Meetings with students:	
Student Type	Number met
Pre-registration midwifery - 36M (2019 curriculum)	Year 1: six Year 2: 0 Year 3: 0 Year 4: 0
Pre-registration midwifery - 36M (2009 curriculum)	Year 1: 0 Year 2: seven Year 3: nine Year 4: 0

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Issue record			
Final Report			
Author	Patricia Hibberd	Date	14 June 2022
Checked by	Ian Felstead-Watts	Date	16 June 2022
Submitted by	Amy Young	Date	12 July 2022
Approved by	Colleen Regan	Date	14 July 2022
Final Report – After action plan completed (if required)			
Author		Date	
Checked by		Date	
Submitted by		Date	
Approved by		Date	