Listening event report

Programme provider	University of Nottingham
Programme(s) monitored	Registered Midwife – 36M BSc (Hons) Midwifery – 2019 standards
Date of listening event	9 March 2023
Registrant visitor(s)	Sarah Snow
Lay visitor(s)	Sandra Stephenson
Observer(s)	Ian Felstead-Watts (MM) Paula McLaren (NMC) Kerri Eilertsen-Feeney (Health Education England)
Date of report	20 March 2023

Introduction to NMC QA framework and listening events

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 practise 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 health and care services, 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 responsibilities and powers of the NMC in relation to education and training and quality assurance (QA) of education are set out in the Nursing and Midwifery Order. The NMC set standards for education and training and these standards shape

the design and content of programmes to ensure that nurses, midwives and nursing associates are consistently educated to high standards and able to achieve the required standards of proficiency before joining the register. This is one of the primary functions of the NMC in ensuring that they fulfil their role of protecting the public.

QA and how standards are met

QA of education gives the NMC the confidence that education institutions are meeting the standards for education and training through approval of education institutions, their practice learning partners (PLPs), employer partners (EPs) in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that approved education institutions (AEIs), their PLPs/EPs and programmes continue to meet the education standards.

If QA identifies that an education institution isn't meeting the NMC standards, they must take action so the education institution returns to compliance. Where the NMC finds that standards aren't being met, they can withhold or withdraw approval of programmes.

The NMC QA Framework and QA Handbook puts safe, kind and effective care at the heart of what the NMC 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 PLPs/EPs, must provide in order to meet NMC standards.

Education monitoring

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 who use health and care services and educators in its processes.

The NMC may conduct a listening event (LE) in response to concerns identified regarding nursing, midwifery or nursing associate education in both the AEI and its PLPs/EPs, or where it's proportionate to follow up on a monitoring visit or extraordinary review, to gain assurance that any actions implemented as a result of a visit or review, are having the required impact. It's the role of the NMC's QA board to decide whether it's necessary to carry out a LE.

The LE process enables the NMC to gain intelligence about an approved programme directly from students and representatives from practice. This ensures that the student and PLP/EP voice is part of the evidence considered when monitoring whether a programme is being delivered in line with NMC standards. LEs can incorporate

meetings with students, meetings with practice representatives, or a combination of both stakeholder groups.

LEs seek feedback directly from students about their experience of the programme, how they're being supported in both the AEI and practice learning environments and how the AEI and PLPs/EPs work together to support student learning and progression. LEs also seek feedback directly from PLPs/EPs on practice learning governance and partnership working with the AEI and implementation of the Standards for student supervision and assessment ((SSSA) NMC, 2018).

The listening event at the University of Nottingham

The NMC took the decision to conduct a LE with students and PLP representatives at the University of Nottingham to gain assurance that students are receiving learning which meets their standards of education and training.

The NMC actioned this LE as a follow up to the extraordinary review of the AEI's pre-registration midwifery programme in July 2022 and to ensure that the actions taken as a result of the risks identified are having the required impact and give the NMC assurance that their standards are being met.

The focus of the LE will be on current education provision and the support for current students on the pre-registration midwifery programme, both in the university and practice learning environments. This will include the potential impact on students' ability to meet the Standards for pre-registration midwifery programmes (SPMP) (NMC, 2019) which are necessary to demonstrate safe and effective practice in order the join the NMC register.

The NMC provided the AEI with the focus of the LE and a specific plan was conveyed to the AEI. The LE plan clearly indicates the areas for review under the key risk themes:
- Effective partnership working: collaboration, culture, communication and resources
- Education governance: management and quality assurance

Relevant indicators under the above key risk themes were explored through a series of focus group meetings with a representative sample of students and PLP representatives.

The LE team included a lay visitor and registrant visitor with due regard for the programme under review. The QA visitors used the LE plan to direct their lines of enquiry.

Summary of findings against key risks (Greyed out risks aren't included in this listening event)				
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	2.1.3 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.		

	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.		
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	

Introduction to University of Nottingham programmes

The University of Nottingham (UoN) is an established and experienced AEI. The school of health sciences (SHS) currently deliver NMC approved programmes in pre-registration nursing (adult, children's, learning disabilities and mental health) and pre-registration midwifery. The SHS also offers a community practitioner nurse prescribing (V150) and an independent and supplementary nurse prescribing (V300) programme.

The focus of this LE is the 36-month BSc (Hons) midwifery programme approved against the SPMP since 17 June 2021. The programme is delivered at the Queens Medical Centre (QMC), Nottingham.

The midwifery programme was subject to an extraordinary review in July 2022 and this LE is an opportunity for feedback from students and PLPs on actions taken since that time related to the two unmet key risk indicators as detailed above.

The visit is undertaken face-to-face and includes focus group meetings with students from all years of the programme, senior PLP representatives and practice supervisors and practice assessors.

PLPs who support midwifery students are Nottingham University Hospitals NHS Trust (NUH), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), Sherwood Forest Hospitals NHS Foundation Trust (SFH) and Chesterfield Royal Hospital NHS Foundation Trust (CRH).

To note, *italicised text* in the narrative indicates verbatim student or PLP quotation.

Summary of feedback in relation to NMC key risk themes

Effective partnership working: collaboration, culture, communication and resource

There's clear commitment from PLPs and evidence of strategic development to support and enhance the student experience in practice learning environments. This includes recruitment of staff in excess of Birthrate Plus workforce planning calculations, development of an allocated time model to facilitate protected time for practice assessors and recruitment of practice teaching assistants to support students, practice supervisors and practice assessors.

There's some disparity between the level of support from the UoN for practice supervisors and practice assessors across all PLPs, particularly CRH. Students tell us staffing levels and workload across most practice learning environments continues to be a challenge. This subsequently impacts on consistent access to practice supervisors and timely meetings with practice assessors in order to record and complete practice assessment documentation. Some students consider staffing levels

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to be worse compared to July 2022, however all students acknowledge that they're yet to see any impact from the PLPs development work and recruitment of new staff.

Selection, admission and progression

This risk theme isn't included in this event.

Practice learning

This risk theme isn't included in this event.

Assessment, fitness for practise and award

This risk theme isn't included in this event.

Education governance: management and quality assurance

Students tell us that they can see some improvement in response to their feedback since the extraordinary review in July 2022. However, we hear numerous examples of negative feedback across all student cohorts relating to unclear communication from the programme team and feedback not being listened to or acted upon. In particular, year two and year three students tell us that meetings with senior staff in the programme team, although appreciated by them, don't meet their needs. Students across all cohort groups tell us that they don't feel listened to and their confidence to raise issues with the programme team has decreased further.

Evaluative narrative against key risks
Risk theme one: Effective partnership working: collaboration, culture, communication and resources
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. (This indicator isn't included in this event)
Not applicable.

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. (This indicator isn't included in this event)

1.2.2   Sufficient appropriately qualified academic assessors are available to support numbers of students. (This indicator isn't included in this event)

Not applicable.

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.

Senior staff representatives from PLPs confirm that there are sufficient appropriately qualified practice assessors and practice supervisors available to support the numbers of students. UHDB senior staff report that staffing levels are *"an improving picture"* and NUH tell us that 90 percent of midwives are prepared for and can competently apply the SSSA. All PLPs are recruiting staff in excess of Birthrate Plus workforce planning calculations and additional clinical education staff to support practice learning. For example, UHDB, SFH and CRH are recruiting to specialist posts that focus on retention and clinical education. NUH are recruiting a practice development midwife (PDM) specifically to focus on students' practice learning experience. In partnership with the AEI, they're also recruiting practice teaching assistants to support students, practice supervisors and practice assessors. Senior staff from SFH tell us there's a mix of early career and experienced midwives in place and recognise the particular value of newly qualified midwives taking on practice supervisor roles, given their familiarity with the Standards of proficiency for midwives (SPM) (NMC, 2019) and the midwifery ongoing record of achievement (MORA).

NUH, UHDB and SFH tell us they no longer allocate students to agency midwives as they recognise there's been recent issues with their availability to consistently supervise students. NUH tell us students are moved to a different placement area where supervisors are substantive rather than agency staff to ensure that supervision of students is consistent. Senior staff representatives from CRH tell us they sometimes allocate students to agency midwives because of the numbers of students from other AEIs all being in placement at the same time and requiring access to a limited pool of practice supervisors. However, they tell us that use of NHS Professionals (the NHS flexible staff bank) means that many of the agency midwives are CRH staff.

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Protected time for practice supervisors and practice assessors to fulfil their roles varies across PLPs and is currently more focused on the needs of practice assessors. NUH are developing an allocated time model where each practice assessor has several students coming to an end point at the same time and have two hours per student. There's also an option for practice assessors to receive overtime payments if they're unable to complete assessment processes when on duty, for example practice assessment documentation. CRH and UHDB don't currently allocate protected time for their practice assessors, however report that practice learning facilitators/PDMs are available to cover practice assessors when required. CRH tell us that they anticipate being able to facilitate protected time for practice assessors once additional staff are recruited. At SFH, the practice education lead usually fulfils the practice assessor role which means that currently all student assessments are completed on time.

Practice assessors and practice supervisors tell us that staffing resource is an improving picture, especially given the recruitment of new staff with specialist educational support roles. They describe measures put in place to support students in the practice learning environment, for example daily 'walkarounds' by PDMs and updated notice boards. Practice assessors and practice supervisors across all PLPs confirm there are enough staff to support student learning, although also acknowledge that allocation can sometimes be challenging, given the clinical demands in practice. Measures to enhance protected time for practice assessors and practice supervisors are described, for example NUH is developing a standard operating procedure for midwifery students which will determine how many hours practice assessors require, per student, to fulfil the requirements of practice assessment.

NUH practice assessors and practice supervisors confirm that 90 percent of staff have received preparation and training to apply the SSSA and make it clear to staff that supervision of students isn't an option, rather a core part of their role. Similarly, UHDB monitor preceptorship midwives and move them on promptly to SSSA training. Practice assessors and practice supervisors tell us that midwives understand the specific roles, although NUH explain that the Covid-19 pandemic has impacted on the time required to fully embed understanding and application of them. They're not aware of any difficulties with practice assessors periodically observing students, although recognise that this can be challenging, depending on the location of the student and practice assessor.

CRH, NUH and UHDB tell us that link lecturer visibility in the practice learning environment is either absent or on an ad-hoc basis, although this wasn't the case pre-pandemic. CRH practice assessors and practice supervisors tell us that their link lecturer is very approachable, however they don't have regular meetings with them as they do with other AEIs. Overall, they find the UoN is the least approachable of all the AEIs they engage with and describe the lack of help and support with implementation of the SSSA. A new member of the team at NUH tells us that in the short time she has been in post the students "*seem very well supported*".

Year three students tell us that staffing numbers in some PLPs seem to have got worse, particularly in community settings and that the use of agency midwives has increased in many areas. They haven't yet noticed the appearance of additional practice supervisors or clinical education staff, although some students are aware that practice teaching assistants are being recruited at NUH. One student describes being in a community placement and being *"'passed around daily",* however this isn't the case in a different PLP where they're currently placed. All students are allocated a practice assessor and many report positive engagement with practice supervisors. However, students tell us that the clinical demands on practice assessors and practice supervisors mean that they experience difficulties in arranging meetings and reviewing progress, explaining that *"some are not very good at getting back to us".* One student tells us that they're now three months overdue with their summative practice assessment. Students tell us they know how to raise concerns in practice and are confident to do so, although most agree they're less confident to raise issues with the programme team. Most, but not all students know how to access professional midwifery advocates (PMAs) in the practice learning environment.

Year two students tell us that staffing levels remain an issue which impacts on completion of practice assessment documentation and progress reviews. They confirm their understanding that agency midwives shouldn't supervise students, however one student reports that this has been a recent experience for them which was subsequently raised as a concern to the programme team. The students clearly recognise that clinical and professional demands on practice assessors and practice supervisors impact on the time available for students, describing it as *"in a minute, in a minute but they never get that minute".* They tell us there's often still a gap between the verbal feedback given by the practice supervisor and what's recorded in their paperwork. A minority of students tell us of the need to sometimes meet with practice assessors outside the practice learning environment, for example if shifts don't coincide, to complete assessment documentation. Students report that practice assessors and practice supervisors are sometimes confused about the number of students allocated to a placement area and how long the placement is for. They don't think the role of the practice assessor is fully understood. The students tell us that in some cases they don't know who their practice assessor is or meet with them only at the summative assessment meeting. None of the students are able to provide examples of their practice assessor periodically observing them in the practice learning environment. One student highlighted the model at SFH, where the practice education lead usually functions as practice assessor, works very well for students when compared to placements in other PLPs. Not all students know who their academic assessor is, however, the cohort representative reminded them that an academic assessor allocation list is available.

Year one students have completed a three-week observational placement and have recently commenced their first substantive placement. Although this means their experiences in practice learning environments is limited, the students tell us that most practice supervisors are expecting them and very welcoming. Some have been allocated a practice assessor with others experiencing some difficulty contacting them.

Students tell us there appears to be enough practice supervisors to support student learning, however they have concerns about continuity. For example, some students are allocated a different practice supervisor each shift. Although the students are very early into, or have not yet commenced their first substantive placement, they tell us that they're concerned about timely completion of practice assessment and documentation and how they'll negotiate this process.

PLPs tell us that their education partners all use different web-based platforms to host the electronic MORA (eMORA) which makes it challenging for practice assessors and practice supervisors to develop the relevant skills. However, they tell us that familiarity with and confidence in the use of PebblePad (PP) is improving. All PLPs agree that PP is time consuming and that practice assessors and practice supervisors require ongoing support in its use. At UHDB, practice learning facilitators offer individualised PP tutorials for practice assessors and practice supervisors. SFH, in partnership with the UoN, tell us they've devised a collaborative system to ensure all proficiencies are signed off in advance of the summative assessment meeting so that the practice assessor can focus on completing the holistic assessment. They tell us that the UoN are very supportive and that *"tutors are fantastic".* NUH, in partnership with the UoN, have developed a practice teaching assistant role which they anticipate will have a significant impact on the technical support available for practice assessors and practice supervisors to access PP and complete the practice assessment process. They're aware that this support must be accessible across all placement settings. CRH tells us they've used PP for a while and identify the specific challenge of accessing computers for practice assessors and practice supervisors to complete assessments, regardless of the web-based platform being used.

Practice assessors and practice supervisors across all PLPs agree that not all midwives are confident to use PP, many finding it overwhelming. They're aware that they rely on students to direct them, although they're confident that practice assessors and practice supervisors will become more proficient with PP as they use it more. Some practice assessors tell us that students need to be more proactive in arranging time with their practice supervisors to complete documentation and that PP is a *"student-led activity"*. CRH practice assessors and practice supervisors tell us there's no real training or support for PP and they're *"learning on the job".* They recognise that many staff require SSSA and PP training, however don't perceive the UoN is willing to support them. Finding time, accessing computers and a private space to fulfil their supervision and assessment roles are all identified as constraints. Some practice supervisors find 'workarounds' to ensure they meet practice assessment submission deadlines, for example asking the student to email the evidence to support proficiencies achieved and signing them off in their own time.

Practice assessors and practice supervisors at NUH tell us they encourage students to access PebblePocket (PPK) on their mobile phones to keep up to date. This is helped by the UoN recommending that students initially complete paper proficiency evidence records (PERs) and then upload them to PP as a batch. The cumulative record of clinical numbers, for example antenatal and postnatal examinations, can also be

initially recorded on a paper form. This can be especially useful when, for example, students are conducting numerous antenatal examinations during a clinic. CRH practice assessors and practice supervisors consider it's unprofessional for students to use their phones when on duty, however suggest this may be more an issue of teaching students appropriate timing. For example, completing PERs or using PPK after completing an antenatal examination rather than during it.

Year three students tell us that practice assessor and practice supervisor confidence and ability to use PP is improving, although some don't know how to navigate it and require explicit direction from the student. They tell us completion of PERs on their phones is time consuming and are unconvinced that recording them on paper initially is especially helpful. However, they tell us that recording clinical numbers on paper and then uploading them to PP as a batch is very helpful. The students tell us that requests have been made to the programme team for additional programme reflection hours in order to support the completion of assessment documentation. A clear rationale hasn't yet been provided for the number of hours currently allocated for reflection activities and why they can't be adjusted, instead the students are told *"it's an NMC thing"*.

Year two students tell us that practice assessors and practice supervisors understanding of and confidence to use PP is a mixed picture. Many practice supervisors are proficient but others "*just don't know how to use it, even with step-by-step instructions*". Students tell us that initial completion of PERs and recording of clinical numbers on paper is helpful. Some tell us that PPK is a useful tool however there remains some confusion about the professional appropriateness of students using their phone in the practice learning environment. For example, one student tells us that her practice supervisor encouraged prompt use of PPK following an episode of care, however the shift co-ordinator stated that phones couldn't be used during a shift.

Year one students tell us they find the initial paper recording of clinical numbers and PERs very helpful, telling us that this makes it quicker and easier for practice supervisors to complete. The students tell us that their preparation for practice sessions at the UoN were detailed and helpful, although some students say that more detail about use of PP would have been welcomed. The students are aware that resources are available to support their understanding and use of PP. This includes specific support from the UoN health e-learning and media (HELM) team, although not all the students are familiar with this yet.

Overall, the feedback provided by key stakeholders at the LE and summarised above indicates there appear to be sufficient, appropriately qualified practice supervisors and practice assessors available to support the numbers of students. The feedback suggests that practice supervisors' and practice assessors' understanding of and confidence to use PP and PPK remains a challenge across all PLPs, however is perceived to be an improving picture overall.

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Evaluative narrative against key risks
Risk theme two: 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. (This indicator isn't included in this event)

2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice. (This indicator isn't included in this event)

2.1.3 Programme providers' procedures are implemented by practice learning providers in addressing issues of poor performance in practice. (This indicator isn't included in this event)

Not applicable.

Evaluative narrative against key risks
Risk theme three: Practice learning

3.1 Inadequate governance of, and in, practice learning.

3.1.1 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. (This indicator isn't included in this event)

Not applicable.

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. (This indicator isn't included in this event)

3.2.2 AEI staff support students in practice learning settings. (This indicator isn't included in this event)

Not applicable.

3.3 Assurance and confirmation of student achievement is unreliable or invalid.
3.3.1 Evidence that practice supervisors/practice assessors are properly prepared for their role in supervising and assessing practice. (This indicator isn't included in this event)
3.3.2 Systems are in place to ensure only appropriate and adequately prepared practice supervisors/practice assessors are assigned to students. (This indicator isn't included in this event)

Not applicable.

Evaluative narrative against key risks
Risk theme four: Assessment, fitness for practise 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. (This indicator isn't included in this event)
Not applicable.
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. (This indicator isn't included in this event)
Not applicable.

Evaluative narrative against key risks
Risk theme five: Education governance: management and quality assurance
5.1 Programme providers' internal quality assurance 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. (This indicator isn't included in this event)

Senior staff representatives across all PLPs tell us of strong links with the UoN and the programme team. This includes regular meetings and opportunities to feedback. NUH and UHDB tell us that the programme team are very responsive and value collaborative working, for example with the development and recruitment of the practice teaching assistants. UoN tell us they were able to feedback their staffing concerns that the new roles would deplete the midwifery workforce. This was listened to and a mutually agreeable solution reached, that the roles are open to all registrants, not just midwives. UHDB tell us their feedback regarding preparation for practice was listened to, with changes made to minimise students arriving with "*unrealistic expectations.*" SFH tell us their feedback regarding the timing of 'away' placements was acted upon, resulting in adjustment to placement allocations so that students have 'away' placements in year one. CRH tell us that students sometimes identify their maternity unit culture to be unsupportive and how they've worked with the programme team to address the issue and put in place support mechanisms for students and staff. All PLPs tell us they receive students' evaluation of practice learning (SEPLs) which are subsequently shared with practice assessors and practice supervisors.

Practice assessors and practice supervisors confirm they can access the SEPLs and act upon them accordingly. For example, positive feedback is shared widely within the team and less positive comments are taken forward to specific meetings so that action plans can be developed. They tell us that daily 'walkarounds' by PDMs and dedicated student noticeboards facilitate real time student feedback and evaluation. CRH practice assessors and practice supervisors tell us that their link lecturer is very approachable, however they find the UoN is the least approachable of all the AEIs they engage with. They provide examples of raising concerns about the progression and proficiency of one student and the professionalism of another. They feel that their concerns are either not taken seriously or dismissed, although report that the input of the link lecturer was helpful and supportive.

Year two and year three students tell us their confidence to feedback to the UoN hasn't improved since the extraordinary review in July 2022. All cohort groups describe their disappointment and frustration with a recent 'question and answer' event organised by

senior members of the programme team. Students tell us they welcomed this opportunity and hoped for an open forum to discuss issues with senior staff. However, questions were submitted in advance and subsequently filtered and collated by the programme team. Students tell us they didn't perceive the submission of questions to be anonymous and describe several of their questions not being addressed. Instead, a presentation was offered with no opportunity for further discussion. Year three students describe the tone of the communications around this event as *"passive aggressive"* which perpetuates what they perceive to be a *"them and us"* relationship. They tell us that the format of the 'question and answer' event doesn't meet their needs and instead reinforces their belief that the UoN "*don't do anything"* and that *"the year one students are having the same issues as we did in year one"*.

The year two students tell us that the timing of the event and the request for submission of questions was difficult as they were in placement and preparing for assessments. They describe an email from the programme team as being *"sarcastic"* because it stated that there "*can't be any issues as you didn't raise any questions."* Year one students tell us the concept of the meeting was good and they welcomed the opportunity, however they perceived it to be *"wishy washy"*. They tell us that this meeting has impacted upon their willingness to provide feedback and raise issues as they "*don't feel it's going to be addressed."*

Year three students tell us that their confidence to raise concerns in practice has increased, however some students are concerned that doing so may impact on their future job prospects in that trust organisation. The students describe their stress levels as being very high and appear overwhelmed by the volume of work before them. They perceive that the programme team don't recognise this stress or respond to it and tell us that 20 students have left the programme. The students tell us that they appreciate the need to be self-directed learners and resilient, however they describe being *"burnt out before completing the course"*. The cohort student representatives describe feeling *"worn out"* sharing student feedback which isn't responded to or being told *"you don't just speak for the loud ones".* The students tell us they're keen to put forward suggestions about how the programme could be enhanced, for example curriculum adjustments, however they're told changes cannot happen because of the timetable which is agreed a year in advance. One student tells us *"when I hear people saying they want to study here I think "Oh no"*. However, several students describe a new member of the programme team as *being "like a breath of fresh air"* because they facilitate opportunities for the students to have open and honest conversations.

Year two students tell us that their experiences of providing feedback about placement is mixed. For example, several students without cars reported difficulties accessing some distant community placements and were able to obtain advice and support from the UoN. However, other students tell us that they usually resolve this type of issue themselves, for example by swapping placements around to suit those who have access to cars and those who don't. One student tells us that they ticked the box for unsafe practice on the SEPL, however describes feeling dismissed by the UoN. Although the student received good support from the personal tutor, this did not allay

the student's concerns. Some students tell us that these experiences make them less confident to raise concerns in practice, especially if they're already perceived by the programme team as being unduly anxious or troublemakers. The students tell us they're made to feel that "*it's always our fault*" when struggling to complete aspects of the programme, for example achieving the required number of placement hours. When feeding back negative experiences in placement, for example feeling unwelcomed or unsupported in non-maternity settings, they describe a standard response from the programme team as "*be resilient and positive*" rather than taking steps to resolve the issue.

Year one students confirm they've opportunities to debrief following placement where they're encouraged to discuss their experiences, explore future opportunities and raise any issues. For example, one student experienced being asked to participate in care at a level of complexity that isn't usually expected of a first-year student. The student was able to discuss this with the UoN who subsequently communicated the issue back to the PLP. The students tell us they receive feedback at the start of each module, generated from the previous module run. They find this helpful as the feedback indicates what has changed in the module in response to the previous cohort's evaluations. The students also describe an enhanced pattern of placement allocations, where their 'away' placement now occurs in year one of the programme, based on previous cohorts' feedback. Overall, the students perceive the support available to them as being good. The cohort's student representatives describe difficulty in obtaining feedback from their peers to take forward to the programme team. They suggest that this may stem from experiences at the 'question and answer' session with senior staff and concern that their feedback won't be listened to and addressed. The students tell us that they don't think the programme team are "*dismissive*", rather that greater clarity in response to questions is required, together with clear willingness from the programme team to engage with them.

Overall, the feedback provided by key stakeholders at the LE and summarised above appears to indicate that student feedback and evaluation systems are in place to address weakness and enhance delivery. The feedback suggests that these systems currently appear to be more effectively applied to the experience of year one students.

Meetings with students:	
Student Type	**Number met**
Pre-registration midwifery - 36M (2019 curriculum)	Year one: 11 Year two: 31 Year three: 17 Year four: N/A

Meetings with practice representatives	
Senior managers from practice learning partner(s)	N/A
Director of nursing or equivalent	Chief nurse: assistant director of nursing, NUH Chief nurse, SFH Inpatient matron, CRH
Director/head of midwifery or equivalent	Director of midwifery, NUH Head of midwifery (operations and workforce), NUH Interim head of midwifery, NUH Director of midwifery, UHDB Head of midwifery, SFH
Education commissioners or equivalent	N/A
Practice supervisors/practice assessors	Practice supervisors: Two x NUH One x SFH One x CRH Practice assessors: Two x NUH One x UHDB One x SFH One x CRH
Practice education facilitator(s) or equivalent	Midwifery practice educator, NUH Practice learning lead (practice learning support unit), UHDB Midwifery practice learning facilitator (practice learning support unit), UHDB
Other:	N/A

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Issue record			
Final Report			
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