Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance 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	13-16 December 2022
Lead QA Visitor	Patricia Hibberd
Lay Visitors	Jane Suppiah Jayne Walters
Registrant Visitors	Suzanne Crozier Fran Galloway
Practice learning partner organisation visits undertaken during the review	University Hospitals of North Midlands NHS Trust: Royal Stoke Hospital County Hospital, Stafford Shrewsbury and Telford Hospital NHS Trust: Princess Royal Hospital Royal Shrewsbury Hospital The Royal Wolverhampton NHS Trust: New Cross Hospital Mid Cheshire Hospitals NHS Foundation Trust: Leighton Hospital Walsall Healthcare NHS Trust: Walsall Manor Hospital University Hospitals of Derby and Burton NHS Foundation Trust: London Road Community Hospital Queens Hospital, Burton
Date of Report	2 January 2023

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 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 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 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 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 its 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. It's the role of the NMC's QA board to decide whether it's necessary to carry out a monitoring visit or extraordinary review. The circumstances for taking this action are described in the QA Handbook.

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 is 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)

Following an extraordinary review in January 2020 and subsequent monitoring visit in May 2022 to SU, where it was identified some risk themes weren't met, the NMC has

taken the decision to conduct a further monitoring visit to assess progress. The monitoring visit will seek assurance in relation to the delivery of approved pre-registration midwifery programmes in line with the NMC standards for nursing and midwifery education.

The NMC originally had concerns about the learning environment for midwifery students at Shrewsbury and Telford Hospital NHS Trust (SaTH), following the concerns raised in relation to maternity services at the trust. The NMC engaged with SU to seek regular assurance that their standards were being met. However, they didn't receive those assurances and so undertook an extraordinary review in January 2020. As a result of the extraordinary review, two risk themes were identified as not met. In particular, concerns about academic support in practice, user of service involvement, practice supervision and assessment and student feedback were identified. As a result of the concerns identified, SU developed an action plan to address these.

At a subsequent programme approval visit in March 2021, similar concerns were identified, suggesting that the action plan hadn't fully addressed the issues. At this time the NMC were minded to refuse approval of the programme and SU submitted a further action plan and approval of the programme was granted. As part of this approval, the NMC actioned a further monitoring visit which took place in May 2022.

The QA visitor team at the monitoring visit in May 2022 identified that two of the NMC's five key risk areas were _**met**_:

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

However, three key risk areas were _**not met**_:

Effective partnership working: collaboration, culture, communication and resources
- 1.2 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC
    **In particular not met**:
    - o 1.2.2 Sufficient appropriately qualified academic assessors are available to support numbers of students

Practice learning
- 3.2 Programme providers fail to provide learning opportunities of suitable quality for students
    **In particular not met**:
    - o 3.2.2 Academic staff support students in practice learning settings

Education governance: management and quality assurance
- 5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

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In particular not met:
- o 5.1.1 Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery.

The NMC also reviewed the national student survey (NSS) scores for the programme and noted that the scores had significantly decreased and in 2022 had the lowest score of all programmes that they regulate across the UK.

The NMC have therefore requested a further monitoring visit to ensure appropriate action has been taken to address these concerns and ensure full compliance with their standards. Following the visit, the QA board will assess if progress has been taken to inform any further appropriate regulatory action.

The NMC have requested the focus of this visit to be on:
- Clarity from staff, students and PLPs that there's a wide understanding and delivery of the practice supervisor, practice assessor and academic assessor roles and how they work together.
- Clarity on the role and support provided by link lecturers, with students and PLPs feeling appropriately supported by the academic team.
- Students across all years can evidence that appropriate and timely feedback is provided where they've provided feedback or raised concerns.

The NMC provided SU 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 the key risk themes:
- Effective partnership working: collaboration, culture, communication and resources
- Assessment, fitness for practise and award
- Practice learning
- Education governance: management and quality assurance

While previously met, the NMC determined that key risk theme assessment, fitness for practise and award and specifically indicator 4.2.1 should remain in scope for this monitoring visit given its relevance to the Standards for student supervision and assessment (SSSA) (NMC, 2018) and the relationship to support in practice learning and assessment.

Relevant indicators under the above key risk themes were reviewed across academic and practice learning settings.

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 (Grey key risks weren't included in the monitoring review)				
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 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 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

Staffordshire University (SU) is an AEI. SU is approved to deliver programmes leading to eligibility to apply for registration as a nursing associate, nurse (adult, mental health and children's) or midwife. SU also offer the independent and supplementary nurse prescribing programme. The focus of the education monitoring visit is the SU pre-registration midwifery (long) programme. The midwifery programme is situated in the department of midwifery and allied health professionals (MAHP) in the SU school of health, science and wellbeing (SHSW) (1, 67).

The midwifery programme is subject to NMC critical concerns. Following outcomes from an extraordinary review (February 2020) and programme approval visit (July 2021) the NMC placed the programme under enhanced scrutiny on 22 July 2021. This includes an education monitoring visit conducted on 24-26 May 2022. The findings conclude that key risks aren't controlled in three areas. An action plan to mitigate risks is in place and progress monitored by the NMC. There's also a university action plan in place to improve overall midwifery student satisfaction following results of the NSS. The NMC request a further education monitoring visit to assess progress against the identified action plans. The key risk indicators for the visit are identified by the NMC in the education monitoring review plan (1-2, 4-10).

The pre-registration midwifery programme comprises the Bachelor of midwifery (BMid) three-year full-time programme in approval since 26 July 2021 under the Standards for pre-registration midwifery programmes (SPMP) (NMC, 2019) and the Standards of proficiency for midwives (SPM) (NMC, 2019). The first cohort of students commenced in September 2021. There's also an outgoing three-year full-time Bachelor of science (Honours) midwifery practice (BSc (Hons) MP) programme, approved in 2013 under the Standards for pre-registration midwifery education (SPME) (NMC, 2009). All students are transferred to the SSSA (1, 4, 3-24, 67, 80).

SU deliver the BMid programme from the Blackheath Lane (BHL) campus in Stafford. There are 48 students studying at academic level four (year one) with 38 students studying at level five (year two). The outgoing BSc (Hons) MP programme is delivered from two sites – Shrewsbury and BHL. Since the May 2022 education monitoring visit previous level six students are graduated and level five students are progressed to level six. Consequently, all students on the BSc (Hons) MP programme are studying at level six (year three) with 28 students based at BHL and 15 at Shrewsbury. This is the final cohort to be based on both sites. Programme delivery at Shrewsbury campus will be withdrawn and the campus closed once students are completed in September 2023. A management plan is in place including support for staff and students during the withdrawal of the Shrewsbury campus (1, 67, 98, 100).

Practice learning is undertaken with PLPs based across a wide geographical area in Shropshire and Staffordshire. PLPs comprise Mid Cheshire Hospitals NHS Foundation Trust (MCHT), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), University Hospitals of North Midlands NHS Trust (UHNM), The Royal

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Wolverhampton NHS Trust (RWT) and SaTH. Placements for BSc (Hons) MP level six students are distributed between SaTH, UHNM, RWT and MCHT, with UHDB an additional placement provider for BMid level five students. Since the monitoring visit in May 2022, SU have added a new PLP, Walsall Healthcare NHS Trust (WHT) for midwifery placements and confirm this is adding placement capacity. BMid level four students are allocated to all six placement providers. Across all years UHNM and SaTH are the largest placement providers for SU midwifery students. All six PLPs are visited during this education monitoring visit. Level four students are in placement during the visit, with level five and level six students studying at SU. The planned visit to UHDB Queens hospital Burton is shortened due to service pressures on the day (1, 3, 98, 108-117).

The education monitoring visit is conducted on 13-16 December 2022.

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 all the included risk themes to meet NMC standards and assure protection of the public.

Effective partnership working: collaboration, culture, communication and resources: met

We're assured that effective partnership working is in place to secure and support student learning and assessment. There's a stable senior SU leadership team and previous interim leadership posts for the executive dean and the lead midwife for education (LME) are confirmed as permanent since the previous monitoring visit in May 2022. Senior PLP managers from SaTH also confirm stability in the senior midwifery team.

We find there's effective collaboration, resources and communication between SU and PLPs to ensure sufficient appropriately qualified academic assessors, practice assessors and practice supervisors are available to support the number of midwifery students on the programme. There are clear processes for identifying, preparing and supporting staff for these roles.

There's evidence that SU are addressing the NMC action plan and there's significant improvement in the clarity and communication of the academic assessor role with senior PLP managerss, practice assessors and practice supervisors. Roles are clarified in course handbooks and in supplementary information provided to students through presentations and online materials. Academic assessors and link lecturers are visible in practice learning environments. SU introduce innovations including the introduction of a quick response (QR) code for students, practice assessors and practice supervisors and this is streamlining the way information is accessed and provided by linking to a live landing page. This ensures that the information provided is easy to access and always current. Students are asked to complete a template email signature which asks

them to add details of their academic assessor. This ensures that emails are always received by the relevant individual.

Selection, admission and progression:

This risk theme isn't included in this monitoring visit.

Practice Learning: met

There's evidence that SU governance processes enable the quality of practice learning to be continuously monitored and enhanced. There are current educational audits shared with other AEIs in the wider region. There are collaborative processes between SU and PLPs for monitoring the number of qualified practice assessors and practice supervisors and there's sufficient capacity for the number of students. Practice assessors and practice supervisors are prepared and clear about their roles. All students are allocated a practice assessor. In most PLPs one practice assessor is allocated for a part of the programme. At UHNM there's a practice assessor allocated in every placement. Practice assessors and practice supervisors are becoming familiar with the electronic midwifery ongoing record of achievement (eMORA) and there's training available to support this. There are some initial challenges in accessing the practice assessment record and evaluation (PARE) platform which hosts the eMORA, however there's evidence temporary solutions are mitigating this until access becomes established. Practice assessors understand the role of academic assessors in the progression of students at the end of each part.

There's evidence that SU's improved communication with students and PLPs is clarifying the different roles that support students in practice. Students, practice assessors and practice supervisors can differentiate between the link lecturer, the academic mentor and the academic assessor and know how to contact them. Two lecturers are now allocated to link with each PLP. A staff profile is available for each PLP so they're clear who the LME and link lecturers are and how to contact them. The SU midwifery team enhance visibility in practice learning areas through a planned and published programme of contacts and activities with each PLP. This information is easily available for students and PLPs in the practice area and can also be accessed via their QR code.

Assessment, fitness for practise and award: met

Students, practice assessors and practice supervisors confirm there's sufficient opportunities for them to achieve their learning outcomes and NMC proficiencies. There are processes in place to assess good health and character. Senior PLP managers confirm that SU students are of a high calibre and they're eager to employ them. There are active preceptorship programmes in place for newly qualified midwives.

Education governance: management and quality assurance: met

There's robust evidence of the innovative changes that SU are making in response to their NMC and NSS action plans. There's a clear plan for student communication and feedback. Students tell us there are formal mechanisms to evaluate and they feel they're being listened to. There's evidence that systematic module and placement evaluation are both established and confirmation that evaluation is anonymised. Feedback mechanisms to students are in place and there's evidence of these being used to good effect. There's an escalation of concerns policy and evidence that SU responses are prompt but also collaborative in managing the issues arising to ensure student experience and safety.

Summary of areas for future monitoring

Specifically related to UHNM:

- Once in post, that the midwifery clinical placement facilitator (CPF) strengthens clear lines of accountability and effective monitoring of the allocation of practice supervisors and practice assessors for students (Linked to risk indicator 1.3.1).

- The ongoing partnership working between the AEI and UHNM regarding midwifery student feedback related to a negative culture and bullying in placement areas (Linked to risk indicator 5.1.1).

SU and all PLPs:

Access to the PARE system for practice supervisors and practice assessors to ensure timely completion of the eMORA (Linked to risk indicator 3.3.1).

Summary of feedback from groups involved in the review

Academic team

Senior university executives tell us that the midwifery programme is part of SU's key strategic commitment to preparing the local workforce. Midwifery is included in the top three prioritised programmes receiving university level support. Previous interim roles for the executive dean of the SHSW and the LME are now permanent and with the wider senior executive team are providing stable leadership to the midwifery programme. The dean confirms accountability for reporting on progress with midwifery actions to the SU senior executive. There are resources and budget available to support the programme academic team in achieving actions in a timely way. An example of this is to strengthen leadership of practice learning by the appointment of heads of department (HoD) both for theory and for practice (3, 98, 100).

SU tell us they're committed to a midwifery academic staff to student ratio (SSR) of 1:16 and confirm there's now greater stability in the midwifery team with only one post

remaining vacant. Recruitment for this post is in progress to ensure that the full SSR is achieved. The senior academic team describe a clear onboarding, induction and personal development review process. There's a 24-month probation period which includes completion of the SU teaching qualification or equivalent. Additional preparation is provided to develop the academic assessor role as this isn't included in the SU teaching programme. The midwifery academic team report they're well supported to undertake the role of academic assessor and link lecturer (100).

Staff development is agreed individually and the senior team confirm that the workload model used provides time for new academic staff to complete their development requirements. The senior team tell us there's good opportunity for staff to progress within the SHSW and provide a recent example of promotion from the midwifery team. The midwifery academic team confirm that the organisation and effectiveness of their work is being transformed by new staff appointments. New staff confirm the induction process and feel welcomed and valued within the school (98-99, 103, 106).

The SHSW executive team tell us that the LME is valued as the senior representative for midwifery and attends all school business meetings or ensures a deputy is present from the midwifery team. The LME also attends monthly course director meetings enabling issues and best practice to be shared and discussed across programmes. The LME confirms that although line management of the midwifery team is conducted by HoDs, they have a regular one to one meeting with team members and weekly meetings with the HoD (practice). Issues are reported and decisions made at the weekly SHSW senior executive meeting which enables concerns to be promptly responded to or quickly escalated. The LME tells us that they feel listened to and confirms these as effective processes to make midwifery concerns known in the school. The LME confirms there's capacity in the team to cover any temporary changes to staffing. SU are funding external teaching support to the midwifery academic team including support for specialist teaching sessions. There are reciprocal teaching arrangements with other academic internal subject specialists, which also add to the resources available for midwifery and other healthcare students. The workforce model is designed to enable team members to fulfil link lecturer, personal academic mentor and academic assessor roles and to allow team members to lead programme innovations such as the baby friendly initiative. The link lecturer and academic assessor roles are understood by the academic midwifery team (99, 106).

Senior QA leaders confirm that SU operate an overarching QA monitoring and enhancement process which includes feedback from mid module and end of module evaluation, external examiner review, course evaluation and monitoring statistics. NMC and NSS action plans are also included in annual quality monitoring and enhancement. SU tell us placement evaluations are reviewed by the midwifery team throughout the year and themes contribute to overall course review. The student voice is being strengthened through monthly student forums and student voice representative meetings which then feed into course committee meetings. Both these meetings are recorded and provide written feedback on the actions taken. The team tell us there's been one student representative meeting in November 2022 with representation from

each cohort. There's been an opportunity for all cohorts to attend a 'what good looks like day' with external experts invited to speak. They tell us students acknowledge change is happening and tell them the ability to raise issues and concerns is improved. A quality enhancement day at the end of the academic year is being organised (40, 101-102, 118-129).

SU confirm there are biannual meetings with HoDs and course directors where course metrics, course outcomes and actions are agreed. Overall course review and actions are presented at the school academic committee prior to consideration by the university quality committee and academic board. Improvement themes are addressed at course, school and university levels. An example of university improvement is enhancing external examiner access to blackboard, the SU virtual learning environment (VLE). The NMC and NSS action plans are included in course review but also have a parallel monitoring process to ensure that action plans are agreed. Common NSS themes form the school NSS action plan. The school academic committee receives all regulatory reports including exceptional reports to the NMC. Themes from professional, statutory and regulatory bodies also contribute to the university overarching quality report. The senior team confirm the criteria and process for exceptional reporting to the NMC including any red flags in the monitoring of practice learning and subsequent risk to the student learning experience (99, 101-102, 118-127).

SU tell us that they've enhanced the student voice within the course review process. The strengthening of the student voice is embedded in a midwifery communications plan. There are monthly student forums linked to each PLP. The student voice representative committee review actions from the forums as part of the feedback loop to student cohorts. The LME confirms that actions are also reported back to the monthly student forum as part of a 'you said, we did' strategy. Actions are formally reported to the course committee meeting. There's also student representation on the school academic committee (40, 89, 102).

The LME tells us of recent changes made to the midwifery programme as a result of student module evaluations. There's consultation with students and service users and changes are reviewed and supported by the external examiner prior to submission to the SU internal modification process. An example given is a change of assessment following student feedback. The senior QA team tell us minor modifications are reported to the NMC via the annual self-report (ASR) process. They're clear about the process for requesting a major modification with the NMC (102).

The practice governance and midwifery academic teams tell us of a key development that's improved access to information for students, practice supervisors and practice assessors. There's a QR code available on a plastic wallet card for all students, practice assessors and practice supervisors. The QR code links to a web landing page which includes information about the students' academic assessor and academic mentor and their contact details. The separate QR code for practice assessors and

practice supervisors links to a different landing page with information on practice learning and contact details for the midwifery team (98, 101).

SU tell us that practice governance for midwifery is led by the HoD (practice) working with a newly appointed practice learning manager and the practice learning hub. They confirm there's quarterly meetings with each PLP where the metrics being monitored through the practice learning dashboard are discussed. They confirm that SU are included in PLP communications and discussion regarding system regulator reports and outcomes. Metrics on PLP dashboards are red, amber, green (RAG) rated with criteria to indicate each metric. This includes the number of available practice assessors and practice supervisors (54-57, 101).

We hear that the new staff member in the practice learning manager role is adding a key resource to the practice learning governance team given their midwifery background. They're currently engaging in operational meetings with practice education facilitators (PEFs)/CPFs across all PLPs. We hear that educational audit is an area of focus. PLPs cover a wide geographical area and partner with multiple AEIs and although providing similar information, different audit templates are used. There are good working relationships with other AEIs to share completed audits and the practice learning manager is now on a working group with six AEIs working to use a shared online educational audit via the PARE platform. A pilot of the online audit is in progress (101).

The team tell us that placement evaluations are collated in the practice learning hub. These are sent to the academic midwifery team and the nominated people within each PLP. The team have been raising the profile of evaluation by presenting the importance of this to students and identifying how the information is used. We hear that placement debriefs are completed with students after each placement and these are now organised by PLP rather than cohort groups. The team recognise that student engagement in formal placement evaluation can either be low or lack detail, therefore the debrief process supplements this, providing further information. At the debrief sessions strengths are also explored, for example, recognising best practice from practice supervisors and practice assessors. Actions taken from improvement themes are fed back to students at the next placement debrief. A recent example of a theme arising is in resolving access to the PARE online platform which hosts the eMORA. The team tell us that they're directly engaging with PLPs at a senior level to discuss the risk and to resolve the issue. There are PARE champions in each PLP and SU tell us they're 'training the trainers' to facilitate and support at a local level. There's also a PARE information and help desk available for problem solving. The team confirm that early indications from student and PLP feedback now indicate that access to PARE is starting to improve (101).

The team tells us of the recent work that's been progressing to increase the effectiveness of communication, the understanding of the academic assessor and link lecturer roles and the midwifery team profile with individual PLPs. The LME works directly with each PLP and student cohort to develop the midwifery communication plan

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and confirms only positive feedback on its implementation to date. Two link lecturers are now allocated to each PLP (101).

The team tell us of the cause for concern process and how concerns are escalated. A cause for concern form is completed and escalated to the LME for management. All concerns are recorded on the PLP dashboard. Concerns are reported to the weekly school management team meeting. Urgent escalation of concern is via the HoD (practice) and to the executive dean for action as required. Feedback is provided to the student or students on what's happening and how the issue is being resolved (101).

The LME tells us of the process for monitoring BSc (Hons) MP programme level six student progress with NMC requirements. The practice learning hub monitor student placement hours. The midwifery academic team maintain a live database which tracks individual progress of practice learning hours, European Union (EU) directive requirements and progress towards achievement of proficiencies in practice. For BMid students the eMORA on the PARE system is a live document and student progress is therefore easily monitored by academic assessors. There's a focus on encouraging students and PLPs to consider the breadth of available practice learning opportunities within a PLP. Academic assessors meet with students following each placement so that they're able to monitor and guide students' progress and to manage any concerns as early as possible. There's been enhancement in the lines of communication and clarity over the differences between the academic assessor, link lecturer and the academic mentor role with students and PLPs (101).

The team tell us of the process in place for reporting placement reconfiguration. PLPs normally report planned reconfigurations to the link lecturers and there's discussion with the programme team to understand the implications of this and how student learning is best managed. Issues are escalated to the HoD (practice) if necessary. We hear an example of when a midwifery led unit was closed and students had equivalent experiences to meet their requirements. Students are normally based within one PLP, however there's a four-week elective block and students can opt to gain this experience in another PLP (101).

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors tell us that communication with SU and visibility of the midwifery team is improved since May 2022. They confirm there are two link lecturers allocated to each trust site and there's a planned timetable of visits and online drop-in sessions when the link lecturer is available. They report increased visibility of SU academic staff in the clinical area and tell us they know how to contact academic assessors and link lecturers. Practice assessors from most PLPs tell us they're allocated a student at the beginning of the academic year and meet with the student throughout the year to review progress and provide feedback. Practice assessors in UHNM are allocated to students in each placement. There are practice

supervisors on all placements. They tell us there's understanding of the academic assessor role and the use of tripartite assessment at the end of a part of the programme. One practice assessor provides an example of contacting the academic assessor for support in developing a student's action plan for practice learning and assessment (104, 113-114, 117).

Practice supervisors and practice assessors confirm they understand their roles and that training is available to prepare and update them - either face to face or online. They confirm they attend updates within trusts according to their local policy. They've received preparation for their role and understand the SSSA. Work pressures impact the time available to complete student assessment documentation, however they tell us the eMORA allows greater flexibility to complete this. Some practice assessors tell us they're waiting for log in access to the PARE platform. However, they confirm that, in the meantime, students can give access via their mobile device. Practice assessors and practice supervisors tell us there's eMORA training available. This includes a test site and a power point presentation on the eMORA which can be accessed via the practice assessors and practice supervisors QR code. The QR code is a very recent initiative, however there's examples of where this is already being used. Practice assessors and practice supervisors confirm this is useful. They tell us the PEF/CPF role supports communication between the PLP and the AEI providing support for the eMORA and enhancing the student experience in practice (104, 109-117).

Practice assessors and practice supervisors confirm that students provide them with feedback. They tell us that SU students are of a high calibre (104, 113-117).

Employers and education commissioner

Midwifery employers all confirm that partnerships are effective, with SU midwifery communication strengthened since the visit in May 2022. They're confident there's a two-way process of sharing information related to quality and governance at strategic and operational levels. UHNM senior PLP managers tell us that there's collaboration to enhance the student experience in theory and practice and joint meetings if any concerns are raised. They give us an example of how student feedback has raised the need for a CPF within the trust to provide more support to placement allocation and support and funding has consequently been secured. They're in the process of developing the job description in readiness for recruitment. Other employer representatives also confirm there's a strong relationship and close engagement with the SU midwifery team and they've noted greater visibility within their organisation over the last six months. They give examples of how SU midwifery representatives engagement in trust meetings enable support for any issues to be raised in a timely way. SU also invite PLP staff into university days as well as to the monthly student forums. SaTH confirm that they've a stable leadership team in place and there's a good relationship with students (99).

Senior PLP managers confirm that SU send collated placement evaluations to PLPs. SaTH give an example of how the information is used, identifying that a gap analysis is

completed. They tell us feedback is shared in the organisation and university representatives are invited to mandatory staff training days to share updates. Employers tell us they collaborate with SU in relation to system regulator reports. MCHT are currently awaiting the outcomes from a Care Quality Commission (CQC) visit and there's assurance that outcomes are shared (99).

 Senior PLP managers confirm that the dissemination of the QR code to practice assessors and practice supervisors is ongoing. There's agreement that this as a positive way of enhancing communication and information with SU. Practice assessors and practice supervisors are starting to carry the cards and there's an example of a newly qualified midwife who's accessing information about the practice assessor and practice supervisor roles. Senior PLP managers tell us this is a positive new initiative in practice learning and an example of something that can be shared as best practice through the regional west midlands or east midlands heads/directors of midwifery network. They tell us this provides opportunities for sharing though the maturity of the network is still developing (99).

Senior PLP managers tell us of partnership working with SU in managing practice learning and placement capacity within the trusts. They tell us how they work with SU to monitor capacity and to ensure that students are gaining the required range of experience in practice. This means opening new areas to introduce wider opportunities. As a new PLP WHT tell us that they've been facilitating a student led approach and have developed a good working relationship with SU link lecturers who visit the clinical environment regularly. SaTH representatives tell us that consideration is given to achievement of competency when considering capacity and the need to move students so that these are achieved. UHNM representatives tell us that their current practice learning pathways aren't ideal and they're working collaboratively with SU to provide students with depth and a greater variety of experiences. This is welcome but is creating challenge as they're having to manage the resulting change to student numbers and capacity in individual placements. They need to build additional capacity in some areas. However, they confirm they're working collaboratively with SU to resolve this and support this practice learning approach which is seen as a 'breath of fresh air'. They recognise that the new CPF role will enhance this work once appointed. They tell us they've also been increasing the number of midwifery staff. They're working on leadership culture and behaviours and are using a resource informed by the findings of the Ockenden report for leadership development and the right baseline workforce (99).

Senior PLP managers are very positive about the readiness and quality of new SU midwifery graduates and tell us they're eager and working hard to recruit and retain them. SaTH representatives confirm they've recruited all their SU cohort of midwives graduating in September 2022. WHT and MCHT employ recruitment and retention leads who work with third year students to build relationships to enhance recruitment into the trust. This continues during the preceptorship period. There's a focus on the development of positive and compassionate leadership behaviours (99).

At practice visits managers tell us that graduates of the SU programme are well-equipped for employment as midwives. They report that the visibility of SU staff in clinical areas is improved and that they know who to contact. They tell us placement evaluations are fed back to PLPs and actions are taken to improve the student experience. They confirm there are sufficient practice supervisors and practice assessors for the number of students and that audits of the learning environment are completed in partnership with SU and other AEIs (109, 111-113).

Students

Level four midwifery students tell us they're enjoying their experience at SU. They confirm they're prepared for practice learning through theory and skills days at the university. Some students identify they're still feeling confused with the eMORA but tell us they're given preparatory sessions on this with learning material on the SU VLE for further support. They tell us they've an allocated practice assessor and practice supervisor. They confirm there's an induction to the placement area. Most students tell us there's a PEF/CPF who provides additional support to their learning (108-113).

Level five students tell us that there's been significant improvement to the student experience over the past six months with level six students in both BHL and Shrewsbury also confirming this. There's now greater structure and clearer avenues of support. There's a consistent timetable and any necessary changes are communicated well. There's an increase to the number of midwifery staff in the team and teaching at SU is engaging and links theory to practice. There's also been an increase in specialist and guest lecturers which is described as 'brilliant'. Students tell us of their confidence in the LMEs leadership and in the teaching team. Level six students give us examples of improvement including changes in their timetable to support their learning and the introduction of objective structured clinical examinations to support the development of their proficiencies. Level five students give the example of how welcome week improved this year with PEFs/CPFs from different PLPs attending to inform students about practice placement. Students confirm the introduction of the QR code and the template email signature are helpful innovations. They tell us that the QR code is becoming visible with staff in the practice areas and see this as useful for improving communication for practice supervisors and practice assessors. They confirm there's greater clarity about the role of the academic assessor and academic mentor. Students at all levels tell us that SU midwifery staff are visible in practice and visit schedules are available in practice areas. Students know how to contact the allocated link lecturers for their PLP (105, 107, 108-113, 115).

Students tell us they're clear about their named academic assessor, are allocated practice supervisors and in most PLPs there's one practice assessor allocated for each part of the programme. Students based in UHNM tell us the allocation of the practice assessor is per placement. Level five and six students confirm the academic assessor meets with the student and practice assessor for a tripartite assessment meeting at the end of each part of the programme. We hear that their academic assessor changes in

each programme part and that the academic assessor is responsive when practice concerns are raised (105, 107, 108-113, 115).

All students confirm that academic staff are accessible and respond to emails and other queries in a timely manner. Students tell us they feel listened to and concerns are taken seriously, described as a 'massive shift to the positive'. Students can feed back about their experience through the student representative system, formal module and placement evaluation, trust specific student forums and the AEI's committee structure. They tell us that mid-module evaluation is implemented and tell us a module moved to face to face delivery following feedback. Level five and six students confirm that there's opportunity to complete placement evaluations for all placement learning experiences. Level four students tell us they haven't yet participated in evaluation of practice learning. Level five and six students confirm that a strengths, weaknesses, opportunities and threats (SWOT) analysis and de-briefing session is now carried out after each longer placement block. Level six students are encouraged to complete the NSS and tell us of their intention to do so (105, 107, 108-113, 115).

Students in most PLPs say they feel well supported in practice environments. However, students at UHNM tell us they need an extra PEF/CPF for support. This is acknowledged by UHNM senior PLP managers and a CPF post is in the process of being established. Students tell us their placement experience differs as this is broken into shorter allocations over separate weeks which they feel impacts on consolidation of learning. In addition, practice assessors and practice supervisors aren't getting timely access to the PARE system which impacts the time to complete the eMORA. Some students placed in UHNM tell us they experience a negative 'bullying' culture. An example they give is being allocated a practice supervisor but feeling ignored by them. Some students tell us they feel unable to raise these concerns with the PLP but that there's an open-door policy at SU and they've been able to escalate their concerns. There's evidence SU are in the process of mitigating risk to student experience and safety through immediate escalation to the executive dean and follow up of concerns with the PLP. There's been a student listening event with the senior midwife at UHNM in September 2022. UHNM senior managers also tell us they're recruiting more midwives and there's leadership development activity ongoing. There's evidence of SU email correspondence and planned meetings with senior UHNM PLP managers to develop further actions. There's UHNM commitment to the CPF post to strengthen placement allocation and student support. Students also confirm that SU are providing feedback on actions taken to date (105, 107, 109, 130-150).

Service users and carers

Service users and carers aren't involved in this education monitoring visit.

Relevant issues from external quality assurance reports

CQC reports are reviewed for identified trust partners. SaTH (Princess Royal Hospital) were last inspected in 2021. Maternity services were judged as requiring improvement,

however, overall, the trust was judged as inadequate. An NMC monitoring visit in May 2022 visited practice learning areas at SaTH. Students feel well supported by the trust and are satisfied with the learning environment and opportunities provided (1, 7, 12-18).

Other PLP CQC reports receive an overall judgement of good or requires improvement. However, no other CQC reports included report specifically on maternity services. WHT has previously been in special measures, but this was recommended for removal in 2019 (12-18).

Follow up on recommendations from approval visits within the last year

There are no approval visits within the last year.

The recommendation from the BMid programme approval report is to
- 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, 4)

The monitoring visit in May 2022 finds that sustainable service user and carer engagement is developing with evidence of developing co-production in the midwifery programme (1).

Specific issues to follow up from AEI self-report

The last AEI self-report was completed in February 2022. Although the NMC are monitoring the ongoing SU action plan, there's been no further AEI self-report since the previous monitoring visit in May 2022 (8, 10, 41).

SU report that placement capacity has been a risk area. This is mitigated through a reduction in midwifery student intake, regular strategic partnership meetings and the addition of a new PLP. This has led to a significant increase in placement capacity such that SU now have surplus capacity to the number of students. Some students require extensions to placement periods to ensure that hours, competencies and EU directive requirements are met. SU tell us that there are now four students outstanding requirements from the September 2019 cohort and these students are being monitored and managed on individual basis. This is reduced from 24 students who had outstanding requirements in September 2022. There's a clear process for oversight of individual student progress implemented (1, 3, 41, 93).

The NMC received a total of 11 exceptional reports from SU since 2020 with two relating to risks at institutional level and six relating to other programme areas. There's an exceptional report to the NMC for midwifery services at SaTH on 8 April 2021 in which SU notify the NMC of the interim arrangements made at SaTH due to sickness

within senior midwifery leadership. A new director of midwifery is established in post at SaTH since February 2022. On 23 February 2022 there's an exceptional report made to the NMC regarding an upcoming television programme discussing the Ockenden report and a further exceptional report on 1 April 2022 regarding publication of the Ockenden report on SaTH maternity care. SU respond to these issues by confirming that student support is provided (8).

On 16 March SU also report to the NMC that two of the senior midwifery programme team are no longer in role and that an interim LME is now in place (8).

Enhanced scrutiny is in place since 21 July 2021. The NMC are monitoring. During this time there's been actions related to:
- Academic practice link support visits and collaborative working
- Summary link visit reports recording areas visited, students seen, concerns raised/actioned and clinical staff spoken to
- Increase frequency of educational audits
- Additional strategic meetings between stakeholders and internally
- Implementation of extraordinary student forum meetings
- Extraordinary student listening events
- Increased visibility and accessibility of academic practice links in practice
- Anonymised practice evaluations
- Review and enhancing contact to reiterate mechanisms to students to raise concerns
- LME collaboration across the region and feedback to heads and directors of midwifery.

Following the May 2022 monitoring visit SU provide the NMC with a monthly update on progress with their action plan (8).

At the initial visit SU identify that they're in the process of completing the 2021-2022 ASR. The risk mitigations included are outlined in the NMC and NSS October action plans. They note that following the monitoring visit in May 2022 they haven't been able to complete a full student evaluation cycle, however, they tell us they're encouraged by improving student feedback which has been shared from Health Education England (HEE) following recent student listening events. They report that they've made changes to programme structure and timetabling in response to NSS feedback. They tell us that leadership is stable and staffing in the programme team is in a stronger position with the LME post confirmed and one post currently vacant. They tell us there's been an escalation of an issue by students placed at UHNM. They confirm this is at amber status within their governance process. If this becomes a red flag it will be exceptionally reported to the NMC (7, 10, 11).

Findings against key risks

Key risk one: Effective partnership working: collaboration, culture, communication and resources
1.1 Inadequate capacity to accommodate all students in practice learning environments
1.2 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC
1.3 Inadequate resources available in practice settings to enable students to achieve learning outcomes
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
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.
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
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.
Risk indicator 1.2.2 – Sufficient appropriately qualified academic assessors available to support numbers of students
What we found before the review
The monitoring visit in May 2022 concludes that while level four students on the BMid programme can confirm who their academic assessor is, level five (year two) and level six (year three) students on the BSc (Hons) MP programme, together with their practice assessors, are unable to confirm their academic assessor or that they're visible in

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practice settings to support assessment. The visit concludes that lines of accountability for their assessment and progression aren't clear for the BSc (Hons) MP level five and level six students. An action plan is agreed in response (10).

There's curriculum vitae (CV) presented for eight registered midwives in the programme team. Programme team members are experienced registered midwives with a range of relevant midwifery experience. All staff hold or are working towards a teaching qualification and SU have a process for ensuring that academic assessors hold the criteria identified for the role and are prepared for the role. There's an internal process for checking NMC registration and revalidation. The LME is accurately recorded on the NMC website and NMC pin check demonstrates that they're a current registrant with due regard. The LME is in post since March 2022 (19, 30-32, 38-39).

SU align the academic assessor and academic mentor role to enable consistency for students and there's a flowchart process for coordinating this with the academic link lecturer to enhance communication for students and with PLPs. There are documentary examples of communication between academic assessors and students (20-22, 30, 34).

As part of the previous monitoring visit action plan response SU have developed cards containing QR codes given out to all cohorts of students during SUs welcome week in September 2022. All students are provided with a template email signature that they're asked to update and add to their own emails. This includes the addition of who their academic assessor, academic mentor and allocated trust is so that they and the midwifery team are aware when communicating with students (10, 29, 42, 48).

What we found at the review

Documentary evidence and meetings with the academic team, PLP representatives and students tell us there are sufficient appropriately qualified academic assessors available to support the numbers of students. Midwifery team CVs demonstrate that members of the team are current midwifery registrants and meet the criteria to complete the academic assessor role. SU have a clear process for confirming the eligibility of staff to undertake the role including monitoring of current NMC registration. Academic assessors tell us they're well prepared and understand the role. New academic staff experience induction and are supported to undertake the SU teaching qualification. SU have a probationary and personal development process which monitors achievement of this. There's evidence of academic assessor information, a preparation programme and a process of academic assessor allocation. The senior SU executive team tell us and academic assessors confirm that there's time provided in the workload to undertake the role. New academic assessors confirm that training and support is in place together with a buddying system for support (19, 20-21, 30-39, 45, 100, 103).

Documentary evidence and the SU team confirm they've aligned the academic assessor and academic mentor role to enable consistency for students and there's a

checklist and flowchart process, coordinating this with the academic link lecturer role. Level five and six students say information about their academic and practice learning is better organised this academic year and is consolidated on the VLE. As part of the previous monitoring visit action plan response SU have developed cards containing QR codes for students, practice assessors and practice supervisors. Students and the academic team tell us these are given out to all student cohorts during SUs welcome week. The practice assessor and practice supervisor QR cards are given out during visits to the PLPs. All students are also provided with a template email signature that they're asked to update and add to their own emails. This includes the addition of who their academic assessor, academic mentor and allocated trust to enable clarity when communicating with students. Students, senior PLP managers, practice assessors and practice supervisors tell us they've received and are starting to use their QR code cards. They confirm that this is helpful as a single access information point and recommend this as good practice to be shared with other AEIs. They also welcome the introduction of the student email signature identifying the students' academic assessor (10-11, 29, 33-37, 42, 99, 103-105, 107-116).

Students tell us that they know who their academic assessor is and are clear about their role. Level four students confirm they're aware that their academic assessor will change at the end of their first year and play a part in their end of year assessment. All level five and six students understand the academic assessor's role in progression through the different parts of their programme and confirm their involvement in signing off the eMORA. Level five and level six students tell us that tripartite meetings take place to ensure the completion of programme outcomes at the end of each year. Staff in PLPs are aware of the role of the academic assessor and confirm how to contact them if needed (25, 46-47, 98, 103, 105, 107-116).

Our findings confirm that there are sufficient appropriately qualified academic assessors available to support numbers of 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

Findings of the SU monitoring visit in May 2022 show effective processes for ensuring sufficient practice supervisors and practice assessors are prepared and available for allocation to students (1).

SU present a governance flowchart and process for monitoring and managing the availability of practice assessors and practice supervisors across six PLPs. There's a practice learning quality assurance and governance process which includes a list of red flag indicators for the availability of academic assessors, practice assessors and practice supervisors. A red flag alert is escalated and taken to the weekly senior management team meeting for immediate action. Academic practice learning managers/leads review alerts and actions at the quarterly practice learning governance

and quality monitoring meeting with each PLP and at the shared SU practice learning hub governance and quality meetings. Insufficient practice assessors and practice supervisors may result in removal of students from the placement. The executive dean has ultimate responsibility for removal of students and this will include exceptional reporting to the NMC. There's a dashboard completed for each PLP which includes monitoring students without allocated practice supervisors and practice assessors and issues with staffing levels. There's evidence that PLPs keep a record of practice assessors and practice supervisors (20-29).

There's evidence that the quality of the practice learning environment is measured through the educational audit process, with audits completed for each PLP. There's an SU educational audit process and SU educational audit tool, however there's a mixed methodology used in audits as some are completed and shared by other AEIs. Audits include supervision and assessment at the point the audit is completed (151-158).

In the last six months SU have developed an online support website for practice assessors and practice supervisors which is accessed via a QR code (29).

What we found at the review

Documentary evidence and meetings with academic staff, senior PLP managers, students, practice assessors and practice supervisors confirm sufficient appropriately qualified practice supervisors and practice assessors available to support the numbers of SU students across PLPs. There's documentary evidence that SU and PLPs have governance processes in place for monitoring the numbers of qualified practice supervisors and practice assessors available for midwifery students in PLPs. Senior PLP managers tell us that they actively monitor the numbers of practice supervisors and practice assessors and ensure that preparation of new staff is ongoing to maintain or enhance numbers. Senior practice education leads confirm they hold databases of practice assessors and practice supervisors and confirm there's enough to support student learning and assessment. They tell us of processes for education updates either yearly or biennially. There's evidence of how practice supervisors and practice assessors are allocated and recorded in the practice setting and on the PARE system. Students confirm that there are sufficient practice assessors and practice supervisors to support practice learning and confirm that they receive sufficient support to safely meet outcomes. Students can describe the role of the practice supervisor and practice assessor and understand how they work together to support student progression and achievement (54-63, 99, 101, 104, 109-113, 116).

Documentary evidence and practice assessors and practice supervisors tell us they understand and are prepared for their roles. They confirm that training is available for their role either face to face or access to online resources such as videos and workbooks. They attend updates within trusts yearly or once every two years. Most practice assessors tell us they're allocated a student at the beginning of the academic year and meet with the student throughout the year to review progress and provide feedback. UHNM are using a different model with a practice assessor allocated for

each placement. They confirm their understanding of the role of the academic assessor and the use of tripartite assessment at the end of each part of the programme. One practice assessor provides an example of contacting an academic assessor for support in developing an action plan for a student needing additional support in their practice learning (49-50, 52, 78, 104, 113-114, 116).

Practice assessors, practice supervisors and students confirm that there are opportunities for students to meet their approved outcomes and proficiencies in the practice areas. Practice supervisors we meet tell us there's support to supervise SU students in practice. As a good example of this, practice supervisors in one PLP tell us there's dedicated time at the end of the shift to support student reflection and documentation of the eMORA. Students tell us they're allocated to practice supervisors on placement and receive an appropriate level of supervision. Level five and six students tell us practice supervisors work with them to assess their skills before allowing them to practice independently under indirect supervision. Students tell us they work primarily with midwives but do have opportunity to be supervised by other healthcare registrants. An example of this given by one PLP is gynaecology nurses in the early pregnancy assessment unit (23-28, 105, 108-112).

Students in five PLPs tell us they're allocated a practice assessor for each part of the programme. PLP employers, practice assessors and practice supervisors confirm this. Employers and the LME tell us that SU is working collaboratively with PLPs to ensure that students experience the depth and variety of learning opportunities to meet their proficiencies across all parts and at the end of the programme. Employers are supportive and are working to ensure that practice learning areas are providing the necessary range of opportunities (99, 105, 107-109, 111, 113-118).

Senior representatives at UHNM tell us and the LME confirms that a current challenge at UHNM is assuring sufficient placement capacity and practice assessors available to implement the range of midwifery experience across all parts of the programme. To mitigate this, placements are broken into shorter periods and the trust have been maintaining allocation of practice assessors as well as practice supervisors for each shorter placement. Students tell us that short placements can be between one to three weeks and feel that this does impact learning. They tell us that reallocation of practice supervisors, for example, due to sickness, isn't always timely. However, we find that students have allocated practice supervisors for all placements indicated on the off duty. There's evidence that SU are working collaboratively with UHNM to resolve the issues. Level six students raised concerns with SU in November 2022 with documentary evidence of internal escalation to the senior executive team. There's a subsequent decision to manage this as a placement allocation issue. The issue doesn't meet the criteria to follow the escalation of concern flowchart. There's been a subsequent senior meeting between UHNM and SU to address the students concern about their placement allocation. There's evidence of written feedback on progress to address the issue provided to students. Senior UHNM managers also tell us that they've achieved funding and are appointing a new CPF to improve the resources available for allocation and support of practice assessors and practice supervisors. The programme team also tell

us they're working in partnership with students and UHNM midwifery management and placement staff to respond to individual students' placement experience and to plan the placement experience to ensure programme outcomes and proficiencies are achieved. Student progress is monitored by academic assessors (99, 103, 105, 130-136).

Practice assessors and practice supervisors tell us that the eMORA is providing flexibility to access documentation with remote access a benefit. There's training available for the eMORA and this can also be accessed via the QR code. Practice supervisors and practice assessors tell us that documentation may be completed outside of their normal hours due to workload pressures or limited online access. PEFs at one PLP tell us they've purchased a suite of mobile devices to facilitate access to the eMORA in practice settings. Students and practice assessors and practice supervisors tell us there are still some barriers to gaining access to the PARE system. We find that SU and students work with PEFs/CPFs to resolve access issues (103, 104, 109-113, 115-116).

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

Outcome: MET

Comments: None identified.

Revised Outcome: MET/NOT MET   Date:

Comments: N/A

Areas for future monitoring: Specifically related to UHNM: • Once in post, that the midwifery CPF strengthens clear lines of accountability and effective monitoring of the allocation of practice supervisors and practice assessors for students (Linked to risk indicator 1.3.1)

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
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.
Risk indicator 2.1.2 – Programme providers' procedures address issues of poor performance in both theory and practice
What we found before the review
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.
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
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.
Outcome: MET/NOT MET
Comments: N/A
Revised Outcome: MET/NOT MET **Date:**

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Comments:
N/A
Areas for future monitoring:
N/A

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
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.
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
This risk indicator isn't included in this monitoring visit.
What we found at the review
This risk indicator isn't included in this monitoring visit.

Risk indicator 3.2.2 – AEI staff support students in practice learning settings
What we found before the review

There's an SU workload allocation model. The monitoring visit in May 2022 found that the SU workload model allows time for academic midwifery staff to support students in practice settings. However, the report identifies that level five and level six students and their practice assessors aren't able to describe the role and responsibilities of the academic assessor or confirm that a collaborative process is undertaken with an academic assessor in recommending student progression (1, 45).

SU agreed two actions to improve AEI staff support after the monitoring visit. They've produced a team profile document incorporating definitions of the roles of AEI staff which is distributed to students, practice assessors and practice supervisors. The action plan and evidence presented confirms this was finalised at the end of September 2022 following consultation with students (43-44).

The second action is to ensure that up to date information and documents are always available for practice assessors and practice supervisors. Practice assessor and practice supervisor support cards with QR codes are created to provide an easy link to student information and student support services. Events have been organised in PLPs to introduce these to practice assessors and practice supervisors and to discuss academic support roles. A schedule of contact dates for each PLP is created and monitored (29, 46, 48-49).

There's documentary evidence that students are introduced to academic support roles. An example preparation for practice session is provided which identifies expectations of students in practice. The practice handbook provides information about academic mentors, academic assessors and link lecturers, together with other roles supporting students in practice. There's also an information sheet for students and practice assessors providing details of the academic assessor role. In the practice handbooks students are asked to contact their academic assessor to make an appointment to complete their final holistic assessment following the last placement in each year. It's identified that the practice assessor and academic assessor will complete this final assessment together. Space for practice assessor and academic assessor signatures are indicated in the eMORA (25-30, 43-44).

There's evidence of SU PLP quality assurance and governance processes being enacted. SU attend practice link meetings undertaken with PLPs. Other AEIs using practice areas are also included. Placements are evaluated across all PLPs and there's examples where module evaluations are discussed at link meetings. Placement evaluations provided aren't always anonymous (51, 54-61).

There's documentary evidence of SU monitoring AEI staff engagement in student support in practice. The midwifery practice activity database includes the name of the academic link lecturer and the placement area, together with the method of

communication and the nature of student support. Actions or follow up are completed in the comments section. There's evidence of regular engagement in practice areas and ability to monitor any trends emerging (76).

Students are instructed to contact their practice assessor and academic link lecturer with any problems. The QR code on the student card directs students to this information. There's evidence that student's concerns processes are in place and written information is provided to students (26, 28-29, 53).

What we found at the review

Documentary evidence and meetings during the visit tell us that SU staff are actively supporting students in practice settings. Since the monitoring visit in May 2022 there's been an agreed action plan in place to improve the organisation, visibility and availability of academic staff for midwifery students, their practice assessors and practice supervisors. In response to the action plan SU have produced a team profile document incorporating definitions of the roles of AEI staff. They've produced a QR code card for all students, practice assessors and practice supervisors which links to a live landing page that ensures up to date information and documents are always available for students, practice assessors and practice supervisors (9, 29, 43-44, 48-49).

Senior AEI staff and the programme team tell us there's time allowed in the workload model to fulfil their link lecturer role. They confirm that two link lecturers are allocated to each PLP which allows for a consistent timetable of practice contact and visits to be completed. The programme team tell us this enables them to coordinate their support for PLPs and students in practice alongside their academic commitments. There's capacity in the team for additional support to students in practice, for example they tell us that the LME is supporting SaTH placements while SU recruit to the vacant lecturer post. There's a clear programme of practice contacts for each PLP and a log is kept of all contact dates, the mode of contacts, the purpose and outcomes of each contact. There's evidence of scheduled visits to practice learning environments (43-47, 99, 101, 103).

Students and PLPs confirm that there's visibility of AEI staff in practice and this is much improved over the last six months. There's documentary evidence of role explanations provided to students in course and clinical practice handbooks. Students confirm that profile and contact information for link lecturers is available and can also be accessed easily via the new QR code as well as on education poster boards in the practice learning environment. Documentary evidence confirms there's been presentation to and discussion with students about academic assessor, link lecturer and academic mentor roles as part of the September welcome week (23-28, 105, 107-113, 115-116, 159).

Students tell us they understand the link lecturer role and know that link lecturers are the first port of call for issues relating to their practice placements. They confirm link lecturers are visible and responsive when contacted. Students tell us they differentiate link lecturers from academic mentors and academic assessors and tell us that academic assessors work with practice assessors to judge achievements at points of progression within the programme. They tell us link lecturers run drop-in sessions and regularly visit practice areas. They're aware of how to contact link lecturers and give examples of discussing issues relating to individual students on placement. Students at all levels also tell us they feel able to contact any member of staff and that the team are approachable and willing to listen. They tell us link lecturers respond promptly to emails and phone messages. Two PLPs give us an example of link lecturers taking part in in-person maternity updates that cover the SSSA. We hear about a recent example of support when a first-year student and their practice supervisor needed support with the eMORA. The SU team responded rapidly and the issue was resolved. They tell us of SU support to a student in practice learning following a serious incident (105, 107-113, 115-116).

Students confirm they've a named academic assessor. They know who they are and how to contact them. Students understand and can describe the role of the academic assessor including how they work with the practice assessor to confirm achievement. Students tell us they're also supported by their academic mentor, link lecturer, the LME and module leads. Students and practice assessors provide examples of academic assessors working with practice assessors to support learning using action plans and weekly meetings (105, 107-108, 113-117).

Senior PLP managers and the LME tell us of the highly effective partnerships that are operating between SU and the PLPs. They say that this has really improved over the past six months. The LME regularly visits PLPs and meets with education leads and heads of midwifery. The LME tells us there's clear access to senior academic managers at SU and any concerns are listened to and actions taken. Senior PLP managers tell us that they consider the introduction of the QR code cards as a 'good practice' innovation. There's easier access to information for students, practice assessors and practice supervisors to support students in practice learning. They tell us this can be shared through the heads of midwifery network. The SU team tell us that HEE have indicated they'd like to promote QR code use nationally, crediting SU with the innovation. Practice assessors and practice supervisors are aware of SUs initiative

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to improve access to materials that support them in their roles via their dedicated QR code. They tell us that those who've followed the link to the landing page have viewed videos introducing the eMORA, presentations outlining roles and expectations of practice assessors and practice supervisors and accessed contact details for academic staff. They confirm knowledge of how to contact academic staff with a question or concern about a student's progress or pastoral needs (99, 101, 106, 109-112, 146).

Our findings conclude that AEI staff appropriately support students in practice learning settings.

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

Findings from the monitoring visit in May 2022 provides evidence that practice supervisors and practice assessors are prepared for their role in supervising and assessing practice (1).

Training materials are provided for practice assessors and practice supervisors. SU provide training materials for the MORA/eMORA which is hosted on the PARE platform. A support card and QR code for practice assessors and practice supervisors takes them to supporting online information and documentation. The HEE MORA guidance document is also utilised (25, 52, 62-63).

PLPs use databases to monitor the number of practice assessors and practice supervisors available. There's a placement allocation process and database across a range of student placements to ensure that students are allocated appropriately (63, 78).

Student practice evaluations monitor whether assessment has been completed in a timely way (51).

What we found at the review

Documentary evidence and meetings with students, practice assessors and practice supervisors, senior PLP managers and the academic team provide evidence that practice supervisors and practice assessors are properly prepared for their role in supervising and assessing student's practice learning. Practice supervisors and practice assessors describe the preparation that's in place, confirm the process for completion and outline their differing roles. Preparation is available as either face to face or online delivery. They confirm they attend updates within trusts yearly or once every two years. PEFs/CPFs tell us they're supported with updates provided by SU staff either online or face to face. Resources are also available via the new QR code and these are described as helpful. Some PLPs tell us that practice supervisor training is part of their preceptorship programme and access to the PARE platform and practice assessment documents are available on completion of the training (29, 49, 52, 99, 101, 104, 109-114, 116-117).

Practice supervisors and practice assessors describe how they support students to practise skills that will demonstrate that proficiencies have been achieved. They give examples of supporting students with pastoral and professional issues. Practice assessors explain how they seek input from practice supervisors and discuss progress directly with the student. They tell us they inform the academic team of issues, discuss with academic assessors and describe how action plans are formulated to support students in practice (109-112).

Practice assessors in most PLPs tell us they're allocated a student at the beginning of the academic year and meet with the student throughout the year to review progress and provide feedback. Practice assessors are currently allocated per placement in UHNM. Practice assessors tell us they understand the role of the academic assessor and the use of tripartite assessment at the end of each part of the programme. Practice assessors confirm there are mechanisms in place to raise concerns about student progression and achievement. Support is provided by PEFs/CPFs, the LME, link lecturers and other members of SUs programme team. They provide examples of working with the AEI to promptly resolve issues. One practice assessor provides an example of contacting the academic assessor for support in developing an action plan for a student needing additional support in their practice learning (104, 113-114, 116).

Practice assessors and practice supervisors tell us they use the eMORA to record and assess BMid students' achievements in practice, confirming they're becoming more familiar with this. There's access to training materials via the QR code. One PLP tells us that PEFs also run induction sessions to the eMORA. BSc (Hons) MP level six students tell us they're still using paper documentation and access for practice assessors and practice supervisors is therefore less flexible but confirm they achieve completion and sign off in their practice assessment document (27, 29, 49, 52, 104-105, 108-112, 114 -116).

Some practice supervisors and practice assessors identify that they don't have login details to the PARE system which hosts the eMORA. The SU academic team confirm they're working with PLPs to ensure that PEFs/CPFs can give practice assessors and practice supervisors their login for direct access. Practice assessors tell us local processes are in place when there's lack of direct access. An example is where practice supervisors tell us they can't provide direct feedback in the document. They confirm they provide feedback to practice assessors who then record this in the eMORA. Practice assessors and practice supervisors also tell us that students support them to navigate the eMORA document and can give them access via their mobile phone. This enables aspects such as accurately recording their practice hours. BMid students tell us they're becoming confident users of the eMORA and are given encouragement by academic staff to be pro-active in supporting practice supervisors and practice assessors to complete the eMORA in a timely manner (105, 107-113, 115-116).

Practice assessor understanding of the academic assessor role at points of progression is developing across PLPs. There's articulation of the academic assessor's role in collaboratively reviewing and assessing students at points of progression. Practice assessors are all clear that academic staff actively support decisions about progression for students where there's a concern about levels of achievement. The programme team tell us they're working closely with PEFs/CPFs, practice supervisors and practice assessors across PLPs to keep building understanding of the tripartite process at points of progression. Students tell us they're clear that academic assessors need to be involved in the end of part progression decisions and course documents confirm their responsibility to ensure a mutual date for a tripartite meeting is organised. Level five and six students confirm the tripartite involvement of the practice assessor and academic assessor in their previous end of year assessment process. This is documented in the practice assessment documents for BMid and BSc (Hons) MP programmes (26-28, 105, 107, 109-112).

Our findings conclude 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

The monitoring visit in May 2022 concludes that systems are in place to ensure only appropriate and adequately prepared practice supervisors and practice assessors are assigned to students. There's evidence of a clear effective placement allocation process which provides timely information for PLPs to train and support practice supervisors and practice assessors. Student allocation to practice assessors is identified on duty rotas. Senior PLP managers confirm they work in partnership with SU where there are temporary changes or reconfiguration to placements (1).

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There's a placement allocation process which includes consideration of the student learning journey together with the student's home address. The process indicates that allocations are sent to PLPs to be matched with practice assessor and practice supervisor availability. There's material prepared to support the preparation of practice assessors and practice supervisors across PLPs and the expectations of students in preparation for practice learning (50, 63, 77-78).

The SU quality monitoring and assurance process was established in February 2022 to introduce a flag monitoring system to assess, monitor and assure quality and suitability of practice learning environments. The process identifies quarterly PLP QA meetings. There's a governance flowchart which shows the flow of information through SU committees. Terms of reference include the role of the meeting in monitoring student evaluations of practice, monitoring areas of concern and actions taken, identifying flag ratings and record on dashboards, monitoring placement capacity and considering feedback from external examiners reports. Examples of RAG dashboards are provided. There's evidence of regular meetings between SU and PLPs (54-61).

What we found at the review

Documentary evidence and meetings during the visit show that systems are in place to ensure only appropriate and adequately prepared practice supervisors and practice assessors are assigned to students. SU, senior PLP managers and clinical managers tell us of both the local and collaborative governance systems in place to ensure that only staff who are prepared are allocated as practice supervisors and practice assessors. Senior PLP managers and PEFs/CPFs tell us the numbers of practice supervisors and practice assessors they have in relation to their allocated student numbers. The number of practice assessors and practice supervisors in each PLP indicates sufficient capacity for the number of SU students allocated. They tell us there are systems in place to record and monitor this. PLPs maintain databases of prepared practice assessors and practice supervisors. Allocation is normally recorded via off duty rotas. Except for UHNM, practice assessors are allocated annually during the student's first placement. UHNM currently allocate practice assessors per placement. SU monitor the numbers of practice assessors using their RAG rated dashboard system. Documentary evidence and PLPs tell us that the quality of practice learning areas is audited with examples of placement audits seen during the practice visits (109-116, 154-159).

SU is notified of service reconfiguration and can support students in a timely way. Students record all placement learning experience in the eMORA. senior PLP managers, the LME, academic staff and PEFs/CPFs explain that students are normally moved when services are reconfigured because of clinical priorities. Students are allocated to an area that will allow them to continue the focus of their proficiencies where this is possible. Students confirm this, but at one PLP some students also give examples of placements that changed focus. They tell us they've escalated this to PEFs and to academic staff. SU staff tell us they work in partnership with PLPs to ensure all students achieve sufficient hours across the range of required practice

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settings (103, 105-106, 108-116).

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

Outcome: MET
Comments: None identified.

Revised Outcome: MET/NOT MET Date:
Comments: N/A
Areas for future monitoring For SU and all PLPs: • Access to the PARE system for practice supervisors and practice assessors to ensure timely completion of the eMORA (Linked to risk indicator 3.3.1)

Findings against key risks
Key risk 4: Assessment, fitness for practise 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
This risk indicator isn't included in this monitoring visit.
What we found at the review

This risk indicator isn't included in this monitoring visit.
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
There's evidence from the May 2022 monitoring visit that students are exposed to a range of learning environments that enable them to meet NMC standards and proficiencies. Placement planners and placement allocations are in place for all levels (1, 63, 92). Students' responsibility in practice areas and the need to engage fully with practice environments as part of their midwifery programme are clearly indicated in course and practice handbooks. This includes requirements with regard to health and character and mandatory training completion (23-24, 26, 28). The student placement allocation schedule demonstrates that a range of midwifery placements are allocated including midwifery assessment, ante and post-natal care, community and delivery units. Handbooks inform students that they're allocated to one trust for the duration of their programme (23-24, 63). Students' progress in meeting NMC requirements and proficiencies prior to registration is monitored on an individual level. This includes confirmation that required hours are complete, EU directive requirements are met, practice assessment documents are complete and self-declaration of health and character is complete. Students are informed they have up to five years to register with the NMC (64, 80). There are examples of positive student placement evaluations completed across cohorts and PLPs. Some evaluations note that induction isn't being completed on time. The placement charter indicates that the initial interview should occur in the first week. There's evidence that PLP induction materials are provided (26, 28, 51, 77).
What we found at the review
Documentary evidence and meetings during the visit confirm that students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for midwives. Students tell us they feel prepared for practice learning and are offered a range of suitable learning experiences. They tell us that academic teaching and skills sessions sufficiently prepare them for practice placements. Students describe timely inductions that provide orientation to placements. Placement staff give examples of welcome packs and in-depth introductory sessions for students. Students tell us they're also able to book out simulation resources to enable further rehearsal of skills outside of the timetabled activity. Students tell us they

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understand the mandatory skill requirements and professional expectations. Practice supervisors and practice assessors confirm that students are equipped with the necessary skills when commencing placement (79, 105, 108-111).

Academic staff tell us the programme is planned to enable the achievement of NMC requirements across each year rather than by named placement. They tell us they're working to secure equitable placement experiences for students across PLPs, with ongoing monitoring and development of this. PLPs tell us they're aware of the SPM and have plans in place to facilitate skills such as newborn infant and physical examination. Students confirm that varied practice learning opportunities enable them to consolidate their skills and experience. They give examples such as delivering antenatal care to women from diverse backgrounds and observing the birth of babies by caesarean section in theatre. They describe the range and depth of specialist skills and experience they're developing through these exposures. Students at UHNM say that effective consolidation of learning to achieve their outcomes is impacted by the allocation of short placements. Their concerns are escalated and they feel informed about the steps that SU and the PLP are taking in partnership to ensure equitable student experience (105, 108, 110-112).

Level five and six students tell us there's sufficient exposure to practice learning opportunities to meet the programme outcomes. They confirm an increasing level of independence when working with practice supervisors and tell us this is effective at building confidence. They tell us that communication between academic staff and students is much improved and that concerns about practice learning are responded to promptly (103, 105, 108).

Students confirm they know who their practice assessor is and meet with them to discuss progress. Practice assessors and practice supervisors confirm understanding of the eMORA and its location on the PARE platform but there's varying levels of confidence in accessing this. They tell us that they know how to ask for help if needed and refer to the QR codes and drop-in sessions in each trust. Practice supervisors and practice assessors tell us they know how to raise concerns about a student if necessary. All confirm understanding of the role of the practice assessor in judging fitness to practise on completion of the programme (29, 49, 104, 109-112, 115).

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Students tell us that SU has processes in place to confirm health and good character at the point of progression into the next academic year/part of the programme and that they sign declarations that relate to this. Senior PLP representatives confirm that graduates of SU are suitable for employment and can practise safely. They tell us that SU students are of a high calibre and have the necessary knowledge and skills for the part of the programme they're studying. Senior PLP representatives confirm they want to employ newly qualified SU midwives. SaTH confirm they've been able to recruit all their last cohort of SU students. PLPs have active preceptorship programmes to support transition to registered midwife. A recent SU graduate and preceptor midwife confirms the SU pre-registration midwifery course provides the knowledge, understanding and skills necessary to be a registered midwife (99, 104-105, 108-116).

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: None identified.

Findings against key risks
Key risk five: Education governance: management and quality assurance
5.1   Programme providers' internal QA systems fail to provide assurance against NMC standards
Risk indicator 5.1.1 – Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery
What we found before the review

The monitoring report in May 2022 confirms documentary processes are in place to monitor and improve the quality of the midwifery programme. SU operate a continuous monitoring policy applied to the midwifery programme which enables access to data and metrics and continuous monitoring of action plans. The monitoring process and procedure is overseen at module, course, department, school and institutional level. This includes documentary evidence of monitoring the quality of the midwifery programme. There's evidence of module evaluation in academic year 2021-2022. Level six students' engagement in module evaluation is low with the highest response rate at 33 percent of the cohort. Evaluation scores are also low in most level six modules and students consistently feedback the frustration that they were mostly being taught online. Level five students (these are now level six students in academic year 2022-2023) also have lower response rates and there are varied methods of collecting evaluation data. Evaluation comments and scores are inconsistent between level five modules. These modules are part of the outgoing BSc (Hons) MP programme and therefore not being delivered in 2022-2023. Level four engagement in module evaluation is slightly higher between 33 and 42 percent and scores indicate that students are consistently more satisfied with the quality of learning and teaching. These students are now studying at level five in 2022-2023. All module evaluation is anonymous (1, 65-75).

The 2022-2023 course monitoring plan confirms the monitoring visit actions in May 2022 and the NSS results in July 2022 and refers to the separate ongoing action plans as part of the monitoring plan. The plan notes change in the midwifery team since May 2022 including confirmation of that midwifery programme leadership is now substantive. Another action identifies that link lecturers have increased responsibility to oversee placement allocations. Link lecturers conduct student forums related to each PLP. These are ongoing in 2022-2023 and will be subject to evaluation of their effectiveness. Students at all levels were invited to attend a university day in welcome week for the purpose of student support and to inform students of correct processes for raising concerns and other student policies. The course monitoring presentation also includes how the SU midwifery programme team are acting on course metrics including progression and attainment rates. There's recognition of the need to encourage diversity in applications to the course and actions include a focus on improving marketing materials (1, 7, 9-10, 65-68)

SU are monitoring the NSS results received from level six students in 2022 where an overall student satisfaction rate of 18.2 percent was reported. There's a detailed NSS action plan in place with 25 ongoing actions outlined and there's integration of NMC actions within this. Actions include ensuring that students spend more time on campus. This also responds to the feedback in level five and six module evaluations. In a three-day teaching block this comprises two days on campus and one day online. This has been enacted through alignment to the SU academic calendar with changes to teaching and examination weeks. There are also reported amendments to modules to enable this. An academic year overview for all modules is provided. The NSS action plan notes that changes are discussed with student representatives on 12 September 2022 and there's evidence of a recorded presentation and student representative

feedback on this. The university and NMC minor modification process is being followed to enable a number of course changes. Module content and assessments are reviewed including the inclusion of formative assessment and rubrics provided to support greater standardisation of marking and feedback. There are minor word changes to module outcomes in the module holistic health across the reproductive lifespan. There's evidence that proposed changes are confirmed by the external examiner. The midwifery programme will also be an early adopter of a new version of Blackboard (the VLE) – Blackboard Ultra and a blackboard module template is provided to ensure consistency in module presentation (10, 81-88).

The external examiner report indicates satisfaction with learning and teaching on the programme. In the response SU confirm that they'll be organising for the external examiner to engage with practice visits in this academic year. External examiner feedback is sought prior to the minor course modifications (81, 87).

The findings of the visit in May 2022 confirm that level five and level six students didn't receive timely responses to queries. The feedback loop wasn't being closed and many students were no longer contacting SU for help and support. There was insufficient evidence that actions and outcomes for routine student feedback is used effectively to inform programme enhancements (1).

An agreed NMC action plan with four identified actions is in place to address this unmet risk. The achievement of the action plan is monitored by the NMC as part of enhanced scrutiny. At the initial visit SU indicate that these actions are still in the process of embedding as a full academic evaluation cycle hasn't been completed (7, 9-10).

The first action is to develop a student voice plan which incorporates a schedule of midwifery student feedback opportunities. This details when and where students can provide routine feedback and is published to students. This is part of an overall midwifery communication plan which indicates a range of forums for communicating with students and PLPs to enable monitoring of student experience. This includes student led monthly forums divided by PLP and student voice representative meetings held every four months, chaired by the course director. Feedback from these meetings feed into course committee meetings held twice a year where student feedback is formally recorded and any outstanding actions are also followed up. There's an annual quality event to which all students and PLPs are invited (7, 9, 89).

The SU midwifery communication plan includes the accountability of different stakeholders for attendance at each meeting. This includes student voice representatives, programme team members, PLPs and the senior academic team. The plan outlines that information on actions taken as a result of student feedback will be built into the beginning of monthly forum sessions. Notes will be taken but there'll be no recording of attendee names to protect student confidentiality. There are communication flowcharts developed to support students in reporting assessment, personal or placement issues (89-90, 94).

SU communicate with each student to inform them of their academic assessor and other academic support available. Academic roles of academic assessor, academic mentor and link lecturer are aligned. Actions are also in place to ensure that Shrewsbury and BHL campus students have equitable access to simulation facilities. This will include transporting Shrewsbury campus students to the BHL campus for simulation days (10, 35-37, 85, 91).

Placement debrief sessions and anonymised online placement evaluations via PARE will be completed. Results are shared with the LME/course director and academic link lecturers for feedback to PLPs. There'll be monthly drop-in sessions on site where non urgent issues in practice can be discussed. There's a further online drop-in session with link lecturers available for students and practice staff (89).

The second action is to strengthen the feedback loop to students. 'You Said We Did' feedback will be produced for student forums and structured feedback opportunities. This forms part of a process to close the loop with students and to ensure feedback is acted upon. Templates are developed to support and record this (9, 95-96).

Action three is the development of themes emerging from student forums which will be discussed at HOD and course director meetings to strengthen accountability for acting on student feedback. An agenda template is provided (9, 97).

The fourth action is to measure and evaluate student engagement and satisfaction with routine student feedback and evaluation systems in order to monitor communication and response. There's a student forum report completed using the developed template (9, 95-96).

As part of the initial visit, SU tell us there's an escalating concern related to student satisfaction with the learning environment at UHNM. They confirm they're following their escalation of concerns process with senior collaboration between SU and the PLP to resolve the issue. They're using their RAG rated system to assess risk and tell us this is currently rated at amber (3).

What we found at the review

Documentary evidence and findings during the visit demonstrate that student feedback and evaluation/programme evaluation and improvement systems are addressing weakness and enhancing delivery. The NMC action plan is being implemented with evidence that all actions are in progress. The NSS action plan is also monitored for achievement through the SU quality enhancement process. Level five and six students tell us that their experience has greatly improved in the last six months. Students confirm that the midwifery communication plan is enacted and that communication with academic staff is now timely and effective. The new QR codes and email signatures are helping to ensure queries are dealt with promptly. They tell us mid-module evaluation is commenced and has already enabled rapid resolution of an issue raised by students about module teaching. Students tell us they're on campus two days a week and have a

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variety of learning activities including lectures, groupwork and guest speakers. Students confirm they understand both formal and informal means to feedback on their learning experiences (9-11, 105, 108).

Students confirm that SUs academic staff are accessible and respond to emails and other queries in a timely manner. Students tell us they can feed back about their student experience in several ways including through the student representative system, formal mid-point and end of module evaluation and the AEIs course committee structure. SU confirm there are student representatives for all cohorts. Students describe mechanisms for gathering feedback from their cohorts and raising these with the AEI. They tell us that SU is responsive to their feedback and provide examples of changes made. All students tell us that the AEI now use Blackboard ultra (the VLE) and that communication and consistent access to learning resources is enhanced because of this (103, 105, 107-108, 113-118).

Students based at the Shrewsbury campus tell us about changes that have improved their experience including timetable changes, on campus teaching and modifications to the modules. SaTH students tell us they see AEI staff more frequently in practice areas. They know how to access support in practice and theory. They tell us that the CPF at SaTH provides support and is responsive to their feedback. They tell us that the LME and other academic staff have made positive changes such as new marking rubrics and assessment guidelines. Students tell us that they can access simulation and library resources. The students tell us they feel the AEI values them and listens to their feedback (115).

Academic staff tell us that changes are made to modules to address NSS action points. They confirm that time's been taken to review all modules as a team to reflect on content and cohesion across the programme. Minor modifications are made to assessments to ensure constructive alignment with outcomes. These are agreed through the university QA process, including student and external examiner consultation and, they tell us, will be reported to the NMC through the ASR. Academic staff confirm there's improved communication with PLPs and greater visibility via the link lecturer system and drop-in activities. They describe the role of the link lecturer as distinct from the academic assessor and the benefits of having two lecturers for each PLP. Students tell us SU findings of the NSS are shared with them. They're aware of the 'you said, we did' approach and of the SU action plan in response to the NSS. Feedback on progress to class student representatives is provided (84-87, 102-103, 105, 107).

Students confirm they complete practice evaluation on the PARE system and this is confirmed as anonymous. Academic staff have also introduced the opportunity for group reflection and evaluation on practice placements through the analysis of strengths and weaknesses using a SWOT analysis approach. They tell us they're aware of monthly student forum meetings and drop-in sessions during placement blocks. Senior PLP managers and PEFs/CPFs in PLPs tell us they're aware of the practice evaluation process, receive and act upon the collated feedback sent by SU for students on all programmes. We're told of changes that are made such as the

introduction of an induction day at one trust. Practice assessors and practice supervisors are less aware of formal placement evaluation outcomes but PLPs confirm that positive and negative feedback is flagged within the area involved. We find there's good practice in sharing student feedback, such as the identification of practice assessor and practice supervisor of the year awards. Practice leads confirm that consistent poor feedback is escalated to senior management, an action plan developed, and feedback provided to the AEI (104-105, 107-117).

Students confirm they're aware of and can use the SU escalation policy over concerns in practice. Some students based in UHNM tell us about the concern they've raised. They report their experience of a negative culture and feelings of bullying in some UHNM placements. There's no evidence of concern on the collated 2022 UHNM placement evaluation, however there's evidence some students escalated a concern in May 2022. Documentary evidence and the LME tells us there's immediate liaison with the PLP to review the cause for concern and identify actions. There's an ongoing programme of actions being taken to resolve the concern within UHNM and ongoing monitoring of the student experience by SU. There's documentary evidence that UHNM subsequently held a listening event with students and the director of midwifery. One of the documented outcomes from this meeting is to increase the CPF resource. UHNM senior representatives tell us that funding is secured and the recruitment process will shortly commence.

A separate but related student escalation of concern is made in November 2022. There's evidence that the SU team are acting promptly on this concern and, as per their flowchart process, there's immediate liaison with the PLP to review and identify actions. The concern is escalated internally to the SU senior executive. Documentary evidence and the LME confirm that SU and UHNM maintain a collaborative approach to reviewing and addressing the concern. There's also evidence of feedback to students to keep them informed of actions. SU tell us that the criteria for their RAG rating system is still on amber, however, if this changes to red the issue will be exceptionally reported to the NMC.

We're assured that SU are enacting escalation of student concerns related to the quality of their practice experience in UHNM. They're in the process of working collaboratively with the PLP to support student learning with actions to mitigate risks. We recommend however, that this is an area for future monitoring (3, 51, 53, 105, 107, 137- 150).

Our findings conclude that student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery.

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
This risk indicator isn't included in this monitoring visit.

What we found at the review
This risk indicator isn't included in this monitoring visit.
Outcome: MET
Comments: None identified.
Revised Outcome: MET/NOT MET Date:
Comments: N/A
Areas for future monitoring: In relation to UHNM: • The ongoing partnership working between the AEI and UHNM regarding midwifery student feedback related to a negative culture and bullying in placement areas. (Linked to risk indicator 5.1.1)

Evidence/Reference Source

1. NMC SU monitoring report, 24-26 May 2022
2. SU education monitoring review plan final, December 2022
3. SU initial monitoring visit, 25 November 2022
4. SU programme approval report, 24 March 2021
5. NMC letter to vice chancellor, 27 July 2021
6. SU extraordinary review report, 11-13 February 2020
7. SU extraordinary review action plan, 22 March 2020
8. NMC briefing for education monitoring visit, 3 November 2022
9. SU NMC education monitoring review action plan, May 2022
10. SU NSS action plan, October 2022
11. SU NMC education monitoring visit action plan updated, October 2022
12. CQC SaTH inspection report, 18 November 2021
13. CQC MCHT inspection report, 14 October 2020
14. CQC RWT inspection report, 14 February 2020
15. CQC Queens Hospital, Burton inspection report, 22 October 2020
16. CQC UHNM inspection report, 22 December 2021
17. CQC UHDB quality report, 16 June 2021
18. CQC WHT inspection report, March 2019
19. Midwifery staff CVs, 2022
20. Screen shot of teams notification of academic assessor, 16 May 2022
21. Academic assessor and academic mentor allocation, 16 May 2022
22. Example email to student – EU practice hours and academic roles, undated
23. Course handbook for BMid, 2022-2023
24. Course handbook for BMid practice, 2022-2023
25. Sample MORA document, undated
26. BMid clinical practice handbook, 2022-2023
27. Level six practice assessment document BSc (Hons) MP, 2022-2023
28. BSc (Hons) MP clinical practice handbook, 2022-2023
29. Midwifery student support card/QR code, undated
30. Information paper for academic and practice staff and students: academic assessor, undated
31. SU presentation: preparation for academic assessor role, undated
32. SU academic assessor checklist, undated
33. Academic assessor and academic mentor checklist, undated
34. Academic assessor and academic mentor flowchart, undated
35. Academic assessor and academic mentor allocations (September 2020 cohort), undated
36. Academic assessor and academic mentor allocations (September 2021 cohort), undated
37. Academic assessor and academic mentor allocations (September 2022 cohort), undated
38. Midwifery NMC registration and academic assessor database, undated
39. NMC registration process responsibilities, undated

40. Course committee meeting, 3 May 2022
41. SU annual self-report 2020, 31 March 2021
42. SU screenshot of email with template student signature, undated
43. Meet the academic midwifery team information, undated
44. University and practice role definitions, undated
45. Managing academic workloads and the professional contract, January 2021
46. Schedules of midwifery link contacts on all PLP sites, undated
47. Midwifery practice activity database, October 2022
48. Screenshot of link to student support and information, undated
49. Screenshot of link to practice assessor support and information, undated
50. Practice assessor and practice supervisor preparation materials, undated
51. Student practice evaluations – all PLPs, undated
52. SU MORA/PARE guidance for practice assessors and practice supervisors, undated
53. SU governance flowchart – causes for concern, undated
54. SU practice learning quality monitoring and assurance process, February 2022
55. SU PLP quality assurance and governance terms of reference version one, undated
56. SU practice learning quality assurance and governance flowchart, undated
57. UHDB practice learning meeting minutes, 28 September 2022
58. Combined SaTH meeting minutes, 22 June 2022
59. RWT educational link meeting minutes and action log, July 2022
60. PLP quality and governance meeting minutes, May 2022
61. PLP quality governance dashboards, October 2022
62. Examples of PLPs practice assessor and practice supervisor databases, undated
63. SU midwifery placement allocations database, 2022-2023
64. SU September 2019 midwifery students completing students list, 21 October 2022
65. SU course continuous monitoring policy, 28 September 2022
66. SU course continuous monitoring procedure, 28 September 2022
67. Midwifery undergraduate course monitoring presentation and plan, 2022-2023
68. SU midwifery course committee meeting and action plan, 3 May 2022
69. SU level four module evaluation – public health in midwifery practice, 6 August 2022
70. SU level four module evaluation – introduction to safe and effective midwifery practice, 21 January 2022
71. SU level five module evaluation – introduction to medicine and surgery, 29 June 2022
72. SU level five module evaluation – developing evidence-based midwifery care, 8 September 2022
73. SU level six module evaluation – contemporary midwifery practice and leadership, 6 August 2022
74. SU level six module evaluation – research methods and appraisal, 6 June 2022
75. SU level six module evaluation – promoting neonatal health, 8 August 2022
76. SU midwifery practice activity database, October 2022

77. PLP induction materials, undated
78. SU placement allocation process, 30 September 2020
79. SU level four student practice module launch presentation, undated
80. BMid programme specification, January 2022
81. External examiner report, 2021-2022
82. Midwifery academic year overview, 2022-2023
83. Midwifery student voice representative consultation, September 2022
84. Midwifery student feedback on curriculum meeting, September 2022
85. Midwifery amendment proposal form, August 2022
86. Module specifications with proposed tracked changes, August 2022
87. Email from external examiner confirming module changes, 17 August 2022
88. Blackboard module template, undated
89. Midwifery communications plan, 26 September 2022
90. Flowcharts for student reporting, undated
91. Email confirmation of transport and equipment requests, September 2022
92. Planner for levels four, five and six, 14 June 2022
93. Student overview (all cohorts), 22 October 2022
94. Schedule of student's feedback opportunities, 2022-2023
95. SU midwifery student forum agenda template, undated
96. SU midwifery student forum notes template, undated
97. MAHP HOD and course directors meeting agenda template, undated
98. Presentation to the monitoring team, 13 December 2022
99. Meeting with senior representatives of PLPs, 13 December 2022
100. Meeting with SU senior representatives, 13 December 2022
101. Meeting with SU practice learning governance representatives, 13 December 2022
102. Meeting with SU quality assurance representatives, 13 December 2022
103. Meeting with SU midwifery programme team, 14 December 2022
104. Focus group with practice supervisors and practice assessors, 14 December 2022
105. Meetings with level six midwifery students, 14 December 2022
106. Interview with LME, 15 December 2022
107. Meetings with level five students, 15 December 2022
108. Visit to MCHT, Leighton hospital, 13 December 2022
109. Visit to UHNM, Royal Stoke hospital, 14 December 2022
110. Visit to WHT, Walsall Manor hospital, 15 December 2022
111. Visit to UHNM, Stafford County hospital, 15 December 2022
112. Visit to SaTH, Princess Royal hospital, 13 December 2022
113. Visit to RWT, New Cross hospital, 13 December 2022
114. Visit to SaTH, Royal Shrewsbury hospital, 14 December 2022
115. Visit to Level six students, SU Shrewsbury campus, 14 December 2022
116. Visit to UHDB, London Road community hospital, 15 December 2022
117. Visit to UHDB, Queens hospital, Burton, 15 December 2022
118. SU module monitoring report 2021-2022, public health in midwifery practice, 2021-2022
119. Evasys evaluation, public health in midwifery, 2021-2022

120.   Public health in midwifery practice module monitoring plan, undated
121.   Midwifery course monitoring plan, undated
122.   Midwifery undergraduate course monitoring presentation, October 2022
123.   Level four timetable extract – brief and debrief sessions, undated
124.   Mid module evaluation, October 2022
125.   SaTH student forum notes, 16 November 2022
126.   Student voice representative meeting, 16 November 2022
127.   UHNM midwifery student forum, 16 November 2022
128.   SaTH debrief September 2020, 15 November 2022
129.   'What good looks like' day agenda, 2 December 2022
130.   Timeline for allocations to practice UHNM, 15 December 2022
131.   Email with year three placement allocations UHNM, 1 November 2022
132.   Response to year three students concerns regarding placement allocation from LME, 2 November 2022
133.   Email from HOD (practice) to head of education (HoE) at UHNM, 7 December 2022((a)
134.   Email from HOD (practice) to LME, 7 December 2022
135.   Blackboard message to September 2020 cohort students, 12 December 2022
136.   Action plan for SU students at UHNM, undated
137.   UHNM cause for concerns database extract, 13 May 2022
138.   Escalation email from LME to HoD (practice), 24 May 2022
139.   Email from LME at SU to LME at another AEI, 24 May 2022
140.   Escalation to director of midwifery at UHNM, 24 May 2022
141.   Email from HoD (practice) to HoE at UHNM, 28 November 2022
142.   Feedback from LME to students, 9 June 2022
143.   SU/UHNM listening event notes, 22 September 2022
144.   Escalation to executive dean, 28 September 2022
145.   LME report for SU senior management team, 30 November 2022
146.   Email from HoD (practice) to LME regarding response from UHNM, 7 December 2022
147.   Blackboard message to students, 12 December 2022
148.   Email from executive dean to HoD (practice), 14 December 2022
149.   Dashboard UHNM, December 2022
150.   SU UHNM cultural concerns timeline, undated
151.   SU educational audit process, Jan 2022
152.   SU educational audit template, 2022
153.   Educational audits – MCHT, various dates
154.   Educational audits – SaTH, various dates
155.   Educational audits – RWT, various dates
156.   Educational audits – UHNM, various dates
157.   Educational audits – WHT, various dates
158.   Educational audits – UHDB, various dates
159.   Midwifery welcome week timetables, September 2022

Personnel supporting education monitoring review	
Prior to the monitoring review visit:	
Meeting with: Executive dean, SHSW, SU HOD (theory), MAHP, SU Head of business management and contracts, SU	
At the monitoring review visit:	
Meetings with:	
Practice supervisors/assessors	Pre-registration midwifery - 36M: seven
Academic assessors	Pre-registration midwifery - 36M: eight
Service users/carers	Not applicable for this visit.
Senior managers of the AEI	Vice chancellor Executive dean, SHSW Associate dean (students), SHSW HOD (theory), MAHP HOD (practice), MAHP Head of business management and contracts LME and midwifery course director Academic practice learning manager Regulations and compliance manager Academic quality manager
Senior managers from associated practice learning partner	Director of nursing, SaTH Director of midwifery, SaTH Deputy director of midwifery, SaTH Chief nurse – Royal Stoke University Hospital Director of midwifery, UHNM Deputy director of midwifery, UHNM Senior nurse for education and workforce development, UHNM Head of midwifery, RWT Deputy director of midwifery, gynaecology and sexual health, WHT Group chief nurse, RWT and WHT

Director/manager nursing	Three
Director/head of midwifery	Three
Education commissioners or equivalent	0
Practice education facilitator or equivalent	Six
Other:	N/A

Meetings with students:	
Student Type	**Number met**
Pre-registration midwifery - 36M (2009 curriculum)	Year 1: 0 Year 2: 0 Year 3: 25 Year 4: 0
Pre-registration midwifery - 36M (2019 curriculum)	Year 1: 16 Year 2: 16 Year 3: 0 Year 4: 0

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Issue record			
Final Report			
Author	Patricia Hibberd	Date	3 January 2023
Checked by	Ian Felstead-Watts	Date	6 January 2023
Submitted by		Date	
Approved by		Date	
Final Report – After action plan completed (if required)			

Author		Date	
Checked by		Date	
Submitted by		Date	
Approved by		Date	