Listening event report

Approved education institution	Staffordshire University
Programme(s) monitored	Bachelor of Midwifery (Hons)
Date of listening event	14 December 2023
Registrant visitor(s)	Nicola Clark
Lay visitor(s)	Caroline Thomas
Observer(s)	Pamela Page, Mott MacDonald Jacqui Williams, Nursing and Midwifery Council (NMC) Lucy Johnson, NHS England, Workforce, Training and Education (NHSE WTE)
Date of report	29 December 2023

Introduction to NMC QA framework and listening events

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the United Kingdom (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, kind 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 they do. The QA framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions, and their PLPs/EPs, must provide in order to meet NMC standards.

Education monitoring

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

The NMC may conduct a listening event (LE) in response to concerns identified regarding nursing, midwifery or nursing associate education in both the AEI and its PLPs/EPs. It's the role of the NMC's QA board to decide whether it's necessary to carry out a LE.

The LE process enables the NMC to gain intelligence about an approved programme and ensures that the student voice is part of the evidence considered when monitoring whether a programme is being delivered in line with NMC standards.

LEs seek feedback directly from students about their experience of the programme, how they're being supported in both the AEI and practice learning environments and how the AEI and PLPs/EPs work together to support student learning and progression.

The LE at Staffordshire University (SU)

The NMC took the decision to conduct a LE at SU to ensure that students are receiving learning which meets their standards of education and training.

In March 2023, the NMC QA Board agreed to undertake a LE of SU pre-registration midwifery as a follow up from previous extraordinary review and monitoring visits and aligned to concerns regarding the suitability of the practice learning environment at University Hospitals of North Midlands NHS Trust (UHNM).

As students at SU are placed at UHNM, the NMC are seeking assurance that appropriate learning opportunities are in place for students to meet their proficiencies to provide safe, effective and kind care and that they're receiving this learning in a safe and supportive environment.

The focus of the LE is on current education provision and the support for students on the pre-registration midwifery programme, both in the AEI and practice learning environments, and the potential impact on students' ability to meet the Standards for pre-registration midwifery programmes (SPMP) (NMC 2019, updated 2023) and the Standards of proficiency for midwives (SPM) (NMC, 2019) which are necessary to demonstrate safe and effective practice in order to join the NMC register.

The NMC have provided SU with the focus of the LE and a specific plan has been conveyed. The LE plan clearly indicates the areas for review under the key risk themes of the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018):

- Learning culture
- Educational governance and quality
- Student empowerment
- Educators and assessors
- Curricula and assessment

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

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

Standards framework for nursing and midwifery education (SFNME) (NMC, 2018)	
Theme	**Risk Indicator**
1. Learning culture	1.1 The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld.
	1.2 The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.
2. Educational governance and quality	2.1 The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the UK with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.
	2.2 The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.
3. Student empowerment	3.1 The AEI, together with their practice learning partners is unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018).
	3.2 The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.
4. Educators and assessors	4.1 The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.

5. Curricula and assessment	5.1 The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

*Areas that are greyed out will not be included as a focus of this review.

Introduction to Staffordshire University programmes

Staffordshire University (SU) is an established AEI in the Midlands region. SU currently provide pre-registration nursing (adult, mental health and children's), nursing associate, pre-registration midwifery and post-registration provision of independent and supplementary nurse prescribing.

The current midwifery programme is a bachelor of midwifery with honours (BMid (Hons)) three-year programme, which was approved on 26 July 2021 with the first cohort commencing in September 2021. Prior to approval, an extraordinary review was conducted in February 2020 in relation to the midwifery, adult and children's nursing programmes at SU, focusing on practice learning and support at Shrewsbury and Telford Hospitals NHS Trust (SaTH). Since approval, an education monitoring visit focusing solely on the pre-registration midwifery programme took place in May 2022 due to risk themes not being met at the extraordinary review. A further monitoring visit took place in December 2022 due to significantly decreased scores in the national student survey, as well as to ensure a return to full compliance with the NMC standards following the previous monitoring visit. Full compliance with NMC standards was confirmed by the NMC on 22 March 2023. However, concerns were raised with regard to UHNM and a LE was requested at this time.

The focus of the LE is the three-year pre-registration midwifery programme, which is delivered at the Stafford campus only. The LE is undertaken face to face and is an opportunity for feedback from student midwives from all years of the programme.

During the LE, we meet with focus groups of students attending placements at SaTH, UHNM, Walsall Manor Hospital (Walsall Healthcare NHS Trust) (WHT), Royal Derby Hospital (United Hospitals of Derby and Burton NHS Trust) and Leighton Hospital (Mid Cheshire Hospitals NHS Trust) (MCHT). Students attend the focus groups either online, hybrid (face to face and online at the same time) or face-to-face.

To note, *italicised text* in the narrative indicates verbatim student quotations.

Summary of feedback in relation to key themes and NMC standards

Learning culture

Students tell us that '*there are too many students*' in placement areas.

The students report experiencing varied learning cultures across the different placement areas. These range from positive, supportive learning cultures to those described as negative with '*midwives engaging in defensive practice*' and suffering '*low morale*'.

Students at UHNM express concerns about the professional attitudes of certain practice supervisors and midwives. Examples provided include staff expecting them to

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work unsupervised as '*the norm*' with them being an *'extra pair of hands'*. Some students report not knowing who their practice supervisors and practice assessors are and not experiencing any contact with academic assessors. Students at UHNM tell us they feel disadvantaged in their learning in comparison to student midwives placed elsewhere. They experience poor communication between SU and PLPs. They speak of staff in practice areas *'lacking people management and leadership skills*,' which influences the treatment and supervision of students and consider additional training on how to treat others as an imperative for student midwives entering the profession.

Students placed at UHNM tell us that the morale and behaviours of staff in this placement area detrimentally impacts on their own morale, dampens their spirits and causes some of them to question the value of them entering the profession. They perceive that staff are burnt-out or worn down by negative publicity about the maternity services. The exception is ante-natal clinic experience at UHNM, which students praise as an excellent placement experience.

Students in SaTH also report low staff morale and burn-out but believe there to be more support for students than in UHNM. Students express concern about challenges to their personal long-term mental health and wellbeing should they be employed in such placement areas.

Students at WHT and MCHT generally report very positive practice learning experiences with one exception.

Students tell us that there's no intrapartum placement in year one of the programme, and in year two the year three students are prioritised which causes them anxiety regarding the achievement of the required number of births to complete their programme. Continuity of carer is an issue for year three students as this is when it's introduced and, for some, their placements don't facilitate this to be fully achieved. Completion of practice hours is a concern for many students we see, with some citing between 200 to 600 hours outstanding.

Students consistently report receiving timely and effective wellbeing support at SU. They describe their lecturers as '*approachable*'. They '*know us as individuals and care about their welfare.*' Most students across the different year groups provide examples of lecturers responding to their emails in a timely manner and signposting them to university support services when required.

Educational governance and quality

Students report being asked for regular feedback on curriculum modules and practice learning experiences. There's a consensus view amongst year three students that responses and changes to programme experiences '*take too long*' and only benefit other year groups on the programme.

Most students we meet feel confident with the process of escalating concerns in practice, though students lack clarity about who to go to if there are no clinical

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placement facilitators (CPFs) or information displayed about who to contact. We hear examples from students who've escalated concerns about practice to SU and to CPFs where they're in post. Whilst most students report issues being followed up by SU and resolved, not all students are confident that certain issues are resolved effectively and in a timely manner.

Some students report discriminatory behaviours in practice that haven't been effectively resolved. They also raise concerns about the professional behaviours and use of inappropriate language by some staff in certain placement areas, which affects students being in learning environments that are effective. Two students give examples of practice supervisors who refuse to work with students or refuse to sign off proficiencies, which impacts on student progression and causes anxiety for the students.

Students across all year groups tell us that they have their placements changed, or new placements introduced, due to increased student numbers. Students at UHNM tell us of being placed in non-midwifery placements of up to five weeks and at inappropriate times in the programme (for example, the first placement on the programme) which includes male urology, orthopaedic and public health ward areas. Students tell us there's often no induction to these non-midwifery placements, no identified learning outcomes and no underpinning theory. Year three students tell us that being placed for four to five weeks on the neonatal unit *'is not appropriate for third year students'*.

Students at UHNM tell us that their placements are short in comparison to students having placements in the other hospitals, some being comprised of only one week, and this makes them feel disadvantaged when compared to the other students in their group.

Some students tell us they're concerned about making up outstanding practice hours, with a minority having up to 600 hours to achieve. They tell us they're told '*not to worry*' and that these will be made up at the end of the programme.

Some UHNM students report placement areas as inappropriate to their programme, where staff aren't expecting them on placement, where students are regularly and frequently sent home for example, during the public health placement (year one). Students report practice hours being recorded for a full day when they're sent home early and '*to expect being sent home'.* As a result of the LE, this experience is escalated directly to the NMC.

Some students tell us about students from other AEIs taking priority and on occasions there being more students than midwives. Year two students tell us that on intrapartum placement areas, year three students are prioritised to achieve their number of births.

Student empowerment

Students tell us that they're provided with information about the curriculum and assessment. However, students lack clarity on the *tripartite* assessment in practice, in terms of the staff to be involved. Not all students we meet have received initial or interim meetings on placement. Some students tell us that the academic assessors or practice supervisors and practice assessors haven't met with students to assess their placement experiences as set out in the midwifery ongoing record of achievement (MORA).

Students tell us that there are numerous mechanisms in place for them to provide feedback on the programme. Examples include curriculum module evaluations and placement evaluations via the practice assessment record and evaluation (PARE) system, placement debriefing sessions with lecturers at SU after the completion of placements and student voice representatives attending student voice meetings. There's a lack of consensus amongst students we speak to as to whether the information provided on the PARE system for placement evaluations is anonymous. Students are aware of the freedom to speak-up guardian in their placement areas.

Most students in year two and three provide examples of them effectively working with multidisciplinary teams, including working with gynaecologists and in operating theatres. Year three students report good multi-disciplinary team working at SaTH.

Some students provide examples of placement capacity appearing overloaded in certain placement areas accommodating students from multiple AEIs with ineffective student allocation by shift, resulting in either poor experience, short notice changes or inappropriate placement allocations. Students want to know their shifts to plan their lives, as for some students, they're advised of their shifts only one to two weeks ahead. They also want to ensure that they're placed on shifts with their practice supervisors. Some students tell us that they experience shifts with too many other students, when on some shifts there are no students.

Educators and assessors

Based on student reports concerning interactions with their practice supervisors and practice assessors, the preparation of practice supervisors and practice assessors appears to be variable. This is in addition to concerns with transition from paper MORA to e-MORA and access to PARE also has some challenges in practice; this was particularly reported by students at UHNM. Many students report challenges in getting proficiencies signed-off. In their view, this is due to the allocation of inappropriate placements and challenges of contacting staff to do this via email as staff are very busy on shifts. Students tell us that access to the e-MORA has been problematic for some practice supervisors and practice assessors. One placement area only has one practice supervisor who can access the PARE system to sign off proficiencies.

Communication between the practice assessor and the academic assessor isn't effective for some students, particularly at UHNM. Some students at UHNM tell us they only learned of who their practice assessor is one day prior to the end of their placement.

Most students tell us that link lecturers are visible in practice, particularly at SaTH, with a schedule of visits available. This is less evident at UHNM.

Curricula and assessment

Students tell us that improvements are made to the curriculum, in terms of organisation and content of modules, in response to student feedback. Year three students feel that this has benefitted subsequent year groups. Students tell us that reasonable adjustments are accommodated within placement areas with the exception to off-duty allocation.

Students at UHNM tell us that their placements are short in comparison to students having placements in the other hospitals, some being comprised of only one week, and that this makes them feel disadvantaged when compared to the other students in their group.

Some students are unaware of and anxious about how practice hours can be made up following programme interruptions or absences.

Students tell us that continuity of carer experience isn't introduced until year three of the programme, which creates challenges for them to get the necessary experiences completed prior to the end of their final placement. The year three students tell us that a practice education facilitator has developed a leaflet to assist them with this requirement.

Evaluative narrative against key risks
Theme one: Learning culture
Risk indicator 1.1 – The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld. **Requirements included – 1.1, 1.2, 1.5, 1.6, 1.7, 1.8, 1.9** **Requirements not included -1.3, 1.4,** *NB: 1.2 – The Code (NMC, 2018)*
All students tell us that they're aware of the necessity to prioritise the safety of people in all learning environments. Year one students report that safe and compassionate care enables the values of the Code to be upheld. They share their awareness of their need to learn the theory before implementing specific skills and proficiencies in placement areas.

Students in some placement areas perceive that due to staffing pressures they can't always be supernumerary, for example in UHNM. One student placed at WHT provides an example of being directed to perform tasks that they haven't been taught to undertake unsupervised. The student declined to undertake the task and reported this to a senior manager who was supportive. In UHNM, students report unsupervised practice as '*the norm*'. These students make it clear that they have to take responsibility and initiative in such instances by declining to do what's asked of them or seek help from a more senior member of staff in their placement area. In UHNM, students tell us they feel that *'they make up the numbers'*.

Students tell us that midwives in some placement areas, such as UHNM, lack clarity about what they've covered in their programme, which raises the appropriateness and timeliness of the preparation and training of practice assessors and practice supervisors. A year two student raises concerns about being allocated a practice supervisor who hasn't been trained in the role. This was escalated and managed with the student being reassigned a midwife trained in the role.

In most other placement areas, students report that appropriately qualified midwives and practice staff are good role models, demonstrate practice skills and supervise students undertaking tasks and provide encouragement and supportive feedback.

Whilst most students generally report that they've an allocated practice supervisor and practice assessor whilst on practice, this isn't consistent for all students in all placement areas. Year one students at UHNM report completing their first placement without the allocation of a named practice assessor until the penultimate day of placement. Year two and three students at UHNM do report working with a registered healthcare professional if they don't work with their allocated practice supervisor.

Students indicate that they've opportunities to reflect on their practice in accordance with the Code and record these reflections in the MORA. However, finding time to meet with practice supervisors and practice assessors can prove challenging for some students given the staffing pressures in certain placement areas. They're encouraged to gain feedback from people who use services and carers (PUSCs) and these are recorded in the MORA. Students report that placement debriefing sessions are held with members of the academic programme team when students finish placements, which enable them to reflect on their learning.

Students across all year groups tell us that they understand how to escalate concerns and complaints. The majority feel supported in this process by staff at SU. Students tell us that support for this in practice is inconsistent due to the negative behaviours and attitudes of midwives in certain placement areas. In areas where there's a CPF, students perceive that they can go to them and raise any concerns. Students report that this is a new initiative at UHNM, which is helpful to students. Not all placement areas have a CPF in post. Some students tell us of feeding back to their CPF when they perceive to be working unsupervised, with limited feedback or actions being provided.

Most students report effective contact with SU lecturers whilst on placement. Year one students at SaTH report a link lecturer visiting the placement area and opportunities to meet link lecturers online. Students say that link lecturers schedule visits for both face to face and online meetings.

Year one students tell us that they'd raise concerns with lecturers first.

Risk indicator 1.2 – The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.

Requirements included – 1.10
Requirements not included - 1.11, 1.12, 1.13, 1.14

Reports by students across all years indicate that they experience variations in the learning culture in practice environments. For example, the majority of year one students placed at SATH, MCHT and WHT report feeling welcomed in placement areas, valued by the team and receiving good supervision.

Some students at UHNM report witnessing a bullying culture and unprofessional behaviours of staff. Students and newly qualified midwives have been berated in front of women and not treated respectfully. Students report discriminatory behaviours towards SU staff. Students tell us that midwives aren't supported themselves and the environment feels '*punitive*'. Students tell us that the CPF seems '*bewildered'* when contacted and that some midwives openly say that '*they don't like students*.' When listening to the students, more bullying type behaviours are reported in UHNM than in other placement areas, where students tell us it's '*normalised'.* The academic assessor isn't in contact with students on placement at UHNM and year three students report it feeling like a '*battle between SU and practice areas'*.

Students tell us of being placed in non-midwifery placements of up to five weeks and at inappropriate times in the programme (for example, the first placement on the programme) which includes male urology, orthopaedic and public health ward areas. Students tell us there's often no induction to these non-midwifery placements and that their feedback isn't acted upon.

Some students in year two report discriminatory behaviour where practice supervisors refuse to work with students or sign-off proficiencies for them and others.

Support from the academic assessor is reported.

Evaluative narrative against key risks
Theme two: Educational governance and quality

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Risk indicator 2.1 – The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the UK with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.

Requirements included –2.10, 2.15,
Requirements not included - 2.1, 2.2, 2.3, 2.5, 2.6, 2.8, 2.9, 2.12, 2.13, 2.17, 2.18, 2.20, 2.21
NB: 2.3 – NMC Programme specific standards

Students report variation across placement areas in terms of them being provided with the information and support they require to understand and comply with local and national governance processes.

The students tell us how they're supported with reasonable adjustments in both theory and practice with specific examples given around dyslexia, mental health support and focused support to assist their academic learning.

Many students across year groups tell us of the visibility of the link lecturer in the practice areas except for UHNM.

Students tell us that they're concerned about achieving the SPM and the number of births required. Some UHNM students report placement areas perceived as inappropriate to their programme, where staff aren't expecting them and where students are regularly and frequently sent home for example, a public health placement in year one. Students report practice hours being recorded inaccurately. They perceive new placements are being introduced into the programme due to insufficient midwifery placements for the number of students on the programme.

Year three students said that achievement of the systematic physical examination of the newborn proficiency isn't well planned unlike students placed at another AEI, and they're concerned that this won't be achieved. Students tell us the link lecturers are aware but that there's no action plan reassuring them how this will be achieved. Students feel that there hasn't been sufficient education regarding this requirement from SU with students saying midwives believe it's *'a nice to have'*.

Both year two and three students are concerned about birth numbers, with year two students saying that year three students receive priority and that in year three '*students will be shoved into a room'*. There's no intrapartum placement in year one and students tell us that there's limited exposure in year two. The intrapartum proficiencies for year one and some of those for year two in the MORA are generally achieved through discussion.

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Students tell us continuity of carer/caseloading isn't commenced until year three of the programme, with some of the year three students telling us that they're not commencing their community placement until later in the year, leaving them very limited opportunity for this to be achieved.

Few students we meet report receiving an appropriate induction into placement areas. Year three students report having to be assertive and prompt staff to be shown around and introduced to relevant senior staff. A year two student praised an individual midwife for providing a comprehensive induction booklet. The students tell us that SU make available their placement allocation well in advance and they contact their placements by email and phone call to inform them of their arrival.

Some students perceive that depleted staffing levels in some placement areas limits their opportunities for learning. Year one students report that the UHNM birth centre provides a positive experience, but on one occasion there were two midwives and five students from SU and other AEIs. In the antenatal clinic, students say that there are too many medical students as well as student midwives. In WHT, there are often more students than midwives, but students report learning from dedicated midwives.

A minority of students provide examples of practice supervisors that refuse to work with students. A year two student plans to report this to the link lecturer/academic assessor as the student is concerned that such behaviour will cause them to fail the year.

Year three students at UHNM report concerns that midwives are being encouraged to be '*more resilient*' and have a '*thick skin*' rather than nurture compassionate practices, which underpin the Code.

Risk indicator 2.2 – The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.

Requirements included – 2.4, 2.14
Requirements not included - 2.7, 2.11, 2.16, 2.19
NB: 2.4 – NMC Standards for student supervision and assessment (NMC, 2018)

Placement capacity appears overloaded in certain placement areas with students from multiple AEIs appearing to receive inappropriate student shift allocation, resulting in either poor experience, short notice changes or inappropriate placement allocations. In WHT, year two students report there being more students than midwives, which limits their supervision and opportunities to demonstrate the SPM required of the programme.

Some UHNM students report placement areas as inappropriate to their programme, where staff aren't expecting them on placement or where students are regularly and frequently sent home. Students report practice hours being recorded inaccurately. They report that the hours for a full day are signed-off when they're sent home early and *'to*

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expect being sent home'. As a result of the LE, this experience is escalated directly to the NMC.

A student at WHT reports placement challenges to their first placement on the programme and another year one student had a night shift allocated as their first ever shift in placement.

Whilst most students generally report that they've an identified practice supervisor and practice assessor, this isn't consistent for all students in all placement areas. Year one students at UHNM report completing their first placement without the allocation of a named practice assessor until the penultimate day of placement. Year two and three midwifery students at UHNM do report working with a registered healthcare professional if they don't work with their identified practice supervisor.

Progression decisions for summative assessment between academic assessors and practice assessors aren't visible to students and many students don't have timely initial and interim interviews as per MORA guidance.

Many first- and second-year students report good contact with SU lecturers whilst on placement, with access to scheduled meetings online if needed and opportunities to review placements with link lecturers. For example, first year students at SaTH report good contact with staff from SU whilst on placement. Year one students at MCHT and WHT are aware that link tutors visit placement areas. This isn't the case for all students. Some second-year students report that communication between practice assessors and academic assessors is poor, particularly at UHNM which students believe is due to retirement and sick leave. A year two student reports receiving very good support by SU and the CPF after a difficult shift, which positively aided wellbeing.

Evaluative narrative against key risks
Theme three: Student empowerment
Risk indicator 3.1 – The AEI, together with their practice learning partners is unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018). **Requirements included – 3.1, 3.2, 3.4, 3.7, 3.8,3.10, 3.15, 3.16** **Requirements not included - none**

Students tell us that they're provided with accurate information about the curriculum by SU. However, some students are confused about the *tripartite* assessment in terms of the staff to be involved. Details of the assessment processes and SPM required are in the e-MORA but students indicate that these processes aren't consistently followed for

all students across all placement areas. Not all the students we meet have received initial or interim meetings on placement.

Not all the students we meet have access to a nominated practice assessor. Year one students at WHT, MCHT and SaTH placement areas are clear about their identified practice supervisor, practice assessor and academic assessor. The practice assessor and practice supervisor are allocated by the CPF. Similarly, students at MCHT labour ward report appropriate supervision. Year two students at UHNM report that communication between the practice assessor and academic assessor is lacking and that not all staff have undertaken the training on the use of the MORA and its online platform, PARE. Year one students at MCHT report having a '*fantastic*' learning experience, with practice supervision and time built in for them to reflect on practice.

At WHT, a learning support midwife provides learning sets for when there's no clinical activity.

Most students tell us that they learn and assess using a range of methods, including technology enhanced and simulated learning. Year two students have *viva voce* as part of the assessment process. Year one students are aware of the need to learn about theory prior to practising specific skills and proficiencies when on practice placements. They report receiving well-structured theory in preparation for practice and are aware of the Code. Students report experiencing simulated learning in preparation for practice for example, venepuncture, safeMedicate (a software package on medicines management) and the e-learning NHS website, as well as mandatory training.

Students vary in their awareness of the information they receive regarding entry to the NMC professional register. Year three students report receiving little information on this so far but believe that it will be covered in modules in the new year. Neither year one nor year two students knew how to register as a midwife upon programme completion.

Students provide some positive examples of the use of their learning time in placement areas but don't feel that they're always supernumerary due to the pressures on staffing levels in certain placement areas.

Students' induction experiences range from very poor to very good depending on their placement areas. Students at SaTH are made to feel welcome when starting their placements, particularly on labour ward and community. Year two students praise one practice supervisor that produced a comprehensive booklet on the placement area that was very useful to students regarding induction to placement. Students identify the value of individuals who lead on induction to placement areas and tell us what a difference they make. Students at UHNM tell us there's no induction for short placements.

Students at UHNM report that placement capacity challenges the quality of their learning. Placement areas in male urology are provided due to lack of midwifery placements. Year two students report spending five weeks in medical and surgical and outpatient placements. This left students anxious about how to gain the SPM they need

to qualify in midwifery at the end of the programme. Other year two students perceive that students from another AEI are prioritised over students from SU.

Some students provide examples of placements being overloaded, accommodating students from multiple AEIs with ineffective student allocation by shift, resulting in either a poor experience, short notice changes or inappropriate placement allocations. Year three students at UHNM feel that they receive their shifts late which affects their lives outside of the programme and often means that they're placed on shifts without their identified practice supervisors. They report that this has been addressed in MCHT. Year one students report that community placements are disorganised due to a lack of staff and them '*having to compete with other students*' to take their turn to get proficiencies signed off. These concerns have been raised with SU.

Students report being encouraged to gain feedback from PUSCs to enable them to reflect on their practice. Year two students give examples of the '*shout out boards*', thankful Thursdays and maternity and neonatal voices partnership, which provide feedback on care provided in placement areas.

Students tell us that there are numerous mechanisms in place for them to provide feedback on the programme and the quality of the support and supervision they receive in theory and practice. Examples include curriculum module evaluations, placement evaluation via the PARE system, placement debriefing sessions with lecturers back in university after the completion of placements and student voice representatives attending student voice meetings. There's a lack of consensus amongst students across all years as to whether the information provided in the PARE for placement evaluations is anonymous. Students tell us that if they believe this to not be anonymous this influences their confidence to respond openly and honestly on their placement experiences.

Students are aware of the freedom to speak-up guardian in their placement areas, as well as CPFs and staff at SU who they can approach to raise any concerns about practice.

Most students in years two and three provide examples of effective working with multidisciplinary teams and with other professionals such as phlebotomists. Year one students report learning alongside and from peers, for example in making up beds correctly.

Risk indicator 3.2 – The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.

Requirements included –3.3, 3.5 3.6, 3.9, 3.11, 3.12, 3.13, 3.14, 3.17, 3.18
Requirements not included - none

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Safe, kind, effective care through quality
assurance of nursing, midwifery and
nursing associate education.

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Students aren't always protected from discrimination, harassment and other behaviours that can undermine their confidence. Some students at UHNM report witnessing bullying culture and unprofessional behaviours of staff. Students have reported discriminatory behaviours to SU staff, which have been acted upon. More bullying type behaviours are perceived in UHNM than in other placement areas. The academic assessor hasn't been in contact with students on placement at UHNM.

Examples are heard from students about how their individual needs are taken into consideration, including their medical needs, special educational needs and disabilities and support for bereavement. Students report that their individual needs are shared with placement areas with their consent and there are examples of reasonable adjustments being made. Students in some placement areas tell us that they could progress and develop skills and proficiencies based on their growing confidence, for example first year students in MCHT.

Students report receiving information about interruptions to their programme from lecturers at SU, however there are some students who are unclear about making up practice hours, with some being told they can use independent study days or reading weeks which have been reintroduced into the programme. Some students have up to 600 hours of practice time outstanding and are being told '*not to worry*' and for this to be relooked at, at Easter. Students believe these hours will be added to their programme at the end, which would delay their programme completion and entering the workforce as a qualified midwife. Students tell us that there isn't a process for checking students' achievements of the SPM, birth numbers or hours outstanding which would reassure them that they will complete on time.

At SU students learn how to take care of their mental health, physical health and wellbeing and access relevant support services, including occupational health when required. Students report receiving good pastoral support from their academic mentors at SU.

Evaluative narrative against key risks
Theme four: Educators and assessors
Risk indicator 4.1 – The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles. **Requirements included–4.2, 4.4, 4.5, 4.6** **Requirements not included - 4.1, 4.3, 4.7, 4.8, 4.9, 4.10, 4.11**
Some students tell us that both practice supervisors and practice assessors are unclear regarding their roles, responsibilities and the SPM they're required to achieve

at each stage of the programme. Students tell us that they sometimes feel that they're teaching the midwives as to what they need to achieve and taking them through the MORA document. SSSA preparation is variable in addition to concerns with the transition from a paper MORA to the e-MORA, and access to PARE has raised some challenges in practice. Year three students at UHNM report challenges with the systematic physical examination of the newborn, as practice supervisors, practice assessors and CPFs don't understand this to be a programme requirement.

Students tell us that continuity of carer (caseloading) doesn't seem to be planned appropriately, with year three students expressing concern that this won't be achieved due to their placement allocations and the requirement not being introduced until year three of the programme. Year one and two students confirm that this isn't currently an expectation of them in practice.

Intrapartum care experience isn't an expectation of the programme in year one and year two. Students tell us that placements on labour ward are insufficient to meet the intrapartum proficiencies, or to achieve the required number of births, of which there's guidance of this in the MORA document. Students tell us that final year students take priority over year two students and that final year students are '*shoved into rooms'*. Students also tell us that that students from another AEI take priority.

Whilst many students work with dedicated staff, who students say are good role models and are supportive and objective in their approach to supervision and assessment, this isn't consistent in all placement areas. For example, students report that some midwives in UHNM can be obstructive and openly state that they're unwilling to sign-off proficiencies. Initial placement and interim placement meetings don't happen for all students across all placement areas. Students at UHNM tell us they're not allocated a practice supervisor on a regular basis, may not be on the same shift or not know who they're on with each day. In contrast, students report good supervision in WHT and MCHT labour wards. Students have opportunities to share the status of their proficiencies, such as antenatal care, births and post-natal examinations.

Whilst some students report having effective supervision and assessment, this isn't consistent across all students in all placement areas. Some students have to *'chase'* practice supervisors to get proficiencies signed off and some didn't reply to their emails which students tell us implies that they haven't achieved as expected. Students provide examples of this. Students tell us that the process of undertaking progression reviews between the practice assessor, academic assessor and themselves appears inconsistent with conflicting information being provided over the course of the programme. They've be told this is no longer required and that it doesn't matter if all parties don't attend. Students are unclear as to the correct process and refer to this as a *tripartite* arrangement.

Students also report issues with practice supervisor and practice assessor login access to the e-MORA to sign-off proficiencies, practice experience records and to provide timely feedback on practice.

Evaluative narrative against key risks
Theme five: Curricula and assessment

Risk indicator 5.1 – The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Requirements included– 5.2, 5.7, 5.9
Requirements not included 5.1, 5.3, 5.4, 5.5, 5.6, 5.8, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16
NB: 5.1 – NMC Standards of proficiency

Students tell us that the programme team have made improvements to the curricula considering student feedback. An example includes discontinuing the provision of a joint module with nursing students in year one, as it wasn't always made relevant to midwifery and they were overwhelmed by the number of nursing students. Year two students tell us that they raised an issue about increasing the support for *viva voce* presentation via the student voice mechanisms on the programme and this was effectively addressed by the academic team.

Year three students report that continuity of carer experience is only provided in year three, putting pressure on students to gain sufficient experiences.

Some year three students report midwives and midwifery managers needing more education and training on 'leadership' and people management skills to prepare working with student midwives and managing and leading services. Year three students report that their curriculum includes leadership skills.

Students across the programme raise concerns about meeting specific SPM and programme requirements for example, births, systematic physical examination of the newborn and continuity of carer or caseloading. Students tell us that there doesn't appear to be a system in place to monitor how these are being achieved to provide reassurance to both students and the programme team, and this causes great anxiety predominantly to students in their final year. Students tell us that their placements are at times *'ad-hoc'*, with insufficient exposure to labour ward. Year two students perceive that year three students are given priority and consequently don't receive sufficient experience in year two as there are too many students.

Students have varied understanding of how to make up missed time on placement. Not all possess clarity over ways of achieving this in time to complete their programme. Some students report using independent study days for additional ward shifts.

Meetings with students:	
Student Type	**Number met**
Pre-registration midwifery - 36M (2009 curriculum)	Year one: 0 Year two: 0 Year three:0 Year four: 0
Pre-registration midwifery - 36M (2019 curriculum)	Year one: 30 Year two: 33 Year three: 20 Year four: 0

Meetings with practice representatives	
Senior managers from practice learning partner(s)	N/A
Director of nursing or equivalent	N/A
Director/head of midwifery or equivalent	N/A
Education commissioners or equivalent	N/A
Practice supervisors/practice assessors	N/A
Practice education facilitator(s) or equivalent	N/A
Other:	N/A

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Issue record
Final Report

Author	Nicola Clark Caroline Thomas	Date	29 December 2023
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