

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

Approved education institution	University of Nottingham (UoN)
Programmes monitored	Registered midwife – 36M BSc (Hons) Midwifery
Date of monitoring visit	12-15 December 2023
Lead QA visitor	Patricia Hibberd
Lay visitor(s)	Sifelani Chikunya
Registrant visitor(s)	Sarah Snow Suzanne Crozier
Observer(s)	Ian Felstead-Watts (Mott MacDonald) Sophia Hunt (NMC) Caroline Dobson (NMC)
Practice learning partner organisation visits undertaken during the review	University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) Nottingham University Hospitals NHS Trust (NUH)
Date of report	8 January 2024

**Executive summary**

**Learning culture**

Documentary evidence and meetings with academic staff, students, practice learning partners (PLPs) and people who use services and carers (PUSCs) confirm that there are effective governance structures and processes to monitor and ensure that the learning culture is fair and supports good working relationships between stakeholders. The UoN have a regulatory and governance structure designed to protect the health, safety and wellbeing of staff, students and visitors. Midwifery academic staff have current NMC registration, educational qualifications, enhanced disclosure and barring service (DBS) clearance and complete mandatory training including equality, diversity and inclusion (EDI) and safeguarding. There's an active programme of staff development including opportunities to engage in research and scholarship. Students

confirm that public safety and wellbeing and the values of the NMC Code are introduced at the beginning of and revisited throughout the programme.

Signed agreements with PLPs provide clear requirements for each party to protect student welfare in placements. Students complete appropriate mandatory training, skills preparation and induction to the practice environment, policies and procedures within their allocated practice learning areas. Placements are audited as suitable learning environments every two years, or more frequently where concerns are raised. There are clear processes for students to raise and escalate concerns and evidence of active response and change when a concern is raised. Students know and feel confident to raise a concern.

There are policies in place to support and monitor EDI. The UoN uses data effectively to consider protected characteristics within recruitment data. The school of health sciences (SoHS) are undertaking work to ensure that recruitment materials are fair and avoid unconscious bias or microaggression. Awarding gaps are monitored and demonstrate there's differential attainment noted. Responses to improve this include a project to decolonise the midwifery programme, expanding the student experience team to increase sense of student identity and belonging and embedding additional support for mature students. There's a disability liaison officer who supports students with individual disabilities and learning differences. A research assistant is employed to study other factors which may impact on the attainment of different groups. There are processes for students to apply for consideration of extenuating circumstance in assessment or to interrupt and return to study.

The student experience team support a peer mentor system and students who have accessed this tell us they find it beneficial. PLPs are also enhancing initiatives to help students feel part of the practice team, for example, focusing on students being called by their name. Students tell us they feel supported by practice supervisors and the practice education team. The new practice support teaching assistant (PSTA) role is valued for enhancing the speed of response to student queries and issues in placement. There's greater visibility of university link lecturers (ULLs).

PUSCs are involved in the co-production, delivery, assessment and evaluation of the programme. They tell us there's strategic development and management of their involvement through the SoHS-experienced patient and public involvement community (EPPIC) group and an active strategy to recruit a diverse PUSC population, including people using maternity services. PUSCs are provided with opportunities for preparation, including EDI and debriefing. They provide feedback on students' practice as a basis for student reflection. There's limited evidence of people who use maternity services involvement in programme delivery and evaluation and this is an area of development recommended for future monitoring.

Students experience and value a range of interprofessional learning (IPL) activities in theory and practice. They attend one mandatory IPL session per academic year and can also engage in further IPL activities in the SoHS. Students in practice learning gain

experience of working with a range of professionals including obstetricians, specialist midwives and outreach services.

### **Educational governance and quality**

The UoN is regulated by the Office for Students (OfS). Legal, regulatory, professional and educational requirements are communicated via the UoN quality manual through academic regulations and undergraduate and examination board governance. There's signed agreed partnerships with NUH, UHDB, Chesterfield Royal Hospital NHS Foundation Trust (CRH) and Sherwood Forest Hospitals NHS Foundation Trust (SFH) to regulate the provision and governance of midwifery student learning across theory and practice.

The approved programme is delivered in 360 credits over three fulltime years. The schedule is arranged in blocks of theory and practice and students are provided with programme details for each year. Student-facing programme documentation communicates the programme requirements with module and other information also provided on the Moodle virtual learning platform. Students receive induction and tell us they feel well prepared for practice learning by the theoretical programme. They're able to meet the Standards of proficiency for midwives (SPM) (NMC, 2019) by the end of the programme, including sufficient experience of care in labour and the required number of births. Student progress and achievement is monitored by practice assessors, academic assessors, personal tutors and overseen by the lead midwife for education (LME) and senior midwifery team. Most students complete the programme in a timely manner. There's an appointed external examiner who reports on the quality of theory and practice learning, including meeting with students and practitioners. The LME is accountable for final confirmation that students have achieved all requirements, following communication with academic assessors and the year three programme leader. Students' self-declaration of health and character is completed prior to uploading midwifery students to the NMC register.

The UoN and PLPs monitor the impact of staffing pressures on student supervision and learning. At UHDB there's been active recruitment of new graduates and internationally trained midwives and subsequent need for their supernumerary practice during induction and preceptorship. Numbers of prepared practice supervisors are therefore lower than in other PLPs but there's an upward trajectory planned in 2024. Students confirm they've practice supervisors allocated and can access the appropriate experiences to meet the SPM. Partnership working with other approved education institutions (AEIs) sharing midwifery placements and with PLPs is ongoing to manage an even distribution of student numbers through midwifery placements where more than one AEI uses the placement. There's evidence the UoN programme schedule for 2024-2025 is amended accordingly.

NUH introduced a new system for allocating students to practice assessors and practice supervisors to provide a clearer plan for all. The PSTA role is now embedded at NUH and becoming embedded at UHDB. Although the impact of the role is under evaluation, the academic team, students, senior PLPs, practice supervisors and

practice assessors confirm it's already having a positive impact on student support. This is through improving access to and use of the electronic midwifery ongoing record of achievement (eMORA) which is hosted on the PebblePad digital platform. They are also positively evaluated for rapidly resolving student queries in practice and for the support provided to practice supervisors.

The roles laid out in the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023) are becoming fully embedded with academic assessors, practice supervisors and practice assessors confirming they've received preparation for the role. Students tell us they experience some inconsistency where the practice supervisor or practice assessor role isn't fully understood but confirm that the enhanced support from midwives working in practice development teams and the PSTA role is improving this. Students, practice assessors and practice supervisors understand and enact the assessment process. There's evidence of observation and other assessment methods used to make judgements about ongoing achievement of the SPM. Observation is undertaken and recorded in the eMORA by practice supervisors to support practice assessor judgement. There's assurance that opportunities for observation of students by practice assessors are available and resourced as required.

### **Student empowerment**

Programme documentation and information provides guidance on the learning opportunities and resources to enable student achievement of the SPM and the professional behaviours of the NMC Code. Students tell us they build knowledge and proficiency appropriate to each year of the programme. There are a variety of learning and teaching strategies used, including clinical skills teaching and simulated practice. There are regular opportunities for debriefing and reflection. There are opportunities for the development of leadership and supervision skills and the programme includes preparation for preceptorship in the final year.

Students are allocated to a range of placements across the East Midlands, with a first base allocated in year one and a second base allocated in years two and three. Local population analysis shows opportunity for students to learn midwifery care for people with diverse needs. Practice assessors and academic assessors are allocated for each year.

Students confirm that constructive feedback is provided throughout the programme in theory and practice to inform their performance and achievement. They tell us their diverse and individual needs are respected in all learning environments. The programme team confirm there's a process for identifying and confirming reasonable adjustments and students are encouraged to share this with practice assessors and practice supervisors. Where students report personal welfare concerns, they tell us they're signposted to support and wellbeing teams within the UoN. There are processes in place to support interruption of studies.

Students are allocated a personal tutor and have regular meetings scheduled through the year. They're encouraged to contact personal tutors with programme or pastoral

queries. Most students tell us that their personal tutors are supportive and respond promptly to queries. A small number of students tell us they find that the speed and quality of the response isn't always consistent between personal tutors. There's evidence that personal tutors are changed where the individual needs of students require this. There's also signposting to programme information and support provided by programme and module leaders, the university website and Moodle. There's pastoral support available, including wellbeing and disability officers and the student experience team. Although there's a range of programme and pastoral support available to students, the consistency of the personal tutor system in managing student queries is recommended as an area for future monitoring.

Students have opportunities to provide feedback throughout their programme. This is through student evaluation of modules (SEM), student evaluation of practice learning (SEPL) and through student representation at staff/student learning community forums (LCF) and the curriculum advisory group (CAG). Students tell us the academic team encourages evaluation, with recent examples of changes made in response to their feedback. Although there's variable engagement with formal module feedback there are means for students to give feedback informally. There's a new director of learning and teaching in post in the SoHS with an objective to enhance student engagement in evaluation and quality processes. The academic team tell us, and students confirm, they're responding to students' feedback for assessment changes; for example, more formative assessment and submission of a small piece of written work in year one. The CAG includes student and PUSC representation and is responsible for regular review of the curriculum.

### **Educators and assessors**

Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced midwives and other academic professionals with necessary expertise for educational and assessor roles. There's a clear process for recruiting and developing midwifery educators who are current registrants with the NMC. Academic staff receive formalised induction and scheduled meetings with the professional lead to support their education development. Staff are supported to gain teaching qualifications. The UoN monitors completion of mandatory training and provides local academic assessor preparation. The SoHS also offers a range of other academic and leadership development opportunities and there's a dedicated staff development fund.

Programme delivery is grounded within EDI principles. The UoN are diversifying the equipment they use so that students can experience simulated learning for people with different skin tones. The UoN are also engaged in decolonising the curriculum. They've modified several of the scenarios and examples they use in their teaching to increase diversity. Practice and academic staff tell us the process for making reasonable adjustments for students is well understood. UoN staff are accessible and respond to requests for support with, for example, failing students. Practice and academic staff confirm awareness of the processes for raising a concern about student behaviour or performance. Students feel well supported in the practice learning environment by

practice supervisors, practice assessors and midwives working in practice education and development teams.

Practice supervisors and practice assessors tell us they communicate with each other and with academic assessors, both at scheduled formative points in the student year and at progression points. They confirm that a range of assessment methods, including observation and discussion, are used and recorded within the eMORA and inform assessment.

Students confirm that the timeliness of documentation completion is improving. Access to the PebblePad platform is improved, however there are still delays with some practice supervisors and practice assessors in signing off aspects of the eMORA on PebblePad. They confirm that the actions in place are improving this. This includes the support provided by UoN PSTAs and the improved ability to raising concerns about documentation completion through use of their quick response (QR) code card link. Practice assessors confirm that they frequently complete the eMORA outside of scheduled practice hours but confirm they can either seek remuneration for this additional work or claim the time back. PLPs confirm they've workload models which include time (headroom) for learning and support. NUH are exploring a cohort model for practice assessors to increase efficiency in allocating time for completion of the assessment process and documentation. There's evidence that actions put in place by the UoN and PLPs are improving the ability of practice assessors and practice supervisors to complete documentation in a timely manner. However, the timely completion of practice assessment documentation is recommended as an area for future monitoring to assure ongoing improvement is being maintained.

### **Curricula and assessment**

The three-year full-time programme comprises a total of 360 academic credits and is delivered as approved, with all levels now in operation. Theory and practice are weighted in an equal balance with 2300 hours in theory and 2300 hours in practice.

The eMORA is mapped to and enables students to record achievement of the SPM. The programme planner shows students complete blocks of theory and practice together with independent study and annual leave. Assessments are balanced during the programme to optimise student workload. For example, no theory-based assessments are submitted during practice placements. Assessment includes a clinical objective structured clinical examination (OSCE), appropriate to the level of training and completion of the eMORA practice document. There's no compensation between theoretical and practice assessments allowed. The assessment schedule is reviewed and approved annually to establish fair workload and in response to student evaluation. There's a moderation policy and processes to ensure marking is equitable, and appointment of an external examiner to review benchmark standards and quality. 82 percent of midwifery students achieved a good degree outcome in 2022 (upper second classification and above). The LME confirms that students have completed the hours requirements of the programme including students who have had a break in study. Practice supervisors and practice assessors are confident that successful UoN

midwifery students are ready for entry to the register on completion and employers tell us they're eager to recruit them.

The curriculum is mapped to the key Care Quality Commission (CQC) findings to ensure that areas of care quality improvement are covered in curriculum content. An optional module in year three allows students to develop further expertise in areas such as leadership or maternal ill health and emergencies. A CAG is formed to review and co-produce ongoing improvements and changes to the programme. Representation includes a range of service providers including the regional clinical lead midwife, directors and heads of midwifery (DoMs and HoMs) from PLPs, practice education midwives, practice learning support midwives, the midwifery academic team, student midwives and PUSCs. There's academic staff commitment to research and evidence-based practice which is shared with PLPs and used to inform aspects of the curriculum. The programme is led by an experienced LME and a programme leader and professional lead who are also experienced midwifery educators. Together they're accountable to the SoHS education and student experience (ESE) board and the NMC for ensuring that the programme continues to meet UoN and NMC requirements. The academic team and LME confirm the curriculum reflects contemporary midwifery practice and the wider health and social care agenda. There's evidence of compliance with annual programme monitoring requirements and the NMC annual self-report (ASR) process.

<b>Standards framework for nursing and midwifery education (SFNME) (NMC 2018, updated 2023)</b>		
<b>Theme</b>	<b>Risk Indicator</b>	<b>Outcome</b>
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.	Standard 1.1 is met
	1.2 The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.	Standard 1.2 is met
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.	Standard 2.1 is met
	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.	Standard 2.2 is met
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).	Standard 3.1 is met
	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.	Standard 3.2 is met

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.	Standard 4.1 is met
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.	Standard 5.1 is met

<b>Standard met</b>	<b>Standard not met</b>
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## 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 United Kingdom (UK) and nursing associates (NAs) 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 NAs 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, PUSCs and the public have a clear understanding of what nurses, midwives and NAs 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 NAs 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 PLPs, employer partners (EPs) in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that 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 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, NAs, students, PUSCs and educators in its processes.

The NMC may conduct a monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery and/or NA 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 decide if the NMC Standards are met on the following basis:

**Met:** Triangulated evidence demonstrates that the AEI in collaboration with their PLPs/EPs is meeting the NMC requirements underpinning the Standard and has effective risk management strategies in place to maintain compliance.

**Not met:** Evidence does not provide assurance that the AEI in collaboration with their PLPs/EPs is meeting all the NMC requirements within the standard. Action is required to ensure the standard is met and can be continuously monitored.

**It's important to note that the outcome awarded for each standard is determined by the lowest level of control within the identified requirements. The outcome doesn't reflect a balance of achievement across the requirements.**

When a standard isn't met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant PLPs/EPs. 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 the UoN**

In July 2022, the NMC undertook an extraordinary review visit to the UoN to seek assurance in relation to the delivery of the approved pre-registration midwifery programme. The focus of the visit was directly related to the critical concerns raised about student experience, support and learning opportunities within NUH. The NMC must be assured that all approved programmes enable students to meet their

programme standards and can demonstrate safe, kind and effective care in order to join the NMC register.

This extraordinary review of midwifery education was undertaken by the NMC with full regard for the emerging context of the nationally commissioned independent maternity review of NUH, led by the independent chair, Donna Ockenden. In July 2021, the CQC rated the maternity service within NUH as inadequate and served the trust with a warning notice under section 29A of the Health and Social Care Act 2008.

The extraordinary review team were assured that three out of five key risk areas were met, however, the visit team could not be assured that all key risk indicators in relation to effective practice supervisor and practice assessor resources in practice learning are successfully managed in partnership. Visitors found that students were often unable to have practice supervisors and practice assessors complete practice assessment documentation in a timely way due to service demands, insufficient time and challenges in accessing and understanding the use of software.

The visit team found they couldn't be assured that all key risk indicators in relation to education governance and student feedback are successfully managed by the SoHS. Visitors found that students were disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions taken following their feedback. Following this extraordinary review, the UoN were required to produce an action plan to immediately address the concerns identified. Progress against this action plan was closely monitored by the NMC.

On the 9 March 2023, the NMC undertook a listening event at the UoN to gather feedback from students and practice learning partners regarding whether progress and improvement was being made as a result of the agreed action plan.

At the listening event, feedback indicated that staffing levels remain a challenge for supporting students in the practice learning environment. Students also felt that they are yet to feel the benefits of allocated time model and additional education support staff. Students reported there were often gaps between verbal and written feedback. It was also noted that protected learning time across all PLPs varied, but there are plans to implement a consistent approach. Overall feedback from PLP representatives indicated they felt listened to by the UoN, but the UoN could also be more supportive when concerns about students were raised. On this basis, the NMC QA board made the decision to undertake a follow up monitoring visit in December 2023.

The NMC provided the UoN with the intended focus of the monitoring visit and a targeted review plan was shared with the AEI. The monitoring review plan identifies the areas for review under the five key risk themes of the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018 updated 2023) which are reviewed across academic and practice settings:

- Learning culture
- Educational governance and quality

- Student empowerment
- Educators and assessors
- Curricula and assessment

The review plan indicates specific areas that QA visitors will scrutinise and triangulate evidence from findings during the visit (SFNME requirements highlighted in red in this report will not form part of the focus of this visit as they're not applicable to the midwifery programme at the time of the monitoring visit).

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

### Introduction to AEI's programmes

The UoN is an established AEI. They're approved to deliver programmes leading to eligibility for registration as a nurse (adult, children's, learning disabilities and mental health) or midwife. The UoN also offer an independent and supplementary nurse prescribing (V300) programme. Programmes are situated in the SoHS (1, 10).

The focus of the education monitoring visit is the pre-registration midwifery long programme. The programme comprises the Bachelor of Science with honours (BSc (Hons) midwifery, in approval since 17 June 2021 under the Standards for pre-registration midwifery programmes (SPMP) (NMC 2019, updated 2023) and the SPM. The programme commenced in September 2021 and is delivered by the UoN within the Queens Medical Centre (QMC). All years of the programme are in delivery. Overall, there are currently 159 students on the programme, including six students who have interrupted their studies. The attrition rate is currently between 13.9 and 15.9 percent (1, 3, 5, 158).

Practice learning for the pre-registration midwifery programme is undertaken with PLPs over a geographical area including Nottinghamshire, East Staffordshire and Derbyshire. The four PLPs comprise NUH, UHDB, CRH and SFH. NUH and UHDB are the larger placement providers for the midwifery programme. All students are allocated to a home placement. They complete away placements in year one of the programme and home placements in years two and three (4, 6, 22, 30).

The NMC require assurance that their standards are met and confirm that an education monitoring visit is required. The education monitoring review plan is provided in line with the SFNME. Practice visits are conducted in NUH (QMC and Nottingham City Hospital (NCH) and UHDB (Royal Derby Hospital (RDH) and Queens Hospital, Burton (QHB)). Year one and three students are currently undertaking practice placements, with year two students in a university study week. All PLPs are included in the visit meetings (1-2, 6-8, 154).

The education monitoring visit is conducted on 12-15 December 2023 (8).

### Relevant issues from external quality assurance reports

CQC reports are reviewed for the four PLPs (13-23).

NUH is inspected on 25-26 April 2023 with maternity services upwardly graded as 'requires improvement' from a previous 'inadequate' rating. The report indicates there's an 'improving culture of high-quality sustainable care'. Governance processes are improving but not all risks are managed and mitigated effectively. The trust isn't always compliant with the regulatory duty of candour (13-14).

UHDB was last inspected on 15, 16, 22 and 23 August 2023 at RDH and QHB. Maternity services are rated as inadequate. The inspection is focused on the indicators safe and well led. The CQC impose urgent conditions under section 31 of the health and social care act (2008) on the registration of maternity services at RDH. There's also a section 29A warning notice in place. Key issues include maternity risk assessment and triage, foetal monitoring and management of post-partum haemorrhage. Insufficient midwifery staffing levels are reported on both sites. The completion of annual appraisal and mandatory training is also indicated for improvement. Insufficient leadership capacity is reported. The UoN have completed two exceptional reports for UHDB and have indicated that all risks are in mitigation (15-16).

Kingsmill Hospital (KH) and CRH receive overall judgements of good for maternity services (21, 23).

Other PLP CQC reports receive an overall judgement of good or requires improvement. No other CQC reports reviewed report specifically on maternity services (17-20, 22).

### Follow up on recommendations from approval and/or modification visits within the last year

There are no approval or modification visits completed within the last year for the midwifery programme at the UoN (1, 10-11).

There are no conditions and one recommendation from the original midwifery approval visit undertaken in 2021:

*The programme team, together with PLPs, should consider strategies for ongoing enhancement and innovation that support resources for effective practice learning environments and placement capacity. (SSSA R1.4) (NMC and university recommendation)*

The recommendation is made as PLPs identify an increase in midwifery student numbers in placement areas but confirm there's ongoing co-ordination to support this (4).

Findings of the extraordinary review in July 2022 demonstrate that PLPs and the SoHS have resources in place to provide training and support for practice assessors and practice supervisors. However, practice supervisors and practice assessors aren't completing documentation in a timely way due to service demands, insufficient time and challenges in accessing the electronic platform for practice assessment documentation – PebblePad (6).

The extraordinary review action plan includes measures to improve student and practice assessor readiness for assessment, including access to and the use of PebblePad. This includes recruitment of six full time equivalent (FTE) posts (the PSTAs) to support students, firstly at NUH and then across all PLPs. Recruitment of PSTA roles commenced on 1 December 2022. NUH introduce a supernumerary shift for practice assessors at the point of completing three assessments and an escalation process for students encountering difficulties in completion of practice assessment is put in place. The impact of the role isn't yet visible at the time of the listening event. The education monitoring visit includes evaluation of the progress being made to support practice assessors and practice supervisors and students to ensure timely achievement of practice assessment and practice supervision (1-2, 7, 9).

#### Specific issues to follow up from AEI self-report

The UoN completed ASRs in 2020-2021 and 2021-2022, with the most recent report completed on 22 December 2022. The 2020-2021 ASR includes detailed reporting and mitigation in response to the CQC report at NUH. These actions and mitigations are subsequently evaluated through the NMC extraordinary review with two key risks not met. The 2021-2022 ASR reports on further listening events conducted by Health Education England (HEE) (now NHS England Workforce, Training and Education (NHSE WTE) and meetings to develop and agree the extraordinary review action plan with NUH. The NMC listening event isn't included in the ASRs as this is held after the last date of reporting (6, 9-11).

In the 2020-2021 ASR the UoN report processes for monitoring the quality of student learning (all programmes). This includes student evaluation of modules which are collated in the course annual report, national student survey (NSS) and the student LCF. Issues are presented at the bi-weekly team meeting with discussion of steps to resolve the issue. PLP feedback is achieved through SEPL and bi-monthly strategic meetings with practice leads within PLPs. PLPs also provide feedback through the SoHS practice learning committee. Practice placements have two yearly educational audits. Quality issues raised, for example, a CQC outcome of 'requires improvement' or 'inadequate' will require an audit to be reviewed more frequently. However, findings of the extraordinary review and the listening event demonstrate that students are disengaging from evaluation processes and feel that their evaluations aren't acted upon by the SoHS. Evaluating the effectiveness of the SoHS processes for engaging and monitoring the quality of student learning and feedback is therefore a line of enquiry within the education monitoring visit (7, 9-10, 193).

In the 2021-2022 ASR the SoHS report two issues raised by midwifery students and responding interventions. The first of these is the students request for increased sense of belonging within the wider university and their identity as student midwives. Lanyards are printed with student midwife added and name badges adjusted to correspond with those in PLPs. The other issue reported is the impact of cost of living and a range of facilities and resources that the UoN have made available to students (11).

The ASR for 2021-2022 confirms that the final January cohort of student midwives is concluding in January 2023. There's now one cohort commencing in September annually (11).

The report highlights evidence that the UoN monitors data relating to differential attainment, finding that midwifery students from minority groups are less likely to achieve a good degree. The UoN requires the SoHS to produce an enhancement plan to reduce the awarding gap and improve continuation where problem areas are identified in the data. The plan is updated three times a year and subject to annual review by the faculty of medicine and health sciences (the faculty). The SoHS have appointed a research assistant to interrogate the data and gather further data about differential attainment and student experience. Students are signposted to study skills resources and support sessions. A full report is provided to the ESE board by September 2023. This report is provided as part of additional evidence at the monitoring initial visit (11, 104, 155).

The engagement of PUSCs is reported as part of ASR thematic questions in 2020-2021 and 2021-2022. The SoHS has a public engagement and advisory group which meets bi-monthly. The public engagement committee reports into the people strategy board. Examples of PUSC engagement in the midwifery programme includes four pieces of feedback within the practice portfolio. There's also involvement in recruitment and selection. PUSCs are drawn from the faculty's EPPIC group and there's ongoing work to increase diversity. They're working with a number of external groups to increase this further. The midwifery admissions tutor has recruited eight PUSCs to enhance diversity within the group. Their role includes reviewing the midwifery web pages, the personal statement score system, interview questions and marking guide. Three PUSCs took part in the recruitment interviews. The role of PUSCs in the co-production, delivery and evaluation of the midwifery programme isn't included in the ASRs. This will be reviewed at the monitoring visit (10-11).

The NMC receive a total of seven exceptional reports from the UoN between 13 October 2021 and 27 March 2023:

On 13 October 2021 the UoN submit an exceptional report following the publication of the NUH CQC report where the question 'Are services well-led?' was rated 'inadequate'. The UoN identify a risk to patient safety in respect of safe staffing and backlog of incidents and set out actions taken to address the risks and support students and learning (1).

On 19 October 2022, the UoN report on an emergency relating to inconsistent student supervision and support, specifically on nightshifts on the labour ward at NUH QMC. A temporary measure in partnership with the trust was taken to remove midwifery students from nightshift. Students later returned to nightshifts following agreement that permanent staff would take responsibility for supporting students when in placement (1, 84).

On 27 February 2023, the UoN report a maternal death in community. No UoN students are involved in their care (1).

On 1 March 2023, the UoN report on the healthcare safety investigation branch (HSIB) thematic review of the maternity services at UHDB. They provide planned mitigation to address the risks and assure that the risks raised don't impact on their ability to comply with the NMC standards (1).

On 8 March 2023, the UoN report an unexpected maternal death three weeks postnatally in the patient's home. No UoN students are involved in their care (1).

On 11 September 2023, the UoN submit a report following the announcement of a police inquiry into deaths at NUH. They set out actions to address the issues affecting students. The report also includes information of the maternity services insight visit conducted by the integrated care board (ICB) in July 2023. The visit concludes that NUH fully meet the Ockendon seven immediate and essential actions. The UoN identify this as a positive outcome demonstrating safe patient care (1).

On 27 September 2023, the UoN report UHDB is under increased media scrutiny, with a CQC inspection and a maternity safety support programme. The SoHS are speaking to students and monitoring the situation, but don't consider that the risk impacts on their ability to comply with the NMC standards (1).

### Summary of feedback from groups involved in the review

#### Academic team

The senior UoN team confirm their commitment to ensuring sufficient academic resources to support the programme. The Head of School (HoS) leads a governance framework with three pillars of work overseen by respective boards. The SoHS people board has accountability and oversight for staffing and wellbeing. There's been active recruitment to the programme and wider support team, with a current staff: student ratio of one academic team member to nine midwifery students. The workload model balances commitments to teaching, research and professional citizenship. The balance depends on the nature of the team members role. Staffing is monitored through workload analysis and when gaps in the team are recognised a case for a new post is made. The expertise of the team is considered and posts are aimed at filling gaps. Most of the teaching team are NMC midwifery registrants, supported by other academics with specific expertise, for example in physiology. Staff are supported to gain an educational qualification. Staff receive a detailed induction and mentorship,

with mandatory training including EDI and safeguarding. There's a process for preparing and mentoring new academic assessors. There are opportunities offered for academic development and promotion including time for scholarly activity, access to Advance higher education (HE) fellowship awards, doctoral award completion, together with internal UoN awards and leadership programmes (145, 158-159).

Two further pillars of work complete the governance structure; these are governed by the ESE board and the research and knowledge exchange board. The ESE board has oversight and accountability for student experience including the receipt of action logs from midwifery course committees and LCFs. There's faculty representation on this board. The senior midwifery team comprises the LME together with the midwifery programme and professional leads. The LME tells us they're supported within the SoHS, working within the pillars and reporting to the HoS through the governance structure. The programme team confirm they're well prepared and resourced to facilitate and support students on the programme, are enabled to engage in research and scholarly activity and to be innovative in learning and teaching. They give the example of using new assessment approaches such as the introduction of the debate in the final year of the programme. They confirm midwifery staff are allocated and prepared as academic assessors and fulfil the requirements of the SSSA. All the midwifery team are personal tutors (150-152, 158-159, 161, 163).

Senior UoN representatives and the LME describe strategies they've introduced for enhancing the learning culture, quality and student voice. There's a process of continual curricular improvement which includes SEM and the student learning community (staff student forum), the CAG and validation and review process. They confirm that the 2023 NSS results contribute to and are enacted through the SoHS NSS action plan, with the results for midwifery comparable to wider UoN results. The programme team tell us that values and the expectations of the NMC Code are embedded from the outset of the programme. The first module sets the scene for compassionate and accountable midwifery practice (39, 157-159, 161, 163).

They've recruited a student experience team to enhance the opportunities for engagement with students. This includes a Friday round up newsletter, developing a student room and student kitchen and organization of the peer mentor scheme. There's a dedicated student counsellor and specific support for mature students. They've developed a 'tell us now' process which uses a QR code to enhance the instant capture of student feedback. They give an example of how they've recently changed the format of an assessment during a module run in response to student feedback. They tell us assessment is balanced throughout the programme to avoid excessive student workload, for example there are no theory-based assessments submitted during a period of practice learning. The removal of grading from midwifery practice assessment is leading to a reduction in the number of first-class honours degrees awarded, with the full range of awards now comparable with the wider UoN profile. There's an active focus on reducing the awarding gap across the SoHS. The midwifery programme team tell us of work undertaken to decolonise the curriculum (157-159, 161, 163).

The programme team tell us PUSCs are involved in recruitment interviews. They've recently increased the diversity of the PUSC group and they've been involved in reviewing questions and the website content. There's PUSC involvement in learning and teaching with a session in level six detailed. PUSC stories and experiences are also part of digital resources for students. PUSCs are asked to give feedback on their experience of student performance in practice and this is recorded in their eMORA. PUSCs are engaged in co-production as part of a forthcoming curriculum review group (161).

Senior UoN representatives and the programme team tell us there are effective partnerships in place with all midwifery PLPs and partnership working is described as positive and constructive at all levels. The senior team tell us that a project focused on improving the placement allocation process is showing reductions in the number of placement changes for students following initial allocation. The programme team tell us that working with each PLP provides diverse placement areas with opportunities for students to experience different organisational cultures and models of care. Students undertake placements in an away placement in the first year and a home placement in years two and three. They confirm effective collaborative working is in place with all PLPs to manage the different challenges and mitigate risks to student learning. Examples include working with PLPs to gain better access for ULLs and working with other AEIs and PLPs in the dynamic and responsive management of placement capacity where there are staffing challenges. This includes active measures to reduce the UoN demand on placement capacity through current recruitment of smaller midwifery cohorts (158-159, 161).

The senior UoN and programme team confirm that NUH and UHDB are benefiting from the introduction of ten PSTAs who are based in practice learning environments and are integrating well with existing clinical education teams and ULLs to provide additional support. They've been integrated at NUH since February 2023 and subsequently introduced to working in UHDB. The role is now commencing at SFH and discussions are ongoing about introducing it at CRH. This role is undergoing evaluation and initial findings demonstrate a positive impact, including enhanced student welfare and a rapid response to student concerns and issues which are resolved more quickly. For example, rapidly resolving issues in access to and use of the eMORA on the PebblePad digital platform. PSTAs are from a variety of clinical nursing and midwifery backgrounds and are valued for the range of experience and perspectives this brings to the role. The UoN are working to increase the visibility of ULLs including creation of posters for placement areas (95, 159, 161).

The programme team tell us of the process for SEPL. SEPL is completed at the end of each placement and is monitored by ULLs. The process includes identifying and following up on any student's concern about practice. A summary is produced on a six-monthly basis and feedback given to the practice learning environment. This includes providing positive feedback to practice supervisors and practice assessors where individuals are highlighted by students. SEPL outcomes contribute to the two-yearly review of practice learning environments through educational audit (159, 161).

## **Partnership working:**

### **Practice supervisors/practice assessors**

Practice supervisors, practice assessors and midwives working in practice learning and development teams describe effective and mutually beneficial partnership working with the UoN. This includes contribution to student interviews and practice induction days for students run in conjunction with ULLs. They tell us their relationship with the UoN is positive, with responsive communication about concerns. They confirm that ULLs are present and visible in placement areas. They tell us they're appropriately prepared for and able to describe their role. They're well supported by practice development midwives with one-to-one support where required. Practice assessors are clear about their responsibility to assess their student over the year with a clear timeline for formative and summative assessment. They're allocated students on the off duty and confirm the process for raising concerns about student behaviour and performance (168-169, 172-178, 180 -181).

Practice assessors across all PLPs confirm they're supported to periodically observe students if required, for example when concerns about a student's progress and achievement are raised. One practice assessor describes indirect observation of a student working with their practice supervisor on the ward. Another describes a team review approach with the support of midwives from the practice learning and development team. Practice assessors across all PLPs confirm they've sufficient, evidence-based information to objectively and accurately assess that a student has progressed and meets the SPM, including where concerns have been raised (168-169, 182).

Practice supervisors and practice assessors working on delivery suite and the birth centre at UHDB acknowledge that the current high volume of new staff requiring supernumerary practise, including internationally trained midwives and preceptees is challenging for midwifery students. However, they tell us that midwifery students always take priority in the care of women anticipating a spontaneous birth and that the current staffing situation is temporary and will resolve. Although most practice supervisors and practice assessors confirm that the use of PebblePad is improved since the listening event, there remain some challenges at UHDB because students they host from other AEs utilise different e-platforms which creates some confusion. However, they value the introduction of PSTAs in supporting practice supervisors and practice assessors in their use of PebblePad and are actively recruiting 'retire and return' midwives to support both students and staff in the practice learning environment. Where the role of the PSTAs is more embedded, practice assessors and practice supervisors describe this as an excellent initiative which has clear benefits to students and themselves. Examples include meeting with students to monitor and support ongoing achievement in the number of births and supporting practice supervisors with the use of PebblePad (163, 168-169, 172-181).

Practice supervisors and practice assessors tell us they frequently complete practice assessment documentation in their own time, although they can seek remuneration for

this additional work or claim the time back. NUH tell us they're exploring a cohort model for practice assessors to enable allocation of time for completion of practice assessment documentation and student reviews. A midwife working in the practice learning and development team is recruited specifically to support community midwife practice assessors. UHDB tell us PSTAs are very helpful in supporting students, practice supervisors and practice assessors to complete timely assessment of practice (168-169).

All practice supervisors and practice assessors confirm they see students' placement evaluations and share positive feedback across teams, including where specific practice supervisors and practice assessors are celebrated by students. Where feedback is less positive, this is taken forward by midwives working in practice learning and development teams who formulate action plans in conjunction with placement areas and these are subsequently evaluated (168-169).

### **Employers and senior PLP representatives**

Senior PLP representatives confirm effective partnership working with the UoN and with each other. There are regular meetings at senior strategic level between the UoN and trust chief executives. The HoS meets monthly with chief nurses. Signed partnership agreements are confirmed and in place. They confirm effective working relationships are established between the UoN and all PLPs. This includes monthly meetings with NUH to provide mutual updates and monitor progress with action plans. They confirm SEPL is collated for all PLPs and a six-monthly report is provided for clinical areas. There's a system in place to identify and note good practice from practice assessors and practice supervisors, with student evaluations communicated both to staff in clinical areas and to senior nurses and midwives (30, 160).

PLPs confirm that students are more confident to raise concerns and engage in feedback processes. When issues are raised or a critical incident occurs students are offered the same support as staff, including access to a professional midwifery advocate (PMA). They confirm that a log of student concerns is kept and responded to when these are raised. An example given by NUH is the development of a standard operating procedure (SOP) to ensure that students are always allocated to a named practice supervisor on the off duty. This was developed in response to a student raising a concern and is reviewed annually to include changes in response to feedback and evaluation. There's a formal process in place to notify the UoN if students are involved in a clinical incident and students are offered support along with other members of the clinical team (160, 180).

The integrated care system (ICS) is currently focused on placement capacity across the system, with all AEI midwifery programme providers and PLPs involved. Senior representatives from UHDB give examples of on the day resolution to mitigate risk if there are sudden staff shortages leading to placement capacity issues. For example, students following their practice supervisor if they're reassigned to another clinical area for a shift. The director of midwifery (DoM) also meets with the LME monthly to share current issues. They confirm meetings with UHDB are currently increased to weekly to

manage risks related to their recent CQC report. Furthermore, student monthly meetings are being held to ensure they're updated and included in ongoing actions (160).

Senior PLPs confirm that practice assessors and practice supervisors are prepared and updated. At NUH 95 percent of midwives are either prepared as practice assessors and/or practice supervisors with preparation integrated into the preceptorship process. Around 89 percent of staff are SSSA prepared in CRH and SFH. UHDB tell us that their rate is currently lower at 66.7 percent but confirm there's a trajectory to have 80 percent of all midwives SSSA prepared during 2024. They tell us they've recently recruited a cohort of internationally trained midwives and newly qualified midwifery preceptees also requiring supernumerary practice. However, they provide assurance that student learning and assessment is prioritised and confirm ongoing capacity for UoN midwifery students. Mandatory training rates are monitored by PLPs, with UHDB confirming that rates of completion are regularly reported to the executive board to monitor and ensure national compliance (160).

Senior PLP representatives confirm that facilitating student learning and assessment is considered part of the midwives' workload. This may be considered within individual work allocation (headroom) or offering additional payment, particularly when there are current vacancies in staffing. NUH are working towards a process where they allocate protected time to practice assessors using a ratio of three students to one practice assessor within their workload analysis (160).

Employers confirm that students are prepared for placement and are ready for employment on graduation. PLPs enable induction for all students and new employees and this includes information on raising concerns including freedom to speak up guardians. All PLPs have an established preceptorship process for newly qualified midwives. There's shared recognition of the need to recruit and support a diverse workforce, with NUH appointing a consultant midwife for health inequalities and a matron with responsibility for inclusivity. Both the UoN and NUH tell us they're ensuring that language used is inclusive and support the curriculum review to ensure EDI is embedded through recruitment processes and the curriculum. There are opportunities for student IPL with obstetricians and anaesthetists and students are included in reflective and debriefing activities such as Schwartz rounds (160).

## **Students**

Year one students tell us about admission to the programme. They're interviewed and complete DBS and occupational health processes. Students tell us their interview panel includes two people, including academic staff. Some students confirm that PUSCs were involved in their interview. Students describe the first term as intense but are finding the programme is good and it is going well. They're provided with the timetable for the year and feel prepared for their first placement having completed two theoretical modules, clinical skills teaching including moving and handling, and other mandatory training. Some of this is completed online and students tell us that although they weren't initially clear about what's expected, academic staff were responsive to

their feedback and immediately gave clearer guidance to resolve the issue. They know their away and home placement organisations for the whole programme. They're introduced to the support provided by the UoN, including support for mature students and students needing reasonable adjustments in theory and practice (166-167).

Level five and six students tell us that the programme increases in complexity with increasing expectations of knowledge and competence. Level six students confirm that they feel a step-change in their academic and professional progression from year one to two to three as they gain more knowledge and experience. Students we meet tell us examples of what they've learnt so far in theory and in practice about the relationship between patient safety and the voice of maternity service users. Students tell us they're taught about the NMC Code, professionalism and compassionate care at the start of and throughout the programme. They confirm concepts of accountability and scope of competence is reinforced throughout each year of the programme. IPL is developed through a mandatory IPL day in each year of the programme. There are also ad hoc opportunities for IPL provided in practice. Students know who the external examiner is and know when their work is moderated (162, 164-165).

Students confirm the process for module evaluation and tell us there's encouragement from academic staff to complete this. They feel that student engagement in evaluation is improving and they're receiving feedback on changes made as a result of module evaluation. Level five students give an example of changes to assessment made because of module evaluation. Students confirm that modules have a verbal evaluation and a link provided for the written evaluation. Some students tell us they receive the link to complete the evaluation and although they're encouraged, don't always complete this once they've given verbal feedback. There's a student representative system in place. The UoN provides preparation for student representatives and the representatives we speak to confirm there's a midwifery LCF where they meet with members of the programme team to discuss issues raised by each cohort. They report they're able to raise issues and give feedback to their cohort face to face and online through Moodle. Student representatives recognise that not all students provide feedback through this system but can raise their feedback through other means (162, 164-167).

All students confirm they've an allocated personal tutor with scheduled meetings during the year. Students confirm they're able to contact them and most students find their personal tutor approachable and responsive. Students tell us there are clear ways of escalating their issues and concerns including through their personal tutor, student representative system and using the new QR code. Students give examples of where issues are raised with personal tutors and how these are managed and acted upon effectively. They give us examples of how personal tutors are helpful in signposting or referring students for disability assessment or other UoN support services. A small number of students tell us they would like greater consistency between personal tutors, identifying that there can be differences in the level and timeliness of support offered. This is identified as an area for future monitoring. Students confirm there's a process for swapping placement allocation with another student where this is compatible with individual student learning needs. A small number of students identify their concern

about travel to placement when placements are far away or in unsocial hours if public transport isn't available. The UoN publish information to students applying for accommodation where a student's travel to placement requires extended travel. Students can also apply for permission to book taxis when public transport isn't available (162, 164-167, 177, 179, 181, 187).

Students confirm they're allocated a practice assessor for each year of the programme and that scheduled meetings with practice assessors take place throughout the year. They're allocated practice supervisors on placements. Practice supervisors normally expect students when they start placements. Students follow practice supervisors where there are any day-by-day changes to work allocation. Level four students aren't introduced to the eMORA yet as they're on an observational placement. They record observational experiences via a paper record. Level five and six students confirm that, although there are still challenges in getting the eMORA completed, practice assessor and practice supervisor access to and completion of the eMORA via PebblePad is improving overall. They tell us the introduction of the PSTA role is supporting improvement through greater responsiveness and timeliness in resolving access and completion issues as they occur in practice (162, 164-167).

Students confirm that informed consent is always gathered. They confirm the support they get from practice supervisors in gathering consent from PUSCs during practice learning. They also tell us how informed consent is taught in theory learning including scenarios in class to model obtaining consent. Placement learning preparation sessions are offered to students by SoHS staff; these induction sessions also cover aspects of informed consent. They tell us how they're supported in practice learning where consent isn't given or withdrawn. An example was a mother who didn't want students involved in their care. The student tells us they understood the need to remain professional and not to take this personally. Students tell us of opportunities to gather feedback from people who use maternity service users and how they reflect on it. They tell us, self-reflection and prioritising the wellbeing of people is at the centre of what they learn and do (162, 164-167, 174, 177, 179, 181).

Students tell us that they know and understand the formal procedures for reporting and escalating concerns about poor or unsatisfactory care. They're acutely aware that this is an important part of their role and are encouraged and well-supported to do so. Students tell us that they use cards with QR codes, which they all wear on their lanyards in case they need information to raise or escalate any concerns. Students tell us they're aware of the processes for raising complaints relating to behaviour either about and/or from students which may affect the well-being of people. Students cite examples of how such processes have been used by other students and how these were communicated to student cohorts by UoN staff. Overall, students we meet confirm that they're confident that complaints are thoroughly investigated and dealt with by the UoN. Some students tell us of their pride in being UoN midwifery students (162, 164-167, 172, 177, 181).

### **People who use services and carers**

PUSCs tell us they're recruited through a variety of sources. Examples include through an advert in a general practice surgery, through online recruitment, through case-holding experience and clinical networks. They feel an integral part of the UoN, are valued, listened to and can choose which activities they're involved in including recruitment, delivery, assessment and evaluation. They form part of the EPPIC group and are involved in medical, nursing and allied health as well as midwifery programmes. They tell us that the number of people engaged in the EPPIC group is increasing and that there's a focus on increasing the diversity of the group. PUSCs confirm there's a firm commitment to PUSC engagement in midwifery and ongoing activity to increase the number and diversity of the people who use maternity services. PUSCs draw on their recent experience as grandparents, for example being a birthing partner for their daughter, as well as drawing on their own prior experience of maternity services. They've been able to use this experience to inform their contribution to the midwifery programme (169-170).

One PUSC we speak to confirms that they've been involved in midwifery student recruitment. They tell us that those involved in recruitment are prepared and supported to undertake the role. This includes EDI preparation. They receive documentation and questions prior to undertaking interviews. Interviews are through remote means since the pandemic. Two PUSCs tell us of their involvement in learning and teaching, one facilitates a session for students in level six and the other acts as a maternity service user during a simulation. Both feel well supported by the programme team, with good preparation prior to sessions and debriefing and feedback following sessions. The PUSC involved in simulation role play tells us they're able to provide feedback to students as part of debriefing. They're impressed with the organisation and support provided by the UoN in all activities (170-171).

One PUSC we speak to was involved in the co-production of the curriculum following a recent maternity experience. This comprised an initial meeting where the programme was discussed and PUSCs were able to give their priorities. Follow up meetings were held to provide feedback and discuss how PUSC priorities were being embedded. They've not been involved since due to other commitments but found the UoN very responsive to their contribution to developing the programme. They found it a positive experience and would consider being involved again once they've more time (183, 188, 190).

A PUSC tells us they've been part of a student's case holding experience. They confirm the student came to antenatal clinic appointments, the birth of their baby and all post-partum visits. They found this a positive experience and were impressed with the level of knowledge and expertise held by the student. There was clear informed consent gained before the student was involved in their care. This included written information and an explanation to inform their decision making. The student was always supervised by a qualified midwife and there was a positive experience of continuity throughout (171, 189).

We're able to meet with one PUSC in the practice learning environment. They tell us they've experience of being cared for by a student midwife and finds this a positive

experience. They confirm that they're always asked for consent prior to student involvement in their care (176).

### Summary of areas for future monitoring

- The engagement of PUSCs in the delivery and evaluation of the midwifery programme. (SFNME R1.12)
- The personal tutor system and consistency in the effective management of student concerns. (SFNME R3.14)
- The timely completion of students practice assessment documentation through PebblePad. (SFNME R4.4)

### Findings against themes

#### 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, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9**  
**NB: 1.2 – The Code (NMC, 2018)**

#### What we found before the review

The UoN have an institutional health and safety policy. The policy sets out the health and safety management policy framework and structure. Roles and responsibilities of individuals are embedded in the health and safety management framework. This includes all staff, students and visitors to the premises. Under this policy, the SoHS is responsible for implementing local safety management arrangements and for assessing and managing risk at a local level. There's a webpage for students to report health or safety incidents. There's a safeguarding policy and procedure which includes children and adults at risk. This includes a policy for safeguarding students under the age of 18 years. The UoN has a designated safeguarding lead responsible for receiving all safeguarding risks. There are safeguarding training requirements for staff. There's evidence that academic staff also complete mandatory training in health and safety, fire safety, online safety and EDI and this is logged and monitored (24-28).

Signed practice partnership agreements provide PLPs with contractual responsibility for the health and safety of students in placements including support for reasonable adjustments. This includes access to resources, governance and risk policies, risk assessment, accident and incident reporting. There's responsibility for appropriate induction to placement areas (30).

Practice partnership agreements identify that the UoN are responsible for ensuring that students are appropriately prepared for placement including informing students of their individual obligations to comply with the health and safety policies in placements. Completion of DBS and occupational health clearance prior to placement learning is required. Preparation for placement includes the ability to carry out moving and handling tasks. The eMORA records health and safety induction on the first day of each placement. This is signed by the member of practice staff responsible for placement induction. Students' complete health and safety mandatory training through certificated online learning. Occupational health clearance, moving and handling and other mandatory training prior to placement is also needed (24, 30-32, 68).

Students are introduced to the NMC Code in a year one module and this is revisited throughout the programme. There's an example of an online reusable learning resource where students are encouraged to reflect on the NMC Code and professional conduct. Reflection in and on practice is embedded in the aims and the outcomes of the approved programme with self-reflection activities included throughout the theoretical and practice elements. There's evidence of a teaching session where informed consent is introduced to students. There's a UoN fitness to practise process. Student's commitment to the NMC Code is monitored and assessed through the eMORA (24, 31, 33, 39).

UoN staff gain a postgraduate teaching qualification to support reflective learning and practice. They've processes in place to record and monitor NMC registration and revalidation of midwifery educators and log completion of mandatory training requirements. DBS is required for newly appointed staff (24, 29, 40, 118).

There's a UoN staff and student complaints policy and procedure, including grievance and poor behaviour processes. The timescale for resolving complaints at each level is included in the policy guidance. The SoHS received six level two complaints in 2022-2023, none of these were from midwifery students. The SoHS have a detailed raising and escalating concerns policy including flow charts and a practice-facing web page. Students have a credit card style QR code which provides a quick link to raising concerns about students or practice placements (11, 24, 42-46).

There's a flow chart for students to report non-compliance with SSSA processes, for example, non-supernumerary status or lack of appropriate supervision. There's a flowchart to demonstrate the complaints management process for student concerns raised about the UoN, about their placement or concerns raised about another learner. Student concerns about placements are rated red, amber, green (RAG). Red ratings are added to the SoHS risk register and escalated to the senior leadership team. Exceptional reporting to the NMC may be an outcome of a red rated concern. Amber concerns are shared with PLPs at the regular meeting and actions agreed. Green concerns are dealt with at the weekly practice leads meeting. Concerns may be escalated or de-escalated across RAG scoring. Feedback to students is included in the placement concerns process. There's interim feedback for students who've

raised red rated concerns and feedback at the resolution stage of all concerns (24, 44-46, 159).

Datix (a risk management information system designed to collect and manage data on adverse events) is used in clinical sites for reporting clinical incidents, accidents and mistakes. Where these involve students the ULL must be informed. There's evidence of communication with students and a planned meeting following increasing concerns related to care quality in a PLP (70, 86).

The UoN have policies to support student wellbeing including a support to study policy and procedures including the ability to make referrals for occupational health assessment. Support to study may be used where a change to student's health and/or wellbeing is impacting upon their ability to undertake the programme. A case study example is provided to demonstrate how support to study was used to provide a well-being approach where student's health was having a significant impact on their performance (47-49).

#### What we found at the review

Documentary evidence and meetings at the visit confirm that the UoN together with PLPs have established partnerships, policies and processes that prioritise the safety and wellbeing of people, including carers, students and educators and enable the values of the NMC Code to be upheld, including duty of candour. Overarching policies and signed partnership agreements provide the governance structure to protect safety and wellbeing of staff, students and the public in theory and practice. Academic staff confirm they complete an induction process and mandatory training including EDI and safeguarding. They're supported to achieve an education qualification and complete academic assessor preparation. Senior PLP representatives confirm that practice staff are required to complete mandatory training including EDI. This is monitored for compliance and reported at trust board level. They build time into staff workloads to support their own learning and development (25-26, 28-30, 50, 100, 118, 128, 159-160).

The programme team and students confirm a values-based recruitment process, including interviews with staff and PUSCs and completion of DBS and occupational health clearance. Senior PLPs confirm that they're supporting staff to be part of interview panels in the 2023-2024 recruitment cycle. Students tell us they complete mandatory training prior to attending placements. Mandatory training reflects the preparation requirements stated in practice partnership agreements including moving and handling. Students confirm that completion of mandatory training requires completion and is monitored. Induction is completed within each new placement area in line with organisational requirements and as required by the eMORA (68, 160-162, 164-167).

Students tell us they're aware of the range of services offered by the UoN to support their wellbeing. They give us examples of engagement in the reasonable adjustments process and tell us that the UoN have processes in place to support this. The UoN

have expanded the student experience team to enhance wellbeing for students. This includes a weekly newsletter and creation of a student room and kitchen. There's also a peer mentor system including additional support for mature students (162, 164-167).

Students we meet at the visit give examples of their learning about the relationship between patient safety and the voice of maternity service users. Students tell us public safety and wellbeing is clearly embedded in the first module of the programme and they're able to apply this in practice. Practice staff confirm that students understand and are supported to adhere to the NMC Code. Students, practice supervisors and PUSCs tell us that consent is obtained prior to student involvement in care. Practice staff describe how students are enabled to reflect individually as part of assessment and are involved in debriefing following critical incidents. Practice staff confirm that following any incidents in practice that students are offered the same support as staff. This includes access to a PMA and we hear examples of how students are engaged in restorative supervision and reflection (162, 168-169, 173-178, 180-181, 191).

The LME tells us they meet with all students at the start of the programme. The LME is part of the senior midwifery team and is visible to students throughout the programme as a role model for professional practice. The LME confirms that through meetings with academic assessors and the programme lead they're able to confirm student's suitability for the entry to the NMC register. Student achievement is regulated through the UoN examination board process. Students complete a self-declaration of health and character at the end of the programme (163).

There are clear processes that enable practice assessors, practice supervisors and students to raise a complaint or concern. The academic team confirm that all student concerns are considered by leads within the academic team in relation to implications for public and student safety and quality and this informs the RAG rating applied for action and escalation. Academic, practice staff and students tell us about the process for escalation of concern or complaints. This includes the new QR code process that provides an instant link to raising concerns. Students show how they wear this on their lanyards to enable them to raise or escalate any concerns promptly. Concerns may be related to issues such as timely completion of practice documentation or to a concern about practice. Students confirm that they know how to and are confident in raising a concern or complaint if needed. They're acutely aware that this a particularly important part of their role and feel encouraged and well-supported to do so. In practice, students tell us of examples of how incidents are investigated, including the debriefs and the support given both to women in their care and to students themselves, to ensure patient safety. Students confirm there's feedback on the outcomes of concerns (42-44, 46, 161-162, 172, 177, 179, 181).

**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, 1.11, 1.12, 1.13, 1.14**

What we found before the review

There's evidence that the UoN have policies and procedures in place to support students, including a personal tutorial system and reasonable adjustments and support plans. The SoHS EDI document includes EDI governance structure, EDI priorities, information about the Athena Swan award (silver in 2017-2018 and renewed in 2022-2023), race equality charter and reasonable adjustments. The SoHS has a disability liaison officer responsible for ensuring that students have a reasonable adjustment support plan if required. The plan can include theoretical and practice learning settings. There's a case study of a practice support plan for a student recovering from surgery (51-56).

Positive action is taken to monitor programme entry from people who are classified in the widening participation (WP) and/or black, minority ethnic (BME) demographic and awarding gaps are monitored in the SoHS. There's a range of evaluation used including SEM, SEPL, NSS and staff/student LCFs. NSS data is managed by the central planning team and stored on the Tableau server. Tableau is a business intelligence and analytics software. The SoHS enhancement plan includes a school wide action plan. This is monitored by the SoHS ESE board which monitors overall progress and achievement of actions across undergraduate and postgraduate programmes (11, 150-152).

Terms of reference for the CAG assures that PUSCs, employer and student representatives are included in the membership. This group is responsible for ongoing programme review and relevance of the content in response to student and stakeholder feedback. CAG reports to the SoHS undergraduate committee regarding the quality of academic provision. The SoHS report that PUSC involvement was postponed during the pandemic. Action logs of SoHS committees and LCFs are required by the SoHS ESE board (24, 60, 150).

The UoN have a centre for interprofessional education and learning. IPL is developed in co-production with a student committee and thirteen disciplines are involved. Student midwives are allocated to groups with at least two other professions. There's evidence of IPL offered over the three-year programme and students receive a certificate of participation. There's evidence that IPL provision is evaluated well by students (62-65).

There's evidence that the UoN support opportunities for research with academic staff. Example publications authored by members of the midwifery team focus on education improvement and service improvement. Staff are supported to disseminate research and evidence at conferences (142).

What we found at the review

Documentary evidence and meetings at the visit confirm that education and training is valued in all learning environments. Academic and PLP leads tell us, and most students confirm, that the learning culture is fair and supports good working relationships. The programme team tell us they're developing the learning environment to ensure students feel part of the team, both in theory and practice learning. We hear of initiatives underway following student evaluation, for example, ensuring students are called by their names in practice learning. On some wards, they've introduced the 'team of the shift' concept in practice learning to allow students to feel more welcome and to introduce themselves during handover at the start of the shift. Most students tell us that the practice learning culture is fair and supports good working relationships. However, one student tells us of an occasion when another professional made a comment which was unfair and harsh. The student confirms their practice supervisor was present and that they supported the student at the time. Another student describes their experience of observing a rarely occurring, complex and distressing maternity case. They highlight the range of support received from ULLs, practice supervisors and midwives working in the practice learning and development team following this. Other students confirm that they can raise concerns and tell us how their inclusion in staff handover has improved following placement evaluation as an example (161-162, 164-167, 172-175, 179, 181, 191).

The UoN has policies and processes to ensure EDI and these policies and procedures are enacted. Students tell us that equality and diversity requirements of students are fully considered, respected and protected on the programme. Where issues have arisen and come to the attention of the programme team, they're dealt with. For example, year one students tell us of some early conflicts within their cohort and how this was responded to by the programme team. Students tell us they feel supported and are confident that issues are managed. There's a disability liaison officer in the SoHS who supports students with identified learning needs. Students who've disclosed disabilities and learning differences tell us there's a process for identifying individual needs and that reasonable adjustments are made. Examples of these include changes to students' placements or shift patterns, purchasing specialised equipment and the application of extenuating circumstances. Practice staff tell us they understand the process of reasonable adjustments and describe a risk assessment carried out for a student who was pregnant (162, 166-167, 170-171, 179, 181).

Senior UoN leaders tell us how data is used to review award classifications and to monitor and recognise awarding gaps for disability and ethnicity. This is monitored across NMC programmes at SoHS level. The overall awarding gap is currently below the key performance indicator set by the UoN. The programme team tell us of the work undertaken to decolonise the midwifery curriculum. There's a research assistant employed to explore the factors influencing differential attainment. They've also employed a mature student support officer and a student engagement team who've developed additional pastoral strategies with the aim of increasing the sense of belonging for students. This includes organising the peer mentoring system. A level four student tells us how their peer mentor is helping them to manage the intensity of the programme and balance this with home and family commitments. Senior PLPs tell

us they monitor workforce data and are working towards more closely reflecting the local population demographic (158-160).

Meetings with PUSCs confirm their involvement on the programme. PUSCs tell us that there's strategic development and management of their involvement through the EPPIC group. They're recruited through advertisements, website information and contacts and can select opportunities that suit their interests and availability. The programme team, students and a PUSC we speak to confirm PUSCs are involved in the recruitment of midwifery students. The PUSC confirms that EDI preparation and briefing information is provided before taking part in interview panels (170-171).

The programme team and PUSCs confirm that there's activity to widen the demographic profile and increase the diversity of the EPPIC group. The programme team confirm they've recently involved a diverse PUSC group in reviewing recruitment materials to ensure that any bias or microaggression is avoided. We speak to a PUSC who has recently used maternity services and who was involved in the co-production of the programme. They confirm they were able to bring their lived experience into programme development. Other PUSCs tell us of their role in providing their formative feedback to students as part of an OSCE scenario and in presentations. Students tell us they collate feedback from PUSCs in the eMORA. Practice supervisors and practice assessors confirm this is supported and reflection on PUSC feedback is used to inform holistic assessment judgements in practice (161-162, 164-171, 183, 188).

The programme team and a PUSC tell us of their contribution to a level six session on bereavement. They confirm that they've excellent support from the programme team and are debriefed following the session. There's additional documentary evidence of PUSC representation in programme delivery through embedding digital stories and scenarios in module teaching. The programme team confirm PUSC involvement in evaluative review of the midwifery curriculum. The SoHS are actively in the process of increasing the diversity and profile of the EPPIC group. Currently, however, the involvement of people who've recently had experience of using maternity services is limited. In particular, the opportunities for their involvement in delivery and evaluation of the programme would benefit from further enhancement and is identified as an area for future monitoring (183, 188).

Meetings with senior PLPs, employers and the programme team confirm the commitment to involve practice staff in the values-based recruitment of midwifery students, recognising the importance of this for the workforce. They confirm that they're involved in recruitment of students in 2023-2024 and in the delivery of preparation for practice activities. There's close partnership working confirmed between the UoN and PLPs in the ongoing co-production, delivery and evaluation of the curriculum and in the assessment of students (160-161).

Students, academic and practice staff describe a range of IPL activities in theory and practice which students find valuable. Practice supervisors, practice assessors, the programme team and students confirm the varied range of opportunities on the programme to expose students to IPL. Students tell us of their IPL experiences.

Students attend a UoN mandatory IPL session each year. We're also told of pilot IPL activities within the SoHS which students are keen to be involved in. The PLPs we meet confirm that students in practice work with range of professionals, such as the transport team, bereavement sister and shadowing nurse in charge. Students describe positive examples of interprofessional working, for example the care and support provided to a woman and her family during an obstetric emergency and subsequent neonatal death. At UHDB midwives working in practice learning and development teams tell us they facilitate multidisciplinary clinical skills days to which students are invited (168-169, 174, 179).

The senior SoHS team confirm that research and scholarship is part of academic teaching contracts and time is awarded within the workload model for this. There's support to disseminate research findings through publications, conferences and meetings. They give an example of a current project to 'de-colonise the curriculum' as part of a wider SoHS initiative to create an inclusive culture. Practice and academic staff describe how evidence-based practice is developed for students through, for example, the use of national guidance (159, 161, 177, 179, 180-181).

**Outcome: MET**

Comments: None identified.

**Revised Outcome: MET/NOT MET**  
**Date:**

Comments: N/A

Areas for future monitoring:

- The engagement of PUSCs in the delivery and evaluation of the midwifery programme. (SFNME R1.12)

**Findings against themes**

**Theme two: Educational governance and quality**

**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 – 2.1, 2.2, 2.3, 2.5, 2.6, 2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21**

**Requirements not included – 2.8, 2.9**

***NB: 2.3 – NMC Programme specific standards***

What we found before the review

The UoN is regulated by the OfS. UoN legal, regulatory, professional and educational requirements are laid out in its quality manual. This includes the academic regulations, undergraduate study regulations, award and assessment regulations and examination board governance. Appeals and complaints policies are included. The annual monitoring process, programme design and approval process are detailed. There's a student support framework including support with disability, extenuating circumstances, student feedback and evaluation. The external examiner appointment process is included. The UoN quality process identifies professional accreditation reports as the responsibility of the SoHS, but the full report and actions are reported to the university registry and the UoN quality and standards committee (QSC). Professional, regulatory and statutory body (PRSB) reports are included as part of the SoHS educational enhancement plan. There's a process for QSC to intervene if they're not satisfied with the actions being taken by the SoHS (3, 66-67, 156).

The placement partnership agreement provides the contractual arrangement for the governance, safety and quality of practice learning. Quality in practice learning environments is evaluated and monitored through the practice assessment record and evaluation (PARE) educational audit process. The process is developed through regional collaboration and is shared by five AELs. Data from audits are shared and one audit is completed on behalf of all AELs. The audit is accessed by PLPs. Data included in the audit includes recent student practice learning evaluations and data related to practice assessors and practice supervisors. Outcomes from healthcare regulatory reports are also included. Complete education audit documents are provided (30, 35-37, 147-148).

The UoN comply with general data protection regulation (GDPR) policy to ensure that data shared between the UoN and PLPs is collected for specified, explicit and legitimate purposes as outlined in the placement provision agreement. There are communication processes with PLPs, with meetings in place between the UoN and individual PLPs as well as collaboratively with all PLPs through the practice learning committee (PLC). As an example, there's a term of reference and rolling agenda for four weekly practice learning meetings with NUH. Membership of this meeting includes senior leads at NUH and the UoN and the agenda includes identification of concerns for midwifery and nursing fields. Incidents and risks are discussed together with triangulation of student evaluations. NUH placement capacity is included. (85-86, 143, 193).

The PLC meets quarterly and includes representation from all PLPs as well as the director of healthcare education in practice and the practice learning lead for midwifery. They've responsibility for monitoring capacity, quality, performance and trends in practice learning using student feedback, SEPL and other quality assurance indicators

including audit, NMC ASR and CQC reporting. The PLC is responsible to the SoHS executive committee (143).

A midwifery education action group has been convened in response to the HSIB and CQC quality concerns arising at UHDB. This group comprises LMEs from each AEI, the UHDB deputy chief nurse, the HoM/DoM, head of culture, representatives from the practice learning support unit and other programme representatives as required. The purpose of the group is to focus on student safety in practice, the quality of midwifery training, practice learning experience, SSSA compliance and practice learning governance. The remit includes implementation of a collaborative action and improvement plan and collaborative development of improvement reporting and processes (70, 107).

Programme documentation demonstrates that the approved midwifery programme comprises 360 credits over three years with 120 credits per year and 2300 theory and 2300 practice hours. In years one and two all modules are compulsory. In year three five modules are compulsory and students can choose one 20 credit optional module. The programme is mapped against the SPM. Students must meet the minimum pass mark for all assessments in full (34).

The eMORA provides summary of progress in each year, including completion of the SPM and summary of progress by the practice assessor and academic assessor. There's a process for confirming all SPM are achieved at the end of the programme, including academic assessors, module leaders and the practice lead before students are presented to the examination board. The LME confirms that students have signed good health and character and provides final confirmation to the NMC as part of the process of uploading eligible students for registration. An example academic transcript shows how completion of modules, assessment results, the number of attempts at each assessment and the credits gained is recorded (31, 80-81,192).

Programme information is provided to students through an academic plan and module handbooks, the UoN website and Moodle information. An example is provided for year one students which contains an introduction to the programme, the structure and content of the academic plan in theory and practice. There's information on generic UoN procedures. Students are provided with information including attendance, absence reporting and behaviour, fitness to study, SoHS code of conduct and safeguarding. There's information on academic writing, student support and evaluation. Students have access to the ARC database which provides dates and information on practice learning allocation, dates for theoretical learning and annual leave. ARC is the name of the software and not an acronym (76-78, 93, 126-127, 131).

Information on the availability of drop in clinical skills and a range of simulated learning is provided. The SoHS have recently purchased Oxford medical simulation which includes simulated activity for some obstetric emergencies. Clinical skills resources include provision for face-to-face sessions, enquiry-based learning sessions, classroom-based simulation and online digital simulation. The SoHS are in the process of procuring virtual reality headsets to provide additional digital learning resources.

There's a well child suite used for education of families and carers. Education is delivered by practitioners external to the SoHS. Students can observe and participate. The clinical skills suite has a website which enables students to book sessions directly and to gain access to digital resources. Simulation facilities include a high-fidelity immersion suite and this is used across SoHS programmes. The health e-learning and media team support the development of digital learning within the SoHS including the development and use of Moodle and PebblePad (24, 79, 83).

The UoN tell us that capacity for practice placements is reviewed annually with PLPs as part of recruitment cycles and on an ongoing basis throughout the academic year at regular practice partner meetings or when any issues or unplanned changes occur. There's a case study to evidence this process when there were changes to student shift patterns on labour suite at NUH following concerns raised regarding supervision and support on night shifts. The case study demonstrates implementation of the concerns process with escalation to the senior practice and SoHS team. The issue was resolved through temporary removal of all students off night duty while appropriate staffing of prepared practice assessors and practice supervisors was secured by the PLP. Ongoing areas for concern have also triggered separate meetings including regular meetings with NMC and NHSE WTE to update action plans and ensure sharing of up-to-date information and status of concerns (24, 84).

Terms of reference for a CAG indicates that stakeholders can monitor and respond to feedback and contribute to programme improvements in theoretical and practice learning. There's guidance on process for annual curriculum updating which is a UoN requirement. Changes are made one year in advance of delivery. Reference is made to the NMC QA handbook over guidance for changes to programmes through minor or major modification. The midwifery staff/student LCF is held three times annually and contributes to programme improvement. There's an external examiner appointment process in the quality manual and the 2022-2023 external examiner report indicates the programme meets external benchmarks. There are no NMC major or minor modifications reported in 2021-2022. The UoN have mapped the curriculum to the findings of the Ockenden report and CQC publications (10-11, 24, 57-59, 60, 66, 69, 132, 151, 153).

The extraordinary review finds that as part of education governance one key risk indicator isn't met. QA visitors find that students are disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions following their feedback. Short term actions include implementing an action record at all LCF meetings and these are shared with students via their virtual learning environment (Moodle). This is implemented on 26 September 2022 and 1 February 2023. A standardised template is developed to summarise SEM feedback, detailing any changes made and the key actions arising from module evaluation and learning community. They've adjusted the sequencing of SEPL to allow timely communication of actions in response to student feedback. This is implemented by 20 January 2023. Student representatives are appointed for each academic year and given board meeting dates by October 2022. They've introduced one student focused undergraduate board and PLC per academic year. Student representatives are allowed

20 clinical hours for representation to encourage engagement. A further action is to increase the visibility of the senior SoHS team through attendance in module sessions and 'you asked, we did' comments box and feedback presented. At NUH notice boards in clinical areas signpost students to practice updates (implemented from 1 November 2022) (6-7).

The UoN have also appointed two student experience coordinators to coordinate activities and initiatives aimed at improving the student experience. This is an administrative role, working with the SoHS senior operations manager and director of ESE. These posts are recruited to in December 2022 (7, 72).

At the time of the listening event (March 2023) students indicate some improvement in response to feedback. However, there continues to be negative feedback relating to unclear communication and feedback not being listened to or acted upon by the programme team. Year two and year three students appreciate meetings with senior team members, but these don't meet their needs. Students tell visitors they don't feel listened to and their confidence to raise issues with the programme team has decreased further. Improving student experience of feedback from evaluation is a line of enquiry at the monitoring visit (9).

The UoN midwifery NSS action plan (undated) provides a range of positive and negative student comments. Action plans about improvements in placement learning are consistent with ongoing work to improve student experience of practice assessment. There's also evidence that the team is reviewing the timing of assessments to decrease academic workload in year three for students. There's an ESE board which provides a governance structure for student experience within the SoHS and the UoN and monitors programme action logs and student experience (24, 87).

The UoN provide reports to the OfS in line with regulatory requirements. They're collaborating with NHSE WTE in relation to care quality concerns in NUH and UHDB. They submit ASRs in line with NMC requirements and are compliant with this process. They submit NMC exceptional reports for the midwifery programme as issues occur (1, 10-12, 24).

Student recruitment and selection is governed by the SoHS admission and recruitment policy. This includes an under 18 admissions policy. Entry requirements and information for the programme are advertised on public facing web pages. Academic and professional regulatory, non-academic conditions are identified including enhanced DBS, occupational health clearance and fitness to practise requirements. There's advice on university central admissions service (UCAS) applications. Shortlisted applicants are interviewed. Interviewers are required to complete EDI training including unconscious bias. There's also training for safeguarding including during online interviews. Training is provided to assure data protection requirements. The UoN maintains a log of mandatory training. The UoN employ student ambassadors to support recruitment at open days, conferences and offer holder days. Benchmarking of

personal statements is completed between the admissions tutor and admissions officers (28, 73-75).

The UoN access and participation plan adopt an open approach to selection of students. Adjustments are made which consider contextual factors such as socio-economic indicators and educational background. Five-year data demonstrates that the SoHS monitors the number of offers to applicants who meet this WP criteria. The data demonstrates that 82 out of 170 (48 percent) offers were made to WP applicants for 2023-2024 admissions. 52 students were subsequently recruited to the midwifery programme in 2023. Of these 30 students (58 percent) were identified as meeting WP criteria. 29 (56 percent) students declared white ethnicity, 18 (35 percent) declared black ethnicity and five (nine percent) students declared another ethnicity. There are no recruits from Asian ethnicity in 2023. There are no male recruits over the complete five-year recruitment cycle (24, 75).

Although the most recent ASR indicates an increase in target midwifery recruitment to 70, 2023 data also shows the lowest number of students (52) recruited in five years. In comparison there are 67 starters in 2022/2023 and 58 in 2021/2022. The UoN decided not to enter the UCAS clearing process for 2023-2024 admissions in order to protect placement capacity with current ongoing CQC outcomes for NUH and UHDB (24, 75).

#### What we found at the review

Documentary evidence and meetings with stakeholders during the visit confirm effective governance systems and clear lines of accountability for meeting and responding to standards and requirements. There's evidence of a partnership approach to the management of the approved midwifery programme in theory and practice. Senior UoN and PLP representatives articulate the relationships and responsibilities for facilitating and enabling student achievement of programme outcomes (158-160).

The programme team and students confirm the programme is arranged in blocks of theory and practice learning, with theoretical assessment completed in planned theory periods. Students tell us that the programme calendar is provided for the year, including the location of placements. Programme documentation provides students with the UoN and NMC regulatory information they need to complete the approved midwifery programme. Students tell us that the programme is thorough and prepares them well for midwifery practice. They feel well-prepared for practice placements and confirm that induction processes make them aware of organisational policies and guidance (162, 164-167, 174, 177).

Academic staff confirm that students meet the requirements of the SPM and students tell us that their theory and placement experience is well managed to facilitate this. This includes sufficient births for students to achieve the required number and experience of care in labour, supervised on a one-to-one basis. The programme lead, year three practice lead and LME confirm that student achievement of hours and record of practice experience numbers are monitored throughout the year and individualised plans made for any student with hours or numbers to make up. It's evident that the

new-born infant physical examination (NIPE) is well embedded in the programme and this is confirmed by students and practice staff. The LME cross checks year three students' achievement of the SPM, practice hours and practice experience numbers with the year three practice lead and academic assessor. A final check after the relevant examinations board is made before uploading student information to the NMC and signing the supporting declarations of health and character for admission to the register. There's an appointed external examiner who considers and reports on the quality of theory and practice learning. They've recently met with students and with practice assessors (153, 159-163, 176, 184, 192).

PLPs tell us that placement allocation and student learning is well managed and where there are peaks of student numbers, they work with the UoN to manage risks. The UoN confirm they work with PLPs and other AElS using placements to moderate student numbers in placement over the year and we see evidence of how the UoN programme calendar is re-modelled in response to this work. The LME tells us most of the recent graduated cohort completed on time (160-161, 191).

Senior PLPs, practice supervisors and practice assessors working on delivery suite and the birth centre at UHDB acknowledge there's a high volume of new staff currently requiring supernumerary practice, including internationally trained midwives and preceptees. They tell us and students confirm that supernumerary practice and supervision of midwifery students takes priority in the care of women anticipating a spontaneous birth. They confirm the current situation is temporary while they're increasing the numbers of qualified midwives in the workforce. NUH staff confirm that they've adopted a new system for allocating students within the trust which is working effectively. Practice supervisors, practice assessors and students confirm this, reporting a clear plan of activity for each year. Senior PLPs, practice assessors and practice supervisors tell us of the effectiveness of the new PSTA role which provides additional support for students in the clinical area. Students tell us that the PSTA role ensures that any challenges they're having with practice learning are dealt with promptly. They also confirm that feedback to the UoN is improved via the PSTA. We meet with PSTA staff who are enthusiastic about their role and clear about its boundaries within the SSSA. Academic staff tell us this role is being evaluated and early data suggests it's having a positive impact on resolving student queries (159-163, 175-178, 180, 186).

Documentary evidence and discussion with senior UoN and PLP representatives confirm that processes are in place to communicate and exceptionally report risks to standards to the NMC. The UoN demonstrate regular exceptional reporting to NMC and are compliant in the submission of the ASR. Senior UoN leads are clear about the process for programme modification and changes requiring a request for major modification (1, 10-12, 159-160).

The programme team tell us and students confirm there's a process of module evaluation and give examples of how module evaluation is undertaken and acted upon. Year two and three students confirm that response to and communication following evaluation is improving. Changes are published and a recent example of changes to

assessment following evaluation is provided. Students tell us all modules are evaluated. There's a verbal feedback session at the end of each module and students are provided with a link to complete formal evaluation at the end of this. The programme team tell us that they're aware rates of engagement in module evaluation are lower, particularly at level six and student engagement in module evaluation is encouraged. Students confirm that engagement in formal module evaluation is highly encouraged by the programme team and they're aware of the importance. There's also a student representation system enabling cohorts to raise any live issues in the staff/student LCF. Student representatives are provided with training by the UoN (161-167).

The SEPL is well understood by practice staff and students. We're told reports taken from the evaluations are shared and discussed with the PLPs every six months, with themes identified for action. We're assured that a safety issue requiring an immediate response is acted upon promptly and this is confirmed by the students who we meet who understand the need for duty of candour (38, 160-162, 176-178, 180).

**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, 2.7, 2.11, 2.14, 2.16, 2.19**

***NB: 2.4 – NMC Standards for student supervision and assessment (NMC 2018, updated 2023)***

What we found before the review

The placement partnership agreement sets out partnership responsibilities for the support and supervision of students. This includes sufficient practice assessors and practice supervisors recorded on a local up to date database which must be accessible to the UoN when requested. This is monitored as part of educational audit (30, 35-36).

The NMC extraordinary review finds that students couldn't get practice supervisors and practice assessors to complete practice assessment documentation in a timely way (6).

The extraordinary review action plan has several actions including students and educators checking practice assessor access to and confidence with PebblePad with e-learning support where necessary. There's implementation of an escalation process when students are encountering difficulty in getting assessments completed. There's an action to add students to the health roster to enable scheduling of practice assessor time to complete assessment. The UoN have introduced an 'ask an educator' clinic to enhance midwifery team visits to clinical areas and improve student access to practice development, clinical education team and ULLs (7, 24).

The UoN also appoint six FTE PSTAs. These roles require current or recent experience (past three years) in a health care setting with understanding of practice

proficiencies and requirements and information technology (IT) literacy. Role holders must be a graduate (or equivalent experience) registered with the NMC, but a midwifery qualification isn't required. The roles are located with NUH and UHDB with some contact across all PLPs. Roles commenced in December 2022 and the impact they're having on supporting students is included as a line of enquiry within the monitoring visit (24, 71).

In March 2023 visitors at the listening event find clear commitment from PLPs and evidence of strategic development to support and enhance the student experience in practice learning environments. This includes recruitment of staff over the number indicated by Birthrate Plus workforce planning calculations, development of the allocated time model to facilitate protected time for practice assessors and the recruitment of PSTAs to support students, practice supervisors and practice assessors. However, students identify that staffing levels and workload continues to be a challenge across most practice learning environments and this impacts on the consistency of access to practice assessors and practice supervisors and timely meetings to complete documentation. At the listening event they couldn't see the impact of the PSTA development work and the recruitment of new staff. The CQC report at UHDB in November 2023 also highlights insufficient midwifery staffing as an ongoing quality issue. However, there's a specific escalation flowchart for students to identify problems related to implementation of the SSSA so that issues can be raised and responded to promptly (9, 15, 45).

Placement quality is evaluated using the PARE educational audit live system. The PARE steering group meets monthly and comprises representatives from five regional AEs. The PARE online dashboard includes a record of the educator register, student placement ratings and all student comments. There's a process which starts to collect data four months before audit expiry. Audits are completed every two years or more frequently where there are incidents or exceptional reports (24, 35-37).

There's a process for checking and actioning SEPL which includes three monthly checks by ULLs with support from the practice quality team. If an issue is identified the ULL can access the student's name for follow up action. Poor and unsafe practice must be escalated and actioned. Collated SEPL (January-June 2023) identifies that allocation of practice assessors and practice supervisors on or before the first day is around 92-93 percent compliance, with 95 percent of placement areas expecting the student, 97 percent of students feeling welcome and 96 percent of students completing their orientation by the end of the first week. This is a collation of 343 evaluations. SEPLs demonstrate that most students evaluate placements positively across NUH and UHDB, indicating good support. Outstanding practice assessors and practice supervisors are nominated by students. SEPLs are reviewed by midwifery educators and where students have made negative comments, there's an action plan included to follow these up with practice areas (38, 88, 146, 149).

Midwifery students can undertake an international placement. In 2022-2023 two third-year students had funding for a placement in Malta and two in Italy. There's an example of an Erasmus agreement between the UoN and the University of Malta. In

2023-2024 one student will go to Italy on placement. Practice hours from international placements form part of the overall hours (24, 92).

The placement provision agreement provides commitment for PLPs to be included in recruitment activities. Students are interviewed by a midwifery academic with a PLP or PUSC representative normally as the second interviewer. PLP engagement in interviews can be affected by service pressures. Mandatory training for academic interviewers is logged. As part of the SoHS EPPIC group PUSCs also have annual EDI training (24).

Applicants and students are advised of professional expectations and the fitness to practise procedure is included in recruitment information and in the UoN quality manual. A case study demonstrates how a fitness to practise case is managed by the SoHS and leads to discontinuation of study due to failure of the student. The case study demonstrates that students are supported to demonstrate remedial action as part of fitness to practise outcomes. The case identifies lessons learned from the case. Minutes from senior management board identify that fitness to practise is managed at an informal level where possible. There's work ongoing with PLPs to identify benchmarks for and support the process for failing practice assessment rather than initiating the fitness to practise process. Fitness to practise cases are monitored at SoHS level for differential EDI outcomes. There's a fitness to practise appeals process included in the fitness to practise policy (41, 66, 73, 90-91, 144).

The ASR confirms the UoN aim for a staff/student ratio of 1:15 in midwifery education. There are currently two vacancies in the midwifery team. Seventeen curriculum vitae (CVs) are presented for midwifery professors, associate professors, teaching associates, fellows and clinical skills teachers. The disability liaison officer is a registered nurse. A further eight CVs are presented for PSTAs – these comprise six nurses and two midwives. Midwifery educators are supported by academics with a range of expertise to support midwifery teaching including adult nursing, physiology, social sciences and research. There's a learning technologist. The SoHS monitor registration and revalidation. The UoN appoint an LME and an academic plan lead (programme leader) via internal processes. NMC pin checks confirm that the academic plan lead, the LME and midwifery professional lead and professor of midwifery leadership and education are current registrants (24, 29, 82, 145).

#### What we found at the review

Documentary evidence and meetings during the visit confirm that learning environments optimise safety and quality, taking account of the diverse needs of and working in partnership with PUSCs, students and all other stakeholders. There's evidence that SSSA roles are becoming embedded. Academic assessors, practice assessors and practice supervisors confirm they're registered midwives who've undertaken local preparation to undertake their roles. Practice educators, practice assessors and practice supervisors describe a blended approach to preparation which includes face to face teaching, online materials and one to one support. At NUH, senior PLP staff confirm resources are allocated to facilitate the SSSA including extra

payment for practice assessors if needed. Students know who their practice and academic assessors are and report practice supervision is normally consistent. At UHDB, the LME, practice supervisors and practice assessors tell us some midwives are still developing understanding of their SSSA roles. However, we hear that practice supervisors and students receive excellent support from midwives working in practice learning and development teams and the PSTAs. This supports or alleviates any inconsistency. All students are allocated a practice assessor and can accurately describe the process of tripartite practice assessment (160, 162, 169, 172-178, 180-181, 185).

Practice assessors across all PLPs confirm they're supported to periodically observe students if required, for example when concerns about a student's progress and achievement are raised. One practice assessor who is a ward manager at UHDB describes indirect observation of a student working with their practice supervisor on the ward. Another describes a team review approach with the support of midwives from the practice learning and development team. All practice assessors confirm they've sufficient, evidence-based information to objectively and accurately assess that a student has progressed and meets the required SPM, including where concerns are raised (168-169, 182).

Practice supervisors and practice assessors, level five and six students confirm that access to and the use of eMORA on PebblePad is improving although UHDB identifies this continues to be a challenge, partly due to hosting four AEs with different digital platforms hosting the eMORA. Level five students tell us the timely completion of practice documents is still an issue, with the need to be proactive with practice supervisors to ensure that aspects of the eMORA are signed in a timely fashion. However, they confirm the systems and ongoing support put in place by the UoN and PLPs are improving timely completion of their practice assessment document. Level six students tell us about their own growing confidence in the use of PebblePad is also helping to support any practice supervisors and practice assessors still unsure in the use of the platform. All stakeholders confirm the impact that the PSTAs are having in improving eMORA completion and PebblePad access. Practice supervisors and practice assessors tell us they're becoming more confident to use the PebblePad platform, recognising this is enhanced by proactive students. The role of PSTAs in supporting practice supervisors and practice assessors in their use of PebblePad is well received and supported across PLPs. UHDB are also actively recruiting 'retire and return' midwives to support both students and staff in the practice learning environment. At NUH practice assessors can have paid extra time, to allow them to support students if required (162, 164-165, 172-181, 186, 191).

Senior PLP representatives, PUSCs, midwives and students confirm their involvement in the recruitment and selection of students. Admission is governed by the SoHS admission and recruitment policy which includes an under 18 admissions policy. Entry requirements and information for the programme are advertised on public facing web pages, with recruitment material recently reviewed for diversity by a PUSC group. The programme team, PUSCs and PLPs confirm that interviewers complete EDI training. Recruitment data is monitored by the UoN for fairness in recruiting those from WP

groups, for ethnicity and from mature applicants. We hear of a process of moderation to ensure fairness in shortlisting from personal statements. Students confirm their role as student ambassadors in supporting recruitment at open days, conferences and offer holder days. Interviews are normally completed by an academic with one stakeholder, which may be a PUSC or a PLP midwife representative. PLPs confirm their commitment to ensuring PLPs are represented in 2023-2024 and confirm that these invitations are already accepted (28, 160-162, 173-175).

Senior UoN representatives and the programme team confirm the process for investigating a fitness to practise concern. SoHS data confirms that the numbers are low for the midwifery programme with zero concerns in 2021-2022 and one in 2022-2023, which was managed with a warning. The higher number of concerns in 2020-2021 are attributed to students breaking Covid-19 regulations in UoN accommodation and were also managed with a warning. The LME confirms she's involved in fitness to practise cases for student midwives (158, 161, 163).

The programme team and PLPs confirm and educational audits demonstrate that learning environments are reviewed on a two-yearly basis and more frequently where there are concerns raised about a PLP or practice learning environment. SEPL feedback is positive but there's evidence of prompt response to any negative comments on SEPLs. PLPs are contacted by ULLs to follow up on any issues. SEPL feedback is included in the audit process. Staff and students we meet tell us they know how to raise a safety issue with the UoN (38, 147-148, 160-161).

The LME confirms that audits and supernumerary supervision requirements are in place for overseas placements. The UoN have partnership arrangements in place and SSSA requirements are applied when the hours are counted in the students' NMC requirements. This may apply to one or two students a year who access Turing funding and placements are normally up to four weeks in duration. There's no practice assessment undertaken during overseas placements (92, 163).

Senior SoHS representatives confirm the process in place to ensure they're recruiting appropriately qualified and experienced midwives for programme delivery. There are 14.8 FTE UK registered midwives currently within the programme team, with further recruitment ongoing. It's anticipated there'll be 15.8 FTE UK registered midwives in post by May 2024. There are also 1.3 FTE internationally qualified midwives in post. There's an additional 3.3 FTE academic staff (non-midwives) in the team recruited for their academic expertise in areas such as physiology and research. The 4.4 FTE PSTAs are registered nurses or midwives employed for their expertise in supporting student clinical learning and assessment. They confirm staff qualifications and NMC pin numbers are checked as part of the recruitment process and there's a process for monitoring ongoing registration and revalidation. Staff undertake an enhanced DBS check as part of the recruitment process. There's a clear process of staff development to ensure that experience relevant to the programme remains contemporary (158-159).

**Outcome: MET**

Comments: None identified.

**Revised Outcome: MET/NOT MET**  
**Date:**

Comments: N/A

Areas for future monitoring: None identified.

### Findings against themes

#### Theme three: Student empowerment

**Risk indicator 3.1 – The AEI, together with their practice learning partners are 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**

What we found before the review

Students have access to a range of written and online resources including SoHS practice placement guidance, academic plan handbook, ARC placement information and the eMORA. There's module and timetable information on Moodle. These include approaches to teaching and assessment which include lectures, seminars, clinical skills teaching and scheduled directed technology enhanced learning. Simulation includes the use of SimMom to rehearse management of birth presentations. Student documentation and online resources detail the support framework for students (32, 76-79, 97).

A range of assessments are used including written coursework, group and individual presentations, debates, examinations and OSCE. Turnitin is used to provide the assessment rubric and the feedback to students. Assessment is designed with the principle of developing and repeating skills across the three years, enabling students to draw on formative or previous summative assessment feedback. The eMORA includes descriptors which guide judgements on levels of holistic performance for students and practice assessors (24, 76, 99, 116).

ULL posters are created for placement areas to increase awareness of contact details for students, practice assessors and practice supervisors. There's support for students with disclosed disability or issues affecting health and wellbeing. There's an escalation of concerns policy and flowchart (44-49, 52, 54-56, 110).

Students are provided with a programme planner which indicates weeks of theory, clinical skills delivery, independent study, practice and annual leave for each cohort. There's an assessment schedule with assessment type, submission dates, markers and moderators for each cohort. Module handbooks include information on module aims, content, outcomes and assessment. Students have a base placement organisation in each year of study and this is communicated through ARC (24, 96, 99).

Supernumerary student status is supported by ULLs and PSTAs. There's a SSSA process for escalating concern if the student isn't being supported to be supernumerary in placement areas. Students are allowed 30 minutes of reflection time for every 7.5 hours in practice – this is recorded on the time management system (22, 32, 45, 71).

Students receive preparation for practice sessions which detail the structure and organisation of placements, support and processes. Examples of placement preparation sessions are needed at the monitoring visit. Students receive PLP specific inductions. A NUH example is provided but needs confirming with other PLPs (24, 94).

An academic assessor list demonstrates the allocation of personal tutors and academic assessors to students. The academic assessor allocation is rotated in year two to ensure a different academic assessor in each year of the programme (100).

There are processes for regulating and confirming achievement of final award (66, 80-81).

IPL is timetabled in each year of the programme and is led by the centre for interprofessional education and learning. Students can elect to be developed as a near-peer interprofessional facilitator (62-65).

Students also complete practice supervisor preparation in year three, including in person preparation, workbook and episode of care. The UoN careers service provide advanced strengths profiling information as part of leadership development for final year students in partnership with the midwifery team (24, 102).

#### What we found at the review

Documentary evidence and meetings at the visit confirm that there's a variety of learning opportunities and resources to support student achievement of the SPM and programme outcomes and be capable of demonstrating the professional behaviours in the NMC Code. The programme team and students tell us that there's a spiral curriculum with increasing complexity at each level of the programme. This allows students to build knowledge and proficiency appropriate to their level. There's regular opportunity for reflection and debriefing in theory and in practice. There's also a year lead for each level of the programme and this role supports programme management and communication across the programme. Students tell us there's a variety of teaching, learning and assessment approaches used including face to face approaches and access to digital resources on Moodle. They give us examples of IPL which takes place in each year of the programme and are well evaluated. Although some students

tell us they'd like more time in skills teaching they all confirm that clinical skills teaching and simulation is used appropriately to support their learning and preparation for practice (161-162, 164-167).

Students tell us that they've information about their programme up to a year in advance. This includes programme and module information provided on Moodle. They understand the NMC standards and how to use the eMORA and PebblePad. Level four students haven't been introduced to the eMORA yet as they're on an observational placement but know that this is part of forthcoming timetabled activity. Students confirm they've the name of their practice and academic assessor for each year and a plan of their review dates. This is also confirmed by practice assessors. Students tell us they're provided with induction and orientation to each practice area (162, 166-167, 169, 176-178, 180-181).

Placement allocation documentation and students confirm they're allocated to a range of placements over the programme, including an away PLP in level four and a home PLP in levels five and six. Educational audits identify and practice staff and students confirm they experience the range of supernumerary learning opportunities needed to support their achievement of the SPM. Students confirm they're allocated a practice assessor for the series of placements over a programme year and an academic assessor for each part of the programme. The programme team confirm that academic assessors are normally the student's personal tutor in level four and six, with a change of academic assessor in level five (161-162, 176-177, 180).

Students tell us they've opportunities to develop supervision and leadership skills. The programme includes theoretical development of leadership principles. In practice this includes opportunities such as shadowing team leaders or outreach practitioners. Senior representatives from PLPs tell us that PMAs involve students in restorative clinical supervision. Midwives who work in the practice education and development team at UHDB are expanding the pool of practice assessors to include midwives who hold senior leadership or coordinator roles. Year three students are introduced to the management and administration of intravenous medicines so that this proficiency can be quickly achieved during their preceptorship programme. The NIPE lead at UHDB and the LME confirm there's sufficient opportunity for all students to exit their programme with experience of systematic examination of the new-born in line with local and national evidence-based protocols. The programme team confirm that the final year of the programme contains pre-preceptorship content and preparation for a future role as a practice supervisor. There's evidence of students being provided with timely and accurate information that supports wider learning. For example, senior representatives from NUH tell us that students are included in the 'Friday afternoon takeaway' sharing of good news across the maternity service. UHDB practice assessors tell us that students are part of the 'team of the shift' which promotes an inclusive learning environment. The LME and programme leader confirm that students are provided with timely and accurate information regarding entry to the register at the end of the programme (160-163, 168-169, 173-177, 180).

**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**

What we found before the review

Students are allocated to a range of placements across the East Midlands, with a first base allocated in year one and a second base allocated in years two and three. Local population analysis shows opportunity for students to learn midwifery care for people with diverse needs. Further evidence to demonstrate how care for people with diverse needs is included in the theoretical programme or in clinical simulation and skills would enhance this (24, 32).

The allocations are completed by the placement partnerships and mobility (PPM) team. Placement guidance informs students that placements are allocated to enable students to meet professional and statutory body requirements including completing the required number of placement hours and provide the opportunity to experience the full range of care required to develop the SPM required for successful completion (32, 103, 154, 192).

A placement handbook advises students of factors influencing placement allocation. These include consideration of placement availability and capacity, fairness to students and previous placement experience. Students are informed of their year one home and year two and three placement organisation at the start of the programme and specific placements at least four weeks before commencement. Students are advised that they consider booking accommodation if placements are more than one hour 15 minutes away and advice is provided regarding finance claims from NHS bursaries. Students can exchange placements on a 'like for like' basis. Students complete non-midwifery placements for gynaecology, surgery/theatres and neonatal care. A placement pathway example is provided (32).

Students are allocated practice assessors by the PLP. The PPM team send allocations to a PLP designated link midwife who is responsible for assigning a practice assessor and practice supervisor. PLPs hold practice assessor and practice supervisor databases to inform placement capacity. The eMORA requires confirmation that preparation for the role has been undertaken and access to PebblePad also requires declaration of SSSA status. A SOP is in place at NUH which allocates off duty for students so that they're always allocated to a named midwife. Students are required to follow any practice supervisors who are deployed to another area for that shift (24, 31, 105-106).

Issues related to the SSSA are on the standing agenda for the midwifery education management committee. Minutes of the practice learning team also include discussion of the SSSA as well as changes to placements and placement feedback (107, 120).

There's occupational health screening and a special consideration process applied where students require adjustment to the standard allocation process. Allocation is based on a 37 hour and 30-minute week and students record scheduled breaks on timesheets. There are processes to support reasonable adjustments including a personal support plan for academic settings and a practice support plan for practice settings. There's evidence that academic staff are prepared to support diversity within the student group. The eMORA has a progression plan for students needing additional support in achieving the SPM. The PSTAs maintain a practice visit log for NUH and UHDB which identifies additional support and actions for students in line with individual needs. There are initiatives to support student experience including supporting mature students and a mature student wellbeing officer. There's a research assistant exploring experiences of black, disabled and mature students in the SoHS and practice learning to inform approaches to improving differential attainment. A placement queries inbox has been initiated (24, 28, 54-56, 107-110).

There are processes in place to enable and manage voluntary interruption to the programme. Students return to identified points in the programme and can access occupational health, counselling and additional student support (24, 111, 115).

There are processes in place for students to raise and report concerns about safeguarding, discrimination and harassment. There's a case study demonstrating the escalation of concern process in action (112-113).

Students are allocated a personal tutor who meets with students at a minimum three times a year and reviews student engagement, assessment progress and welfare support. There's a midwifery senior tutor who monitors student engagement and alerts personal tutors to any areas for follow up. Personal tutors are supported by support and wellbeing officers and there's wider resources available to support student wellbeing through the wellbeing webpages. There's an example of personal tutor referral of a student to the university mental health advisory services. There's also a school placement support counsellor for students who require additional support with practice based issues (24, 52, 194).

The SoHS have a peer mentoring system to provide leadership and support to new students. Peer mentors can gain support through the personal tutor system, the student experience team and there's a range of central UoN support systems (114).

Detailed information about the assessment process is provided in the SoHS assessment handbook. This includes advice on accessing and using feedback from summative assessment in theory and practice. There's information to support applications for extensions and extenuating circumstances. The handbook provides assessment officer contact information for queries about assessment. There's guidance on referencing as well as the academic misconduct and plagiarism processes. There's an opportunity in year one for students to submit formative writing to their personal tutor for feedback. Formative and summative feedback is included in the eMORA, also informed by PUSC feedback (24, 31, 116).

Information about student evaluation and feedback is provided in handbooks, through a student SharePoint and a practice learning website. Feedback is gained through SEM and SEPL at the end of each placement. Student representatives provide feedback at LCFs to enable student feedback to be discussed with the academic team. There's a new model of staff/student feedback being introduced via the student's union in 2023-2024 and the LCF will become the staff student forum (SSF), co-chaired by a senior student representative and staff member. The SoHS have escalation processes for students to raise concerns about aspects of patient care safety and quality learning support and supervision. There's a concerns QR code which provides an immediate link to the process. The UoN has a student's complaints process (22, 24, 58, 76-77, 88).

Module evaluations demonstrate variance in response rate. Engagement is good in level four with lower response rates at level six. For example, in the year three module 'advancing midwifery clinical practice' there's a 12.73 percent response rate. In contrast the year one module 'foundations of compassionate midwifery' has a completion rate of 87 percent. Where modules are evaluated, ratings for modules appear to be around four (agree). Module conveners provide feedback to students identifying what actions will be taken based on the feedback. Comments identify how this will inform module teaching for the next cohort. If conveners identify a change can't be made they provide a rationale (57, 65, 117).

#### What we found at the review

Documentary evidence and meetings with stakeholders during the visit confirm that students are empowered and supported to become resilient, caring, reflective lifelong learners, capable of working in inter-professional and inter-agency teams. Students confirm they've opportunities throughout the programme to work with and learn from a range of people across placements and people with diverse needs. Students we meet tell us they're exposed to a range of learning environments throughout the programme in both theory and practice learning. The programme team highlight the diverse number of placements available to students as a strength, offering opportunities and capacity for students to work with people from different demographics and models of care. Practice supervisors and practice assessors confirm that students are allocated to a range of placements that facilitate achievement of the SPM. They confirm that UoN students are well prepared for achieving the requirements of each level of the programme. Students we meet in placements tell us they're enjoying their placements and consider that they're varied enough to support achievement of the SPM (161, 168-169, 172-181, 191).

The programme team and students confirm that students are allocated to practice supervisors, practice assessors and academic assessors. Students confirm they meet with practice assessors at scheduled points in the programme. Students are mainly positive about the availability and consistency of practice supervisors and practice assessors, however, where issues occur these are resolved promptly by the local practice education team and PSTAs who are responding promptly to any supervision

issues. The programme team tell us that the role of PSTAs is to work out alongside nominated people in PLP teams, working in partnership to facilitate prompt response to student queries, issues and concerns, including facilitation of the eMORA and PebblePad. They tell us that ULLs and PSTAs work together to manage issues identified in practice areas and they liaise with academic personal tutors (159, 161-162, 179, 181).

The programme team tell us and students confirm that constructive feedback is provided throughout the programme in theory and practice to inform their performance and achievement. Students tell us their diverse and individual needs are respected in the UoN and in placements. The programme team confirm there's a process for identifying and confirming reasonable adjustments and students are encouraged to share this with practice assessors and practice supervisors. Where students report personal welfare concerns, they tell us they're signposted to support and wellbeing teams within the UoN. Students who interrupt their studies are managed by the programme lead. A panel meets to review the individual needs of returning students to ensure that the right support is put in place. This includes mandatory training and placement induction as required. Students are required to complete a further DBS if it's more than three years since the last disclosure (161-162, 164-167).

The academic team tell us and students confirm that they're allocated a personal tutor and have regular personal tutor meetings scheduled through the year. They're also encouraged to contact personal tutors with programme or pastoral queries. Most students tell us that their personal tutors are supportive and respond promptly to their queries. However, some students tell us they find that the speed and the response made isn't consistent between personal tutors. One student with reasonable adjustments tells us they found the support from their personal tutor less than expected. The student tells us they now have a new personal tutor and are receiving effective support. Another example was in relation to responses to queries about travel. However, further evidence demonstrates that the UoN provide detailed information to students around placement travel and enact processes that enable students to request taxis where public transport isn't available. The senior UoN team and students confirm that student experience staff are employed to increase pastoral and wellbeing support for students. They tell us of academic support and student experience roles which contribute to student learning. Most students confirm that they can access the support they need and that responsiveness to queries has improved since the last NMC visit. However, the consistency of the personal tutor system in managing student concerns is recommended for future monitoring to ensure improvement is ongoing (159, 161-162, 164-167, 179, 181, 187).

Students confirm the systems in place to give feedback on the quality of their programme. Although opportunities for formal module feedback is poorly utilised by students there are means for students to give feedback informally. There's a new director of teaching and learning in post in the SoHS and part of their role is to enhance student engagement in quality processes. The LME confirms that programme review meetings facilitate response to student feedback. For example, the format of an assessment was changed in response to the feedback of the current students

undertaking the module. The academic team tell us they're responding to students' need for more formative assessment, for example a mock examination session and submitting a small piece of written work in year one. The CAG is responsible for reviewing curriculum and will be undertaking a review of the curriculum now that all three years are delivered (159, 161-167).

**Outcome: MET**

Comments: None identified

**Revised Outcome: MET/NOT MET**  
**Date:**

Comments: N/A

Areas for future monitoring:

- The personal tutor system and consistency in the effective management of student concerns. (R3.14)

### Findings against themes

#### 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 – 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11**

What we found before the review

Most of the midwifery education team hold a postgraduate certificate (PgC) in higher education and/or fellowship/senior fellowship of the Advance HE. The UoN require staff to undertake a PgC in higher education or equivalent. Leadership development, mentorship and coaching is available for academic staff. A log of mandatory training is held. The SoHS have a people strategy board (PSB) mission statement which focuses on the workforce embracing a positive environment and a culture of inclusion with prioritisation of wellbeing. All staff are required to engage in an annual appraisal and development conversation, focusing on career development, capability and performance. New UoN staff receive an induction programme. There's a Nottingham reward scheme to value staff contribution and excellence. There's a workload allocation model which includes consideration of the needs of newer staff members, for example, providing additional time for teaching preparation. Role descriptors demonstrate the career framework and development for midwifery education staff.

There's time allocated to enable achievement of any qualifications such as an educational qualification. There's SoHS preparation for academic assessors. This is a three-hour programme comprising online learning (two hours) and one hour face to face (24, 28-29, 118-119, 121-125, 128, 142, 145).

All learning materials are provided on Moodle with an expectation that these will be available to students at least 48 hours before the teaching session. The 'Moodle Everywhere' policy identifies the essential requirements for Moodle module sites, including ensuring lecture capture. There's guidance on the application of accessibility practice to Moodle. The health e-Learning and media (HELM) team provide expertise in development, design and evaluation of educational materials. HELM staff review content and delivery with a focus on user needs and providing inclusive content to learners. Students with disclosed disabilities have access to personal and practice support plans (24, 54, 127).

The PARE educational audit process records the numbers of prepared practice assessors and practice supervisors in placement. SSSA issues are raised at the practice learning team meeting. There's a SOP with NUH to ensure protected time for practice assessors when assessing students (35, 120, 143).

In practice learning, students' progression and achievement is assessed through the eMORA. Processes in the eMORA are designed to ensure that assessment decisions are shared between practice assessors and academic assessors. For students who are struggling to achieve requirements, the eMORA contains progression plans for practice assessors to complete with students to document improvement needed. Completion of a progression plan requires sign off by the practice assessor, academic assessor and student. There's opportunity for a four-week resubmission period in practice if a student fails practice assessment at the first attempt. There's a case study demonstrating how concerns raised about a student may be resolved through the fitness to study process. The SoHS have a 'tell us once' process which enables personal tutors to initiate extensions and extenuating circumstances on behalf of students (31, 109, 129-130).

#### What we found at the review

Documentary evidence and meetings during the visit confirm that theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for educational and assessor roles. Senior UoN representatives tell us that their process for recruiting, preparing and developing midwifery educators starts with making a case for new posts. They look for specific attributes to fill gaps in the team for example, they must be a registered midwife and if required have other specialist knowledge such as social scientists, physiologists or have professional skills such as NIPE training. Newly appointed staff undertake formalised induction and have several meetings with the LME. All staff including those joining the team via secondment are helped to gain teaching qualifications. The UoN requires midwifery staff to complete mandatory training, which is logged, including equality and diversity and safeguarding training. The SoHS also offers a range of other opportunities; for example, there's a dedicated staff

development fund which staff can apply for (158-159).

The programme team confirm that the programme they deliver is grounded within EDI principles. For example, they tell us they're diversifying the equipment they use so that students appreciate simulation for people with different skin tones and the need to decolonise the curriculum. They tell us they've modified several of the scenarios and examples they use in their teaching to make tasks more diverse and inclusive. The team tells us that they're now teaching and supporting staff in other parts of the UoN in the decolonisation of the curriculum (161).

Senior UoN and PLP staff confirm the partnership arrangements which enable effective support for students. Elements of good practice, such as the PSTA role are shared between trusts and the evaluation of the role shared. They tell us processes are in place to manage concerns and complaints at a strategic level and an example of student debrief following an incident is described. Students are also included in PLP's reward and recognition schemes (159-161).

Students tell us that staff role model professional practice and that they know how to raise any issues if this isn't the case. Students also tell us that the compassionate care module in year one is effective in helping them to understand NMC expectations. They describe an example of awareness around the use of social media which illustrates this. Practice staff confirm they receive feedback from placement evaluations and describe the impact of sharing both positive and negative comments on their practice and the learning environment (159, 162-163, 179, 181).

Practice assessors tell us they're supported to undertake their role and PLP managers and education leads describe ongoing review of the most effective way of ensuring this. Practice supervisors can contact the PSTA and practice development leads for support in relation to their role. We're told there's more confidence in the use of PebblePad by students and practice supervisors. Practice and academic staff tell us the process for making reasonable adjustments for students is well understood. We're also told by practice supervisors that UoN staff are accessible and respond to requests for support with, for example, failing students. All staff confirm the processes for raising a concern about student behaviour or performance (172-178, 180-181).

Students feel well supported in the practice learning environment by practice supervisors, practice assessors and midwives working in practice education and development teams. They confirm that ULLs make regular visits to the placement areas. A year one student currently undertaking an observation placement describes the excellent support received during a challenging and distressing practice experience. The level of support received enables them to remain involved in the care of the family and provide continuity of carer (173-181, 191).

Practice supervisors and practice assessors tell us they communicate with each other and with academic assessors, both at scheduled points in the student year and at progression points. They confirm that a range of assessment methods, including observation and discussion are used and recorded within the eMORA and inform

assessment. Practice supervisors work closely with students and provide evidence of observation for students and practice assessors to inform decision making. This evidence is used as part of the overall judgement of student achievement of the SPM. Information provided in the preparation for practice assessors and in the eMORA identifies that opportunities for practice assessor observation are also available where this is needed to inform their assessment decision. At NUH practice assessors aren't always clear about opportunities to observe students. However, the programme team and NUH senior and practice development midwives confirm that opportunities for student observation by practice assessors are available and resourced. They tell us that there's ongoing updates and additional support being provided to ensure clarity about the SSSA (31, 162, 177, 181-182, 185).

Students confirm that the timeliness of documentation completion is improving. Access to the PebblePad platform is improved, however they still experience delays with some practice supervisors and practice assessors in signing off aspects of the eMORA on PebblePad. They confirm that the actions in place are now improving the situation. This includes the support provided by the UoN PSTAs and the improved access to raising concerns about documentation completion through use of their QR code card link. They add that their own growing familiarity with the eMORA and PebblePad platform helps to support practice supervisors and practice assessors in navigating documentation. Practice assessors confirm that they frequently complete the eMORA outside of their scheduled practice hours but confirm they can either seek remuneration for this additional work or claim the time back. NUH tell us they're exploring a cohort model for practice assessors to enable efficient allocation of time for completion of the assessment process and documentation. They tell us PSTAs are helpful in supporting students, practice supervisors and practice assessors to complete timely assessment of practice. There's a midwife working in the practice education and development team recruited specifically to support community midwife practice assessors. There's evidence that actions put in place by the UoN and PLPs are improving the ability of practice assessors and practice supervisors to complete documentation in a timely manner. The timely completion of practice assessment documentation is improving but is identified as an area for future monitoring (162, 164-165, 168-169, 186).

All practice supervisors and practice assessors confirm they see students' placement evaluations and share positive feedback across teams, including where specific practice supervisors and practice assessors are celebrated by students. Where feedback is less positive, this is taken forward by midwives working in practice education and development teams who formulate action plans in conjunction with placement areas and these are subsequently evaluated (168-169).

**Outcome: MET**

Comments: None identified.

**Revised Outcome: MET/NOT MET**  
**Date:**

Comments: N/A

Areas for future monitoring:

- The timely completion of students practice assessment documentation through PebblePad. (R4.4)

### Findings against themes

#### 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 – 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16**

**NB: 5.1 – NMC Standards of proficiency**

What we found before the review

The midwifery programme is approved as meeting NMC standards without conditions. It's mapped to the SPM. It's based on a spiral curriculum model to structure the programme from simple to complex concepts, with an example from pharmacology provided to demonstrate theoretical progression. Reflection and reflective practice are integrated throughout module content and in practice and examples of reflection are provided. Theory and practice are weighted in an equal balance of 50/50 percent with 2300 hours in theory and in 2300 hours in practice. The programme planner shows students complete blocks of theory and practice, together with independent study and annual leave. Students are asked to evaluate whether workload related to a module is manageable and students identify that its less manageable in year three modules. However, evaluation response levels are low, particularly in year three modules (5, 34, 76, 96, 117, 134-135, 140-141).

Students complete a year-long practice module in each year. Assessment comprises a clinical OSCE appropriate to the level of training and completion of the eMORA practice document. The eMORA is mapped to the SPM. The eMORA uses a range of evidence including observation to support assessment judgement. Each practice module includes mandatory clinical learning sessions. In year one, students complete clinical observations, venepuncture and injection technique and midwifery skills. In year two students complete theoretical and clinical learning for obstetric emergencies and in year three they learn intravenous cannulation and perineal repair. Students receive preparation for practice sessions including mandatory training and complete reflection on practice sessions following placement. Modules are mapped to the SPM and assessed using a range of assessment methods. A grading template in Turnitin is used

for academic assessment. The eMORA isn't graded but includes holistic performance descriptors to support assessment judgements. Removal of grading in practice is bringing the number of degrees being awarded 'good' degree outcomes (upper second classification or above) into line with UoN averages. 82 percent of midwifery students achieved a good degree outcome in 2022 (24, 31, 98-99, 101, 116, 133, 136-139).

The SoHS present mapping of the key CQC NUH findings to the curriculum to ensure that areas of improvement are covered in content. An optional module in year three allows students to develop further expertise in areas such as maternal ill health and emergencies (76, 132).

CVs and qualification and training records demonstrate that the academic midwifery team have a range of experience and hold appropriate qualifications to support and develop the curriculum. There are two current vacancies in the midwifery team (24, 28-29, 145).

A CAG is formed to review and co-produce ongoing improvements and changes to the programme. Representation includes a range of service providers including NHSE WTE, regional clinical lead midwife, DoM/HoM from PLPs, practice education midwives, practice learning support midwives, midwifery academic team, student midwives and PUSCs. The CAG is commencing a review of curriculum as all modules on the new programme are now delivered at least once (60, 69, 82).

There are processes that contribute to fair and reliable assessment. There's staff development available for assessment. The assessment schedule is reviewed and approved annually to establish fair workload. There's a moderation policy and processes to ensure marking is equitable and appointment of an external examiner to review benchmark standards and quality. There's a process of data analysis of module results. PUSCs contribute to assessment through feedback in practice. A NIPE practitioner and parents both provide feedback on assessment in care of the neonate module in year three (61, 136-138).

The programme academic plan confirms that there's no compensation in compulsory or optional modules. Academic regulations don't allow for compensation and completion of a stage without successfully re-taking the assessment (66, 76).

#### What we found at the review

Documentary evidence and meetings at the visit confirm that curricula and assessments are designed, developed, delivered and evaluated to ensure students achieve the SPM and outcomes for their midwifery programme. The programme team and students confirm that the programme is delivered as approved, with all levels now in operation. There's a balance of 50 percent theory and 50 percent practice, with assessment of theory and practice appropriately weighted. The eMORA isn't graded but is assessed in each level of the programme as part of the practice module in each year. There's no compensation between theoretical and practice assessments allowed. The LME confirms that a formal curriculum review event is planned to enable

evaluation of the programme with input from key stakeholders including students, PUSCs and PLPs. There's evidence of compliance with annual programme monitoring requirements and the NMC ASR process. Senior UoN staff tell us that staff are supported to manage their workload and engage in relevant continuing professional development. The programme team confirm they've sufficient staff and can lead and manage the programme effectively (158-159, 161, 163).

Senior UoN representatives tell us of the commitment of staff to research and evidence-based practice and how this is shared with PLPs and used to inform aspects of the curriculum. The programme is led by an experienced LME and a programme leader and professional lead who are both experienced midwifery educators and accountable for ensuring that the programme continues to meet NMC requirements. The academic team and LME confirm the curriculum reflects contemporary midwifery practice and the wider health and social care agenda. They tell us that a mapping exercise is completed to ensure that topics raised by the CQC and HSIB are adequately reflected in the student learning experience. There's confirmation that student feedback about the curriculum is responded to. For example, changing the format of an assessment and introducing more formative assessment opportunities as well as the ongoing decolonisation of the curriculum. Employers and students tell us that the programme enables the achievement of the expected SPM for a newly qualified midwife. Students tell us that the programme is intense but well planned, with increasing levels of complexity and challenge as the programme progresses. They're enabled to reflect in theory and practice, through both written and verbal opportunities. They reflect on the feedback provided by PUSCs during practice experience (158-165).

Assessments are balanced during the programme to optimise students' workload, for example no theory-based assessments are submitted during practice placements. There's evidence of moderation of assessment. There's a clear process to appoint the external examiner which assures they've the qualifications, experience and current NMC registration to undertake the role. New external examiners have a period of induction and mentorship from an experienced examiner. The external examiner has oversight over theoretical and practice assessment and meets with students, academic and practice staff. They confirm student assessment is fair and reliable (89, 161, 163, 168-169, 184, 192).

Practice assessors, practice supervisors and students confirm that assessment is evidenced by observations and other methods such as discussion, question and answer and written reflective evidence recorded in the eMORA. They and students confirm that reasonable adjustments and individual needs are supported. Students feel prepared for placement and have appropriate knowledge for each stage of the programme. The LME confirms the process for ensuring students have completed the hours requirements of the programme including adjustments needed for students who have had a break in study. Practice supervisors and practice assessors are confident that successful UoN midwifery students are ready for entry to the register on completion and employers tell us they're eager to recruit them (159-161, 163, 168-169).

<b>Outcome: MET</b>
Comments: None identified.
<b>Revised Outcome: MET/NOT MET</b> <b>Date:</b>
Comments: N/A
Areas for future monitoring: None identified.

### Evidence/Reference Source

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7. NMC extraordinary review action plan, 23 August 2022
8. NMC monitoring review schedule, undated
9. NMC listening event report, 20 March 2023
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11. UoN ASR 2021-2022
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18. CQC UHDB, quality report, 16 June 2021
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27. UoN business unit organisation and arrangements, undated
28. UoN midwifery mandatory training log, undated
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30. UoN placement provision agreements – all PLPs signed, 2023-2024
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51. UoN email correspondence to students, 19 September 2003
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53. SoHS EDI summary document, undated
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70. UHDB midwifery education action group purpose and membership, undated
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90. SoHS managing a fitness to practise concern case study, undated
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107. Midwifery education management committee meeting agenda, October 2023
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118. UoN PgC in higher education [webpage](#), undated
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134. Pharmacology example illustrating spiral curriculum, undated
135. Table of modules across three years, undated
136. SoHS school moderation policy, undated
137. School exams moderation guide, undated
138. SoHS assessment rubrics, 2022-2023
139. OSCE example, undated
140. Example of student reflection on medical visit, undated
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155. SoHS degree awarding gap research draft report, November 2023
156. SoHS school enhancement plan, November 2023
157. SoHS NSS action plan, November 2023
158. SoHS formal presentation to monitoring team and data pack, 12 December 2023
159. Meeting with senior AEI/SoHS representatives, 12 December 2023
160. Meeting with senior PLP representatives, 12 December 2023
161. Meeting with midwifery programme team, 12 December 2023
162. Meeting with level five midwifery students, 12 December 2023
163. Meeting with LME and midwifery leadership team, 12 December 2023
164. Meeting with level six, year three students face to face, 13 December 2023
165. Meeting with level six, year three students online, 13 December 2023
166. Meeting with level four, year one students face to face, 13 December 2023
167. Meeting with level four, year one students online, 13 December 2023
168. Focus group with practice supervisors and practice assessors, face to face, 14 December 2023
169. Focus group with practice supervisors and practice assessors, online, 14 December 2023
170. Focus group with PUSCs face to face, 14 December 2023
171. Focus group with PUSCs online, 14 December 2023
172. Visit to ward 11, QHB, 13 December 2023
173. Visit to delivery suite, QHB, 13 December 2023
174. Visit to ward 314, RHD, 13 December 2023

175. Visit to labour ward, RHD, 13 December 2023
176. Visit to antenatal clinic, QMC, 13 December 2023
177. Visit to labour suite, QMC, 13 December 2023
178. Visit to ward C29, QMC, 13 December 2023
179. Visit to labour suite, NCH, 14 December 2023
180. Visit to neonatal unit, NCH, 14 December 2023
181. Visit to Bonnington ward, NCH, 14 December 2023
182. Additional meeting with programme team and practice representatives, 14 December 2023
183. Telephone call to a maternity services user involved in the co-production of the midwifery programme, 14 December 2023
184. External examiner CV and report, 19 September 2023
185. Practice assessor and practice supervisor preparation, 13 December 2023
186. Evidence of ongoing support to students, practice supervisors and practice assessors for use of Pebblepad and Pebblepocket, 13 December 2023
187. Evidence of support for student travel to placements, 13 December 2023
188. Evidence of people who use services and carers involvement in the midwifery curriculum, 14 December 2023
189. NMC case holding information, 14 December 2023
190. Demonstrating co-production of educational programmes within SoHS, 14 December 2023
191. Visit to antenatal clinic, RHD, 13 December 2023
192. SoHS annual self-declaration of health and character, undated
193. SoHS PLC minutes, 6 September 2023
194. Redacted example of student referral to mental health advisory services, 7 June 2023

### Personnel supporting education monitoring review

#### Prior to the monitoring visit:

#### Meetings with:

Head of SoHS

#### At the monitoring visit:

#### Meetings with:

Practice supervisors/practice assessors

BSc (Hons) midwifery

NUH:

Practice supervisor x one

Practice supervisor and assessor x15

UHDB:

	Practice supervisor and assessor x 11  CRH: Practice supervisor and assessor x one
Academic assessors	14
People who use services and carers	UHDB: one UoN: five
Senior managers of the AEI	Head of SoHS Deputy head SoHS Director of learning and teaching, SoHS Director of people and culture, SoHS Director of research, SoHS Head of operations, SoHS Lead for midwifery action plan, SoHS Director of practice, SoHS Quality lead, SoHS Midwifery professional lead, SoHS Midwifery programme lead, SoHS LME, SoHS
Senior managers from associated practice learning partners	NUH chief nurse UHDB executive chief nurse SFHT executive chief nurse
Director/manager nursing	NUH director of nursing NUH assistant director of nursing CRH multi-professional practice learning lead
Director/head of midwifery	NUH DoM SFT DoM CRH DoM
Education commissioners or equivalent	None
Practice education facilitator or equivalent	NUH:  PSTA x three Practice development midwife x one, Practice development nurse x one, Clinical educator x two  UHDB:

	Practice learning support unit midwife x one Practice learning support unit nurse x one
Other:	NUH PMA x one NUH matron x three UHDB: NIPE co-ordinator x one

**Meetings with students:**

<b>Programme</b>	<b>Number met</b>
BSc Midwifery (long programme)	Year 1: 10 Year 2:13 Year 3: 14

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**Issue record**

**Final Report**

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