



CANTERBURY CHRIST CHURCH UNIVERSITY

FACULTY OF MEDICINE, HEALTH & SOCIAL CARE

BSc (Hons) Midwifery

**Response to the Midwifery Student Listening Event
conducted on 8th December 2022**

Date of response 3rd February 2023

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Context of the BSc (Hons) Midwifery Programme at Canterbury Christ Church University

Canterbury Christ Church University (CCCU) has provided midwifery courses for more than 30 years. The three practice learning partners (PLPs) are East Kent Hospitals University NHS Foundation Trust (EKHUFT), Medway NHS Foundation Trust (MFT) and Maidstone and Tunbridge Wells NHS Trust (MTW).

The midwifery course ranks 21st out of 53 courses in the 2023 Guardian league table (and 22nd in satisfaction with teaching). In line with the University's ethos of widening participation it has an entry criteria of BBB at A-level and ranks 27th in terms of entry tariff (average 146). The course ranks 10th for value added (i.e. compared student degree results with entry qualification), demonstrating our effectiveness in teaching and student support.

The Complete University Guide 2023 does not separate out midwifery from nursing, in which subject we rank 52nd out of 84 courses in nursing and midwifery (up 8 places compared to 2022).

The 2022 National Student Survey (NNS) for midwifery shows:

- 76% satisfaction with the teaching on my course;
- 60% overall satisfaction (improved by 8% from 2021 to 2022) and is equal to that of the wider midwifery sector;
- 12% higher performance than the wider sector on assessment and feedback.
- 96% report that the course has provided students with opportunities to apply what they have learned in practice.

The majority of midwifery students achieve good degrees. Using data from 2020, 2021 & 2022 the mean attainment of good degrees (1st or 2.1) is 84.5% for all students, 93% for Black, Asian and Minority Ethnic Students, 100% of students with a declared disability and 82% of students from Low Participation Neighbourhoods Polar 4, Quintile 1 and 2.

Upon completion, 100% of students are in highly skilled employment 15 months later. CCCU is currently ranked 3rd amongst large Universities in the UK for graduates in work.

The practice learning environment has been challenging with all three PLPs rating as 'requiring improvement' in the most recent Care Quality Commission (CQC) reports:

- MTW: CQC inspection [2017](#), report published 2018, requires improvement. Maternity services not inspected
- MFT: CQC inspection and report published [2021](#), requires improvement with good for caring. In 2017 maternity inspection rated as good with outstanding for caring.
- EKHUFT: CQC inspection and report published [2021](#), requires improvement with good for caring. Unannounced maternity inspection w/o 9th Jan 2023, outcome awaited.

Nationally, maternity services have come under the spotlight with the 2022 CQC maternity survey showing the impact of continuing high levels of pressure on maternity services and the Ockenden reports on Shrewsbury and Telford Hospital NHS Trust (2020 & 2022). EKHUFT maternity services have been under investigation as reported in the recently released report by Dr Bill Kirkup CBE 'Reading the signals. Maternity and neonatal services in East Kent – the Report of the Independent Investigation' ([2022](#)).

CCCU has provided the Nursing and Midwifery Council (NMC) with regular contingency reports for EKHUFT (since January 2020) to outline our partnership working and how we support our students.

Following the unsuccessful approval in June 2022, we have worked with increased focus in close partnership with the PLPs, Health Education England (HEE) South East and met regularly both with HEE and the NMC to provide updates on our action plans. We have provided support to EKHUFT

colleagues and our students when the Kirkup report was released. When the over exposure to nitrous oxide was identified by EKHUFT we acted quickly, withdrew students from labour ward, ensured they had relevant blood tests, and have developed a joint risk assessment with the Trust. We have provided support for students affected by the temporary withdrawal of labour ward placement hours. Students have now successfully returned to the labour ward, are receiving training in the use and storage of Entonox piping and scavenger units, and are included in regular personal monitoring.

CCCU is also working closely with the Integrated Care Board (ICB), facilitated by Dame Eileen Sills. Working with the wider integrated care system, this partnership has discussed the findings from the student listening event, gathered best practice evidence and is beginning to roll out good practice in stages. For example, we agreed in December 2022 to introduce student councils at all Trusts, with agreed Terms of Reference (tried and tested by HEE with Student Councils in other systems), from February 2023. In January the ICB and Faculty partnered up four Chief Nursing Officers (CNO) (one each for child, mental health, and adult nursing; one for midwifery) with four academic colleagues who will build on our partnerships, bridge the gap between education and practice, develop career opportunities, develop and strengthen clinical academic careers and research practice.

Over the past six months, in addition to working on our action plan, we have worked in tandem with HEE to realise improvements in the practice learning environment. The HEE NHS SE Programme Lead for Maternity and Neonatal (LMNS) has met with Trust Directors and Heads of Midwifery and Professional Midwifery Advocate (PMA) leads to share intelligence from the listening event and agree a named PMA for each student to offer an increased support package and opportunities to raise any concerns regarding practice. HEE is bringing together a Local Midwifery Faculty Group (Practice Development Midwives) that will monitor the quality of the midwifery education at each Trust.

Regular meetings are continuing between the LMNS and ICB colleagues and ICB Clinical placements expansion programme leads. CCCU have been included in the SE Maternity Voices Partnership (MVP) co-production steering group to further strengthen the service user voice within the curriculum. Bids for companies to lead training for cultural awareness, bystander, and unconscious bias are currently being invited by HEE. Meetings have also been held with the Practice Development Midwives, which has led to the inclusion of our 3rd year midwifery students in the Trusts' PROMPT and simulation exercises and training. HEE are also working closely with the stakeholders across Kent and Medway to explore and offer support around opportunities for students to gain their proficiencies within challenging environments.

HEE, in collaboration with the university and the ICB, are also preparing for a joint summit to be held on 1st March 2023. Joint investment from HEE and the University provides funding for a Reader/Professor in midwifery to strengthen the academic leadership. This currently going out to advert. Alongside two other professorships (in physiotherapy and occupational therapy), this demonstrates the University's commitment to healthcare education and research.

In the face of the challenging practice environments, we were pleased to learn from the Student Listening Event that the majority of students reported adequate supervision and feedback in practice placements, that they feel supported by the practice supervisor, and that they generally report an improvement in practice supervision and experience. However, the report also revealed ongoing challenges which we must address, and are outlined in the remainder of this response.

Response against key risks

General statement: All our work is carried out in partnership with our students and PLPs, and where appropriate the HEE and ICB. In order to avoid duplications, we have not repeated this throughout the entire response below.

Risk theme one

Effective partnership working: collaboration, culture, communication and resources

1.2 The Approved Education Institution (AEI) has appropriate resources to deliver approved programmes to the standards required by the NMC.

1.2.2 Sufficient appropriately qualified academic assessors to support number of students

“Students report some confusion between the roles of the academic assessor and their PAT as this may be the same person. Students are unsure how the academic assessor contributes to student progression on the programme.” Pg 10

In line with the CCCU Personal Academic Tutoring Policy and the Standards for Student Supervision and Assessment (SSSA) (2018) respectively all students on the BSc (Hons) Midwifery course are allocated a Personal Academic Tutor (PAT) and Academic Assessor (AA). The PAT role is a partnership with the student, in which both the PAT and the student play an active role in their academic progress and University experience. The PAT offers guidance and signposting to specific support and skills development opportunities and foster a sense of belonging in the university.

Congruent with the SSSA (2018) the role of the AA is a different member of the midwifery course teaching team in year two from years one and three.

The academic midwifery team consists of 9.6 FTE whom all undertake the roles of PATs and AAs. This means that at times the role of the PAT and the AA may be undertaken by the same midwifery lecturer. All academic midwifery staff are AAs and are suitably prepared for the role. Midwifery lecturers complete a Midwifery Practice Assessment Collaboration (MPAC) Academic Self Declaration form to demonstrate compliance with their annual AA update. The Lead Midwife for Education (LME) maintains a register of this data alongside copies of the academic staff's CVs. The role of the AA is to meet with their allocated students at the formative and then at the summative progression point. At this meeting the student's progression is discussed including the feedback from Practice Supervisors (PS) on completed proficiencies and the summative holistic assessments undertaken by the Practice Assessor (PA). The AA also checks that the student has met the required number of clinical hours for that academic year and checks progress with regard to EU Directives. Any concerns or discrepancies that may prevent progression require an action plan which is developed with the student and the practice area, and the Course Director is informed. This information is recorded by the AA on the Student & AA Progression Meeting Form, which for the third-year students includes final EU directive numbers. Information regarding the role and purpose of the PA/PS and AAs is available in course and student practice learning handbooks and is a point of discussion during the student preparation for practice each year during Practice Modules 1, 2 & 3. At the mid-point and the end of the academic year the process of allocation to AA will be audited by the midwifery course team and any actions from this audit will be taken.

Enhancements:

We have further enhanced the clarification, definition and context of the role of the AA since the unsuccessful approval of the BSc (Hons) Midwifery course in July 2022. Students are now provided with a newly designed guidance document about their PAT-AA-LINK team allocation that clearly demonstrates the name of the midwifery lecturer allocated to them, the role they are undertaking, (PAT, Link lecturer and academic assessor) and the focus of those roles. All students are emailed a copy of this information for their records, and it is also clearly displayed on the Students' Cohort Blackboard.

The Student & AA Progression Meeting Form for the final-year students collate data concerning EU directive numbers and clinical grading. We have expanded this form to facilitate discussion and record more detail on trends in facilitating birth whilst working across the whole continuum of care and in all settings, understanding of the woman's and new-born infant's whole maternity journey. Students are able to meet the requirement to supervise and care of at least 40 women in labour and personally carry out at least 40 deliveries. Where this number cannot be reached owing to the lack of available women in labour, this can be reduced to a minimum of 30, provided that the student participates actively in 20 further deliveries ((NMC 2018).

Further Actions: We are further strengthening the connection between the practice areas, students, link lecturers and AA's. For example, we have developed student voice forums, a meeting between the AAs, link lecturers and students, where topics are selected by those present and discussed in a restorative way, very much encouraging the students to be co-producers of the discussions and action. This is followed up with a 'write up' of the discussion and any actions taken noted. This is then shared with all midwifery students in that placement area.

"Some of the third year CC and MC students report they've had the same academic assessor for all three years of the programme." pg. 10

In line with the Canterbury Christ Church University Personal Academic Tutoring Policy and the SSSA (2018), all students on the BSc (Hons) Midwifery course are allocated a Personal Academic Tutor (PAT) and Academic Assessor (AA) at the beginning of each academic year.

Congruent with the SSSA (2018), the role of the AA is a different member of the midwifery course teaching team in year two from years one and three. The students have the information for the whole course at the commencement of the programme, however the information is revisited yearly to account for amendments to staffing and student data.

However, due to the disruption of the third years practice plan because of the pandemic, some of the third-year students did not have a change of academic assessor in year two. To ensure that they do have a change of academic assessor they have been allocated a different academic assessor for their final year.

Further Actions: We are further strengthening the connection between the practice areas, students, link lecturers and academic assessors. We have developed student voice forums which is followed up with a 'write up' of those forums.

"two CC third year students tell us they were without an academic assessor for the second year as a result of a lecturer 'going AWOL'.They tell us there was no contact that the PAT was no longer available, and any support was very 'hit and miss'.pg10

On occasions short-term sickness unfortunately becomes long term. In the short term, the member of staff would have an automatic reply referring the sender to other members of the academic midwifery team. We had one member of staff that had sick leave in October. This began on the 25th of October 2022, on the 26th of October 2022 the relevant students were sent an email by the PAT covering in her absence. The member of staff has remained on sick leave. The students were re-allocated to other PATs and academic assessors as quickly as possible on the 5th of Nov 2022.

Further Actions: With the development of new curriculum, we have designed in enhanced use of key communication tools, such as Students' Cohort Blackboard and practice feedback Padlets, to ensure further clarity for the students regarding how they can access team members so that they are not impacted by any unavoidable absences. Team members also have use out of the office messages for instances when staff are off sick or on leave, explaining who to contact, and provide advance notice of leave in the email signatures.

1.3 There are appropriate resources available in practice settings to enable students to achieve learning outcomes.

“The majority of students confirm that they receive sufficient support from practice supervisors to achieve the required proficiencies in practice. Some third-year students report that they get insufficient time with a practice supervisor for discussion or providing feedback on their progress. One third year student (CC) describes supervision on the labour suite as ‘hit and miss’.”pg 10

Along with our practice partners, we are committed to ensuring that there is consistency of understanding and application of SSSA Standards (2018) in placement areas. When in practice, all students on the BSc (Hons) Midwifery course are allocated a Practice Supervisor (PS) and a Practice Assessor (PA). It is very positive to hear the improvements are already evident to the students. Since returning to practice post-pandemic, the face-to-face SSSA (2018) updates for midwifery staff are now re-established and students and clinical staff have verbally communicated their growing satisfaction related to the improved interpersonal relationships between practice and the University. They are scheduled to occur weekly throughout the year in each practice area, which has further embedded and strengthened the PS and PA roles providing more opportunities for midwifery colleagues to discuss concerns and good practice. Topics covered include providing positive feedback to and receiving feedback from the students, supernumerary status of the students and the raising and escalating concerns policy and procedures.

Where students have concerns such as those raised about the support they receive, they are able to ask their cohort representatives to raise the issue at the biannual course committee meetings. The membership of this committee includes representatives from each practice learning area, the academic midwifery team and each cohort. They are then able to feedback the resolution or actions with their cohort. In addition, the PLPs and academic midwifery team are able to further discuss the given issues and other developments and improvements at the Midwifery education forums, creating actions that can be shared in practice with the PA's and PSs.

Further Actions: We continue to work with our PLPs to ensure both students and PSs have strategies to provide feedback in a timely way. For example, in EKHUFT a weekly news email includes all students and all staff and includes pertinent student/PA/PS messages.

We have added the SSSA standards (2018) as a standing agenda item to the course committee meeting. The Board of Studies which oversee the operation of the programme/group of programmes/subject area and have a specific role for continuous improvement and review of course

outcomes, also have the SSSA included in its agenda. This will add specificity to the topic of supporting students in practice and the feedback shared.

1.3.1 Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students.

“The students we meet give a mixed picture of application of the role and responsibilities of the practice assessor. Access to practice assessors is a variable experience. Some second year CC students tell us practice assessors are ‘brilliant’ having met with them initially and for formative and summative feedback. They tell us that the practice assessor is aware of their progress and is always available to support learning. One second year student (CC) reports how the practice assessor reviewed year one achievements and fed this into planning for year two.” pg. 11

“Some students report no or very limited access to their practice assessor. Some students report they receive no response from their named practice assessor despite contacting them on numerous occasions. Some students inform us that their practice assessor was too busy to meet with them.”pg11

We are pleased to hear that many of the students are saying their PA is ‘brilliant’ and we will ensure our PLPs are provided with this feedback and that they share the details of this good practice at our next Midwifery forum. It is good to hear that the SSSA standards (2018) are being upheld in this way. The scheduled SSSA updates include discussion about providing feedback and this appears to have contributed to the responses provided.

We acknowledge that the experience of the second- and third-year students have been influenced by the pandemic. They have progressed through their course during the implementation of the NMC temporary emergency standards (2020), and whilst these were phased out in the subsequent year, the effect of the post COVID environment has required us to reset and re-establish ‘normal’ ways of working under the SSSA standards (2018). Within the NMC temporary emergency standards (2020) it was permitted that the PA and PS could be the same individual, and because of high rates of COVID infections the AAs were not permitted to attend the placement and all support was undertaken remotely. Since this time, we have worked hard to re-establish and strengthen the relationships between the clinical link midwives, link lecturers and AAs. The regular meetings between the clinical link midwives and link lecturers have provided a forum for discussion about addressing challenges.

A number of enhancements have been put in place since July 2022. In the classroom, tutorials and in practice, students have received further guidance about the ways they can escalate any concerns. We have worked with students to ensure they understand that there is also an expectation that they will be more proactive in escalating such issues to the link team and student link midwife so that timely action can be taken. This will be evident through conversation with students during the AA meetings and reflected in their MPAD.

Regular monthly student voice forums held in the practice area provide an added means of addressing concerns, including new Student Councils in each trust from February 2023. These Councils will all use the same HEE terms of reference to promote focus and consistency across all PLPs. They will be chaired by students with support from a dedicated practice educator facilitator and will have clear feedback loops to Chief Nursing Officers and the University and vice versa.

Where concerns raised are not addressed the Lead Midwife for Education (LME) will raise the issue in the appropriate forum, this may be within the university, or with PLPs or the NMC.

Further Actions: It should be noted that the students require access to PAs in order to complete the MPAD and progress during each year of the course; therefore, 'no' access to a PA would mean that their MPAD had not been completed therefore the student would not pass the practice element of the course. Where students perceive they have limited access to their PA, we are currently continuing to work in partnership with our clinical colleagues, to further embed strategies to address these concerns. These will include direct communication with the PA via the student link midwife, or discussion and reflection around the role of the PA in SSSA weekly updates which highlights the importance of the PA communicating with the student in a timely and effective way.

As a result of our training of PAs we can report the following numbers of PAs per site:

- EKHUFT 260
- MFT 71
- MTW 114

This represents the following number of PAs per students per site as:

- EKHUFT 8
- MFT 5
- MTW 8

“One second year student (CC) after receiving no response from the practice assessor was allocated to another but as they hadn't completed the practice assessor preparation was further reallocated but has been unable to meet with this third practice assessor as they're too busy. One second year student (CC) reports that they couldn't access their practice assessor in the first year and they've been allocated the same practice assessor this year and the same difficulties exist.”pg11

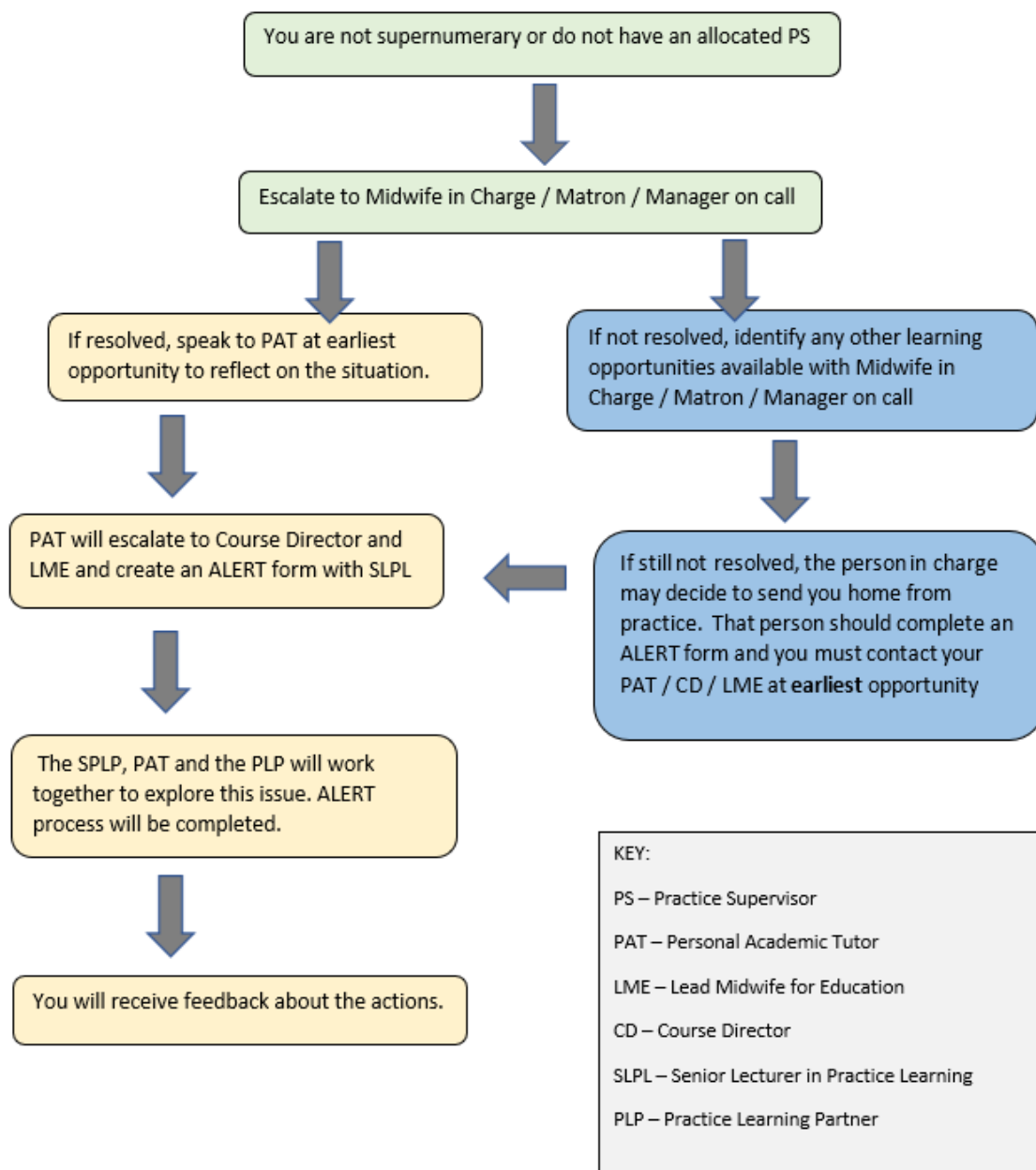
We are unable to directly respond to this one student case as we have not been made aware of the specific details. However, in line with the SSSA (2018) all students on the BSc (Hons) Midwifery course are allocated a PA when in practice. 100% of the students that submitted a placement evaluation in Sept-Dec 2022 reported they were allocated a PA and PS. It is made clear to the students during their preparation for practice on how to escalate concerns whilst in practice. This is reinforced with information provided on their student cohort Blackboard. This includes discussing these with the practice placement lead midwives, the AA, PAT or link lecturer. A schedule of times when the AA and link lecturer attend the practice areas is published in each environment. The students are also able to contact academic midwifery staff via email or Microsoft Teams to discuss emergent concerns. The PLPs are committed to responding to concerns such as this in a proactive way. This is reflected in email communication between the practice placement lead midwives and PATs, AAs and Link lecturers.

Working in partnership with the students we have been encouraging them to take responsibility accessing and engaging with the mechanisms available. Furthermore, our schedule of weekly SSSA updates in the Trusts gives us an added opportunity to explore these issues directly with PS/PAs and encourage timely responses to student contact.

Further actions: We have added the SSSA standards (2018) as a standing agenda item to the bi-annual course committee meeting and associated Board of Studies. This will further strengthen the importance of supporting students in practice.

“Students from both campuses tell us they’re not always supernumerary in practice. Supernumerary status is dependent on staffing levels and students understand that this is a ‘system failure’” pg. 11

In line with the SSSA standards (2018) and in collaboration with our practice partners we can confirm that students are not included in the clinical off-duties and remain supernumerary at all times. The importance of maintaining supernumerary status is made explicit in all student handbooks and during the students’ preparation for practice and induction sessions. A clear explanation of the definition and interpretation of supernumerary status is provided, including how and to whom students might escalate any immediate concerns should they find themselves non-supernumerary (also shown in a flowchart provided to students and PLPs). This information is also shared with PLPs.



Discussion about supernumerary status is included in the LME’s yearly welcome address to all student groups and it has been reiterated by cohort leads at the beginning of each year. The PATs have

continued to reiterate this to the students during their interactions. Guidance is provided to students on their Blackboards and in their handbooks including how to escalate concerns if this status is not supported in practice. Additionally, similar advice has been shared with placement providers and this is reiterated in mandatory updates and through new infographics and posters. PLPs are reminded of the importance of escalating any concerns related to student support in practice.

When in placement students are encouraged to discuss issues with their PS, PA, student placement lead, PAT, AA and link team. Students are given several opportunities in a variety of ways to raise issues and concerns. These include

- ALERT form (Practice Learning Unit reporting system)
- CD/LME forums
- Cohort rep/LME/CD meetings
- Bi-annual Course Committee Meetings
- Placement Evaluations
- Informal verbal and email feedback
- National Student Survey / UK Engagement Survey (Advance HE)
- Via Student Engagement Lead

To assure the student's supernumerary status, the allocated Trust identify a suitably prepared practice placement for the student as well as a named PA for the year and PS for each shift. This is facilitated by practice placement lead midwives at each Trust site who work closely with the administrators of the Faculty's Practice Learning Unit (PLU), the academic course team, and designated AA. As part of this partnership working, regular meetings are held between the PAT, the AA and practice placement lead midwives.

Following the approval event in July 2022 we have found that the context of supernumerary status is sometimes misunderstood by both students and clinical staff and the language used by them does not reflect the NMC definition. Therefore, we continue to strongly reiterate the supernumerary status of students at every opportunity. Guidance that is provided to students and PLPs has been further strengthened in the form of a flow chart, with the aim of helping both the students and the staff working with them to recognise times when supernumerary status is threatened and how to manage this. This is posted on the students' Blackboard and displayed in the practice areas.

Further actions: The maintenance of our current strategies to address this is vital, we aim to reiterate the correct terminology amongst the students and our PLPs for all NMC-accredited courses at CCCU. Information and new infographics are being shared with students and PLPs.

We will systematically collect all incidences of reports that students are not supernumerary, review the placement evaluations questions on supernumerary status (collected on PEMs), and ask students on returning from their placement experiences to provide feedback on supernumerary status. This strategy will enable immediate interventions (e.g., urgent intervention by the LME and Director of Midwifery (DOM)), as well as wider systems assessment of compliance. This will inform high level interventions with PLPs, including escalation to the Trust's executive teams and ICB if required. Where significant concerns remain, we will implement our own quality escalation procedures which would involve a further risk assessment and if needed an exception report would be raised to the NMC.

We have also developed a university PMA team and strategy. Part of this will offer restorative clinical supervision sessions to students via the Microsoft bookings system. Reports on supernumerary status will be presented and discussed at student voice forums, course committee and Faculty Practice Learning Sub Committee.

"One second year student (MC) describes as a first year being left in a room with a labouring woman with continuous electronic foetal heart rate monitoring recording but no knowledge or

understanding of how to review the cardiotocograph and told to press the buzzer if help was needed. The student left the room as the foetal head was crowning and there was no registered midwife in the room, to find the registered midwife reportedly 'eating cake' in the staff room."
Pg 11

We are unable to directly respond to this one student as we have not been made aware of specific details at this time and will actively investigate with the cohort encouraging them to share their concerns. However, in line with the SSSA (2018) all students on the BSc (Hons) Midwifery course are allocated a practice supervisor. The scheduled weekly SSSA updates in the Trusts provides a forum to explore directly with PS/PAs how students are supported in practice in a way that is appropriate for their stage of knowledge and skills.

We would expect that an incident such as this would have been escalated appropriately, providing a mechanism to address the concerns. The students are encouraged to voice their concerns and the academic midwifery team acting as the AA, PAT or link lecturer or PMA, provides support in a variety of ways – face-to-face and online, scheduled and ad-hoc, in practice and in the University. Discussions are facilitated with our PLP colleagues to address the issues. Working in partnership with the students we encourage the students to take responsibility for accessing and engaging with the mechanisms available. Additionally, students are signposted to several other ways they might raise issues, concerns or general feedback. These include

- **ALERT form (Practice Learning Unit reporting system) for urgent concerns.**
- CD/LME forums
- Cohort rep/LME/CD meetings
- Bi-annual Course Committee Meetings
- Placement Evaluations
- Informal verbal and email feedback
- National Student Survey / UK Engagement Survey (Advance HE)
- Via Student Engagement Lead
- Speak up Guardian

Following the June approval event, together with our PLPs we have developed a 'student presence' form for those students who have been involved in clinical situations that they found to be traumatic, for example a post-partum hemorrhage. When completed, this is escalated by the placement governance team or senior midwives to the academic midwifery team via the LME and course director, who take appropriate action to support the student and close the loop with the PLP. This initiative is an addition to the current system which relies on the students escalating any incidents. Thus, it provides a more comprehensive way to provide and monitor student support following an incident in practice.

In addition to our student wellbeing services, the University has launched an additional enhancement through its partnership with Spectrum.Life, who offers in the moment and out of hours support, in different ways to suit our students' needs but with a particular focus on our students' undertaking placements with shift work. Spectrum.Life offers students immediate online, text and telephone support from qualified professionals. The free service is available 24/7, 365 days per year via phone, WhatsApp, Mobile App or web platform.

Further action: Currently we are embedding the student presence form into the practice environment's processes; this process is a further mechanism to highlight students in practice who may require extra support from the PAT or a placement or university PMA. We recognise that many situations in the maternity setting, particularly in the labour ward are routine for the midwifery staff (for example a post-partum haemorrhage) but could be very distressing for the student. These would not require escalating via the established Raising and Escalating Concerns (RAEC) form; however, the

student may need time to debrief and reflect. The student presence form highlights these situations to academic staff who are then able to offer appropriate support to the student. These processes will be monitored for trends and resolutions. We will also continue to promote and support the wider University commitment to wellbeing via participation with new initiatives such as Spectrum.Life.

An HEE funded project post “Supporting Learners Innovatively with Coaching (SLIC)” commences in March 2023, the post holder will lead the implementation of new and innovative models of coaching within our practice placement areas, with the aim of supporting learners in a more effective and proactive way.

“One second year student (CC) describes how students are ‘trying to keep the ship afloat’ in relation to their practice learning experiences. The subsequent impact is that they don’t feel supported in their learning. Another second-year student (MC) reports being asked to take clinical observations repeatedly for the whole shift and when asked if they could do activities to achieve proficiencies, they were told that they just needed to help out. This pattern was repeated for days at a time.” Pg 11

As previously stated, the students are able to raise concerns about the practice environment and the way in which they are supported. In this instance the academic Midwifery team are able to provide positive examples of discussions with students about contextualising their experience through verbal reflection and supervision. One member of the academic midwifery team provided this explanation *“xx said she felt that due to healthcare experience prior to commencing the midwifery course, they did not need to undertake basic observations. Discussion of the importance of accurate vital sign observations for monitoring wellbeing and as part of women's care. Repetition of tasks is important to gain competence - but this would also give the student the opportunity to talk with women and families, provide additional information regarding postpartum health and care, listen to women's birth stories, pick up on any additional needs.”* Students are encouraged to utilise and develop such reflection on their Pebble Pad e-portfolio.

In practice, during the weekly SSSA updates we utilise effective communication to ensure that our clinical colleagues feel confident to facilitate discussions with students around their experience in practice and to support their understanding of the wider context of clinical care. This will enable us to triangulate the trends of challenges and successes, at regular intervals throughout the academic year, experienced by both students and PA/PSs and develop improvements and enhancements.

A further university wide enhancement includes the significant increase in the number of student representatives recruited for 2022-23 (485 reps, the highest number ever elected, which included 12 midwifery students [four per year group]). They have been supported by student rep training sessions delivered by the Students’ Union, in partnership with the University. We have also changed the name of the twice-termly ‘student-staff liaison meetings’ to ‘student voice forums’ from 2022-23, as suggested by the Students’ Union, which gives a clearer idea that these are student-driven meetings. The University and Students’ Union jointly refreshed the course rep role descriptor, providing a clearer remit for the role and supporting reps to build their experience into their CVs. The successful trajectory of the changes made so far is backed up by the Students’ Union’s own pulse survey data – for the question ‘the course rep system is effective’, satisfaction has increased by 14% to 57% in 2022.

Future actions: With regards to the course committee meeting and associated Board of Studies, we have added the SSSA as a standing item on the agenda. At the course committee meeting the students’ representatives will be able to view and discuss planned actions for supporting the SSSA standards in a collaborative way. The student representatives feed forward from their cohorts, enabling a platform where issues related to SSSA can be raised but also to contribute to the actions plans and feedback to their peers.

As mentioned earlier we are further strengthening the connection between the practice areas, students, link lecturers and academic assessors. For example, we have developed student voice forums, a meeting between the AAs, link lecturers and students, where topics are selected by those present and discussed in a restorative way, very much encouraging the students to be co-producers of the discussions and action. This is followed up with a 'write up' of the discussion and any actions taken noted. This is then shared with all midwifery students in that placement area.

We are ensuring that the newly proposed curriculum includes the use of restorative supervision for the student and that this takes place within the practice modules after placement experiences. This will also be open to students on the current course.

As outlined in the introduction to this document, Trust-based Student Councils will commence in February 2023, which will provide a robust feedback feedforward mechanism for students, PLPs and the university.

“Postnatal wards seem to be very fragile in terms of staffing, with one second year student (MC) describing the environment as ‘carnage’. Another third-year student (CC) reports postnatal staff saying, ‘thank God we have you’. When reporting on staff numbers during each shift to the head of midwifery or team lead, third year students (CC) tell us they’re added to the commentary although not counted in the staffing numbers”. Pg11

The academic Midwifery team are mindful that the situation regarding the 'fragility' of staffing on the postnatal ward, has long been recognised as a concern throughout maternity services across the UK. Indeed, the NICE 2021 Guideline for postnatal care states 'Postnatal care has for long been regarded as a 'Cinderella service' where in comparison with some other European countries, provision is scanty and inadequate'. We are committed to ensuring that we are working in partnership to ensure our Midwifery graduates are an important part of the solution as the future workforce pipeline. This was echoed in the most recent Care Quality Commission Maternity Survey (CQC 2022) which has highlighted a decline in satisfaction around postnatal care since 2017. This is an issue that we critically discuss and reflect upon with our students throughout the course.

The students' supernumerary status is explicitly communicated in all student handbooks and during the student's preparation for practice (held in university prior to placement) and during the induction sessions held in practice environments. A clear explanation of the definition and interpretation of supernumerary status is provided along with how, and to whom, students should escalate any concerns if they find themselves outside of this status. Guidance that replicates this is shared with placement providers. This includes a flow chart to help both the students and the staff working with them to recognise times when supernumerary status may be threatened and how to manage this.

Discussion about supernumerary status is included in the LME's yearly welcome address to all student groups and it has been reiterated by cohort leads at the beginning of each year. The PATs continue to reiterate this to the students during all their interactions. Guidance is provided to students on their Blackboards and in the students' course and placement handbooks including how to raise and escalate concerns if this status is not supported in practice. Additionally, similar advice has been shared with placement providers and this is reiterated in the mandatory SSSA updates and through new infographic and posters. PLPs are reminded of the importance of escalating any concerns related to student support in practice.

When in placement, students are encouraged to discuss issues with their PS, PA, student placement lead, PAT, AA and link team. Students are given several opportunities in a variety of ways to raise issues, concerns and provide general feedback. These include

- ALERT form (Practice Learning Unit reporting system)

- CD/LME forums
- Cohort rep/LME/CD meetings
- Bi-annual Course Committee Meetings
- Placement Evaluations
- Informal verbal and email feedback
- National Student Survey / UK Engagement Survey (HE Advance)
- Via Student Engagement Lead

To assure the students' supernumerary status, the allocated Trust identify a suitably prepared practice placement for the student as well as a named PA and PS for each shift. This is facilitated by practice placement lead midwives at each Trust site who work closely with PLU, the university teaching team, and designated AA. As part of this partnership working, regular meetings are held between the PAT, the AA and practice placement lead midwives.

We have found that the context of supernumerary status is sometimes misunderstood by both students and clinical staff and the language used by them does not reflect the NMC definition. Therefore, we continue to strongly reiterate the supernumerary status of students at every opportunity. Guidance that is provided to students and PLPs has been further strengthened in the form of a flow chart, with the aim of helping both the students and the staff working with them to recognise times when supernumerary status is threatened and how to manage this. This is posted on the students VLE and displayed in the practice areas.

Future actions: In light of the listening event feedback, the current students verbal report greater satisfaction in their understanding of how to raise and escalate their concerns, access the forums to discuss potential issues and where they will receive feedback from those issues raised. The strategies mentioned throughout this document and all recently developed resources will be embedded into all our processes and documentation for the proposed curriculum. By enhancing the orientation to practice and making this a yearly event (as opposed to a one-off), we promote the students' confidence in attending the practice areas, provide a forum to raise the issue of supernumerary status (or any other issues) and bring multiple year groups together to share experience of raising and escalating concerns with confidence. Where concerns are raised through any of the reporting mechanisms, a proactive response will be the place. The LME and the DoM continue to have open communication channels. The LME would use the NMC reporting systems if necessary.

An HEE funded project "Supporting Learners Innovatively with Coaching (SLIC)" commences in March 2023. The post holder will lead the implementation of new and innovative models of coaching within our practice placement areas, with the aim of supporting learners in a more effective and proactive way.

Risk theme two

Selection, admission and progression

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

2.1.2 AEI's procedures address issues of poor performance in both theory and practice.

2.1.3 AEI procedures are implemented by practice learning providers in addressing issues of poor performance in practice.

‘Third year MC students tell us there’s been software issues causing difficulties in uploading their declarations this year so they’re being uploaded through PebblePad where they can be tracked.’pg12

In line with The Code (NMC 2018) and Standards framework for nursing and midwifery education (2018) the students are required to acknowledge their ongoing good health and good character (GHGC) status. The process for submitting GHGC forms is well established and is part of the readiness for practice process and completion of the course. The forms are submitted to Turnitin, at the beginning of each academic year. Turnitin is used as a secure way of allowing the LME to review and sign, after which the student is able to download the form and acknowledgement. For final year students, the GHGC form that reflects their eligibility for entry to the register at the completion point of their course is reviewed and signed as complete and satisfactory by the LME. This prompts the administrative process of formalising their completion status on the NMC portal. Students on the course are also subject to the Faculty’s Low-Level Concerns and Fitness to Practice Policy which meets the requirements of the NMC relating to student conduct, good health and good character.

The incident highlighted at the listening event was a temporary software issue. The students were immediately informed of an alternative and secure place to upload the GHGC form. All students were able to upload their GHGC form without any further delays, and we are satisfied that the software issue was swiftly resolved and has not occurred since.

Future actions: the rationale and process for the acknowledgement of good health and good character throughout the course will remain unchanged and are being embedded in the proposed curriculum.

Risk theme three

Practice learning

3.2 Programme providers provide learning opportunities of suitable quality for students.

3.2.2 Academic staff support students in practice learning settings.

“We meet students who tell us academic staff support for students in practice is variable. Second year CC students tell us that since the beginning of this academic year they’re now seeing the programme team in practice. A yearly plan of weekly visits by link lecturers and PATs is shared in advance. Students tell us their presence helps in bridging the gap between theory and practice. Students give examples of support for students returning following temporary withdrawal including the implementation of reasonable adjustments.” Pg13

In line with the Canterbury Christ Church University Personal Academic Tutoring Policy and the SSSA (2018) respectively at the beginning of the course all students on the BSc (Hons) Midwifery course are allocated a PAT and an AA and introduced to the link lecturers allocated area. This information is re-published yearly, to reflect any changes and the need to reflect the SSSA (2018) the role of the AA, which requires a different member of the midwifery course teaching team in year two from years one and three.

We acknowledge that the experience of the current second and third-year students have been influenced by the pandemic. They have progressed through their course during the implementation of the NMC temporary emergency standards (2020), and whilst these were phased out in the subsequent year, the effect of the post COVID environment has required us to reset and re-establish ‘normal’ ways of working under the SSSA standards (2018).

In March 2020, due to the high rates of COVID infections, AAs were not permitted to attend the placement areas and all support by the academic midwifery team during placements was delivered remotely. The students on placement were supported via scheduled tutorial opportunities and ad-hoc virtual access via MS Teams and Blackboard Collaborate. Whilst we acknowledge the importance of face-to-face contact, the students verbally reported that in many ways the electronic means of contact increased accessibility of the academic midwifery team whilst students were on placement as students did not have to be physically present with the AA in order to raise issues or reflect on practice. The gradual re-introduction of the AA and link lecturer began in spring of 2022 and was dependent on the risk assessment of the practice area and that of the staff.

The course team has increased its accessibility to all students and provides support in a variety of ways – face-to-face and online, scheduled and ad-hoc, when students are in practice. The use of a Padlet and QR codes has been utilised to provide feedback and raise any concerns. The support structures include the student's PAT, PMAs, cohort lead, Course Director, link team and academic assessor and the LME. Working in partnership with the students we encourage them to take responsibility for accessing and engaging with the mechanisms available. As stated previously, the newly designed guidance document about their PAT-AA-LINK team allocation clearly demonstrates the name of the midwifery lecturer allocated to them, the role they are undertaking, (PAT, Link lecturer and academic assessor) and the focus of those roles. All students are emailed a copy of this information for their records, and it is also clearly displayed on the Students Cohort Blackboard.

Future actions: As previously stated in section 1.2 we are in the process of implementing innovative ways to connect with our students whilst they are in the placement area. We have student voice forums in practice (first one trialled in Jan 2023) which is followed up with a 'write up' of those forums and shared with students and staff. This innovation has been shared with the students and the evaluation of this requested. The student voice forums are being rolled out to all placement areas. The use of the digital canvas (Padlet) or QR codes as a way of giving and receiving immediate feedback on placement experiences was successful and the use of this for other topics is being discussed. Should it become evident that students are not receiving appropriate support and supervision, concerns will immediately be escalated, and discussed between the LME and the DoM and/or via the course management team.

“there's variable experience of programme team support reported by third year CC students. Some students tell us they're supported by the PAT in practice who are in contact and make practice visits. Students at William Harvey Hospital tell us there's limited support from the programme team in practice. One student tells us that a link lecturer made a visit after 'a report came out'. Another student tells us that after an incident in practice which caused distress, they didn't receive any support as the PAT was 'off work'. However, another student tells us a PAT visited practice to support a debrief following an incident. CC students placed at Medway Maritime Hospital say they feel a 'little forgotten' by the programme team. This is echoed by second year MC students allocated to Medway Maritime Hospital.” Pg13

“Students at QEQM hospital tell us they'd no academic staff support in practice in the first year but support in year two is improved.”pg14

In line with the Canterbury Christ Church Personal Academic Tutoring Policy and the SSSA (2018) respectively at the beginning of the course all students on the BSc (Hons) Midwifery course are allocated a PAT and an AA and introduced to the link lecturers allocated area. This information is re-published yearly, to reflect any changes and the need to reflect the SSSA (2018) and the role of the AA, which requires a different member of the midwifery course teaching team in year two from years one and three.

We acknowledge that the experiences of the current second and third-year students have been influenced by the pandemic. They have progressed through their course during the implementation of the NMC temporary emergency standards (2020), and whilst these were phased out in the subsequent year, the effect of the post COVID environment has required us to reset and re-establish 'normal' ways of working under the SSSA standards (2018). In March 2020 due to the high rates of COVID infections, AAs were not permitted to attend the placement areas and all support became remotely undertaken. This does mean that the current 2020 cohort experienced fewer on-site visits from the academic team over the course of 2020-2022. However, students were supported via scheduled tutorial opportunities and ad-hoc virtual access via MS Teams and Blackboard Collaborate. Since the lifting of Covid restrictions in 2022, all link teams have implemented a robust programme of regular practice site visits. There is no difference between the amount of time spent with each year group when academic staff make scheduled practice placement visits.

Visits to practice areas are made at least weekly when students are in practice and a schedule of link team visits available to students and clinical staff. When students are on night or weekend shifts, they would request a bespoke visit or meeting with the link lecturer or their AA. Students also have an annual tutorial schedule set up at the start of the academic year to support engagement, reflection and progression. In addition to this, students are informed and encouraged to contact any member of the link team for additional support as needed. In light of student feedback, annual orientation to practice days have been set up for students, to be facilitated by the link lecturer team alongside practice colleagues (these are taking place throughout January and early February 2023).

After the publication of 'Reading the Signals', the report into the independent investigation of East Kent maternity services, the academic team put extra support into place for both students and clinical staff, ensuring that a member of the team was on-site in every Trust from the 19th-21st October 2022. This was in addition to normal scheduled practice area visits. The report was also discussed in university-based sessions. Additionally, the use of a digital canvas (Padlet) was utilised as a mechanism for students to anonymously express their thoughts and feelings. The University Wellbeing Services were also on standby to support students and they were reminded of how to access these services.

Students have a range of support networks whilst on placement and are informed of this, the PAT, PS, PA, AA, the Practice Education team and the named PMA for each student. In the event of academic midwifery staff sickness/absence, student handover takes place and students are informed/updated of relevant support arrangements. In addition, students are encouraged to be proactive and responsible about seeking support when required as another member of the midwifery teaching team is always available to see/speak with students, particularly should the situation be one of distress or upset.

A student presence form has been developed in conjunction with the University of Greenwich. If any incident with potential for trauma or the need for debrief occurs, the University PAT is informed. In addition, there is an escalation policy which includes the completion of an ALERT form by student and/or academic member of staff. This is escalated to the Practice Learning Unit for actioning. The Faculty Director for Practice Learning (or nominated other person) sends the Alert Report to the Senior Manager within the practice placement area and the Practice Education Lead, and an initial response email is required within 5 working days to show receipt and planned actions. A copy of the Alert Report is also sent to the relevant Placement Lead and the Senior Lecturer in Practice Learning (SLPL) for that area. The practice placement provider investigates following their policies and procedures. Complaints/concerns will be addressed, and actions agreed wherever possible in partnership between the University and the practice placement provider, and if required, escalated to a relevant health or social care regulatory organisation/police/safeguarding team. Depending on the nature of the complaint/concern, support will be given to enable the student to remain in the practice area. This may involve a tripartite meeting between the student, the PAT and the student link midwife to jointly agree an action plan to address the situation.

The course team, in collaboration with the PLPs, arranges student inductions to the Trust. Academics also participate in tripartite meetings, course team meetings with Trust staff and students, and signpost towards a variety of support networks for students including: the student voice forum (every first Monday of the month); named PMA allocation; preparation for practice discussions; debrief sessions post practice allocation; emergency and skills simulation sessions; arrangements for additional learning e.g., PROMPT allocation for 3rd Years; and signposting the university student support and mental well-being team.

Future actions: Currently the team are building on the work already undertaken in this area. The Trust induction events will be refined and continued into the new proposed curriculum. The student presence form is being embedded into the practice environment's processes, meaning that students involved in incidents can easily be identified and supported. These processes will be monitored for trends, outcomes and resolutions.

As outlined previously, we are implementing additional ways we can connect with students, including student voice forums from January 2023 onwards, to be rolled out to all Trusts.

"Second year MC students describe a lack of support in the practice learning environment from the programme academic team. They tell us of some traumatic experiences in first year practice settings and report they didn't receive any debrief or support from the academic staff. One third year student (MC) witnessed patient harm as the result of failure to perform an episiotomy. This resulted in a severe perineal tear and significant blood loss. The student found support from a third-year student when they were seen to be in a distressed state. A second-year student (MC) tells us of the delivery of a stillborn baby during their first year and being asked to manually remove the placenta following the umbilical cord snapping at delivery. There was no debrief at the end of the shift and when returning for the following shift the student was asked to debrief the parents. The student wasn't given any support by the midwives in the practice learning environment. The incident was recorded as a reflection in the student's PAD which was commented on by the academic programme team, but no support offered or given." pg14.

The PS, PA and named PMA are there for each student on shift, as well as other clinicians working at that time. If approached they would be able to reassure any distressed student. Additionally, they have the wider Practice Education team and their own PAT. In addition, any member of the midwifery teaching team contacted would make themselves available to see/speak with students, particularly should the situation be one of distress or upset.

The provision of support following traumatic incidents in practice has previously been reliant on the student informing the academic team. The students are encouraged to access and refer to the university escalation policy which includes the completion of an ALERT form by student or/and academic members of staff. The process following an ALERT form is outlined above.

A number of enhancements have been put in place since July 2022, that focus on student support after clinical incidents. The academic Midwifery team have several PMA's amongst the group and therefore have developed and implemented a PMA strategy that includes supporting restorative clinical supervision for students. They have provided development for other members of the midwifery teaching team to enable them to effectively provide restorative clinical supervision for students. In addition, the student presence form will be utilised regarding incidents involving students so that support can be offered.

Future Actions: As previously outlined, the team are building on the work already undertaken in this area. The Trust induction events will be refined and continued into the new proposed curriculum. The student presence form is being embedded into the practice environment's processes, meaning that students involved in incidents can easily be identified and supported. These processes will be

monitored for trends, outcomes and resolutions. Student voice forums will provide additional feedback mechanisms.

“There’s variable awareness of reasonable adjustments and associated processes by students across both campuses and variation in the implementation of reasonable adjustments in theory/AEI and practice. The year two CC student representative confirms that the reasonable adjustment process is documented, and the process has also been circulated via minutes to students. One student tells us that their reasonable adjustments are only implemented in the university and not in practice. Another student’s requirement for recording of lectures wasn’t implemented until year two and remains inconsistent. Some second-year students (CC) share positive examples of reasonable adjustments which include being rostered on day shifts only due to post Covid fatigue, adjustments following return after an accident and accommodating long term health conditions.” Pg14

If students have a disability and/or long-term serious medical or psychological condition, they will be entitled to a Learning Support Plan (LSP) as part of an overall support package. They will be signposted by their PAT to Student Support Services and encouraged to arrange an appointment with one of the University’s Disability advisers; they can also self-refer. Working with the student and the midwifery teaching team, the development and implementation of an overall support package is undertaken, including any necessary Reasonable Adjustments. The plans often recommend and, in many cases, source additional support including adjustments to learning, teaching and assessment methods. Once the plan has been written and agreed upon, the Disability Adviser/ MHP will send a copy to the student, the Course Director, the administration team for the programme and the Exams Office (or Assessment Administration/Registry Department).

These reasonable adjustments and associated processes are individualised to those who need this service and support. It is vital that students appreciate the value of sharing PLSP with their PA/PSs by the individual student. It ensures they have control of their own learning and experience and that practice can effectively support their learning. If any agreed reasonable adjustments are not implemented in practice this needs to be escalated to the Practice Learning Unit and PAT. Further support may also be accessed from Student Support Services or the Disability Team within the University.

CCCU introduced the ReCap service as part of its Digital Learning Capture policy in 2019. ReCap allows lectures and other interactive sessions to be recorded, as well as additional content outside the classroom environment as the need arises. Digital Learning Capture (DLC) provides the ability for content to be audio- or video-recorded for all students to replay online in order to consolidate and expand their learning. The academic team use ReCAP regularly to record lectures but, in line with the University Learning and Teaching Strategy and the ReCAP Policy, the facility may not be used throughout the whole session in view of the sensitive nature of some topics or discussions, or the pedagogic requirements of the session. However, students with an LSP are still able to record these sessions on their own devices if required.

Further actions: it is positive to hear that some of the students felt supported through their learning plans. The team will undertake further appreciative enquiry so that the experience of these students can be shared with others. This may help support other students in ensuring that their learning experience is a positive one. We will continue to work with our PLPs to embed the implementation of individual PLSPs where necessary and encourage students to share their PLSPs in practice.

‘Students tell us of their experience when personal circumstances need consideration when allocating to practice learning settings. Positive examples are shift allocations for those with

carer responsibilities. Some students are dissatisfied with the location and distance of their placements to their home, with some travelling in excess of two and three hours. Two MC second year students report negative experiences of having to drive for three hours a day to Maidstone and Tunbridge Wells NHS Trust as there's no suitable public transport that accommodates shift start and finish times. Another MC second year student reliant on public transport is unable to arrive on time for shift as there's no early public transport. This results in negative reporting by the practice supervisor and practice assessor and academic programme team. These students tell us their circumstances are identified on the allocation request form, but no alternative is offered, or adjustments made.”pg14

In line with current Canterbury Christ Church University Admissions Policy students are informed at open days and at interview of the geographical spread of the placement areas linked to the midwifery course, and of the possibility that they may need to travel for up to 90 minutes to reach their placement base. Once the course commences, students are offered the opportunity to express their placement preference. 100% of students over the past four years have been allocated to their first or second choice of placement site. These procedures are also outlined in the Practice Learning Handbook.

If a student's personal circumstances change, they can request an alternative placement site via the Practice Learning Unit. Students are aware that alterations to placement sites may not always be possible and that capacity in the preferred placement area is a primary consideration in any proposed student move, in order to ensure a safe and appropriate learning experience for all allocated students, in line with NMC Standards. We have examples of students approaching their PAT, course director or LME to discuss their change of circumstances and through discussion a positive outcome has been reached.

Further actions: The University Senior Management Team has approved the investment in a new placement management IT system which will further enhance the coordination of placements. Although information is already given to prospective students about the geographical spread of placements, we are working with the admissions and recruitment team to enhance discussions with prospective students regarding this and ensure they understand requirements prior to accepting the offer. During the pre-course activities we will facilitate further discussions with prospective students to strengthen understanding of the placement allocation mechanisms and the likelihood of travel to clinical sites.

Risk theme four

Assessment, fitness for practise and award

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

4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register.

“Students don't feel adequately prepared for practice learning settings through mandatory skills and preparation for practice. Students tell us there are consistent expectations by practice staff that students have skills in cardiocograph interpretation and understanding of complexity, risk and additional care needs of women and new-born infants in year one practice settings.”pg 15

Current practice requires Canterbury Christ Church University midwifery students to be issued with and maintain a readiness for practice certification. As part of this, students are required to undertake interprofessional mandatory training in basic life support, neonatal life support and moving and handling safety every year. Midwifery students also attend a Trust-based induction prior to commencement of placement, which is co-facilitated by the student link midwives and the link lecturer team. This induction introduces students to the maternity unit, as well as to key staff and to Trust policies and procedures.

The Practice Learning 1 and Midwifery Clinical Skills modules are focused on preparation for practice and students with appropriate first-year clinical skills before their first placement experience. Congruent with a 'spiral' philosophy, the curriculum is built around developing students' skills in managing complexity throughout the 3 years, in line with the proficiencies outlined in the Midwifery Practice Assessment Document (MPAD). In the third year, the Leadership and Managing Change module encourages students to prepare for registration by exploring objectives for the preceptorship period.

We have embedded discussions about the appropriate level of knowledge and skills related to the student's stage of learning in the SSSA updates and development sessions for the clinical staff.

Following the SLE in December 2022, rather than one induction day at the commencement of placement in year one, the academic midwifery team have introduced an additional practice orientation day to each year group which will be conducted by link lecturers in collaboration with the student link midwives in each Trust. Furthermore, in April 2023 each cohort will now undertake a physiological fetal monitoring study day, facilitated by external experts from clinical practice, in order to address specific student concerns in this area of practice.

Further actions: within the proposed curriculum we are developing the new course to include university-based days within the Midwifery Practice module which will look at self-care activities, mindfulness and reflection in relation to practice preparedness and professional responsibilities, in line with NMC Standards of Proficiency for Midwives (2018). The students will have the opportunity to identify areas knowledge and skills they would like to revisit, negotiating time and space to do this.

"Students also tell us that the timing of underpinning theory and simulated obstetric emergency skills and drills is mismatched with the timing of their practice placement allocations in second year. Some second-year students (MC) say they aren't getting the placements they need to meet proficiencies, particularly as first years".pg15

The current curriculum was approved in 2017 by the NMC. During the process of developing this curriculum we listened to student feedback which said that they felt unprepared for obstetric emergencies in practice since this module was not covered until their third year. Considering this feedback, in the 2017 curriculum the high-risk content was moved to the students' second year, which is where it currently remains. It is important to remind students that obstetric emergencies and complexity can only be addressed in the curriculum once there is a foundation of normality. Equally, in practice, it is inevitable that students will experience situations that they have yet to consider through the curriculum. However, this allows the students to bring richness to the classroom from their diverse range of practice experience and often gives students the opportunity to pin new knowledge to previous experience (rather than learning being based on theory alone). These concerns are a normal part of all midwifery students' journeys, and that the academic midwifery team are highly experienced in facilitating the students' development of knowledge and reconciliation of such concerns.

In line with the NMC Standards for Pre-registration Midwifery Programmes (2018), 50% of the course takes place in practice. The day-to-day teaching and learning in placement, facilitated by clinical staff,

is key to the student's journey. We continue to engage clinicians in discussions about the appropriate level of knowledge and skills related to the student's stage of learning and value our clinical colleagues as co-facilitators of teaching and learning in practice. This type of discussion is included in the SSSA updates, where the MPAD is used as a point of reference, at development sessions for midwives facilitated by the Faculty's Senior Lecturers for Practice Learning and at the Midwifery Education Forum.

Further actions: As we continue to develop the new curriculum in preparation for the reapproval event, the team are pleased to embrace the NMC Standards for Pre-registration Midwifery Education (2018) and NMC Standards of Proficiency for Midwives (2018) which presents pregnancy and birth as a continuum rather than in discrete sections. This is reflected in a spiral approach to the curriculum which supports an iterative structure, building new knowledge on top of previous theory and practice. Although the students will still require the foundation knowledge before the introduction of more complex situations, we are confident that this approach will address the concerns raised here.

"Third year students across both campuses tell us they're on track to achieve the required practice hours. Students who have a deficit of practice hours tell us they find it challenging to retrieve hours during their annual leave. They'd prefer that there's allocated time to do so. They tell us that they work up to 48 hours per week and feel unsupported by the programme team."
Pg 15

Students who have more than one week of practice hours to retrieve have a discussion with their PAT regarding an appropriate plan for this and, if necessary, their Course Director. Consideration is always given as to why the student has hours to retrieve and the impact on the student's wellbeing if they use holiday time. If necessary, students would be offered and supported with an interruption to their studies if the time to make up exceeds what can reasonably be undertaken by the student without disadvantaging them or compromising their physical or mental health.

In line with the Government's maximum working hours guidance, students are permitted to work up to a maximum of 48 hours per week to retrieve clinical hours if they have missed practice learning through absence. However, this would only be in exceptional circumstances and only considered after discussion and agreement with the student, their PAT, the Course Director and the practice link team. In these circumstances, a plan is developed with the PAT, the student and the student link midwife in the Trust, recorded in the MPAD and monitored by the PAT and student link midwife.

Further actions: We will continue to develop the Student & AA Progression Meeting Form. Its use will be monitored and evaluated, ensuring it remains a useful and comprehensive tool for tracking student progress and achievement of EU Directives. We will also continue to maintain a live database of EU Directives and competencies for each student which will be updated at regular intervals by the PAT / AA.

"Most of the third-year students across both campuses we meet are struggling to achieve the required EU Directives for number of personally managed deliveries." pg16

It is very common for third year students to feel this anxiety. However, they are being fully supported to successfully complete their placement assessment. As outlined in the birth numbers data submitted to the NMC on 25th January 2023, we are assured that all third-year students are on track to complete their practice assessment in a timely way. As defined in the NMC Standards for Pre-registration Midwifery Programmes (2018) we encourage and support the students to meet the requirement to facilitate 40 spontaneous births. Where this number cannot be reached (this can be for several reasons but mainly the student has had limited exposure to women who have had a vaginal birth) it may be reduced to a minimum of 30 providing the student assists with 20 further births (NMC 2018). This

component is already embedded in the Midwifery Practice Assessment Document (MPAD). At the time of the SLE in Dec 2022 the third-year students had spent only 6 weeks (225 hours) in placement. At time of writing, they have a further 17 weeks (637.5 hours) to complete.

Data gathered from 3rd-year students and submitted to the NMC in January 2023 ('birth numbers document') shows that with 637.5 hours of practice remaining, 65% are on track to achieve 40 spontaneous births and 100% of students will complete the course with either 40 births or the 30/20 split as defined in the NMC Standards for Pre-registration Midwifery Programmes (2018).

Further actions: We will continue to develop the Student & AA Progression Meeting Form. Its use will be monitored and evaluated, ensuring it remains a useful and comprehensive tool for tracking student progress and achievement of EU Directives. We will also continue to maintain a live database of EU Directives and competencies for each student which will be updated at regular intervals by the PAT / AA.

"The situation is further exacerbated for some students by problems with the ventilation system affecting Entonox extraction on the labour ward at William Harvey Hospital. This has necessitated student removal from labour ward placements. Students tell us they've raised their concerns with the programme team, but no plan has been discussed with them to address these concerns and they're anxious about this".pg15

At the time of the SLE, the concerns around Entonox exposure had only just emerged 10 days prior. The health and safety of staff, students and women is taken extremely seriously, and we worked with EKHUFT, their and our H&S and occupational health advisors, and the Director of Midwifery to determine if students could remain on the labour ward. A University midwifery oversight group was set up, which included senior University colleagues (e.g. Deputy Vice-Chancellor, H&S lead, Student Wellbeing services, Student comms, Faculty executive colleagues). Given the ongoing ventilation challenges at the William Harvey Hospital students were moved from the labour ward to other areas (at the time this affected 2nd year only).

All students received a letter from our Occupational Health provider and the Trust provided all students with blood tests. Decisions around student allocation to intrapartum environments were made at this level. A meeting was held with the NMC on the 25th of November alerting them to the identified Entonox issues within EKHUFT. This was followed by the submission of an NMC Exception Report outlining the initial actions taken to ensure the safety and quality of the learning environment.

As part of our contingency plans related to the student birth numbers, we have collated data on student practice experience for both the 3rd and 2nd year students. This has given us assurance that the vast majority of students are meeting proficiencies in all areas, antenatal, intrapartum and postnatal. The few who require additional support to meet the required numbers at this point in the academic year have had meetings with their PATs and individual plans put into place to ensure they are successful in completing the required proficiencies. Despite the Entonox issues and the requirement to remove students from the delivery suite all the WHH students' births are at the required number for this point within the year.

On 18th January the university and Trust agreed students could return to the labour ward but not yet support women labouring using Entonox as there were still some variable readings in a couple of rooms and training for students on scavenging and appropriate use of Entonox was yet to be confirmed. Students received a letter from the Dean explaining this next step and reminding them of the importance of blood tests and that they could not work on the unit if they were Vit B12 deficient, pregnant or trying to get pregnant. This affected only 2nd year students.

On 31st January the university and Trust agreed students could work with women labouring using Entonox as training on scavenging and appropriate use of Entonox for students was confirmed.

Students received a letter from the Dean explaining this next step and reminding them of the importance of blood tests and that they could not work on the unit if they were Vit B12 deficient, pregnant or trying to get pregnant. They were also informed that there might be rooms out of action in the hospital if variable nitrous oxide levels had been found and that in those instances, they would not be able to use those rooms. This decision was relevant to our 2nd and 3rd years (3rd years returned to placement 30th Jan).

Further actions: We continue to monitor this in partnership with EKHUFT colleagues. If there were to be any further concerns or need to remove students from the birth environment, we will be able to readily identify those who are behind on birth numbers via our data collection and further contingencies will include moving students to another hospitals or Trust delivery suite thus allowing them time to meet birth proficiencies and numbers. We have since learned similar Entonox issues are occurring in other regions and we have reached out to academic teams there to offer support and any learnings we have gained with our partners.

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

4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register.

*“The majority of students confirm that they receive sufficient support from practice supervisors to achieve the required proficiencies in practice. CC students tell us that there’s good support from practice supervisors to enable them to meet NMC outcomes and practice proficiencies.”
Pg16*

We are pleased to hear that the majority of the students are saying they feel well supported. We value the significant contribution made by our clinical colleagues to student teaching and learning.

“They say that supervision on labour ward is variable. Some students report insufficient time with their practice supervisor. The differing models of practice supervision across PLPs appears to be a source of confusion for some students.”pg16

In line with NMC SSSA in Practice (2018), supervision in practice should reflect the needs of the individual student’s needs and their stage of learning.

Congruent with the Standards, students are allocated to a practice supervisor on every shift. However, we acknowledge that this is a challenging time in practice and often the shift is very busy. The negotiation of time for feedback is encouraged by link lecturers and AAs and is often facilitated by them during practice visits and documented in the students’ MPAD.

Since the NMC event in June 2022 and following the listening events in December 2022, the staff PA / PS updates have been formalised, and occur weekly in practice, which has helped to embed and strengthen the supervisory role. These updates are supported by materials developed by the MPAC and during this discussion the MPAD is used as a point of reference. Registrants are all monitored in their engagement with Practice Supervision requirements via mandatory training and this includes exploring learning and teaching styles, how to give effective feedback and how to raise concerns about students who may not be meeting required levels of competence. At time of writing this response, 85% of MTW, 83% of EKHUFT midwives and 66% of MFT midwives had undertaken the CCCU SSSA, demonstrating the advances made through our coordinated approach within each PLP. Our target is for 85% of midwives in every Trust to have attended this update by the end of March 2023.

We acknowledge that currently Trusts may have differing strategies for allocating PSs/ PAs and we welcome examples of good and effective practice in this area. We are in the process of employing an HEE-funded project lead (post commencing March 2023) to develop consistency of supervision and support in practice across the region.

Further actions: Collaboration continues with our PLPs to ensure the SSSA are understood and followed by all maternity staff. Not only will we continue to participate in the updating process for midwives, but we are also considering how, when and where these updates take place. The aim is to implement a flexible package of updating tools for clinicians that also meet regulatory requirements. The role of the HEE-funded project lead (post commencing March 2023) will be instrumental in embedding consistent supervisory practice across all Trusts.

“Some students report feeling anxious around achieving the EU Directives, especially the required number of personally managed deliveries. The situation is further exacerbated for some students by problems with the ventilation system on the labour ward at William Harvey Hospital highlighted in 4.1.1. Eight second year students at William Harvey Hospital who have currently been withdrawn from the labour ward due to this incident aren’t aware of any return dates or plans to manage their experience which is raising anxiety levels. Third year CC students report in some cases only 10-15 births at the halfway point in year three and would like a clearer plan, rather than being told ‘it will happen’ and being ‘shoved in a room’ for the delivery rather than managing the intrapartum episode of care.”pg16

Please refer to Risk Theme 4 / Point 4.1.1 for a response to this issue.

“Some second year MC students tell us that they aren’t getting suitable placements to meet the proficiencies for their stage of training. This was particularly the case in their first year. They tell us that there’s been some adjustments to placement allocations to enable proficiencies and EU Directives to be met.”pg17

All placements throughout the three years of the course are directly related to midwifery practice and provide students with the opportunity to meet the NMC Standards of Proficiency for Midwives (2018). In the event that an individual student has been unable to achieve proficiencies for a particular area, it is standard practice for adjustments to be made after discussion between the student, the AA and the student link midwife to facilitate further appropriate experiences. All current second-year students achieved their first-year proficiencies and progressed to the second year as expected.

“Some third-year students (MC and CC) have limited intrapartum experience and express concerns regarding the number of births they have achieved. They are dissatisfied with a lack of contingency plans from the academic team. Intrapartum experiences are further limited due to withdrawal of the homebirth service.” Pg17

Contingency plans are put in place throughout the 3rd year to ensure that all students achieve the requirements for progression to the register. At the time of the SLE, the students had only had a 6-week placement. After this point and pending the next clinical allocation, any necessary action plan would be formulated between the student link midwife, the PA, the AA and the student. Records of current birth numbers achieved by Year 3 students, along with details of action plans where required, were supplied to the NMC at the end of January 2023 as requested.

We have further developed the grading form (now called Student & AA Progression Form) to capture more information including current birth numbers. When used during meetings between the student and their AA, this will allow staff to more closely monitor student achievement of EU Directives and prompt development of action plans where necessary. Our experience is that although students are often anxious at this point of their course, no student at CCCU has ever failed to reach qualification due to lack of personally facilitated births and we continue to reassure the students.

Unfortunately, the global pandemic drove the withdrawal of homebirth services across the UK from 2020 onwards. However, homebirth teams are now being reinstated across all our partner Trusts, and the students now have the opportunity to access learning in this environment. We remain reassured that many students have already achieved significant numbers of EU directives, not only in relation to births but also in terms of AN/PN examinations.

Further actions: we will continue to develop the Student & AA Progression Meeting Form. Its use will be monitored and evaluated, ensuring it remains a useful and comprehensive tool for tracking student progress and achievement of EU Directives. We will also continue to maintain a live database of EU Directives and proficiencies for each student which will be updated at regular intervals by the PAT / AA and shared with practice placement areas for joint monitoring.

“Some students (MC) are unhappy with the location and distance of their placements to their home, with some travelling in excess of two hours. They tell us that there’s a process for placement change requests, although requests aren’t always enacted.”pg 17

Please refer to Risk Theme 3 / Point 3.2.2 for a response to this issue.

“At the SLE, student concerns generated enquiries to us about the wording and requirements of the EU Directive and whether they’d be permitted to reduce the number of births to a minimum of 30 births. Third year MC students confirm they engage with a wide variety of practice learning experiences to meet NMC outcomes including gynaecology and obstetric emergencies. Students’ express concerns around limited exposure to normal pregnancy and birth processes and feel this is due to the current context of maternity services.”pg 17

Limited exposure to normal pregnancy and birth reflects the wider UK picture across all maternity services, with rising rates of induction of labour, instrumental birth and caesarean section. We often critically discuss with students, practice colleagues and via the Lead Midwife for Education (LME) forums the issues for women attempting physiological birth within contemporary maternity services. We consistently encourage our students to reflect on the role they play in supporting women’s choices and experiences in the current context of services.

To reiterate the points previously made we encourage and support the students to meet the requirement to facilitate 40 spontaneous births as defined in the NMC standards for pre-registration midwifery programmes (2018). Where this number cannot be reached (this can be for several reasons but mainly the student has had limited exposure to women who have had a vaginal birth) it may be reduced to a minimum of 30 providing the student assists with 20 further births (NMC 2018). This component is already embedded in the Midwifery Practice Assessment Document (MPAD) and has occasionally been enacted and recorded in previous years.

Further actions: we will continue to develop the Student & AA Progression Meeting Form. Its use will be monitored and evaluated, ensuring it remains a useful and comprehensive tool for tracking student progress and achievement of EU Directives. We will also continue to maintain a live database of EU Directives and competencies for each student which will be updated at regular intervals by the PAT / AA.

“Students across both campuses tell us there’s limited interdisciplinary and multiagency learning in theory and practice. Guest speakers contribute to the programme at both campuses but the students we meet give no examples of learning with students from other professions/disciplines on campus. Students tell us that they need to seek out their own opportunities for interdisciplinary and multiagency learning in practice. The examples they give of these opportunities are however diabetes and mental health specialist midwives rather than examples of other professions/disciplines.” pg17

We are pleased that the contribution of outside / guest speakers has been recognised and we aim to continue these relationships as we move forward with a new curriculum.

March 2023 will see the first Nursing and Midwifery Summit held at Canterbury Christ Church University. This Summit is a collaboration between HEE (lead), the university, ICS colleagues and will involve all our stakeholders including students. This is planned to become an annual event and will facilitate the strengthening of interdisciplinary links and opportunities for multi-agency collaboration.

Currently, in line with NMC Standards of Proficiency for Midwives (2018), Canterbury Christ Church Readiness for Practice Policy and Trust requirements, students undertake their mandatory training including manual handling and basic life support, alongside students from other health and social care courses, for example, adult and child nurses, mental health nurses, paramedics and operation department practitioners. A further example of inter-disciplinary opportunities is the annual domestic abuse conference which is organised and held at the University and allows student midwives to learn and interact with multi-organisational professionals including police, teachers, social workers, and health visitors.

Additionally, in Year 3, students are encouraged to access opportunities to co-teach/learn with Biomedical students as part of their Practice Module 3 e-portfolio preparation for supervision.

In line with NMC Standards of Proficiency for Midwives and the Standards for Pre-registration Midwifery Education (2018), students do work and learn with other health professions in practice on a regular basis. It enables them to gain an understanding of the other professions and how midwifery integrates with these professions in the provision of person-centred care. These include medical staff, operating department practitioners, social workers, health visitors and paramedic teams. Students are invited to the multi-disciplinary training events within practice settings which will, for example, enable students to work through simulated emergency scenarios in their role as student. These interprofessional interactions are integral to the development of students’ professional attributes. Students also have the opportunity for placements in SCBU, gynaecology and working with the neonatal team.

Further actions: In the CCCU new Vision 2030 Strategic Framework, opportunities for interdisciplinary learning will be a key aspect of the learning and teaching strategy. As we develop the new curriculum, we will strengthen the current strategy and plan to further develop opportunities for IPE at university, school and faculty level. CCCU and the University of Kent have recently joined together to form the Kent and Medway Medical School (KMMS). This collaboration offers additional opportunities for interprofessional learning between student midwives and medical students. This learning can be threaded through the theoretical component, into simulation and onwards into the clinical environment. Members of the academic team are currently engaged in developing plans for joint classroom sessions with medical students whereby the students will explore issues such as safeguarding, breaking bad news, post-natal depression, listening to mothers, compassion, and other interpersonal skills.

Risk theme five

Education governance: management and quality assurance

5.1 The AEI's internal quality assurance systems provide assurance against NMC standards.

5.1.1 Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery.

*"Students tell us that their feedback is sought via a range of student voice opportunities, including module and placement evaluations and forums with the programme team. CC third year students in particular tell us that requests for student feedback have increased in the current academic year. The student experience of feedback and subsequent change is mixed. Third year CC students report that requests for feedback have been so extensively sought that they're fatigued by the process. They tell us that the feedback is too late, and that feedback previously given hasn't been listened to. Students tell us that they don't see any evidence of benefit to them of feedback given but this could be used to enhance programme delivery for subsequent cohorts, for example, less online teaching and more face-to-face."*pg18

Student feedback is an essential component of course development and students have a wide variety of opportunities throughout their course to give feedback on the quality of theory and practice provision, including the support they receive. These include individual mechanisms such as module evaluations or placement feedback via PEMS, wider forums such as Course Committee Meetings, or through the CCCU 'Be Heard' campaigns. There are also opportunities via the UK Engagement Survey or the National Student Survey. Since joining CCCU last year the DVC has implemented the requirement for all courses to produce a Course Performance Plan which evidences actions in response to students' feedback, NSS results and 10 other performance metrics. The BSc (Hons) Midwifery NSS scores for Assessment and Feedback have shown year on year improvement (63% in 2020, 77% in 2021 and 78% in 2021). We have also returned to face-to-face teaching for all modules, whilst still utilising the opportunities afforded by a flexible, technology-enhanced approach

At a university level we have enhanced the way we provide feedback to students ([Responding to your feedback 2022 - Canterbury Christ Church University](#)) with clear examples of what we have heard and what we have actioned. This information is available on our website and posters. For Midwifery we have developed four specific posters on personal academic tutor drop-ins, student forums, empowering student on placements, and reflecting on clinical practice.

Further actions: We will move to sharing module leader's reports with students via the VLE and facilitate further discussions during modules about the implementation of feedback, with the aim of increasing students' sense of ownership and co-production of their curriculum.

5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

"Students tell us they know the process to escalate concerns in practice and confirm they're willing, confident and able to do so. They tell us that they'd approach the PAT for support and 'someone' from practice. Some students tell us of negative experiences. As first year inexperienced students, some second-year students tell us that they weren't confident to raise concerns when they had cause to. A second-year student (MC) who'd experienced a traumatic incident at Medway Maritime Hospital tells us that they didn't feel they could raise a concern as they'd still be working with the midwives and were concerned what that might lead to. Another second-year student (MC) experiencing a traumatic incident was encouraged to raise a concern by a supportive third year student but felt they couldn't as they'd been blamed by the midwife

for the incident. A third year MC student tells us of a positive experience in which they were supported by the bereavement team after raising a concern.” pg18

In line with the Canterbury Christ Church Personal Academic Tutoring Policy and the SSSA (2018), the students have a range of support networks whilst on placement, including their PAT, link lecturer team, student link midwife and the PS/PA. Each student also has a named PMA. Students are introduced to these support networks during their practice modules, prior to commencing clinical practice, and information is also available in the Practice Handbooks and on the VLE. The University's Raising and Escalating Concerns procedure and the ALERT form are also highlighted before the start of placement. If necessary, the student may also be signposted to University Student Support Services or to external services for further support.

However, previously provision of support following traumatic incidents in practice was largely reliant on the student informing a member of staff themselves and we acknowledge that, particularly as first-year students, it may feel challenging to raise concerns. In October 2022 a 'student presence form' was developed in conjunction with the University of Greenwich to alert academic staff to a student's involvement in a traumatic event. This form is completed by clinical staff in the practice area for any incident that may cause trauma or upset for a student. It is sent to the LME and the student's PAT so that support may be offered.

Further actions: We are continuing to embed the use of the student presence form into routine communication between the PLPs and the academic team. We will monitor this initiative for any trends and the outcomes of actions taken. We are also developing further enhancements to manage concerns in practice, including the development of student forums (first one trialled in January 2023) which will be followed up with a 'write up' of issues raised which is circulated to Trust / academic staff and students. Furthermore, Trust-based Student Councils will commence in February 2023. Following the success of the digital canvas (Padlet) and the use of QR codes to collect feedback in practice, further consideration is being given to how these may be utilised more comprehensively to allow students to anonymously flag concerns where necessary.

“Many students have concerns about the professional attitudes and behaviours of midwives in practice, particularly at Medway Maritime Hospital. This is more evident from MC students. Students describe how negative cultures in practice have a negative impact on them. Students tell us of a culture of blame and a lack of respect for both mothers in their care and towards students. Some students tell us of racist and cultural tensions with reference to the 'African pelvis', mimicking of accents of students and mothers, requesting to 'touch hair' and calling a student 'Jane' because they cannot pronounce their name and don't ask by what name the student would like to be called. Students' report community midwives to be in a 'battle' with mothers of different cultures.” Pg19

Congruent with Canterbury Christ Church University's EDI Commitment, our Expect Respect initiative, the Equality Act (2010) and the values of the NHS Constitution, the academic midwifery team's philosophy is one of inclusivity, respect and dignity. We do not tolerate or support any discrimination, racism or other unprofessional behaviours from colleagues or students, and we will continue to work collaboratively with our PLPs to address these issues as they are raised to us. The University has a range of initiatives dedicated to supporting black and minority ethnic students to report issues of discrimination or disrespectful behaviours from students or staff, via the Report & support app. Students' voices are heard through the Black Asian and Minority Ethnic Students Network, the Closing Our Gap initiative and the I Matter project.

Prior to the SLE one student had raised similar issues and discussions were underway with PLPs at a senior level; however, these specific incidents were not raised directly with the academic midwifery team through any reporting or escalation forum.

Since the December 2022 SLE, the specific issues noted above have been raised within the Trust by the link team. The Trust now has a comprehensive cultural improvement plan in place involving all midwifery staff, including two EDI Champions in maternity and further training on cultural competency for all senior staff (band 7 upwards).

Further actions: Our reporting and escalation processes have been highlighted within this document and we will continue to support students who experience these unacceptable behaviors in practice. Our colleagues in nursing have instigated a minority ethnic student forum at Medway Maritime Hospital and we will work with them to explore ways in which this best practice can be shared with midwifery students across all our PLPs.

HEE have funded a bespoke training programme for Medway midwifery and CCCU staff. To support the above initiatives and to cascade the bespoke training through the midwifery team two Equality and Diversity Inclusion midwives have been employed.

A further collaborative project between Canterbury Christ Church University and the University of Brighton: 'Bridging the Gap to Leadership' is underway to recognise and understand the micro-aggressions that Black and minority ethnic students may encounter on placement and develop improvement initiatives. We will use the resources developed by this project to support our students more effectively in this area.

"Students from both campuses tell us that they've very limited opportunity to meet with pre-registration midwifery students from the other campus other than limited social interactions organised through their midwifery society including a social event at Christmas. During Covid they report that there was some shared online teaching." pg19

The Midwifery Society (MidSoc) is an excellent forum for cross-campus working and social events. Our current MidSoc Committee Events Lead outlines the recent Society activities: 'The Canterbury Christ Church Midwifery Society, also known as CCSU MidSoc, was founded in 2014 and celebrated its 8th birthday on October 30th last year. MidSoc currently has 84 members which includes the eight committee members and several of the midwifery academic team.

Each year MidSoc plans and arranges study days, events, socials and fundraising events. So far this year we have had a Halloween virtual quiz, Social Film Nights, study days with ARC (Antenatal Results and Choices) and Rising Sun charities. We have another study day coming up in February 2023 called Cancer Awareness in Maternity, with a mixture of great speakers and charities involved. Future events include Bingo, Femigami workshop, MidSoc Conference, exhibition and drinks reception, as well this year hopefully a graduation ball.

As well as our events we have 'well-being Wednesdays' where students can chat to each other and support each other when required (peer to peer support). This also includes social media posts with mindful and well-being reminders.

MidSoc's social media includes awareness days/weeks/months, educational posts and Student Midwife of the Month plus information about our events and the Lucy Bannister Fund and 'Bannister Buddies'.

The Lucy Bannister Fund (LBF) was founded in memory of Lucy Bannister who sadly passed away whilst doing her midwifery degree. She made a large impact on MidSoc and we now run the LBF in her memory. The LBF is to support students during their midwifery journey, helping them with fees to

attend study days and to aid in hardship circumstances. It is there to remove financial pressures and enable students to complete their midwifery journey.

MidSoc also runs the 'Bannister Buddy' scheme which Lucy founded as a supportive network for students to have a buddy in their placement. It is a very special scheme, and we receive great feedback each year and create lasting friendships as well.

In 2022 MidSoc won the best Charity Award at the CCSU awards night for all the fundraising and events they do for the LBF.'

Students also have the opportunity to meet cross-campus colleagues via clinical practice or shared online teaching and are encouraged to proactively engage with opportunities such as Student Union events, student ambassador activities or University clubs.

Further actions: We are planning an end-of-year social event for students of both campuses to attend and will continue to support the MidSoc and identify further opportunities for cross-campus collaboration where appropriate.

"There are mixed responses from students for recommendation of the CCCU midwifery programme. CC students have a more favourable outlook in recommending the programme to others. A significant number of MC students wouldn't recommend the programme... Students from both campuses express concerns with respect to the potential implications for their programme and their reputation from undertaking their pre-registration midwifery programme at CCCU. Second year MC students we meet report that the academic programme team has prepared students in relation to this NMC SLE, indicating that students need to consider the impact of negative feedback on their programme." pg19

The unsuccessful event in June 2022, the Kirkup report into maternity services at EKHUFT and the broader picture of maternity services in a post-Covid landscape have undoubtedly impacted on student morale at times. It was felt therefore that it was important to discuss all potential outcomes of the NMC SLE - both positive and negative - with our students prior to the event. The academic team considers the duty of candor to be an integral part of professional responsibility, even if this means having difficult conversations. Staff prepared students for the SLE by a series of online drop-ins, a transcript of one of them is available. It is important to us that students have their own voices heard and that we listen. The focus of all discussions prior to the event was about giving constructive feedback in a professional manner and in allaying students' anxiety around the process of the SLE and outcomes.

We have investigated the allegation that the university had told our students that they could not report negative feedback during the listening event. We found the students had misinterpreted what had been said in a session and we clarified this with them in advance of the listening event and explained the need for them to be candid in their feedback.

We ensure parity of the teaching and learning experience for all students across both the Medway and Canterbury campuses. Module timetables and teaching arrangements are the same for both sites, and we are working to ensure that, wherever possible, individual sessions are facilitated by the same lecturer on both campuses to ensure consistency. As per our performance data outlined in the introduction, there is parity of achievement across both campuses both in terms of final degree awarded and employment status once qualified.

Request for removal of aspects of the NMC Listening Event report

There are some passages in this listening event report which we would consider to be hearsay or supposition. These passages are where students have spoken of other students' actions, thoughts, opinions and are not of a first-hand experience of the students in the room. We would therefore request that these passages be removed in order to ensure that the Listening Event Report accurately reflects the experiences of the students that were interviewed and not assume the experiences of those that were not present:

"Third year CC students report that some of their peers attend sessions on campus but leave part-way. They're uncertain if these students are required to make up the missed learning "

"They tell us that some students aren't attending because they feel their voice isn't heard, that there's a lack of support from the course team and that students have disengaged from campus learning."

"Some third-year students (MC) tell us that a neighbouring AEI's students placement experiences are prioritised over CCCU students."

"One third year student (MC) reports knowledge of students from another other AEI having a better learning experience on their midwifery courses." pg19

"Students tell us that they don't see any evidence of benefit to them of feedback given but this could be used to enhance course delivery for subsequent cohorts, for example, less online teaching and more face-to-face."

"Some MC students suggest that prospective students consider the CC over the MC as the facilities such as the simulation suite are better." pg19.

We also request the reference to the performing of manual removal of placenta is removed from the report. The Directors of Midwifery (EKHUFT, MFT and MTW) have provided absolute confirmation that under no circumstances would a midwife undertake a manual removal of placenta - this is outside of the scope of midwifery practice. Had this occurred in any of the maternity units this would have been reported and fully investigated through the usual internal Trust processes. It would also have been escalated to the LME. They report that this did not occur.

Glossary of Terms

AA	Academic Assessor
AEI	Approved Education Institute
CC	Canterbury Cohort
CCCU	Canterbury Christ Church University
CNO	Chief Nursing Officers
CQC	Care Quality Commission
DOM	Director of Midwifery
EKHUFT	East Kent Hospitals University NHS Foundation Trust
HEE	Health Education England
HoM	Head of Midwifery
HoS	Head of School
ICB	Integrated Care Board
LBF	Lucy Bannister Fund
LME	Lead Midwife for Education
LMNS	Lead for Maternal and Neonatal Services
LSP	Learning Support Plan
MC	Medway Cohort
MFT	Medway Foundation Trust
MidSoc	Midwifery Society
MPAC	Midwifery Practice Assessment Collaboration
MPV	Maternity Partner Voices
MTW	Maidstone and Tunbridge Wells NHS Trust
NMC	Nursing and Midwifery Council
NSS	National Student Survey
PA	Practice Assessor
PAT	Personal Academic Tutor
PEMS	Placement Evaluation Monitoring System
PLP	Practice Learning Partners
PLSP	Practice Learning Support Plans
PLU	Practice Learning Unit
PMA	Professional Midwifery Advocate
PS	Practice Supervisor
QEQM	Queen Elizabeth The Queen Mother Hospital
SE	South East
SI	Serious Incident
SLE	Student Listening Event
SLPL	Senior Lecturer Practice Learning
SSSA	Standards for Student Supervision and Assessment
WHH	William Harvey Hospital