

Extraordinary review of performance in mitigating key risks identified in the NMC Quality Assurance (QA) framework for nursing, midwifery and nursing associate education

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| Programme provider | University of Nottingham |
| Programmes reviewed | Registered Midwife – 36M Bachelor of science (BSc) honours (Hons) Midwifery – 2009 standards BSc (Hons) Midwifery – 2019 standards |
| Date of extraordinary review visit | 26-28 July 2022 |
| Lead QA Visitor | Maureen Harrison |
| Lay Visitor | Phil Stephenson |
| Registrant Visitor | Nicola Clark |
| Practice learning partner organisation visits undertaken during the review | Nottingham University Hospitals NHS Trust (NUH) Nottingham City Hospital (NCH) maternity services and neonatal unit Queen’s Medical Centre (QMC) maternity services and neonatal unit Southglade Medical Practice, Bestwood Stenhouse Medical Centre, Arnold The Mary Potter Centre, Radford West Bridgford Medical Centre Orchard Surgery, Kegworth |
| Date of report | 8 August 2022 |

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the United Kingdom (UK) and nursing associates in England. They maintain a register of professionals eligible to practice and investigate concerns and take action where appropriate through fitness to practise (FtP) processes.

The NMC wants to make sure that nurses, midwives and nursing associates are consistently educated to a high standard, so that they're able to deliver safe and effective care at the point of entry to the register and throughout their careers. They also want to make sure that patients, people who use services, carers and the public have a clear understanding of what nurses, midwives and nursing associates know and are competent to do.

Standards for nursing and midwifery education

The [Nursing and Midwifery Order 2001](#) establishes the NMC and sets out their primary purpose of protecting the public, their functions and activities. The Order sets out NMC powers in relation to QA of education. This ensures that nurses, midwives and nursing associates are educated to consistently deliver high quality care. The legislation not only defines their role in education and training, it also allows the NMC to define and set standards which include the outcomes and proficiencies to be achieved through that education and training. Further it enables them to take appropriate steps to satisfy themselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving their education programmes.

The NMC can withhold or withdraw approval of programmes when standards aren't met.

QA and how standards are met

QA is the process the NMC follows to ensure that education programmes for nurses, midwives and nursing associates meet the standards required to prepare them to join the register. This includes ongoing monitoring of education and training programmes. It's one of the primary ways that the NMC fulfils their duty to protect the public.

The NMC QA framework published in August 2018 puts better, safer, effective care at the heart of what they do. The QA framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions and their practice learning partners (PLPs), or employer partners (EPs) in the case of apprenticeships, must provide in order to meet NMC standards.

If QA identifies that an education institution and/or PLPs/EPs aren't meeting NMC standards they must take action to ensure return to compliance. This will ensure that there's public confidence in the NMC's role in nursing, midwifery and nursing associate education and encourages the education institution to remain responsible for meeting NMC standards.

Education monitoring reviews

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

The NMC may conduct a targeted monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery or nursing associate education in both the AEI and its PLPs/EPs. It's the role of the NMC's QA board to decide whether it's necessary to carry out an extraordinary review. The circumstances for taking this action are described in the QA handbook.

The published QA methodology requires that QA visitors (who are always independent to the NMC) should make judgements based on evidence provided to them about the quality and effectiveness of the AEI and PLPs/EPs in meeting the education standards.

QA visitors will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI. The AEI and its PLPs/EPs have all the necessary controls in place to safely control risks to ensure programme providers and PLPs/EPs achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Not met: The AEI doesn't have all the necessary controls in place to safely control risks to enable AEIs and PLPs/EPs to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It's important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade doesn't reflect a balance of achievement across a key risk.

When a standard isn't met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant PLP/EP. The action plan must be delivered against an agreed timeline.

The NMC have the power to withdraw approval for an AEI or programme if the actions fail to demonstrate the standard is met.

The extraordinary review visit to the University of Nottingham (UoN)

The NMC took the decision to conduct an extraordinary review visit to the UoN to seek assurance in relation to the delivery of the approved pre-registration midwifery programmes in line with the Standards for nursing and midwifery education (SFNME) (NMC, 2018). The focus of the visit was related to the critical concerns within NUH, specifically experience and support in practice learning environments for students and the potential impact on students' ability to meet the Standards of proficiency for midwives (SPM) (NMC, 2019), which are necessary to demonstrate safe and effective practice in order to join the NMC register.

The NMC actioned this visit due to the risks identified from the interim report of the independent review team (published 26 May 2022) and the recent Care Quality Commission (CQC) inspection report, which rated NUH's maternity services as inadequate. The risks identified through these reports focus on inadequate risk and governance systems, inadequate staffing levels and the slow pace of change which was deemed not supportive of safe care. In light of these reports, the upcoming public inquiry into maternity services at NUH and feedback from Health Education England (HEE), the NMC remain concerned about the potential significant risk to student supervision, support and learning and concerns for public protection.

The NMC provided the AEI with the intended focus of the extraordinary review visit and a specific review plan was conveyed to the AEI. The extraordinary review plan clearly indicates the areas for review under five key risk themes: 'effective partnership working: collaboration, culture, communication and resources', 'selection, admission and progression', 'practice learning', 'assessment, fitness for practice and award' and 'education governance: management and QA' which will be reviewed across academic and practice settings.

The QA extraordinary review visit team included a lead QA visitor, lay visitor and registrant visitor with due regard for the programmes under review. The QA visit team used the review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They concluded their findings in response to the risks identified, NMC standards and key risk areas.

| Summary of findings against key risks | | | | |
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| Effective partnership working | 1.1 Inadequate capacity to accommodate all students in practice learning environments | 1.1.1 Evidence of effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments | | |
| | 1.2 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC | 1.2.1 AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme | 1.2.2 Sufficient appropriately qualified academic assessors are available to support numbers of students | |
| | 1.3 Inadequate resources available in practice settings to enable students to achieve learning outcomes | 1.3.1 Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students | | |
| Selection, Admission and Progression | 2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification | 2.1.1 Selection and admission processes follow NMC requirements | 2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice | 2.1.4 Programme providers' procedures are implemented by practice learning providers in addressing issues of poor performance in practice |
| Practice Learning | 3.1 Inadequate governance of and in, practice learning | 3.1.1 Evidence of effective partnerships between the AEI and practice learning provider at all levels, including partnerships with multiple education institutions who use the same practice learning environments | | |
| | 3.2 Programme providers fail to provide learning opportunities of suitable quality for students | 3.2.1 Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production. | 3.2.2 AEI staff support students in practice learning settings | |
| | 3.3 Assurance and confirmation of student achievement is unreliable or invalid | 3.3.1 Evidence that practice supervisors/assessors are properly prepared for their role in supervising and assessing practice | 3.3.2 Systems are in place to ensure only appropriate and adequately prepared practice supervisors/assessors are assigned to students. | |
| Assessment, Fitness for Practice and Award | 4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards. | 4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for and this is confirmed | | |

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| | | through documentary evidence. | | |
| | 4.2 Audited practice learning placements fail to address all required learning outcomes in practice in accordance with NMC standards. | 4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for and this is confirmed through documentary evidence. | | |
| Education Governance | 5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards. | 5.1.1 Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery | 5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners | |
| <i>Standard met</i> | | | <i>Standard not met</i> | |

Introduction to the University of Nottingham's programmes

The UoN, school of health sciences (SHS) is an AEI. Pre-registration approved programmes delivered at the SHS are nursing (adult, children's, learning disabilities and mental health) and midwifery. The SHS also offers community practitioner nurse prescribing (V150) and an independent and supplementary nurse prescribing (V300) programme.

The focus of the extraordinary review is the pre-registration midwifery programmes. There are four cohorts of students. Two cohorts are in the final year of the three-year full-time BSc (Hons) midwifery programme approved on 16 June 2015 under the Standards for pre-registration midwifery education (SPME) (NMC, 2009). The year two cohort commenced this programme in September 2020 and in September 2021 transferred into the three-year full-time BSc (Hons) midwifery programme approved under the Standards for pre-registration midwifery programmes (SPMP) (NMC, 2019). This programme is in approval since 17 June 2021. First year students who commenced in September 2021 are on this curriculum. All cohorts are transferred to the Standards for student supervision and assessment (SSSA) (NMC, 2018) (1-9).

The midwifery programme is delivered at the QMC, Nottingham. Currently the number of academic staff who support the programme totals 13.3 full time equivalent (FTE). Eleven have due regard for midwifery. Four midwifery staff have recently left the SHS or transferred to other roles. The SHS has recruited three new members of staff who will be in post in September 2022. Further recruitment is ongoing and by January 2023 the number of staff supporting the midwifery programme will be 17.6 FTE. Of this number 16.1 FTE have due regard (223).

An interim lead midwife for education (LME) is in the role from 22 June 2022. The previous LME was in post from 2019. The SHS are currently recruiting a new substantive LME (213, 223).

There's a total of 172 active midwifery students, almost exclusively female. On average, 17 percent of students represent black and minority ethnic communities and 50 percent of students represent widening participation backgrounds. Between 44-54 percent of students are mature, over the age of 21. Since September 2020 a partnership decision between the SHS and PLPs was to recruit only one cohort a year. Before this date there was a January intake. Data shows difficulties in recruiting target numbers and high rates of attrition from January cohorts. In January 2018 and 2019 there was an average of 22 percent attrition, compared to September 2019 with attrition of five and a half percent (223).

NUH is a key PLP for the UoN and has two main hospitals for midwifery care, NCH and QMC. An unannounced visit to NCH and QMC maternity services in March 2021 by the CQC raised significant concerns about safety, efficacy, responsiveness and leadership. Two regulatory notices under section 29a and 31 (of the Health and Social Care Act 2008) are issued. These impose conditions on the registration of NUH as a service

provider in respect of a regulated activity and identify the regulated activity that requires significant improvement. Failure to meet the conditions of a section 31 notice carries the risk of loss of licence for that service. NUH is being prosecuted over failure to provide safe care and treatment under Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (10, 14).

Other PLPs who support midwifery students are Chesterfield Royal Hospital NHS Foundation Trust (CRH), Sherwood Forest Hospitals NHS Foundation Trust (SFH) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB). CQC inspection reports on these trusts haven't identified any areas of concern which would impact on student practice learning.

For practice learning experiences all students have a 'base' trust where they'll have two years practice learning experience. Unless special considerations are applied to an individual, all students spend a year at an 'away' trust. The base can be any of the four PLPs (7-9, 11-13, 15, 161-165).

There's currently a period of enhanced scrutiny of the midwifery programme between the SHS, the NMC and HEE (14).

Summary of findings in relation to key risk themes and NMC standards

Our findings conclude that the AEI has systems and processes in place to monitor and control the following risk themes to meet NMC standards and assure protection of the public:

- Selection, admission and progression
- Practice learning
- Assessment, fitness for practice and award

We find the following key risk themes aren't controlled:

- Effective partnership working: collaboration, culture, communication and resources
- Education governance: management and QA

The AEI must identify and implement an action plan to address the key risks that aren't met to ensure the pre-registration midwifery programme meets NMC standards to protect the public.

Effective partnership working: collaboration, culture, communication and resources: not met

We find effective partnership working between the UoN and PLPs at all levels to manage capacity for students in practice learning environments. Structures and resources are in place at the SHS to provide training and support for practice

supervisors and practice assessors (15, 23, 28, 31-33, 43-46, 49-51, 65, 85, 147, 204-205, 209).

We can't be assured that all key risk indicators in relation to effective practice supervisor and practice assessor resources in practice learning are successfully managed in partnership with NUH and the SHS.

We find that students are often unable to have practice supervisors and practice assessors complete practice assessment documentation in a timely way due to service demands, insufficient time and challenges in accessing PebblePad. Students, practice supervisors and practice assessors also report a lack of accessibility and understanding in the use of PebblePad (risk indicator 1.3.1).

Selection, admission and progression: met

UoN selection and admission procedures are rigorous. Established partnership systems support progression and address poor performance in theory and practice (34-43, 136, 142-143, 184, 190-197, 206-208).

Practice learning: met

Service level agreements are in place that detail the governance of practice learning. Partnership working to manage practice learning effectively is seen at all levels, including with other regional AEs. PLP and SHS systems are in place to provide training and support for practice supervisors and practice assessors (7, 17, 28, 30-33, 74, 83-86, 103-104, 114-116, 202-205, 208-213, 215, 218-221).

Assessment fitness for practice: met

Established processes are in place to ensure NMC programme requirements and standards are met (126-144, 156, 160, 163-169, 174, 177, 195-197, 206-208).

Education governance: management and QA: not met

There's effective collaboration at strategic and organisational level with robust and established lines of communication. PLPs confirm their involvement in governance processes at the UoN. Partnership agreements and joint policies are in place. Structures and processes appropriately review and action programme enhancements and service improvements (7, 19-23, 28, 31-32, 42, 52-56, 85, 114-116, 120-126, 135, 185-189, 204-205, 208-212, 218-221).

We can't be assured that all key risk indicators in relation to education governance and student feedback are successfully managed by the SHS.

We find students are disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions taken following their feedback (risk indicator 5.1.1).

6 September 2022:

The UoN and PLPs reviewed the report and proposed several minor amendments in relation to factual accuracy. All amendments were made in the final report.

Summary of areas for future monitoring

- Opportunities for continuity of care (CoC), caseloading experience in each part of the programme (related to risk indicator 4.2.1).

Summary of feedback from groups involved in the review

Academic team

Senior PLP and SHS staff confirm documentation seen of a partnership approach to strategically managing the programme. Monthly meetings attended by NUH senior nurses, the head and deputy of the SHS and director of education and student experience identify any issues affecting either organisation. We're assured that communication lines are frequent and often held outside scheduled meetings. The LME and director of health education meets fortnightly with NUH's assistant director of nursing and practice development midwife. The LME tells us of lessons learnt since the publication of the QMC and NCH CQC reports, for example, the importance of collaborative working and listening to all stakeholders. The LME values the listening events conducted by HEE (7, 20-22, 27, 85, 201-202, 204-205, 213).

Senior SHS staff and the programme team tell us of strategies to support the midwifery programme team in their academic roles. They confirm that opportunities are provided for professional development and completion of mandatory training. All new academic staff who don't have a teaching qualification undertake the teacher training programme. All members of the programme team with due regard for midwifery have undertaken academic assessor training. Allocation of an academic assessor to cohorts of students is managed to distribute workloads fairly. All the academic team have a link lecturer role (203, 205, 213, 217).

When issues arise in practice, the link lecturer develops an action plan with the SHS midwife with responsibility for practice learning and NUH practice education leads (PELs) or heads of midwifery either at QMC or NCH. We're assured the same process is followed by PELs (or equivalent role) at CRH, SFH and UHDB. The programme team tell us reporting of serious untoward incidents at NUH is improved. The SHS quality lead in the programme team completes exception reports where appropriate and writes a summary in the annual self-report to the NMC (42, 44-46, 73, 82, 104-111, 115-117, 157-159, 203-205, 213).

The programme team say they're currently working long days to meet workload demands. They acknowledge that the three recruits starting in September will make a difference. The question of staff workload is raised with senior SHS staff and the LME. Senior staff agree the length of time taken by link lecturers to support PLPs has increased significantly. The LME who manages the midwifery team says workload is an agenda in one-to-one staff progress reviews. Concerns raised are addressed to senior SHS staff. The workload of the interim LME is currently unsustainable. The LME and senior SHS staff say that on the appointment of a senior academic for midwifery, the LME role will be reviewed. Currently the interim LME role includes managing staff; previous LME role holders have also managed the programme. We support the review of the LME role with a potential to separate the programme lead and LME role (203, 205, 213, 223, 226).

Since the release of the QMC and NCH CQC reports the team feel supported by senior SHS managers through listening events. The team understand the purpose of the extraordinary review (203).

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors are very supportive of the SHS and students. They tell us they've been prepared for their practice supervisor and practice assessor roles. The mode of delivery for training of the SSSA varies between trusts. Some trusts deliver a face-to-face session, others have an online learning package. Practice supervisors and practice assessors undertake SSSA updates on their trust mandatory training days. Members of the SHS programme team have a slot during the mandatory training day to provide SSSA updates (215, 217).

Contact between the practice supervisors, practice assessors and link lecturers vary between the different practice learning environments. NUH community-based midwives appear to have little or no involvement with a link lecturer. Documentation is seen of SHS staff providing online forums for all NUH staff, community and hospital. We're told of pandemic restrictions which limit visits to practice learning environments. All practice supervisors and practice assessors say how they'd contact the SHS should there be an issue (86-94, 98, 103, 203, 205, 213, 215, 217).

Practice supervisors and practice assessors tell of difficulties experienced with the online platform PebblePad, used to access practice assessment documentation. Most practice supervisors and practice assessors tell us there's no protected time to complete this effectively or in a timely manner, due to service demands and significant staff shortages.

PELs, or individuals with similar roles across the trusts, allocate midwifery students to practice assessors. Some NUH practice assessors say they're not normally aware of

who their student is until the students email to advise them. This is often actioned at short notice. Most students say they're well informed of details of their practice assessors. Senior PLP staff assure us of systems in place to record those staff who've completed SSSA training. The number of practice supervisors and practice assessors is shared with the SHS through databases which track students' practice learning experience. Identification of which practice assessor is allocated to each student for the programme part is identified on the same SHS database (210-212, 215, 218-221).

All practice supervisors and practice assessors confirm supernumerary status of students. They say students are moved to other practice learning areas within the trust if there are too few practice supervisors available (215).

Employers and education commissioner

Partnership working with the AEI is confirmed by senior managers from all PLPs supporting the midwifery programme. NUH senior staff continue to monitor action plans put in place since the publication of the CQC reports. Strategies to encourage a culture of honesty, openness and safe and effective practice are in place. These include weekly maternity forums, an increased number of senior nurse walk arounds, an open door policy for all managers and more professional midwifery advocates and professional development midwives in place. Senior staff from CRH, SFH and UHDB describe similar quality enhancement strategies. Senior managers from all PLPs are committed to continue to support midwifery students and have personnel in place to manage pre-registration student practice learning (204).

Students

We meet students from all year groups at the SHS and students from years one and three on practice visits. Students speak of learning being affected during pandemic restrictions. Some say their engagement with the programme is impacted enough to necessitate an interruption of studies. Many students say online learning is continuing longer than expected or wanted. The programme team and students confirm there's a phased return to face-to-face teaching with face-to-face being the main mode of delivery from September 2022. A post pandemic survey of students identifies many prefer a blended approach to teaching, some online and some face-to-face. Students know who their academic assessor is and this person is different in each year of the programme (67, 205, 210-212).

During practice learning, students confirm supernumerary status and say they're assigned a practice supervisor and a practice assessor who's identified on the off-duty rota for each placement area. They know of the policy to leave a shift if a practice supervisor isn't available but say this rarely happens (210-212, 218-221).

Some students feel that they're 'sometimes a burden' and in PLPs other than NUH feel excluded from the team. Students say this is fed back to the programme team. Students say the culture of the working environment in NUH is open and honest and

they are positive about opportunities for learning at NUH. They know how to raise a concern and identify different people to approach when in practice. This includes their personal tutor, practice supervisor, PEL and practice managers. A few say they aren't confident to raise a concern but know the process of how to and the people to contact (210-212, 218-221).

Students tell us CoC and caseloading isn't well facilitated and they've not been allocated to a CoC team. CoC is where a designated team of midwives only see a designated number of women. This could be postcode allocation or health centre based. The purpose is for women only to be reviewed by these midwives throughout the whole pregnancy. Most PLPs say CoC has been paused because of reduced staffing levels. PLPs say students are allocated a small caseload.

Many students tell us they don't feel listened to. They say communication with the SHS isn't effective. They say problems raised by them, such as issues with PebblePad haven't been addressed. There's a perception that changes and new policies which might affect their practice learning aren't filtered down to them effectively. They're aware of the need to complete student evaluation of practice learning (SEPL), but whether this is completed is variable between student groups. Students say they know of the feedback and evaluation routes in the SHS, but they feel the outcomes of this aren't effectively fed back to them. A significant number are disillusioned with this and have disengaged from these processes (210-212).

Year three students are excited to qualify and work as a midwife, with others expressing anxiety and feeling ill-prepared (210, 218-221).

Service users and carers

Service users and carers (SUCs) tell us they've been involved in recruitment and selection and have received appropriate training for this role. SUCs have had opportunities to add to the development of the programme and one had delivered sessions to students on baby bereavement. SUCs we meet during practice visits are positive about their treatment by both midwives and students, who they describe as compassionate and caring (216).

Relevant issues from external quality assurance reports

The last CQC inspection of NUH took place between 21 June 2021 and 28 July 2021. The inspection didn't include maternity services previously rated inadequate as the service hadn't had time to make the improvements necessary. The overall trust rating for this visit was 'requires improvement' (10).

Focused CQC inspection visits to QMC and NCH maternity services took place in March 2022. The overall rating for each service location was 'requires improvement' (10a-10b).

The following summarises findings of the most recent CQC visits. Identified issues relevant to student practice learning were explored by the QA visitors during the extraordinary review.

- NUH needs improvement in leadership, risk management (safety and safeguarding incidents reviewed and investigated), governance (all staff to be treated equally) and culture (bullying) (10).
- Staff feel unsupported and undervalued. Staff tried to escalate concerns to CQC directly as they felt unable to raise concerns. Culture has been declining since 2018. Feedback isn't always given after staff report incidents (10-10b).
- Maternal risks to harm aren't being appropriately assessed. Risk assessments which women are expected to have undertaken during their care isn't always completed in line with national guidance. Staff don't always use a nationally recognised tool to identify women at risk of deterioration. CQC had concerns about the services' ability to respond to women in a timely manner who may be deteriorating and decided to take enforcement action against the trust to ensure action was taken to prevent the risk of harm to women and babies. From January 2018 risks to avoidable harm to mothers and babies isn't being acted on. There's been 414 incidents including three severe and one catastrophic awaiting investigation (10a-10b).
- The service at QMC and NCH doesn't always have enough midwifery staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly review and adjust staffing levels and skill mix but were limited to the resources available. Currently there's a staffing gap of 35 FTE midwives and a request was going to NUH board for 60-65 FTE midwives (10a-10b).
- Staff at NCH don't always manage medicines well. Assurance of staff reporting all incidents and near misses isn't available. Pain management is effective. The storage of medicines isn't always safe at both sites (10a-10b).

Follow up on recommendations from approval visits within the last year

The BSc (Hons) midwifery programme was approved on 17 June 2021 (1).

There was one NMC recommendation from the approval visit:

- The programme team, together with PLPs, should consider strategies for ongoing enhancement and innovation that support resources for effective practice learning environments and placement capacity (SSSA R1.4) (3).

Documentation and meetings with the programme team and PLPs assure us of policies and processes in place to encourage enhancement and innovation within practice learning environments. We're assured the capacity and efficacy of practice learning in terms of meeting midwifery competencies and proficiencies is closely monitored in partnership between the programme team and PLPs (17, 19, 22, 26, 28, 31-33, 53, 85, 88-102, 114, 147, 157, 189, 201-205, 208, 227).

Specific issues to follow up from AEI self-report

There are two issues for follow up from the SHS annual self-report 2020/21 (8).

The annual self-report identified no evidence of impact from PLP staffing levels on practice supervision and assessment. A review of SEPL data and the extraordinary review process identifies that the quality of practice supervision and practice assessment prepares student midwives for registration requirements. However, we find NUH staff resources compromise the process for completing student practice assessment documentation. This is in terms of insufficient time to complete records and access to the PebblePad system (8, 17, 31, 83-84, 120-124, 205, 210-212, 215, 218-221).

An exception report was submitted to the NMC on publication of the QMC and NCH CQC reports. We find evidence of continued high levels of engagement strategically and operationally between PLPs and the SHS to manage all aspects of the programme and practice learning (85, 103, 201-205, 213, 226).

Findings against key risks

Key risk one: Effective partnership working: collaboration, culture, communication and resources

- 1.1 Inadequate capacity to accommodate all students in practice learning environments**
- 1.2 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.3 Inadequate resources available in practice settings to enable students to achieve learning outcomes**

Risk indicator 1.1.1 – Evidence of effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments.

What we found before the review

Structures are in place at both NUH and the SHS to review partnership working strategically and operationally. Documentation details rigorous policies and processes in place for managing practice learning together. The most senior strategic meetings are three times a year. Attendees include the UoN pro-vice chancellor and head of the faculty of medicine and health sciences (FMHS) and the head of the SHS in partnership with the chief executive, chief nurse and medical director of NUH. Similar strategic meetings are held with SFH, CRH and UHDB. A senior staff communication group between the SHS and NUH includes the head and deputy head of the SHS, directors of education and student experience and the director of research with the chief and deputy chief nurse, assistant director of nursing and the director of allied health professionals. These meetings are held monthly and increased significantly in the spring of 2020 (15, 28-32, 85-103, 161-165, 174).

Proactive partnership working is evident in planning for recruitment targets (23, 50-51, 85).

Service level agreements and student facing documentation including practice assessment documentation identify the supernumerary status of students. This is reiterated in SSSA training and updates and at all inductions. Processes are in place in the SHS and NUH to monitor compliance. At the SHS, the director of healthcare education in practice, the practice learning committee, the LME and the placements partnership mobility team operationally manage compliance and emerging issues identified by trust PELs and link lecturers. This group reviews student nurse and midwifery student practice learning and placement capacity, sharing issues affecting the SHS, with any areas of concern identified and addressed. Similar meetings are held with SFH, CRH and UHDB (15, 28-32, 85-103, 161-165, 174).

The placements partnership mobility team are responsible for working in partnership with PELs at trusts to allocate students to learning environments. Between practice learning committee meetings there's regular correspondence between the SHS and trusts regarding any emergent issues such as audit, capacity changes, training and allocation of practice supervisors and practice assessors. The midwifery academic team have midwifery specific forums in practice learning settings to provide updates and support for practice supervisors and practice assessors. The academic team significantly increased the number of informal 'link' support visits following the release of the QMC and NCH CQC reports (21, 29, 32, 64-65, 69-70, 83, 86-102, 111, 119).

Other AEIs in the region contribute to the East Midlands universities practice learning network which provides collaborative approaches to sharing of practice learning capacity. Many placements are used by more than one AEI (30, 33).

Since the release of the QMC and NCH CQC reports, meetings between all levels of staff at the SHS and NUH has increased. Comprehensive risk assessments undertaken by senior nurses at NUH were shared with the SHS. HEE supported the SHS with a

review of their practice learning strategy and development of action plans. Risks to learning in midwifery areas were rigorously re-assessed by the midwifery academic team. Action plans are shared with other AELs who access the same practice learning environments. Practice learning environments were re-audited to determine capacity and visits from midwifery academic staff to these environments increased, as did communication between operational staff (10, 20, 22, 24-25, 27, 33, 111).

Increased visits to practice learning environments identifies whether midwifery students are working under the support of a practice supervisor. All midwifery students are informed that if their supernumerary status is ever compromised and there isn't a practice supervisor available for any shift, they should leave the environment and inform PELs and the SHS (111).

What we found at the review

Meetings between senior PLPs and senior SHS staff confirm robust partnership relationships at all levels. Target recruitment numbers of midwifery students are discussed at the highest level with numbers based on practice learning capacity. Systems at PLPs and the SHS are in place to monitor capacity daily. ARC (a database used by the UoN to manage practice learning) has safeguards to prevent the agreed number of learners in any placement being exceeded. The SHS use an allocated percentage of the agreed audit total number of learners because other AELs use the same learning environment for their students. Senior SHS staff responsible for practice learning say they avoid using their full allocation of students, allowing for flexibility should capacity be temporarily compromised by unforeseen circumstances in trusts (204-205, 209).

PELs allocate practice supervisors and practice assessors and say there's rarely an issue of student over-capacity. PELs confirm that in the event of staff absence or shortage there's sufficient capacity for alternative practice supervisors to be assigned or to allocate students to a different area. In the event of no practice supervisor being available a student is sent home. PELs tell us of current staff shortages but confirm students are supernumerary. Students agree this to be the case (202, 205, 209-213, 215, 218-221).

PELs tell us that notification of student allocation from the SHS is often at short notice. SHS senior staff say they're reviewing the process of placement allocation. This review is through a continuous improvement project (aligned to lean project production principles) to streamline the process of placement allocation. Outcomes include a decreasing number of placement changes, matching students to placements and managing capacity (202, 211, 218-221).

The SHS are currently in the process of changing the ARC database to the practice assessment record and evaluation (PARE) system. The PARE holds information for all practice learning environments, for example audits. It also holds SEPL data. Other AELs in the region access PARE, therefore all AELs see the same audit data.

Agreements are in place between AELs regarding the responsibility for and sharing of audits (209).

Students are placed at an 'away' trust for year one of the programme and at a 'home' trust for years two and three. Students are given a choice of first and second preference of home trust. Some students haven't been allocated their first choice. Once the SHS allocate students to home and away trusts the information is sent to trust PELs. For some students, the allocation of home versus away trust is an issue due to length of time travelling to a home trust, when the away trust is much closer to their home address. Other logistic issues include allocating a student their home village as an away placement and placing a student with no car to a practice learning environment where public transport doesn't operate. There's a brief transfer window when students can exchange their placements, but some students perceive that there's a lack of flexibility and consideration of student needs. A student describes a positive outcome when they applied through the special consideration of placement process to change an away placement. This student has personal circumstances beyond their control preventing them from travelling. We're assured academic assessors, PELs and the partnership mobility team monitor each student's practice learning placement allocations to ensure programme requirements are met (206, 209, 218-221).

All midwifery students are allocated to the neonatal unit for approximately two weeks. The neonatal unit has its own education team, provides a full induction for students to the placement area and all students are supervised appropriately (218, 220).

Our findings confirm evidence of effective partnerships between the UoN and PLPs at all levels to ensure adequate capacity for students in practice learning environments.

Risk indicator 1.2.1 – AEL staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme.

What we found before the review

NMC Pin checks demonstrate that the registration status for 12 (11.7 FTE) midwives is current. Human resource processes are in place to monitor this. An additional three (2.4 FTE) midwives are to commence employment in the SHS from September 2022. These individuals are on a staff contract which focuses on educational input to the programme and student support. One midwife is currently away from the team and another member of the team doesn't have due regard. An interim LME is in post from June 2022. The LME is the professional lead for midwifery and line manager for the midwifery team. All members of the team have completed training for the academic assessor role (151-156).

What we found at the review

Meetings with senior SHS staff confirm that a strategy is in place to monitor and review staffing resources. By January 2023 a further two positions, a professor (UoN

employment level seven) and assistant/associate professor (employment level five/six) should be recruited. It's expected the level seven appointment will provide educational and strategic leadership to the midwifery professional group and undertake the LME role (148-149, 202-203, 205, 213).

Documentation and meetings evidence a commitment to staff development. The SHS has a workload planning model and a core activity for all staff is research/scholarly activity/continuing professional development. The programme team confirm all those with due regard are academic assessors for the programme. The LME says all midwives in the SHS have honorary contracts with local trusts. This enables midwives to undertake professional roles within the trusts during their support of students and in their link lecturer role. A member of staff is a professional midwifery advocate and another team member is a supervisor of midwives (202-203, 205, 213, 222-223).

Our findings confirm that the SHS staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme.

Risk indicator 1.2.2 – Sufficient appropriately qualified academic assessors available to support numbers of students

What we found before the review

There's evidence that academic assessors are qualified to undertake the role (146, 148-153, 155-156).

Evidence demonstrates there are 12 midwifery academic assessors in post. The SHS combine the personal tutor and academic assessor role. This role is combined in parts one and three of the programme. Students keep the same personal tutor but have a different academic assessor in part two. The academic assessor role includes responsibility for:

- awareness of the student's outstanding assessments, action plan developed where necessary.
- awareness of the student's individual placement requirements, any outstanding practice hours required to complete the programme.
- supporting the student and/or practice assessor to raise and escalate concerns
- verifying all assessments.
- Checking the placement attendance record and total placement hours.
- Informing the personal tutor and year lead if the student is required to make up time.

An online register is kept of academic assessors, and plans are shared with us which demonstrate how academic assessors are allocated (146, 148-157, 159).

What we found at the review

Discussion with the senior SHS staff and programme team confirm previously seen documentation regarding the availability and role of academic assessors. Academic assessors rotate on a yearly basis, ensuring they remain fully compliant with the SSSA and avoid being the academic assessor for two consecutive years. We're assured that newly appointed midwifery staff have training for the academic assessor role in a timely manner. The programme team and students confirm that the expectations of the academic assessor role is met (202-203, 205, 210-213, 215, 218-221).

For the summative assessment of student midwives, the practice assessor and academic assessor undertake this independently of the student. The programme team confirm that the practice assessor and academic assessor independently 'grade' the practice assessment for year three students based on the reflections the students submit in their practice assessment document. Years one and two don't have practice assessment graded. Students and practice assessors say the documentation is rarely filled in together, but opportunity is offered to meet and discuss after documentation is filled out (201, 203, 212, 218-221).

Our findings confirm that there are sufficient appropriately qualified academic assessors available to support the number of students.

Risk indicator 1.3.1 – Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students

What we found before the review

Trusts hold registers of SSSA trained staff and the ARC database confirms the number of SSSA staff in each practice learning environment. The SHS has policies and processes in place for audit with a red-amber-green (RAG) rating for identification of at-risk clinical learning environments. Documentation details rigorous policies and processes in place to manage practice learning. Many policies are recently updated. There's evidence of partnership working to manage risk. Policies, action plans, partnership meetings and communication identify the importance of trust induction, PELs in the trusts and the link lecturer role for monitoring risk indicators and taking immediate action. Midwifery planners identify practice learning allocation for each cohort (28-29, 31, 42-46, 48-49, 59-70, 73-76, 78-84, 88-111).

There's a partnership approach to preparing PLP staff to meet the SSSA. The placement provider agreement identifies that PLPs must ensure there are enough appropriate practice supervisors and practice assessors. Service level agreements state PLPs will provide appropriate professional development opportunities to enable staff to meet SSSA requirements (31-32, 86-102).

SEPL data and practice learning meeting notes identify issues for students regarding the availability of time for their practice supervisors and practice assessors to complete practice assessment documentation (86-102, 111, 120-124).

What we found at the review

Meetings with the senior SHS staff, the programme team and senior PLPs confirm that policies and processes to provide training and support for practice supervisors and practice assessors are implemented rigorously. PELs, practice supervisors and practice assessors tell us there are sufficient practice supervisors and practice assessors in the placement areas. Regional SSSA training and updates are accessible virtually and face-to-face. Senior NUH staff say 91 percent of staff have had SSSA training (204, 218-221).

Not all the midwives in areas we visit have had SSSA training. They do have current knowledge and experience of the area in which students access practice learning experiences. If it's identified on a shift that there aren't sufficient practice supervisors for the number of students allocated, the students are moved to an alternative placement, for example another community midwifery team, or they're sent home. We're assured by PELs and students that this rarely happens (210-212, 215, 218-221).

If midwives haven't completed SSSA training, they're not allocated a log-in access to PebblePad. Students' perception is of limited support with PebblePad from the SHS. The LME and programme team make available short 'vlogs' with full instructions for accessing PebblePad. These are on databases accessible to all PLPs (210-212, 217, 226).

Substantive evidence is available confirming increased link lecturer visits to NUH, where link lecturers support practice supervisors and practice assessors through question and answer forums, monthly practice learning team meetings and walk arounds. We're assured the LME and programme team provide many formal and informal opportunities for PLPs to support them in the use of PebblePad and the electronic midwifery ongoing record of achievement (eMORA) (205, 209, 213, 217, 225-226).

Students appreciate the accessibility of PebblePocket which is available on their phones. This enables ease of and speedy access to practice assessment documentation. The students identify difficulties when accessing PebblePocket on their phones because they've been told it's unprofessional to use their phone while on shift (210).

We've seen meeting notes, SEPL evidence and most students tell us of difficulties they've had with availability of practice supervisors and practice assessors to sign off proficiencies on practice assessment documentation and the eMORA. Many practice supervisors and practice assessors tell us of difficulties with completing the students' practice assessment via PebblePad including progression points and sign-off in a timely manner. They say they don't have protected time to do so, with most completing student documentation in their own time at home (218-221).

The most common reason for not completing student documentation is pressure of time owing to service demands and staff shortages. Practice assessors tell us

sometimes this leads to them needing to complete an assessment based on quite brief comments and notes from the practice supervisor. Senior staff from NUH say a policy to allow extra overtime payments to enable practice supervisors and practice assessors to complete student documentation is agreed. Very few practice supervisors and practice assessors are aware that they can claim overtime payments for the completion of practice assessment documentation (86-97, 99-102, 204, 210-212).

Year three students say the difficulty of practice supervisors accessing e-documentation affects their overall grade, which could be much lower and doesn't match verbal feedback received. There's often insufficient time and opportunity for students to be involved in discussions around achievement or in some cases grading of the assessments. Some practice assessors agree, saying it's not easy to assess the practice assessment documentation when the student isn't there and that the evidence isn't always easy to find because of limited notes from the practice supervisor (210-212, 218-221).

Some students describe having worked a shift where they're supported to achieve proficiencies but because their practice supervisor didn't have access to PebblePad the proficiencies aren't signed off. Students say they've needed to undertake additional practice hours to have the proficiency signed off. Some students who are about to complete a placement have had very few proficiencies signed off whereas others are having all proficiencies signed off in a timely manner (210-213, 218-221).

We aren't assured of sufficient opportunities for the practice supervisor to contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they're supervising. We aren't assured there are sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression. Owing to insufficient time for practice supervisors to record observations, we aren't assured assessment decisions are fully informed by feedback from practice supervisors.

We therefore find that there's insufficient appropriately qualified practice supervisors and practice assessors available to support numbers of students.

Outcome: NOT MET

Comments:

Risk indicator 1.3.1 is not met.

We find that students are often unable to have practice supervisors and practice assessors complete practice assessment documentation in a timely way due to insufficient time and challenges in accessing PebblePad. Students, practice supervisors and practice assessors also report a lack of accessibility and understanding in the use of

| |
|--|
| PebblePad. |
| Revised Outcome: MET/NOT MET Date: |
| Comments: |
| Areas for future monitoring: None identified. |

| Findings against key risks | |
|--|---|
| Key risk two: Selection, admission and progression | |
| 2.1 | Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification |
| Risk indicator 2.1.1 – Selection and admission processes follow NMC requirements | |
| What we found before the review | |
| <p>UoN policies and processes are compliant with UK statutory and professional requirements. A midwifery admission lead works with a team headed by the SHS director of admissions. Following selection processes, potential students are interviewed using the HEE values-based recruitment process. Partners including PLPs, SUCs and students are involved in interviews and undergo equality and diversity training. Currently all interviews are virtual. Documentation details a transparent, inclusive process. Any student who enters the programme under 18 years of age must be 18 before entering their first practice learning placement. Application and recruitment numbers from each admissions cycle is reported to a midwifery education meeting and the SHS senior management board. Student facing documentation details requirements for occupational health (OH), disclosure and barring service (DBS) and declarations of good health and character and fitness to practise (3-4, 9, 16, 23, 34-41, 53, 57-58, 163-165, 179-180, 190-195).</p> | |
| What we found at the review | |
| <p>Documentation and meetings with staff, students and SUCs confirm implementation and regular review of selection and admission policies. Staff with responsibility for selection and admission confirm outreach with local schools, colleges and minority special interest groups to promote midwifery. A SUC brought their experience of the</p> | |

lesbian, gay, bisexual, transgender and queer (or questioning) community to support with recruitment and selection procedures. Students confirm that processes are fair and transparent (206, 210-212, 216, 223).

Students and practice supervisors or practice assessors are unable to confirm their involvement with student recruitment and selection, however SHS recruitment staff provide examples of stakeholder involvement even when interviews are conducted virtually (206, 212, 215, 218–221).

Our findings confirm all selection and admission processes meet NMC requirements.

Risk indicator 2.1.2 – Programme providers’ procedures address issues of poor performance in both theory and practice

What we found before the review

Rigorous and detailed fitness to study (FTS) and FtP policies and processes are established. All policies are recently reviewed and amended. These processes are also seen in student-facing documentation. Both FTS and FtP processes are managed by the FMHS and relate to all students on health-related courses. Any person can raise a concern about a student and all concerns are reviewed weekly. The FTS panel meet monthly to review all active cases. The FMHS have a safeguarding lead who provides awareness training for all staff. A recent school guidance document regarding part-time employment alongside programme requirements has been written in partnership with students. The FTS and FtP lead reports annually to the SHS management board (16, 43, 136-143, 160, 163-165, 179-180, 184-186, 195-197, 200).

Documentation evidences robust communication lines and processes to follow between the SHS and PLPs should practice supervisors, practice assessors or any other person raise concerns about a student in practice (16, 31, 42-43, 45-48, 83-84, 106-107, 119, 163-165, 174, 210-213, 217-221).

What we found at the review

Meetings with FMHS and SHS staff and students confirm implementation of procedures to address issues of poor performance in both theory and practice. We’re assured of all stakeholders’ awareness of the processes (205-207, 210-213, 215, 218-221).

Students who aren’t performing well owing to becoming unwell to a degree which impacts their ability to study effectively are referred to the FTS/FtP safeguarding lead. On referral most students are supported by UoN wellbeing services, OH, counselling support services and/or general practitioners. An individual practice support plan is agreed between the student, SHS support staff and PLPs. A student who has a plan confirms the supportiveness of this approach. The FTS/FtP lead and senior member of the practice team confirm awareness of avoiding ‘failing to fail’ situations. They tell us

of conversations held with students when recommended adjustments are no longer reasonable or the potential for successful programme completion is limited. Students who interrupt the programme because of deteriorating health and/or personal circumstances are followed up by the FTS lead and supported as they prepare to return to their studies. We're provided with examples of students who are referred to the FtP process owing to inappropriate behaviour or criminal activity. We're assured of rigorous processes in place to support and protect students and the public from harm (185, 197, 200, 207, 210).

Students and midwives tell us they've seen documentation or been told during class or trust inductions how to raise and escalate a concern. A few students feel they wouldn't either know how to do this, nor would feel prepared to do so. All students and midwives confirm they would contact the SHS should they feel they need support in raising a concern (212, 215, 218–221).

We find that the UoN has procedures in place to address issues of poor performance in both theory and practice.

Risk indicator 2.1.4 – Programme providers' procedures are implemented by practice learning providers in addressing issues of poor performance in practice.

What we found before the review

Processes and procedures to follow in addressing poor performance in practice are in place. Student facing documentation highlights support available from the SHS and PLPs. Students highlight learning needs, practice supervisors record feedback on performance and practice assessors assess progress and performance. Plans are drawn up together with academic assessors should any concerns about performance be identified. If reasons for not achieving proficiencies is owing to lack of exposure, this is identified by the practice supervisor, PELs and link lecturer. Documentation evidences policies and procedures being enacted. Examples of this are emails from link lecturers and action plans taken when there has been concern regarding a student's performance (7-9, 16, 20-22, 31-32, 42-46, 88-111, 174-175).

What we found at the review

PLPs tell us they're confident about addressing issues of poor performance and receive appropriate and timely support from the SHS to ensure patient and student safety (215, 218-221).

Students are assigned to practice supervisors and practice assessors. Students confirm that they meet with their practice assessors as per the eMORA or practice assessment documentation guidance. PELs, practice supervisors and practice assessors assure us they're able to recognise poor performance and know how to create action plans to support achievement (212, 215, 218-221).

Our findings confirm that the SHS procedures are implemented by PLPs in addressing issues of poor performance in practice.

Outcome: MET

Comments:

Adequate safeguards are in place prior to admission and throughout the programme to prevent unsuitable students from entering and progressing to qualification.

Revised Outcome: MET/NOT MET
Date:

Comments:

N/A

Areas for future monitoring:

None identified.

Findings against key risks

Key risk 3: Practice Learning

- 3.1 Inadequate governance of and in practice learning**
- 3.2 Programme providers fail to provide learning opportunities of suitable quality for students**
- 3.3 Assurance and confirmation of student achievement is unreliable or invalid**

Risk indicator 3.1.1 – Evidence of effective partnerships between the AEI and practice learning provider at all levels, including partnerships with multiple education institutions who use the same practice learning environments

What we found before the review

There's evidence of partnership working in terms of clinical governance and risk from the most senior members of organisations to operational members of staff. The practice learning strategy for midwifery identifies a partnership approach to monitoring and enhancing the quality of practice learning. Several recently amended policies

clarify processes to follow should concerns impact on the safety of people (31-32, 42-48, 85).

Meeting notes between the SHS and each PLP demonstrate monitoring of action plans if risk to student learning is identified. If urgent changes occur outside of scheduled meetings, PLPs alert the SHS via contact with the practice leads/director of healthcare education in practice or head of school (15, 20-22, 27-29, 31).

A case is identified of when communication links were ineffective. Collaboration resulted in a change in PLP policy to include clear escalation of maternal deaths to the UoN as part of trust management governance of serious incidents (26, 205).

Since the effect of the pandemic on student practice learning, the SHS initiate a university-wide risk assessment process to ensure the safety of all students placed in healthcare settings. We see meeting notes from all trusts which evidence partnership at operational level in managing practice learning (60, 66-70, 82, 86-113).

Following the publication of the QMC and NCH CQC reports evidence is available of various processes being followed. There are robust action plans from NUH's chief nurse and senior midwife, an overview of recommendations from an Ockenden review midwifery improvement plan and a collaborative action plan following a student and midwifery staff listening event with HEE (10-13, 20, 22, 24-29).

The SHS works closely with other AELs who share the placement learning circuit and evidence is seen of timely reporting of adverse incidents with action plans shared. The Midlands, Yorkshire and east of England practice learning group (MYEPLG) set up a MYEPLG public inquiry project aiming to collaboratively work to promote lessons learned from public inquiries feeding into healthcare education. Resources and toolkits are available from the group to support students raising concerns (30).

Documentation evidences compliance with the NMC QA framework for exceptionally reporting serious concerns (7-9).

Audit processes implement and oversee monitoring of the quality of the learning environment. The audit documentation and processes are followed by all AELs in the region. All audits are shared. SHS link lecturers support the audit process and follow up on action plans. In rare instances processes are in place for the removal and re-introduction of students to practice learning areas. Student facing documentation evidences the accessibility of processes to students who need advice and support (30, 71-82, 113, 147, 149-150).

What we found at the review

Meetings with PLPs confirm established and effective governance partnerships between the SHS and all levels of PLPs to ensure practice learning is safe. Senior leaders of NUH assure us the midwifery improvement action plan, including the

Ockenden 15 essential actions, are tightly monitored. Examples of initiatives to improve the culture and safety of clients include the deployment of more professional midwifery advocates who ‘walk around’ midwifery areas. Freedom to speak up guardians are in place and concerns are identified and actioned. Practice development midwives address the training needs of staff. Other PLPs tell us of similar initiatives including frequent staff forums and listening events. Staff in the SHS say a post-qualifying professional midwifery advocate course is available through the SHS. Students are very appreciative of support given by NUH senior staff, practice supervisors and practice assessors. Students tell us of a culture where all levels of staff and the multidisciplinary team accepts, welcomes and supports them and where they’ve a strong sense of belonging (204, 210-213).

PLPs tell us that there are strong communication links with the SHS. The practice learning committee meets monthly to review the HEE action plan. Practice leads meet with the link lecturers, though some say this was more frequent pre-pandemic. Educational audits are currently undertaken by the practice leads in the placement area. There are plans to recommence undertaking these conjointly with the link lecturer now that many pandemic restrictions are lifted (215, 218–221).

Practice supervisors and practice assessors tell us that communication with the SHS regarding any risk issues is timely and effective. They confirm concerns are investigated, supported and managed. Most students say they know to tell someone if they’ve a concern during any theory or practice learning experience (211, 218-221).

Meetings confirm close partnerships with other AEIs in region. Collectively AEIs have created toolkits which enable concerns raised to be escalated. Actions made against risks are shared between all relevant AEIs (205).

We find evidence of effective partnerships between the UoN and PLPs at all levels, including partnerships with multiple education institutions who use the same practice learning environments.

Risk indicator 3.2.1 – Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production

What we found before the review

The SHS public engagement and midwifery practice learning strategy detail commitment to embed partnership working with PLPs, students and SUCs in the design, development, delivery and evaluation of the curriculum. Processes are in place to measure efficacy of the strategy across SHS activities. To ensure currency and responsiveness to workforce needs, a course advisory group reports twice yearly to the programme team. Membership includes representatives from professional associations, accrediting bodies, employer groups, external discipline experts, SUCs,

students and a recent graduate of the programme (32, 52-56).

Curriculum documents clearly identify involvement of SUCs and PLPs in the delivery and assessment of the programme (161-165, 174, 177-178, 182).

What we found at the review

One SUC has contributed towards the development of the programme and has delivered sessions to students on baby bereavement. Within the SUC strategy there are further examples of involvement of local and national organisations but there's limited evidence based on the SUC meeting. There's a clear intention and will for SUCs to be further involved in the programme and play a greater role in assessment, evaluation and co-production. SUC feedback is a requirement of the eMORA and is sought by the practice supervisors for the students on a regular basis. SUC feedback is included as part of the practice assessment each year (215, 218-221).

SUCs we meet in the practice setting are positive about their treatment by both midwives and students, which they describe as compassionate and caring (215-216, 218-221).

PLPs tell us that they attend curriculum development meetings and the practice learning committee (215, 218-221).

We conclude that practitioners and SUCs are involved in programme design, development, delivery, assessment, evaluation and co-production.

Risk indicator 3.2.2 – AEI staff support students in practice learning settings

What we found before the review

The midwifery programme team all undertake a link lecturer role and report to the practice learning lead for midwifery and at practice learning team meetings. Meeting notes and email evidence of visits to practice areas with open forum meetings allow opportunities to support midwives in their practice supervisor and practice assessor roles. There's clear evidence of sharing of good practice between the SHS and PLPs at practice learning team meetings (86-111, 151-152).

What we found at the review

Meetings with the LME and senior SHS staff confirm the requirement for all midwifery staff with due regard to support students in practice. The SHS workload planning principles don't overtly acknowledge time commitments to visit practice learning environments. The LME identifies that this is overseen in staff performance review sessions. All programme staff acknowledge the recent, significantly increased time commitment to supporting PLPs through monthly practice learning forums held at each trust and weekly 'walk around' visits. The programme team tell us they support each

other in managing the link lecturer role, communicating dates and times of practice visits and actions taken. This is done to avoid duplication of any actions taken (203, 205, 213, 217).

All placement areas have a link lecturer, who works closely with the practice lead in each trust. Records are kept of every link lecturer visit which are reported to the LME, the lead midwife for practice learning and the director of healthcare education in practice. Email evidence identifies that the link lecturer supports students, practice supervisors and practice assessors and works closely with trust teams who support learning in practice. In addition to practice-based drop in question and answer forums on use of PebblePad, PebblePocket and the eMORA, link lecturers spend time with individual practice supervisors supporting them to access practice assessment databases (217, 225-226).

Students and PLPs say SHS staff aren't visible in practice, particularly in community learning environments. Support is available through email and text to their personal tutors. All students and midwives tell us they know who to contact at the SHS should they need support (203, 210-212, 215, 218-221).

We conclude that SHS staff appropriately support students in practice learning settings.

Risk indicator 3.3.1 – Evidence that practice supervisors/assessors are properly prepared for their role in supervising and assessing practice

What we found before the review

There's clear evidence of training and support for practice supervisors and practice assessors in SSSA requirements and the use of PebblePad and the eMORA (83-84, 86-103, 111).

In 2021-2022 HEE supported the programme team to create action plans to manage inconsistency and disruption to practice supervision and practice assessment (20-21).

Students are required to complete a SEPL for each practice area. If any issues are raised, for example poor practice supervision, the link lecturer investigates together with PELs and creates action plans if necessary (17, 20-22, 31, 83-84, 86-94, 120-124).

What we found at the review

Most registered midwives have received training for their roles as practice assessors and practice supervisors and are confident in these roles. Some midwives choose not to undertake SSSA training. Quite a number when talking about their role still refer to themselves as mentors but they're aware of the SSSA (218-221).

Once training is undertaken practice supervisors and practice assessors are provided with a PebblePad login. Students who exit the midwifery pre-registration programme as qualified midwives are also prepared as practice supervisors. The SSSA training varies between trusts from a full day to a multi-professional online package. All updates are undertaken on the trust mandatory training days and these update sessions are led by the programme team. PELs maintain a record of those who've completed the training to allocate student midwives appropriately (217-221).

Ongoing support in the form of drop-in forums is offered to practice supervisors and practice assessors by the SHS, particularly in the use of electronic practice assessment documentation. Due to staff shortages and pressures of work this is often not taken up. Several PLP staff mention issues navigating around PebblePad and the e-MORA. The visit team are however assured that the SHS provide appropriate support for practice supervisors and practice assessors (103, 217, 226).

Senior SHS staff and PELs tell us if there's a negative SEPL; this is fed back to the link lecturer and a record of any actions taken are fed back to the practice learning committee (205, 208-212, 215, 217-221).

Our findings confirm that practice supervisors and practice assessors are properly prepared for their role in supervising and assessing practice.

Risk indicator 3.3.2 – Systems are in place to ensure only appropriate and adequately prepared practice supervisors/assessors are assigned to students

What we found before the review

Service level agreements, policies and process maps for the allocation of students into practice learning environments are in place. Process maps include actions to follow in situations such as concerns regarding supervision, patient safety, professional conduct concerns and removal of placement areas. We see examples of emails to PELs regarding day-to-day management of allocations and changes to service configuration. PELs assign students to practice supervisors and practice assessors. Within the 2009 curriculum, students require a practice assessor for both intrapartum and ante- and post-natal care. Within the 2019 curriculum, students are allocated one practice assessor for the year and a practice supervisor appropriate to clinical area (17, 28-29, 31-32, 46-48, 59, 61-65, 69, 73, 117-118).

What we found at the review

PLPs have responsibility for databases of practice supervisors and practice assessors. This information is shared with the SHS and is available on ARC. Students confirm that practice assessment documentation has details of their practice supervisors and practice assessors. The programme team and academic assessors assure us of rigorous processes in place to check the authenticity of the practice staff who are supporting students (205, 209-213, 217).

Students are allocated a practice assessor for each year (part) of the programme and are advised of who this is via email. In each practice learning environment, a timetable details the students' practice supervisors. This is available to view on the off-duty roster. The students tell us they receive their off-duty roster on the first day of placement (210-212, 218-221).

The practice assessor is contacted by the student and some practice assessors tell us that they only know they're assigned when the student contacts them. The visit team are however assured that students are allocated appropriately prepared practice assessors (201, 210-212, 215, 218-221).

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

Outcome: MET

Comments:

None identified.

Revised Outcome: MET/NOT MET
Date:

Comments:

N/A

Areas for future monitoring:

None identified.

Findings against key risks

Key risk 4: Assessment fitness for practice and award

- 4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**
- 4.2 Audited practice learning placements fail to address all required learning outcomes in practice in accordance with NMC standards**

Risk indicator 4.1.1 – Students achieve NMC learning outcomes, competencies and

proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards and this is confirmed through documentary evidence

What we found before the review

Programme documentation and the eMORA are mapped to the SPME or SPM as appropriate. Throughout the curriculum the Code (NMC, 2018) is revisited. The curriculum is structured to enable increasing complexity in care giving. Learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise is demonstrated in module handbooks. The SHS has equipment which meet and develop the simulation and skills requirements for complex care, for example SimMom, an obstetric bed, resuscitaires, practical obstetric multi-professional training models and baby hippys (1-6, 18, 161-166, 174-175, 177-178).

Mandatory training in resuscitation, foetal monitoring, equality and diversity are presented yearly. Themes such as compassion, professionalism, safeguarding and medicines management are threaded through the programme and tested (162).

Student facing documentation and student evaluation of theory identify that teaching and learning strategies are well received and the importance of the virtual learning environment (VLE), Moodle, in supporting teaching and learning. Documentation evidences that the SHS are responsive to student feedback. PLPs and SUCs are involved in teaching and learning. Preparation for and information concerning theoretical assessment is robust (125, 167-168, 176, 181-183, 187-189).

Attainment of the required programme theory and practice hours is monitored and reported at examination boards. External examiners (EEs) provide comment and recommendations on whether NMC requirements are met. Student facing documentation detail the requirement for declaring good health and character at the end of each part of the programme (3-4, 18, 52, 126-135, 144-145, 184, 187-189).

What we found at the review

Meetings with senior staff from the SHS and the programme team assure us of rigorous processes in place to confirm that competencies and proficiencies are achieved in a timely manner. Examination board processes check and confirm achievement of the progression of every student. An EE is present at the programme completion board. We're informed the EE hasn't visited practice learning environments for two years owing to pandemic restrictions in accessing PLPs. There's an intention to facilitate this process again shortly. We're assured the EE is engaged in practice assessment through the review of practice assessment documentation. The LME assures us of sound communication processes between year three academic assessors and the LME, enabling the LME to be confident that every student that's signed onto the register has completed all programme requirements (205-206, 208, 213, 223).

The QMC and NCH CQC reports identify concerns which would impact on programme learning outcomes, NMC competencies and proficiencies and programme standards. Examples include inadequate risk assessment, poor documentation, poor medicines management processes and infection control procedures. Meetings with all stakeholders and a review of both curricula assures us all these topics are addressed during the programme. The midwifery team have mapped the curriculum and module sessions to the CQC reports and Ockenden outcomes. We're assured controls are in place to fully prepare student midwives for the autonomy and competence required on registration (10, 18, 20-22, 161-163, 204-205, 213, 227).

Our findings confirm that students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register.

Risk indicator 4.2.1 - Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for and this is confirmed through documentary evidence

What we found before the review

Service level agreements, the practice learning structure, practice learning strategies, the examination board processes and annual monitoring evidence that rigorous processes in are place to enable the achievement of programme outcomes and midwifery proficiencies (8-9, 31-32, 60, 126-134).

Practice learning meeting records, notes from link lecturers and the eMORA confirm that students have every opportunity to understand their responsibility to engage in practice learning opportunities. We see actions which are taken when students aren't proactive in seeking practice learning opportunities or when they share concerns regarding the support they need (61-73, 87-111).

Personal tutors and academic assessors monitor whether students are meeting requirements at the end of each part (126-136, 156-158, 163-166, 169-175, 179-180, 184).

What we found at the review

Students tell us they're adequately prepared for entry to practice learning settings. Their induction by PLPs is also much appreciated and helps students to feel welcome and well orientated. Some placements appear to offer more in-depth induction than others, with the neonatal unit providing a well-planned and detailed introduction to the placement area. Students can encounter a range of settings and provide care for to people with diverse needs (210-211, 218-221).

First year students say they've not been able to complete some antenatal proficiencies in time because of the timing of their community placement. This is being managed by the programme team. Third year students say they're able to achieve the required practice competencies, though some are requiring additional time. The programme team tell us that approximately 18 out of 48 third year students will require an extension to their programme mainly due to the disruption caused by the pandemic. The extension enables students to meet all programme requirements such as number of births required to meet European Union directives (203, 212, 218-221).

Any absences in practice are notified to the academic assessor. Each academic assessor has a checklist to verify proficiencies achieved before each progression point. The list is shared with the practice assessors. We're informed the checklist is a means to ease the burden of time for the practice assessor who would normally have to go through the whole eMORA to review and sign-off a proficiency. Academic assessors assure us of regular virtual contact with practice assessors. Students say they don't normally meet their academic and practice assessors together (203, 210-213, 215, 217-221).

Students find it difficult to effectively manage their CoC and/or caseload holding commitments due to the timing of community placements and the inflexibility to undertake this in a range of placement settings. Year three students tell us caseload holding hasn't been completed since year one of the programme, with the pandemic being cited as an issue with this due to the disruption of placements (155, 203, 212, 215, 218-221).

Our findings confirm that students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register.

Outcome: MET

Comments:

None identified.

Revised Outcome: MET/NOT MET

Date:

Comments:

N/A

Areas for future monitoring:

- Opportunities for CoC caseloading experience in each part of the programme (related to risk indicator 4.2.1).

| Findings against key risks | |
|---|---|
| Key risk five: Education governance: management and quality assurance | |
| 5.1 | Programme providers' internal QA systems fail to provide assurance against NMC standards |
| Risk indicator 5.1.1 – Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery | |
| What we found before the review | |
| <p>Documentation evidences a partnership approach to QA mechanisms. National, university, faculty and school-based surveys are in place to determine student views, with students encouraged to report the strengths and weaknesses of their whole programme experience including practice learning. Formal student face-to-face fora are held at the SHS and in each PLP. Student facing documentation highlights opportunities available for informal feedback to personal tutors, academic assessors, PELs, practice supervisors and practice assessors (52, 88-104, 114-116, 120-125, 187-189).</p> <p>SHS documentation and student facing documentation evidence robust processes in place to analyse, evaluate, report and create improvement action plans following module feedback. All feedback given is collated with commentary which indicates changes made and disseminated on the VLE. An example is students' feedback on module evaluation of the lack of time available for directed study. Module timetables are created much earlier and independently reviewed to ensure good sequencing of face-to-face versus directed study. We see evidence of 'you said, we did' data (19, 52, 135, 158, 163-166, 169).</p> <p>EE feedback is positive. The consistency and rigour of assignment preparation, feedback and the moderation process are identified as a strength. Evidence is seen of the SHS responding to EE feedback (126-134, 167-168).</p> <p>The annual NMC joint PLP and AEI self-report demonstrates transparency regarding strengths, weaknesses and progress made on action plans (8-9, 19).</p> <p>Partnership engagement with a view to programme evaluation and improvement systems is evident with the updating of several policies and processes since the pandemic. New risk assessments are in place. Other processes updated include raising concerns within a practice learning environment, escalating student concerns, contingency for removal of students and the process to follow if changes occur at PLPs (15, 42-48, 65-68, 73-76, 82-83).</p> <p>Other AEIs in the region contribute to the east Midlands universities practice learning network which provides collaborative approaches to QA through information sharing,</p> | |

and offers regular opportunities for discussions regarding placement area capacity, support and quality of the learning environments (30, 33).

What we found at the review

UoN processes to hear the student voice are established. A process organised through the student union known as the learning community forum involves recruiting student representatives. Agendas for each learning community forum are created by students to ensure the issues they want to voice are heard. The outcomes of each learning community forum are published on the VLE. All students can access this feedback, but no student mentioned accessing this data during the visit. We're aware the midwifery programme isn't as well represented as the student union would like because some representatives have resigned from the role. Strategies are in place to recruit and support more representatives (198-199, 214, 224).

Student evaluation of placement learning and theoretical modules appears to be sporadic. The programme team say they try different strategies to encourage feedback, in particular SEPL data. Students tell us that dissemination of the outcomes of their SEPL and module feedback is rarely given. They say evaluations are completed, however feedback on actions taken isn't communicated back, with the research module being named as one not evaluated by them at all (205, 209-213, 218-221).

Students say they aren't aware of all feedback processes, and over time this has led to several students becoming disillusioned and feeling disconnected with the various systems and feeling they aren't being listened to. Students say they don't feel informed, with many telling us they're repeatedly told that they must be organised and proactive to navigate the systems and processes. The level of student engagement seems to have been affected by what they perceive as a lack of SHS response which in turn has led to a lower level of student engagement with the evaluation process (205, 208, 210-212).

Students and PLPs confirm the SHS is swift to act upon any concerns identified through SEPL. Students aren't aware of any service improvements being made because of feedback. Students want positive feedback from SEPL to be disseminated (210-212, 218-221).

Students tell us they're provided with sufficient information and support to meet module and assignment outcomes. Most students are disappointed that the SHS has been very slow to get back to more face-to-face meetings and teaching. They also feel that when changes occur, the updated information isn't always clearly communicated to them. An example is some students aren't aware of a recent requirement for face-to-face module attendance. The students attended virtually and completed all their work. They then found that the programme team had said they'd missed theory hours and were required to undertake more work to evidence completion of theory hours (210, 212).

We find that established evaluation systems operate consistently using a diverse range

of data sources. These are fit for purpose. We see evidence of reporting back of findings to all PLPs, SUCs and students. PLPs confirm receipt of feedback with a partnership approach taken to actions generated. We see examples of programme enhancement because of student feedback (19, 23, 49, 52-58, 85, 158, 187-189, 198, 201-202, 204-205, 208).

However, there's insufficient evidence of mechanisms currently in place to feedback to students being effective. Students say their voice isn't heard (210-212, 218-221).

We find therefore, that there's insufficient evidence to provide assurance that actions and outcomes from routine student feedback and evaluation systems are fed back to students in formats accessible to all students.

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

What we found before the review

Documentary evidence demonstrates that robust systems are in place at every level in the SHS and PLPs to report and action plan any student concerns and complaints raised in practice learning settings. Concerns raised in practice learning settings are investigated and actioned between the SHS link lecturer or another person from the practice learning team and trust PELs. The director (or assistant) of healthcare education in practice is informed of all concerns and outcomes. The escalation process for concerns is displayed in every practice learning area. There's an electronic link to report concerns. SSSA training and updates include exemplars for raising concerns. We see case study examples of students raising concerns and the processes which followed notification by students of the issues. We're assured students and PLPs have feedback as part of the process (19, 42-47, 66, 83-84, 88-102, 105-108, 110-111, 114-116, 120-125, 157-159).

Student academic handbooks detail the student's professional responsibility to raise concerns (163-165).

If students have a concern in practice, in the first instance, they're encouraged to discuss this with their practice supervisor, practice assessor and/or PEL. Support is available from the academic assessor and/or link lecturer. Whenever possible, support is given from PLPs and the SHS to enable students to remain in placement. Students aren't removed from placement areas without joint investigations from the director of healthcare education in practice and the most senior trust staff with responsibility for that environment. We're assured that when there are safety concerns actions are taken promptly (42-46).

Documentation confirms that the FMHS safeguarding lead can receive concerns about a student from any member of the public or from the UoN community. All concerns are investigated. The first stage ascertains whether the student is receiving appropriate

support. If concerns remain the case is referred to a panel (42-44, 140, 197).

What we found at the review

Induction to practice learning is provided by all PLPs. The NUH induction includes the escalation process for midwifery students in practice, the role of professional midwifery advocate and how to access the 'speak up guardian' at NUH. Students are positive about their experience of induction. Senior SHS staff say a daytime 12-hour helpline is provided by NUH, with details of the phone number disseminated across trusts (204-205, 210-212, 215).

Practice supervisors and practice assessors tell us they know how to raise concerns and escalate if appropriate. Most students are aware of the escalation of concerns process. Some students said they wouldn't be prepared to raise a concern in practice and say they would communicate with their personal tutor or link lecturer first. We're assured by senior members of SHS staff that any concerns raised by students take priority for action. PLPs say communication with the SHS is swift and effective, and appropriate action is taken (208, 210-212, 215, 218- 221).

Senior members of the SHS practice learning team tell us of a case study when a serious concern about a student practice learning environment (mental health) led to the removal of all students. We're assured that actions taken are in partnership with the PLP concerned. Actions are reported to HEE, other AEIs and an exception report submitted to the NMC. Documentation and assurance from the team assure us the policies and processes in place which deal with concerns and complaints are enacted when necessary (42-43, 46, 205, 208).

Discussion with the FMHS safeguarding lead assure us of student wellbeing in practice and theory being a UoN priority. Robust safeguards are in place to protect the public in instances when student health and/or behaviour are compromised (207).

We conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: NOT MET

Comments:

Risk indicator 5.1.1 is not met.

We find that students are disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions taken following their feedback.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

None identified.

Evidence/Reference Source

1. UoN programme approval letter, pre-registration midwifery, 17 June 2021
2. UoN programme approval letter, registered midwife 36-month, 12 August 2015
3. UoN programme approval report, registered midwife 36-month, 19 March 2021
4. UoN programme approval report, registered midwife 36-month, 19 May 2015
5. UoN programme major modification letter, pre-registration midwifery, three-year programme, 23 August 2017
6. UoN major modification approval letter, pre-registration midwifery, three-year programme, 2 September 2019
7. UoN SHS and PLPs annual self-report, 26 March 2021
8. UoN SHS and PLPs annual self-report, 24 January 2022
9. UoN SHS annual monitoring exercise 2020/21, undated
10. CQC NUH inspection report, 15 September 2021
 - a. CQC QMC inspection report, 27 May 2022
 - b. CQC NCH inspection report, 27 May 2022
11. CQC CRH inspection report, 29 May 2020
12. CQC SFH inspection report, 14 May 2020
13. CQC UHDB quality report, 16 June 2021
14. NMC briefing: UoN, 20 June 2022
15. UoN SHS dialogue and evidence against risk themes: theme one effective partnership working, undated
16. UoN SHS dialogue and evidence against risk themes: theme two selection, admission and progression, undated
17. UoN SHS dialogue and evidence against risk themes: theme three practice learning, undated
18. UoN SHS dialogue and evidence against risk themes: theme four assessment, fitness for practice and award, undated
19. UoN SHS dialogue and evidence against risk themes: theme five education governance, management and quality assurance, June 2022
20. UoN SHS response to HEE feedback action plan 2021 practice learning midwifery, 14 June 2022
21. UoN SHS SSSA plan training in HEE joint action plan UoN and NUH, undated
22. NUH SHS midwifery improvement May 2022 action plan, undated
23. UoN SHS school management board minutes, 11 April 2022
24. NUH final Ockenden report overview, May 2022

25. NUH Ockenden 15 immediate and essential actions benchmark template, May 2022
26. NUH maternal death guidance version 5.1, 15 March 2022
27. NUH maternity improvement plan dashboard, May 2022
28. UoN and NUH practice learning meeting terms of reference, undated
29. UoN and NUH practice learning meeting, every four weeks, rolling agenda, undated
30. MYEPLG, public inquiry project meeting, 13 April 2022
31. UoN placement provision agreement 2021-2024, 29 March 2021
32. UoN FMHS, midwifery, practice learning strategy 2021, 12 January 2021
33. MYEPLG, east Midlands practice learning network terms of reference, 9 June 2020
34. UoN SHS personnel (PLPs, SUCs) recruitment for interview, 22 June 2022
35. UoN SHS personal statement scoring sheet (recruitment), undated
36. UoN SHS midwifery selection virtual interview instructions, undated
37. UoN SHS SUC correspondence post interviews session, 3 September 2021
38. UoN SHS statement in relation to occupational health provision for healthcare students, website accessed 1 July 2022
39. UoN SHS OH clearance process 2021-22, undated
40. UoN SHS DBS governance 2022, tracking of outstanding DBS, OH, undated
41. UoN SHS DBS clearance 2022, undated
42. UoN SHS raising and escalating concerns within practice learning environments 2021-22, undated
43. UoN SHS escalating student concerns in healthcare flow diagram, undated
44. UoN SHS process for raising a concern about a practice placement v3.3, 2021-22, undated
45. UoN SHS notification of concern about a healthcare student, website accessed 1 July 2022
46. UoN SHS contingency plan for removal of students, version 1.1 2021-22, undated
47. UoN SHS student special consideration for practice placement guidance. version four, 2021-22, undated
48. UoN SHS process for reintroduction of students following withdrawal in practice learning environment, flowchart, version 1.1 2021-22, undated
49. NUH and UoN SHS collaborative midwifery student group working principles, undated
50. UoN business plan round 2021-22, guidance notes, August 2021
51. UoN SHS student target setting process, undated
52. UoN SHS midwifery 'you said we did', student evaluation, 27 January 2022
53. UoN SHS public engagement strategy 2021, undated
54. UoN SHS public engagement advisory group online, terms of reference, 8 December 2021, website accessed 1 July 2022
55. UoN SHS plan for public engagement strategic review, final, v1, March 2021
56. UoN SHS course advisory group terms of reference, undated
57. UoN FMHS, clinical skills centre, information for experienced patient and public involvement community volunteers, 14 January 2021
58. UoN civic agreement 2022, undated

59. UoN SHS-workload plan-allocation-principles, 2021-22
60. UoN SHS proposed practice learning structure, undated
61. UoN SHS 2019-20 midwifery planner demonstrating six cohorts (January 2017, September 2017, January 2018, September 2018, January 2019, September 2019, January 2020) with COVID-19 contingencies shown, undated
62. UoN SHS 2022-23 main midwifery planner demonstrating four cohorts (January 2020, September 2020, September 2021, September 2022), 18 May 2021
63. UoN SHS anonymised planner for Mansfield 2021-22 (cohorts September 2019, January 2020 year two away and year three home, September 2020 year two away, September 2021 year one away), undated
64. UoN SHS midwifery 2021–22 placement weeks requirements, undated
65. UoN process for placements, partnership and mobility team process for allocation of midwifery placements at NUH and SFH, version 2.1, undated
66. UoN SHS RAG rating for identification of at-risk clinical learning environments, version one 2021-22, undated
67. UoN SHS COVID-19 pandemic response summary, undated
68. UoN FMHS and SHS, COVID-19 recovery and start of session 2020-21 programme board, risk assessments for students going into healthcare placements, 31 July 2020
69. UoN midwifery placement capacity changes owing to pandemic, undated
70. UoN SHS COVID-19 response midwifery, 23 June 2022
71. UoN SHS screenshot midwifery student numbers tracker, 23 June 2022
72. UoN SHS screenshot midwifery student numbers tracker and SSSA placement and training database demonstrating practice area, student number and audit date, 25 June 2022
73. UoN SHS emails to PLPs and other regional AEIs
 - a. UoN to PLP community re; draft Mansfield planner for review, 7 June 2022
 - b. UoN to SFH re; theatre placements for midwifery, 17 March 2021
 - c. UoN placement support to SFH re; non midwifery placements, 8 December 2021
 - d. UoN placement support to SFH re; request for third year student, 26 January 2021
 - e. UoN placement support to SFH re; student inductions, 4 August 2021
 - f. UoN placement support to UHDB re; midwifery planner, 29 April 2022
 - g. UoN SHS to NUH email re; link tutor visits, 24 August 2021
 - h. UoN SHS to AEI regarding education audits, 2 October 2019
 - i. AEI to UoN re shared audits, 23 March 2021
 - j. AEI to UoN re shared audits and audit documentation, 3 November 2021
74. UoN SHS overview placement audit process, undated
75. UoN SHS overview placement audit process flowchart, undated
76. UoN SHS midwifery current educational audits, 21 June 2022
77. Midlands audit project (PARE) group update, 21 June 2022
78. UoN SHS ratification of educational audit guidance, 14 October 2021
79. UoN SHS COVID-19 visit and audit process, undated
80. UoN SHS example visit or virtual audit, undated
81. UoN SHS placement learning team or university link lecturer review and

- placement learning team or university link lecturer review template, undated
82. UoN SHS process for when a change occurs at a placement provider, undated
 83. UoN SHS online practice supervisor preparation training, 9 May 2022
 84. UoN SHS guidelines for midwifery practice supervisors and practice assessors (curriculum September 2021), undated
 85. UoN FMHS senior level meetings with trust partners, NUH, Nottinghamshire Healthcare Foundation Trust, SFH, UHDB, undated
 86. UoN SHS midwifery eMORA question and answer facilitated sessions for NHS trusts 2021-22, undated
 87. UoN SHS PowerPoint midwifery forum update 2021 on eMORA, undated
 88. UoN SHS and NUH practice learning team notes, 14 February 2019
 89. UoN SHS and NUH practice learning team notes, 13 May 2019
 90. UoN SHS and NUH practice learning team notes, 19 September 2019
 91. UoN SHS and NUH practice learning team notes, 25 February 2021
 92. UoN SHS and NUH practice learning team notes, 28 May 2021
 93. UoN SHS and NUH practice learning team notes, 7 September 2021
 94. UoN SHS and NUH practice learning team notes, 17 June 2022
 95. UoN SHS and SFH agenda for meetings, 15 March 2022
 96. UoN SHS and SFH minutes, 15 March 2022
 97. UoN SHS and SFH minutes, 14 June 2022
 98. UoN SHS poster advertising link lecturer sessions in 2022, undated
 99. UoN SHS UHDB practice learning team minutes, 10 February 2021
 100. UoN SHS UHDB practice learning team minutes, 14 September 2021
 101. UoN SHS UHDB practice learning team minutes, 14 December 2021
 102. UoN SHS UHDB practice learning team minutes, 15 March 2022
 103. UoN SHS midwifery NUH forums and visits, dates of visits to NUH 2021-22, undated
 104. UoN SHS midwifery practice incident log record 2021-22, undated
 105. UoN SHS case study removal of students from practice assessor learning environment, 22 June 2022
 106. UoN SHS case study on performance concern raised by practice supervisor, practice assessor year two student, undated
 107. UoN SHS case study student raising concern in practice, concerns re; capability and competence, April 2022
 108. UoN SHS email LME to student re support following labour suite incident, 18 March 2022
 109. UoN SHS email midwifery lead for practice learning to UHDB re; maternal incident, 30 June 2021
 110. UoN SHS statement from student of support in escalation of concerns, undated
 111. UoN SHS NUH link visits process, records of link tutor meeting staff at NUH, between 2021-22, undated
 112. UoN SHS additional sessions provided to students since original CQC outcome, undated
 113. UoN SHS email from LME to cohort of students post-CQC report and Ockenden review of NUH, 27 May 2022
 114. UoN SHS checking and actioning SEPL process, undated

115. SHS process for responding to negative evaluation of placement learning 2021-22, version three, undated
116. UoN SHS flowchart of process for responding to negative SEPLs, version 1.1 2021-22, undated
117. UHDB email from clinical placement expansion programme lead (CPEP) team to NUH re; CPEP role, 23 May 2022
118. UoN SHS midwifery audit document, issue 22, November 2021
119. UoN SHS midwifery SSSA preparation slides for students, 24 June 2022
120. UoN SHS example of SEPLs
 - a. SEPL form placement unidentified, undated
 - b. Example of actioned SEPL names redacted, 22 November 2021
121. UoN SHS midwifery, CRH, SEPL
 - a. 34 evaluations January-June 2020, undated
 - b. 41 evaluations July-December 2020, undated
122. UoN SHS midwifery, NUH, SEPL
 - a. 112 evaluations January-June 2020, undated
 - b. 284 evaluations January-June 2020, undated
 - c. 190 evaluations July-December 2020, undated
 - d. 411 evaluations July-December 2020, undated
 - e. 188 evaluations January-June 2021, undated
 - f. 529 evaluations January-June 2020, undated
 - g. 366 evaluations July-December 2021, undated
 - h. 485 evaluations July-December 2021, undated
123. UoN SHS midwifery, SFH, SEPL
 - a. 48 evaluations January-June 2020, undated
 - b. 55 evaluations January-June 2020, undated
 - c. 65 evaluations July-December 2020, undated
 - d. 51 evaluations July-December 2020, undated
 - e. 62 evaluations January-June 2021, undated
 - f. 101 evaluations January-June 2021, undated
124. UoN SHS midwifery, UHDB, SEPL
 - a. 78 evaluations January-June 2020, undated
 - b. 58 evaluations January-June 2020, undated
 - c. 75 evaluations July-December 2020, undated
 - d. 71 evaluations July-December 2020, undated
 - e. 152 evaluations January-June 2021, undated
 - f. 135 evaluations January-June 2021, undated
125. UoN SHS module student evaluation with student comments, undated
126. UoN SHS board of examiner agenda template 2021-22, undated
127. UoN SHS midwifery board of examiners minutes, 11 December 2020
128. UoN SHS midwifery board of examiners minutes, 15 September 2021
129. UoN SHS midwifery course EE report example, cohort 19/01, 11 January 2021
130. UoN SHS midwifery course EE report 2017-18, 25 June 2018
131. UoN SHS midwifery course EE report 2018-19, 9 September 2019
132. UoN SHS midwifery course EE report 2019-20, 3 November 2020
133. UoN SHS midwifery course EE report 2020-21, 13 October 2021

134. UoN SHS midwifery board of examiners report completion 2020-21, undated
135. UoN SHS midwifery internal moderation report, 18 August 2021 and 2 December 2021
136. UoN FMHS FtP procedures, April 2022
137. UoN FMHS FtP board, 5 May 2021
138. UoN FMHS FtP board, 21 December 2021
139. UoN FMHS FtP board, 8 June 2022
140. UoN FMHS PowerPoint FtP, FTS and safeguarding, 27 June 2022
141. UoN SHS academic misconduct outcome and academic support email to students, 22 May 2022
142. UoN FMHS FtP basic statistics, June 2022, website accessed 1 July 2022
143. UoN FMHS FTS basic statistics, June 2022, website accessed 1 July 2022
144. UoN SHS assessment front sheet anonymised, June 2022
145. UoN SHS template for course leads on day of result release, undated
146. UoN SHS staff development strategy 2021-22, 12 November 2021
147. UoN SHS practice learning committee (nursing) terms of reference, January 2022
148. UoN SHS midwifery role profiles for research and teaching, teaching and learning level five 2021, undated
149. UoN SHS midwifery role profile – practice learning lead for midwifery 2021-22, undated
150. UoN SHS role profile audit lead 2021, undated
151. UoN SHS master midwifery curricula vitae BSc midwifery teams 2022, undated
152. UoN SHS midwifery academic assessors for cohorts September 2021, September 2020, January 2020, September 2019, undated
153. UoN SHS midwifery staff NMC registration details, undated
154. UoN SHS human resource protocol for NMC registration and revalidation checks 2021-22, undated
155. UoN SHS allocation of academic assessors for pre-registration nursing and midwifery students, September 2021
156. UoN SHS midwifery academic assessors summary 2021-22, undated
157. UoN SHS midwifery practice learning team terms of reference 2021-22, undated
158. UoN SHS midwifery education management committee agenda, undated
159. UoN SHS midwifery education management meeting notes, 6 November 2019
160. UoN SHS LME process for sign-off for admission to NMC register, 2021-22 undated
161. UoN pre-registration BSc midwifery (Hons) curriculum document 2015, undated
162. UoN pre-registration BSc midwifery (Hons) curriculum document 2021, undated
163. UoN SHS midwifery September 2019 pre-registration midwifery programmes BSc midwifery academic plan handbook, cohort September 2019 and January 2020, 21 September 2020
164. UoN SHS midwifery September 2020 pre-registration midwifery programmes BSc midwifery academic plan handbook, cohort September 2020, 20 September 2020
165. UoN SHS midwifery September 2021 pre-registration midwifery programmes BSc midwifery academic plan handbook, cohort September 2021, 20 September 2021
166. UoN SHS school assessment handbook term 2021-22, April 2022
167. UoN SHS PowerPoint assessment preparation, undated

168. UoN SHS email from staff operations SHS drop-in assessment support 2021-22, 22 February 2022
169. UoN SHS template for assessment feedback, undated
170. UoN SHS harmonised marking criteria level one, 4 June 2019
171. UoN SHS harmonised marking criteria level two, 4 June 2019
172. UoN SHS harmonised marking criteria level three, 4 June 2019
173. UoN SHS harmonised marking criteria level four, 4 June 2019
174. UoN SHS eMORA context document for UoN, March 2021
175. UoN SHS medicines for midwifery practice, appendix to eMORA, undated
176. UoN SHS practice module specific information, 1 November 2018
177. UoN SHS module-guides - September 2020
 - a. Course handbook, normal midwifery practice in contemporary society, MIDW1001, 26 August 2020
 - b. Course handbook, normal childbirth, MIDW1002, 26 March 2021
 - c. Course handbook, the novice student midwife in practice, MIDW1003, 24 June 2020
 - d. Course handbook, the compassionate and professional midwife, MIDW1004, 10 August 2020
 - e. Course handbook, perinatal mental health and role of midwife, MIDW1005, 26 August 2020
 - f. Course handbook, complex childbirth and the midwife, MIDW2006, 7 December 2020
 - g. Course handbook, the developing student midwife in practice, MIDW2008, 10 August 2020
 - h. Course handbook, the politics of maternity care, MIDW3008, 20 September 2021
 - i. Course handbook, research evidence for high quality midwifery practice, MIDW3009, 23 July 2021
 - j. Course handbook, the professional midwife in contemporary society, MIDW3010, 23 July 2021
 - k. Course handbook, the competent student midwife in practice, MIDW3011, 7 September 2021
178. UoN SHS module guides - September 2021
 - a. Course handbook, foundations of compassionate midwifery, MIDW1008, 6 August 2021
 - b. Course handbook, introducing midwifery clinical practice, MIDW1011, 6 August 2021
 - c. Course handbook, complexity in childbirth continuum, MIDW2013, 6 October 2021
 - d. Course handbook, the midwife as a public health practitioner, MIDW2014, 13 September 2021
 - e. Course handbook, understanding midwifery research, MIDW2017, 13 September 2021
179. UoN SHS annual declaration of good health and good character, undated
180. UoN SHS midwifery course completion documentation, undated
181. UoN screenshot for health e-learning and media, undated

182. UoN SHS midwifery example specialist timetable 2021-22, undated
183. UoN SHS screenshot module: MIDW/3008/3 timetable with SUCs, 19 December 2019
184. UoN SHS mandatory evidence annual check list, includes good health and character, safeguarding, foetal monitoring, resuscitation, undated
185. UoN SHS example of support plan and accommodations for students who require adjustments, undated
186. UoN SHS working safely alongside academic studies guidance, undated
187. UoN SHS analysis of 2021 National Student Survey (NSS), undated
188. UoN SHS National Student Survey midwifery open comments 2021-22, undated
189. UoN SHS COVID-19 learning experience during 2020-21 February 2021 survey, undated
190. UoN quality manual admissions, website accessed 1 July 2022
191. HEE values-based recruitment, website accessed 1 July 2022
192. UoN midwifery prospectus, website accessed 1 July 2022
193. UoN external relations document, website accessed 1 July 2022
194. UoN equality, diversity and inclusion workshop, website accessed 1 July 2022
195. UoN safeguarding briefing for multiple mini interviews, website accessed 1 July 2022
196. UoN legal services general data protection regulations briefing, website accessed 1 July 2022
197. UoN safeguarding policy, website accessed 1 July 2022
198. UoN strategy on education excellence, website accessed 1 July 2022
199. UoN policy on VLE Moodle, website accessed 1 July 2022
200. UoN support services for students, website accessed 1 July 2022
201. Initial extraordinary review visit with lead QA visitor (QAV) and SHS head of school, 13 July 2022
202. UoN SHS meeting and presentation by programme team, 26 July 2022
203. UoN SHS registrant visitor (RV)/lay visitor (LV) meeting with midwifery team, 26 July 2022
204. UoN SHS meeting with lead QAV and senior representatives of PLPs, theme one and three, 26 July 2022
205. UoN SHS meeting with lead QAV and senior representatives of AEI, resources to deliver programmes, staff development and workloads, practice learning, 26 July 2022
206. UoN SHS meeting with lead QAV, admissions, progression, assessment regulations, 26 July 2022
207. UoN SHS meeting with lead QAV to discuss FtP, 26 July 2022
208. UoN SHS meeting with lead QAV to discuss quality assurance and governance, 26 July 2022
209. UoN SHS meeting with lead QAV to look at databases, ARC, audits, placement capacity and SEPL data, 26 July 2022
210. UoN SHS meeting with lead QAV and year two midwifery students, 27 July 2022
211. UoN SHS meeting with LV and year one midwifery students, 27 July 2022
212. UoN SHS meeting with RV and year three midwifery students, 27 July 2022
213. UoN SHS meeting with lead QAV and LME, 27 July 2022

214. UoN SHS meeting with lead QAV to review learning community forum and student feedback processes, 27 July 2022
215. UoN SHS meeting with RV and practice supervisors and practice assessors, 27 July 2022
216. UoN SHS meeting with LV and SUCs, 27 July 2022
217. UoN SHS meeting with lead QAV to review evidence of link tutor activity and support given to PLPs re; use of PebblePad and eMORA, 27 July 2022
218. NUH NCH, neonatal unit, antenatal, labour and maternity wards, 26 July 2022
219. NUH community services, South Glade access centre, Stenhouse Medical Centre, 26 July 2022
220. NUH QMC, antenatal, labour, maternity ward C29 and B26, neonatal unit, 27 July 2022
221. NUH community services, Mary Potter Centre, West Bridgford Castle Health Centre and Orchard Surgery, Kegworth, 27 July 2022
222. UoN SHS extraordinary review presentation by head of school at start of review, 26 July 2022
223. UoN SHS midwifery extraordinary review confidential data pack, July 2022
224. UoN SHS learning community forum (LCF), make your voice heard, LCF meeting dates, LCF representatives, notes to support meeting, 27 July 2022
225. UoN SHS evidence to support introduction to databases, eMORA, PebblePad, audit, ARC re; placement capacity, 27 July 2022
226. UoN SHS additional evidence to support link lecturer activity and preparation of PLP staff for use of eMORA and PebblePad, 27 July 2022
 - a. SHS and NUH email re; NUH link visit, 2 July 2021
 - b. SHS and NUH email re; NUH link visit, 13 July 2021
 - c. SHS and NUH email re; NUH link visit, 10 August 2021
 - d. SHS and NUH email re; NUH link visit, 6 September 2021
 - e. SHS and NUH email re; NUH link visit, 13 September 2021
 - f. SHS email to September 2020 cohort re commencement of placement, eMORA checklist, eMORA drop in and teams support forums, 24 September 2021
 - g. SHS email to September 2020 cohort re; timesheets, eMORA and eMORA updates, 1 and 4 October 2021
 - h. SHS and NUH email link visit 7 October 2021, 8 October 2021
 - i. SHS and NUH email link visit 11 October 2021, 13 October 2021
 - j. SHS email to September 2020 cohort re; drop in for question and answer on eMORA, 21 and 22 October 2022
 - k. SHS email to September 2020 cohort re; support and information re practice assessor meetings, 29 October 2021
 - l. SHS email to September 2020 cohort with invitation to practice supervisors/practice assessors to attend question and answer eMORA drop in, 4 November 2021
 - m. SHS and NUH email university link lecturer visits, eMORA training and allocation of practice assessors, 19 November 2021
 - n. SHS and NUH email re; NUH NCH induction day and extra payment for practice supervisors/practice assessors re; filling out eMORA, 2 December 2021
 - o. SHS and NUH email cancellation of all external visits to NUH owing to COVID-

- 19 and organisation of Microsoft Teams meetings for forum dates, 7 January 2021
- p. SHS and NUH email developing midwifery clinical practice information on inter-professional learning activity, 26 January 2022
- q. SHS and NUH email developing midwifery clinical practice review of eMORA progress, 18 February 2022
- r. SHS email final week of placement block two, eMORA question and answer drop in, 4 March 2022
- s. SHS and NUH email link visit and forum for eMORA, 18 May 2022
- t. SHS and NUH email NUH NCH link visit, 15 June 2022
227. UoN SHS mapping of midwifery curriculum and teaching sessions to CQC and Ockenden, 27 July 2022

| Personnel supporting extraordinary review | |
|--|---|
| Prior to the extraordinary review visit: | |
| Meetings with: | |
| Dean and head of SHS | |
| At the extraordinary review visit: | |
| Meetings with: | |
| Practice supervisors/assessors | 20 |
| Academic assessors | 11 |
| Service users/carers | Six |
| Senior managers of the AEI | Dean and head of SHS Deputy dean and head of SHS Director of education and student experience, SHS Director of healthcare education in practice, SHS Deputy director of healthcare education in practice, SHS Interim LME and professional lead midwifery, SHS Interim midwifery programme lead, SHS Practice co-lead midwifery, SHS |

| | |
|--|--|
| | QA lead, SHS Midwifery admissions lead, SHS Faculty safeguarding lead, FtP and FTS lead, SHS Director of undergraduate education, SHS Director of clinical skills, SHS |
| Senior managers from associated practice learning partner | Deputy chief nurse, NUH Corporate head of nursing, SFH |
| Director/manager nursing | Assistant director of nursing, institute of care excellence, NUH Associate director of maternity governance, NUH |
| Director/head of midwifery | Interim head of midwifery, NUH Director of midwifery, SFH Head of midwifery, UHDB Head of midwifery, CRH Clinical effectiveness and governance matron, NUH Community matron, NUH Matron neonatal unit, NUH Recruitment and retention lead, NUH |
| Education commissioners or equivalent | Deputy head of nursing and midwifery (Midlands) at HEE observed the visit |
| Practice education facilitator or equivalent | Practice learning support manager, UHDB Clinical practice facilitator, NUH Practice learning support manager, NUH |
| Other: | None identified. |

Meetings with students:

| Student Type | Number met |
|---|---|
| Pre-registration midwifery - 36M (2009 curriculum) | Year 1: 0 Year 2: 0 Year 3: 11 Year 4: 0 |

| | |
|---|---|
| Pre-registration midwifery - 36M (2019 curriculum) | Year 1: Eight Year 2: Five Year 3: 0 Year 4: 0 BSc (Hons) nursing (child field) Year one x one Year two x one Year three x one |
|---|---|

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Issue record

Final Report

| | | | |
|--------------|--------------------|------|-------------------|
| Author | Maureen Harrison | Date | 8 August 2022 |
| Checked by | Ian Felstead-Watts | Date | 11 August 2022 |
| Submitted by | Amy Young | Date | 14 September 2022 |
| Approved by | Colleen Regan | Date | 20 September 2022 |

Final Report – After action plan completed (if required)

| | | | |
|--------------|--|------|--|
| Author | | Date | |
| Checked by | | Date | |
| Submitted by | | Date | |
| Approved by | | Date | |