



NMC Quality Assurance Framework

Extraordinary review

Staffordshire University and Shrewsbury and Telford
NHS Trust

11-13 February 2020

Extraordinary review: Staffordshire University and the Shrewsbury and Telford

Programmes monitored	Registered midwife – 36m; pre-registration nursing - adult; pre-registration nursing - child
Date of extraordinary review event	11-13 February 2020
Lead Visitor	Jan Bowyer
Lay Visitors	Sophia Hunt Mary Rooke
Registrant Visitors	Nicola Clark Catherine McEvilly Maureen Harrison Angela Hudson
Practice learning partner organisation visits undertaken during the review	Shrewsbury and Telford Hospital NHS Trust (SaTH) Pre-registration midwifery: Princess Royal Hospital, Women and Children’s Centre, Telford Royal Shrewsbury Hospital, Maternity Services, Shrewsbury Wrekin Midwifery Led Unit (MLU) Ludlow community midwifery team Bridgnorth and Market Drayton community services Oswestry community, antenatal and postnatal clinics Whitchurch community (teleconference) Pre-registration nursing: Princess Royal Hospital, Emergency Department (ED), Telford Royal Shrewsbury Hospital, ED, Shrewsbury
Date of Report	25 February 2020

Introduction to NMC QA framework

The Nursing and Midwifery Council

The NMC exists to protect the public. They do this by ensuring that only those who meet their standards are allowed to practise as a nurse, midwife or nursing associate in the UK. Their role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join the NMC register. They also ensure that programmes for nurses and midwives already registered with the NMC meet standards associated with particular roles and functions.

The NMC take action if concerns are raised about whether a nurse, midwife or nursing associate is fit to practise.

Quality assurance (QA) and how standards are met

Quality assurance (QA) is the process to make sure that the education programmes for nurses, midwives and nursing associates meet the standards needed to prepare them to join the NMC register.

The NMC QA framework published in August 2018 puts better, safer, effective care at the heart of what they do. The QA framework clearly states the responsibilities and accountabilities for the NMC, approved education institutions (AEIs) and practice learning partner (PLP) organisations in accordance with the statutory legislation articulated in the Nursing and Midwifery Order (2001).

QA of education gives the NMC the confidence that education institutions are meeting their standards for education and training. This helps the NMC to know that students who have successfully completed an approved programme are meeting the standards of proficiency that are required to join their register. It's one of the ways the NMC fulfils their duty to protect the public.

If QA identifies that an education institution and PLPs aren't meeting NMC standards they must take action to ensure return to compliance. This will ensure that there is 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.

Extraordinary reviews

If someone raises concerns, a serious incident takes place, or our intelligence suggests that an AEI or a programme is no longer meeting NMC standards and requirements, an extraordinary review may be carried out. Undertaking an extraordinary review visit enables the NMC to demonstrate responsiveness to concerns, situations and events that impact on all aspects of nursing, midwifery and nursing associate programme delivery. The review will identify if the AEI and its PLPs continue to meet NMC standards.

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 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 have all the necessary controls in place to safely control risks to ensure programme providers and PLPs achieve all NMC stated standards. Appropriate risk control systems are in place without need for specific improvements.

Not met: The AEI does not meet all the necessary controls in place to safely control risks to enable AEIs and PLPs 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 is 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 does not reflect a balance of achievement across a key risk.

If the review finds concerns and standards are not met then the NMC expect the AEI and its PLPs to put an action plan in place to mitigate these concerns. 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 address these concerns.

The extraordinary review Staffordshire University and Shrewsbury and Telford NHS Trust

The NMC took the decision to conduct an unscheduled extraordinary review of Staffordshire University to seek assurance in relation to the delivery of the approved pre-registration midwifery programmes and pre-registration nursing programmes in line with NMC standards for nursing and midwifery education. The focus of the review was Staffordshire University's pre-registration midwifery programme and pre-registration nursing programmes (adult and child) focusing on practice learning and support in practice learning environments for students in the Shrewsbury and Telford Hospital NHS Trust (SaTH).

The NMC actioned this review because of concerns regarding public protection which stems from the reported high vacancy rate within (SaTH) and the potential impact of this on student supervision and learning, in addition to the ongoing concerns which have been reported in relation to patient safety and the culture of caring, which could negatively impact the student learning experience. This is alongside an increase in midwifery students at the university of 50 percent.

The NMC provided the AEI and SaTH with the intended focus of the extraordinary review and a specific review plan was conveyed to the AEI and SaTH.

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 quality assurance which will be reviewed across academic and practice settings.

The QA review team included a lead QA visitor, lay visitors and registrant visitors with due regard for the programmes under review. The QA review 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.

The extraordinary review's methodology included group presentations, individual interviews and focus groups. The list of representatives that the review team engaged with together with the documentary evidence can be found at the back of this report.

The review team triangulated what they had been told over the three-day period of the extraordinary review (11–13 February 2020) with documentary evidence supplied by the AEI and SaTH. Registrant and lay visitors have written their own reports following this triangulation methodology and this has been collated into a single education extraordinary review report by the lead visitor.

Summary of findings against key risks			
Effective partnership working	1.1 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.2 Sufficient appropriately qualified academic assessors available to support numbers of students	
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors available to support numbers of students	1.2.2 Sufficient appropriately qualified practice supervisors and practice assessors available to support numbers of students
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.2 AEI's procedures address issues of poor performance in both theory and practice	2.1.4 AEI's 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 the practice learning partner at all levels, including partnerships with multiple education institutions who use the same practice placement 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 Academic staff support students in practice learning settings
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice supervisors/assessors are properly prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice supervisors/assessors are assigned to students.
Assessment, Fitness for Practice and Award	4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for	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	
	4.2 Audited practice learning placements fail to address all required learning outcomes in practice that the NMC sets standards for	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	
Education Governance	5.1 AEI's internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners
Standard Met		Standard Not Met	

Introduction to Staffordshire University's programmes

Staffordshire University (SU), an AEI, has six academic schools. The school of health and social care (the school) provides pre-registration nursing at three academic campuses: Stoke, Stafford and Shrewsbury. Pre-registration midwifery is delivered at Stafford and Shrewsbury campus.

The Shrewsbury and Telford Hospitals NHS Trust (SaTH) is one of the main PLPs who works in partnership with SU providing practice learning and support for students on NMC approved programmes. The focus of this extraordinary review is pre-registration midwifery and pre-registration nursing (adult and child) with an emphasis on practice learning and support in practice learning environments for students at SaTH (8-18).

SaTH maternity services consist of a main consultant led unit at Princess Royal Hospital (PRH), Telford alongside the Wrekin midwifery led unit (MLU); the Royal Shrewsbury Hospital (RSH) antenatal and community services based in RSH MLU; Ludlow community services; Oswestry community services, including antenatal and postnatal clinics. There are a further two community midwifery bases in Market Drayton and Whitchurch. Accident and emergency services are provided at PRH and the RSH (9).

The pre-registration midwifery programme was approved in 2013 and an extension to the approval period has been granted by the NMC until 31 August 2020. There was a major modification in April 2018 to provide the approved pre-registration midwifery programme at SU's academic campus at Shrewsbury to attract applicants from neighbouring areas with the aim to future proof the midwifery workforce locally. The modification also included a change to the assessment of practice in the programme to ensure that midwifery practice is graded and contributes to the final award.

There are currently 63 students on the three-year BSc (Hons) midwifery practice programme at Shrewsbury campus. In line with midwifery expansion plans supported by Health Education England (HEE), there are currently 37 students in year one, 19 students in year two and seven student midwives in year three (6-7, 20).

The pre-registration nursing programme was approved in 2013 and there have been three major modifications to the approved programme: the introduction of a part-time pathway in adult nursing in 2016; a nursing degree apprenticeship route in 2017; and, the inclusion of a third student group at the main university campus in Stoke in 2018.

On the Shrewsbury campus, there are currently 174 adult nursing students and 33 child nursing students, together with 59 trainee nursing associates. The new pre-registration nursing programme was presented for approval in October 2019 in line with the NMC standards for pre-registration nursing programmes (2018) for a September 2020 start (1-5, 27).

The Standards for student supervision and assessment (SSSA) (NMC, 2018) were approved for implementation in September 2019. The 2018 and 2019 nursing and midwifery cohorts transferred to the SSSA but remain on the Standards for pre-

registration nursing education (NMC, 2010) and the Standards for pre-registration midwifery education (NMC, 2009) respectively. The 2017 nursing and midwifery cohorts remain on the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) (5-7).

Prior to this extraordinary review, a joint decision was made by SU and SaTH to withdraw students from the emergency departments (ED). An exceptional report was submitted to the NMC on 6 February 2020 (166).

The extraordinary review took place over three days and involved visits to practice learning areas in the SaTH to meet a range of stakeholders. Particular consideration was given to visiting practice learning areas that had adverse reports following Care Quality Commission (CQC) inspections and reviews and concerns related to practice learning environments.

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

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

- Effective partnership working: collaboration, culture, communication and resources
- Selection, admission and progression
- Assessment, fitness for practice and award

We found the following NMC key risks are currently not controlled: practice learning and education governance: management and quality assurance. The university must identify and implement an action plan to address these key risks that are not met to ensure the pre-registration midwifery and pre-registration nursing (adult and child) programmes meet NMC standards to protect the public.

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

We conclude that the university has sufficient appropriately qualified academic assessors (AAs) to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Our findings confirm that there are sufficient appropriately qualified mentors, sign-off mentors, practice supervisors (PSs) and practice assessors (PAs) available to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Selection, admission and progression: met

We found the university has procedures in place to address issues of poor student performance in both theory and practice, including a robust fitness to practise policy. Procedures to address issues of poor student performance in practice are implemented

by SaTH and we are assured that concerns are dealt with promptly to ensure protection of the public.

Practice Learning: not met

We can't be assured that all key risk indicators in relation to practice learning are successfully managed by the partnership between SU and SaTH, in order to protect the public.

We found evidence of effective partnerships between the SU and SaTH at all levels, including partnerships with other AEIs who use the same practice learning environments. Patient and student safety are at the forefront of joint action plans arising from adverse education, clinical governance and risk issues. There are robust policies and procedures in place for raising and escalating concerns relating to service user care and/or safety (risk indicator 3.1.1).

We found no evidence that service users and carers (SUCs) are involved in the evaluation of the pre-registration midwifery programme or in the overall management of the programme. SUCs are involved in some aspects of programme delivery of the pre-registration nursing programme. However, we found no evidence of SUC involvement in the programme management teams for the pre-registration midwifery programme and the pre-registration nursing programme. The school and programme management teams must develop and implement an action plan to ensure there is appropriate SUC involvement at strategic and operational levels in the pre-registration nursing and pre-registration nursing programmes (risk indicator 3.2.1).

Academic staff support students in practice learning settings in the pre-registration nursing (child) programme and pre-registration midwifery programme. However, the roles and responsibilities of AEI staff supporting students learning in practice settings are not clearly understood by adult nursing students. SU must ensure students understand and student facing documentation details the roles and responsibilities of adult nursing academic staff in practice learning settings (risk indicator 3.2.2).

We found that sign-off mentors, PSs and PAs are well prepared for their role in supporting, supervising and assessing students in practice. Sign-off mentors and PAs are aware of their role and responsibilities to continuously ensure that nursing and midwifery students are fit for practice, in order to protect the public (risk indicator 3.3.1).

We conclude that systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors, PSs and PAs are assigned to pre-registration nursing (adult and child) students. However, the key risk is not met for the pre-registration midwifery programme, as we found that the intrapartum practice learning areas at SaTH are insufficient to accommodate and support students' learning and assessment of competence due to the increased number of midwifery students. An urgent action plan must be put in place to ensure intrapartum practice learning areas support the numbers of student midwives to ensure EU birth requirements are met (risk indicator 3.3.2).

Assessment, fitness for practice and award: met

We found that pre-registration nursing and pre-registration midwifery students achieve NMC learning outcomes, competencies and proficiencies in theory and practice at progression points, and for entry to the register. Students successfully completing the pre-registration nursing and pre-registration midwifery programme are considered fit for practice by employers.

Education governance: management and quality assurance: not met

We found evaluation systems are in place and use a range of data to enhance programme delivery. However, we aren't assured that all key risk indicators in relation to education governance are met.

There is limited evidence to demonstrate how students are informed of actions taken as a result of student evaluations of their practice learning experiences. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment (risk indicator 5.1.1).

We found no evidence that SaTH receive timely evaluations of external examiners' (EEs) engagement and reporting of assessment of practice. SU and SaTH must ensure a process is in place to share EE reports relating to practice engagement and assessment and action and any relevant findings (risk indicator 5.1.1).

However, we found that SU has education governance arrangements in place at a strategic level with SaTH to ensure that shared responsibility is taken for practice-based learning. Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners (risk indicator 5.1.2).

10 April 2020:

Staffordshire University reviewed the report and confirmed they do not have any observations to make.

Summary of areas for future monitoring

- Student experience and practice evaluations when nursing students return to ED for practice learning.
- The number of students allocated to each AA to ensure the SSSA are met and the AA workload is manageable.
- The number of appropriately qualified and experienced PSs and PAs to accommodate the increased number of students on the midwifery programme accessing practice learning areas at SaTH.
- SUC involvement in programme management.
- Roles and responsibilities of AEI staff supporting students learning in practice learning settings.
- Placement capacity in intrapartum practice learning areas to support the numbers of student midwives.

- Student midwives intrapartum practice experiences to ensure EU birth requirements are met.
- Appropriate use of simulated learning in the pre-registration midwifery programme.
- Actions are taken as a result of student evaluations of their practice learning experiences.
- Feedback from students' evaluations are consistently provided to practice learning areas.
- External examiner engagement in practice and feedback to practice learning providers.

Summary of feedback from groups involved in the review

Academic team

- [Pre-registration midwifery programme](#)

The academic staff informed us they are based over two campuses; Shrewsbury and Staffordshire, and they travel between the two campuses to teach on the pre-registration midwifery programme. The academic team tell us there are eight midwifery lecturers in total; 3.8 whole time equivalent (WTE) at Shrewsbury and 3.0 WTE at Staffordshire, which includes the lead midwife for education (LME). In addition, one midwifery lecturer vacancy has been filled and the starting date is expected to be June 2020.

The LME tells us there are 135 midwifery students in total. We are informed that all midwifery lecturers, including the LME, are link lecturers for PLPs. Academic staff tell us they are personal tutors to approximately 16 students and they meet with them individually three times per year.

Academic staff with a teaching qualification who have undertaken additional preparation act as an AA. At the time of the visit this includes four staff members, with two further staff undertaking the postgraduate teaching qualification, expected to complete in March 2021. The academic team inform us they have a close working relationship with PLPs. They also tell us of the effective systems which are in place to support midwifery students in relation to theory and practice learning to ensure the NMC standards and requirements are met.

The midwifery practice learning fellow (MPLF), a new post funded by HEE for 12 months with the remit to support practice learning, provides support for the academic team, students and the PLPs (128,131,172).

Academic staff tell us that in 2019, the number of student midwives increased to a total 67 per cohort in line with HEE midwifery expansion plans. A home model for practice learning provides students with a home base in one trust, which includes antenatal,

postnatal and community learning experiences at community based MLUs. Due to recent service reconfigurations at SaTH, the MLUs do not offer intrapartum care, therefore all intrapartum experience is currently based at PRH, Telford. We are informed the home birth rate for the geographical area is lower than the national average, thereby affording limited opportunities for students (128,131).

- [Pre-registration nursing programme \(adult and child\)](#)

Academic staff tell us they are based at one of the three SU campuses but travel to teach at any of the campuses. Practice learning team academic staff are allocated to a PLP which includes the private, voluntary and independent sector in that geographic area. Academic staff tell us they are personal tutors for a group of between 15–30 students and meet with students in a group or individually at least three times a year. These meetings can be in practice learning settings or scheduled during theory blocks. Academic staff with a teaching qualification and appropriate preparation, act as an AA for a group of students. This changes each consecutive year to ensure SSSA requirements are met (130,136).

Programme leads tell us that the final March cohort for adult nursing was in March 2019. From September 2019 only one adult nursing cohort will be recruited due to low recruitment numbers in March cohorts. The programme is delivered at Stoke, Stafford and Shrewsbury campuses. Where possible students are placed geographically near to their home address. From September 2019, theory is delivered at each site either face to face or in some situations via online collaboration. A home and away model for practice learning was started with the September 2019 cohort. This provides students with a home base in one trust or organisation and opportunities for learning experiences away from their home base in, for example, community services. This approach ensures students stay in one geographic area, provides students with a coherent practice learning journey and minimises time spent on travel (39,130,136).

Partnership working

Mentors/sign-off mentors/ practice supervisors/practice assessors

- [Pre-registration midwifery programme](#)

Sign-off mentors, PSs and PAs express confidence in the programme and tell us they have received good preparation for their role in supervising and assessing students' practice learning. The clinical practice facilitator (CPF) maintains the live database of sign-off mentors, PSs and PAs. We are told that support is always available from the midwifery CPF and the SU link lecturers, if required. The CPF and MPLF provide assurance of regular communication and effective partnership working with SaTH. We are informed that these roles are for a fixed 12-month period. Sign-off mentors, PSs and PAs are motivated to fulfil their roles, and they tell us student midwives are made welcome and continuously supported within SaTH (147-155).

Sign-off mentors, PSs and PAs express concern regarding the rapid increase in student numbers but felt that the SSSA will enable them to support the students in

practice learning areas. Additional practice learning opportunities are being sought, such as the spectrum placement, which involves students being placed on a daily basis with, for example midwife sonographers, or specialist diabetic midwives. However, there are challenges regarding available intrapartum experience accessible for the number of students (131,135,147-155).

- [Pre-registration nursing programme](#)

Practice staff are very positive about SU and the effective working relationships between them and academic staff. The CPFs tell us they work effectively with SU staff and attend readiness for practice meetings. Practice staff tell us they are able to contact SU staff via telephone or email if they have concerns about students, although the first point of contact is usually the CPF (145-146,166).

CPFs tell us their role is primarily to support practice staff and students and provide mentor updates and preparation programmes for PSs and PAs. They tell us they visit the wards and departments daily to problem solve any issues quickly. They are the first point of contact for practice staff. All staff we met tell us the CPF role is pivotal to effective student practice learning experiences (145-146).

Mentors and sign-off mentors we met feel well prepared to undertake their role in supporting and assessing students during practice learning opportunities. They tell us there are enough of them to support the numbers of students allocated to their practice areas. They are enthusiastic about the programmes delivered by SU and confirm that students successfully completing the pre-registration nursing programme would gain sufficient knowledge and skills to undertake the role of a registered nurse (adult and child) (145-146).

Employers and education commissioner

- [Pre-registration midwifery programme](#)

The ward managers we met are enthusiastic about the quality of the education the students receive at SU. They are keen to employ students who they confirm are fit for practice and purpose at the point of registration. They feel that their practice staff teams invest heavily in the education and support of student midwives as they recognise the potential of successful students joining the future midwifery workforce (135,147-155).

Significant concerns regarding the experience of students in intrapartum care were raised, as birth rate patterns can vary, and it is challenging for many student midwives to achieve the birth numbers required by the EU directive which is further impacted by the increase in student numbers (147-155).

The ward managers we met acknowledge the impact that negative media attention is having on their teams following the recent SaTH CQC report and leaked Ockenden report. They tell us they have worked hard to rebuild and maintain morale within their

teams. They hope that seeing a team pull together and deliver quality care in the face of adversity is a positive learning experience for students (135,147-155).

The director of midwifery tells us of the priority to analyse staff resources and training and development, which will support the learning environment for students. We are informed of proposals to support service reconfiguration, including new models of care provision, for example community teams, which would expose students to a range of learning opportunities involving a mixture of “low and high risk” midwifery care.

We are told about plans for effective use of the workforce with a focus on safety, including engaging students in safety huddles and critical reviews and disseminating lessons learned at SaTH. Assurance is provided of the continued collaboration and partnership working with SU (135).

HEE Midlands and East representatives tell us that HEE has a regional oversight of all learners in practice learning areas and state they have undertaken a scoping exercise with all NHS trusts and AEs to increase recruitment to pre-registration midwifery programmes. They describe an effective relationship with SU and have discussed the SaTH CQC report at strategic meetings.

They confirm that SU had agreed to increase the student numbers with the additional support of the HEE funded MPLF post. The increase was intended to be an additional 10 students at SaTH, however SU over-recruited to this by a further seven students. HEE said that they were informed of this over-recruitment but not consulted (69,137).

- [Pre-registration nursing programme](#)

We met the director of nursing, deputy director of nursing, heads of nursing, matron and lead nurse for workforce, education and quality. They describe work they are doing with a range of external stakeholders including NHS Improvement (NHSi) and Virginia Mason Institute to improve the culture at SaTH. This includes the creation of an open forum where ward managers and matrons can air their views. There are regulatory meetings set up with other AEs to share information, and accountability for practice learning environments (133-134,136).

Nursing managers we spoke to are confident that the programme produces nurses who are competent and fit to practise on successful completion of the programme. The new system of ‘home and away’ practice placement allocation gives a sense of ‘ownership’ and identification of students as prospective staff members of the NHS trust (136).

Students

- [Pre-registration midwifery programme](#)

Students are positive about their programme and confirm that they are prepared appropriately for practice learning environments. All students tell us that the programme promotes values-based midwifery practice and they are treated with respect and positivity by sign-off mentors, PSs and PAs. In practice-based learning, students tell us they would initially approach the midwifery CPF or MPLF for support,

prior to contacting the university. All students describe the excellent support from the CPF, identifying availability, visibility and approachability as key factors. They all view the role of the CPF as a positive addition to their learning experience. They describe their practice learning placements as positive. Many third-year students intend to work for SaTH after they have completed the programme (138-139,147-153).

All students confirm they receive regular and timely feedback on their progress and performance. They tell us there are appropriate learning resources at SU. All students informed us their cohort has a student representative. Student union support is based at Stoke, which is too far for students based at SaTH to access (138-139).

- [Pre-registration nursing programme](#)

Students are positive that they have chosen the right university to study to be a nurse and are certain that the programme prepares them to be a registered nurse in their chosen field of practice. Students tell us that the programme has a good theory-practice balance and their learning in university provides them with sufficient underpinning knowledge to successfully undertake practice learning opportunities. They have enough time in a variety of placements to be able to achieve their practice learning outcomes. Students value the opportunities for caring for people across the lifespan, which the ED placement provides (140-144).

Students are allocated to ED in either year two in placement five or six, or year three in placement seven or eight as the final placement. Most students told us they enjoyed the ED placement and learnt a lot. We met three students who told us that they went to ED at the end of year one in placement three. All three students tell us the placement is too early in their learning journey to benefit from the practice learning experience and agree with the decision to schedule the placement later in the programme (140-144).

Students are well supported in practice placements from CPFs, mentors, sign-off mentors, PSs and PAs for all aspects of their learning. The roles and responsibilities of SU staff supporting students learning in practice learning settings are not clearly understood by adult nursing students. Child field students told us they are happy with the level of support they receive, and all students value the support they receive from personal tutors (140-144).

Service users and carers

- [Pre-registration midwifery programme](#)

The women and partners we met in the practice areas tell us that they were given the option to have students involved in their care and gave consent for this. They describe student midwives within SaTH as smartly dressed, polite, thoughtful and diligent. We are told that the student midwives work effectively in a team with other professionals and are appropriately knowledgeable for their stage of the programme (150,155).

- [Pre-registration nursing programme](#)

SUs are proud to be associated with the nursing programme and feel fully involved in aspects of programme design, recruitment and selection activities, teaching and evaluation. They are not currently part of the programme management team but would be willing to be involved. They welcome the appointment of a new SUC co-ordinator for the school and feel this role will widen opportunities for them to participate in pre-registration programmes. They confirm that they feel very well prepared for their role, receiving induction and training, including equality and diversity. They feel welcome and respected by academic staff and students and are fully briefed and prepared for their involvement in sessions. SUCs have opportunities to provide formative feedback on student performance in both theory sessions and in practice (132).

Relevant issues from external quality assurance reports

Concerns relating to patient safety at SaTH have been publicised since 2017, particularly in relation to maternity services. In July 2018, the Royal College of Obstetricians (RCOG) published a report on progress following a review of maternity services undertaken during July 2017 (11).

A CQC inspection of SaTH took place between 21 August and 21 September 2018 which included inspection of the maternity services at the RSH, Shrewsbury. Between 29 and 31 August 2018 CQC inspected the core services of urgent and emergency care at the RSH and the PRH, Telford and the maternity services at the PRH (13).

The CQC inspection report published November 2018 reported the overall rating for SaTH as inadequate. It was rated good for caring. However, safety and being well led were rated inadequate, while effectiveness and being responsive to patients' needs requires improvement. The inspection rated:

- urgent and emergency care and maternity services at both RSH and PRH as inadequate for safe.
- urgent and emergency care services at the PRH and maternity services at RSH as requires improvement.
- urgent and emergency care services at RSH and maternity services at the PRH were good.
- urgent and emergency care, at both RSH and PRH as requires improvement.
- maternity services at RSH as requires improvement and maternity services at the PRH as good (13).

The CQC rating of the maternity services went down to overall requires improvement. The service was rated as inadequate in safe, requires improvement in effective, responsive and well led and good in caring (13).

Following the publication of the CQC report in November 2018 the NHS Improvement (NHSi) announced that SaTH was placed in special measures for quality reasons

(9,13).

On 16 April 2019, the CQC carried out an unannounced focused inspection of maternity services. The quality report published 6 December 2019 did not give ratings for this inspection which focused on safety and leadership. Issues raised include: midwifery staffing and sickness rates; birthing facilities; tools used to monitor deterioration; leadership and support of staff (14).

A SU and SaTH action plan is in progress in response to these CQC concerns (15,19).

An independent review of maternity services at SaTH led by Donna Ockenden, on behalf of NHSi, is ongoing at the time of this report (10).

Follow up on recommendations from approval events within the last year

There were no recommendations from approval events within the last year (5).

Specific issues to follow up from AEI self-report

The AEI self-report identifies concerns related to patient safety and in particular, midwifery provision at SaTH. An exceptional report was submitted to the NMC in September 2018. There is an action plan and contingency plan in place responding to concerns. The SU senior management team continue to meet regularly with the SaTH senior team and NMC to review action plan progress (12, 15-17,19).

Findings against key risks

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

1.1 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC

1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes

Risk indicator 1.1.2 - Sufficient appropriately qualified academic assessors available to support numbers of students

What we found before the review

There is a programme of preparation for AAs and a record of academic staff who are AAs is held on a database. The university has devised a checklist for AAs. Academic staff curricula vitae (CVs) confirm that AAs are appropriately qualified for the role they are undertaking (36, 70).

- [Pre-registration midwifery programme](#)

There are four midwifery AAs who have completed the AA preparation programme. All AAs complete a formal programme of preparation with SU that has been created in line with the Midlands, Yorkshire and East practice learning group (MYEPLG) collaborative approach to the implementation of the SSSA (NMC, 2018). A further two midwifery academic staff are completing a postgraduate teaching qualification (36, 70).

- [Pre-registration nursing programme](#)

There are 23 AAs for adult nursing and two for children's nursing that have completed the AA preparation programme. Six academic staff members are completing a postgraduate teaching qualification. The first summative assessment period in line with SSSA requirements is due to be completed in July 2020. An AA allocation plan provides evidence of future AA allocation across cohorts. There are plans in place to support newly recruited academic staff to complete the AA preparation programme once they have completed the postgraduate teaching qualification (33,36,70,128, 130).

What we found at the review

- [Pre-registration midwifery programme](#)

The academic team inform us there are a total of 135 pre-registration midwifery students across both campuses, including 24 students in the third year of the programme, who remain on the SLAiP standards. We saw clear plans that show how AAs are allocated to groups of student midwives, according to their campus base and stage of programme. We are assured that the numbers of students are currently manageable within this plan. Senior staff we met and individual staff CVs confirm that AAs are identified according to their qualifications and then appropriately trained for their role in the assessment of students. There is a development pathway for supporting staff who do not currently hold appropriate academic qualifications prior to becoming an AA within the school. These development opportunities and contingency plans for the academic team will support the increased number of students on the SSSA (33–37,70,128,131,165).

- [Pre-registration nursing programme](#)

We found there are sufficient AAs to support the number of pre-registration nursing students in the adult and child fields at all campuses. We found there are different AAs allocated in each part of the programme and each AA will have between 35–50 students to assess (33,36).

The senior management team tell us that academic staff are required to travel between campuses to support students through the AA role and to teach. We are told this decision was made to ensure minimal disruption to the student learning experience. Adult nursing academic staff confirm they are based at either Shrewsbury, Stafford, or the main campus at Stoke. Child nursing academic staff are based at Shrewsbury or Stafford. Practice learning placements are spread over a wide geographical area and the academic team tell us that travel time is significant. This might potentially impact on the ability of the academic team to achieve the roles and responsibilities of an AA. The school are advised to keep under review the number of students allocated to each AA to ensure the SSSA continues to be met and the AA role is manageable (128,130).

We conclude that the university has sufficient appropriately qualified AAs to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Risk indicator 1.2.1- Sufficient appropriately qualified mentors/sign-off mentors available to support numbers of students

What we found before the review

- [Pre-registration midwifery programme](#)

Systems and processes are in place at SaTH for allocating appropriately qualified mentors/sign-off mentors (66).

- [Pre-registration nursing programme](#)

The total number of mentors and sign-off mentors in the ED is indicated on the educational audit documents and mentor registers. There are 18 mentors at PRH and 12 at the RSH. Both EDs take students from child and adult nursing fields, midwifery, paramedic, physiotherapy and advanced clinical practice programmes. The total number of student allocations to ED was reduced to four in both EDs in the educational audits completed in May 2019 to mitigate against the reduction in staff in both EDs, and the reduction in opening hours at PRH. The mentor register confirmed that students in placement seven were allocated a mentor and sign-off mentor. In advance of our visit, the ED practice learning environments at the RSH and PRH were withdrawn from the placement circuit by senior staff at SU and SaTH (61-64,66,166).

What we found at the review

There is a dedicated academic practice learning manager and each profession has a practice learning hub lead and practice learning academic team. The practice learning unit maintains an overview of practice learning environments to ensure that sufficient

appropriately qualified mentors and sign-off mentors are available to support the students allocated to placements at all times. They told us of effective working relationships with SaTH and CPFs to enable them to monitor the allocation of students (157).

- [Pre-registration midwifery programme](#)

There is an adequate number of sign-off mentors in practice learning environments and they verify they are well prepared for their role. The CPF at the PLP sites we visited confirms all sign-off mentors are supported to complete annual updates, triennial reviews and support and assess student midwives in practice. Third-year students tell us they have a named sign-off mentor, who they learn alongside a minimum of 40 percent of their time in practice-based learning; many students report that they normally exceed this amount. Sign-off mentors also confirm they work with their students for a minimum of 40 percent of the time. We saw evidence on the off-duty rotas that students are allocated shift patterns to learn alongside their sign-off mentor who has time allocated within their role to support their student to achieve the NMC requirements and complete documentation. The off-duty rotas show that all student midwives are supernumerary which was confirmed by students and mentors (147-155).

We found robust mechanisms to monitor the status, availability and allocation of sign-off mentors based on capacity in the practice learning areas we visited. The midwifery CPF at SaTH maintains an up to date database on the staff intranet which can be accessed by all SaTH employees and students allocated to the trust. The database shows that there are adequate numbers of sign-off mentors to support third year students studying the pre-registration midwifery programme. The database provides clear and auditable evidence that sign-off mentors maintain their requirements for annual updating and triennial review in accordance with the SLAiP (NMC, 2008). This was confirmed by the sign-off mentors we met (147-155).

Third year students confirm that they access the database, to record in their practice assessment documents (PADs), the date that their sign-off mentor completed their training. The database is used to ensure capacity within placement areas as the educational audit documents do not contain current capacity. The CPF liaises closely with the MPLF at SU and relevant ward managers at SaTH prior to students being allocated their practice learning area (66,93,99,131,147-155).

SU senior management team tell us that SaTH placements are not currently used by other AEIs for student midwives or other learners. However, we are told by students that medical students are placed at the delivery suite at PRH and are involved in births (139,147,152).

- [Pre-registration nursing programme](#)

The ED duty rota was checked at the placement visit and confirms all students allocated to ED had either two mentors or a mentor and sign-off mentor who had been appropriately prepared for their roles. Student evaluations indicate that two students experienced some delay in receiving a named mentor and students confirmed this. They tell us that they reported the lack of sign-off mentor to the CPF and an alternative

sign-off mentor was allocated (121,124,126,145-146).

The number of students allocated ED as a final placement is low, therefore the number of sign-off mentors indicated on the off duty, the mentor register and the educational audit is sufficient to support and assess students' practice learning. Students and CPFs tell us that most sign-off mentors are senior staff within the ED and time for the sign-off mentor to discharge their responsibilities in completing the PAD is lacking due to shortage of staff. However, students tell us this didn't impact on achievement of their competence or learning outcomes (140,142-143).

Mentors report they were supported to undertake initial mentor qualifications, annual updating and triennial reviews. This activity is recorded in placement educational audits. Students confirm they spent at least 40 percent of practice experience with their allocated mentor or sign-off mentor and they were supernumerary on placement in ED (140-146).

CPF's tell us they monitor students from all professions allocated to placement areas and manage student numbers to ensure they do not exceed the agreed maximum in the educational audits. The number of mentors and sign-off mentors available and maximum student numbers are recorded on the biennial educational audit which is reviewed annually. CPF's gave examples of when they had successfully negotiated directly with the university to reduce student numbers when there was a reduction in the number of mentors available in a placement area (145-146).

Our findings confirm that there are sufficient appropriately qualified mentors and sign-off mentors available to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Risk indicator 1.2.2 - Sufficient appropriately qualified practice supervisors and practice assessors available to support numbers of students

What we found before the review

SU are part of the MYEPLG which has an implementation plan and process in place for transfer to the SSSA. The transfer plan provides actions and timelines related to each cohort and includes sessions for preparing academic staff to deliver the content of the preparation programme. Readiness for practice meetings are held between CPFs and SU practice learning teams to monitor progress against the MYEPLG SSSA transfer plan (31-33).

Systems and processes are in place at SaTH for allocating appropriately qualified PSs and PAs (66).

There's information on the PS and PA roles and responsibilities outlined in the student practice learning handbook. Student preparation for practice sessions indicates students have been informed of the role and responsibilities of the new SSSA roles (75-76).

What we found at the review

- [Pre-registration midwifery programme](#)

The midwifery CPF at SaTH maintains a robust sign-off mentor, PS and PA database on the staff intranet that can be accessed by all SaTH employees and students allocated to the trust. We confirm the database shows that there are currently adequate numbers of PSs and PAs to support student numbers within the midwifery programme. The database identifies that PSs and PAs have undertaken suitable preparation for their roles in supporting and assessing midwifery students, in line with the SSSA. The database is regarded as a single point of truth regarding PS and PA numbers within each practice learning environment. This database is used to ensure capacity within placement areas (147-155).

The PSs and PAs we met confirm they have undertaken appropriate training and preparation for their roles. The training consists of a workbook and a face-to-face learning session to confirm and consolidate their learning (30, 33, 37, 147-155).

SaTH ward managers, the CPF, PSs and PAs confirm there are enough appropriately trained and qualified midwives actively supporting students to meet the standards of proficiency necessary for entry to the register. Ward managers tell us that the SSSA provide the opportunity for other midwives and healthcare roles to work with students who have previously not had the chance to do so. This is seen as a positive improvement; providing students with a greater variety of learning opportunities; increasing capacity for student learning within placement areas; reducing assessor fatigue; and, reliance on a small number of midwives within each placement area (30, 33, 37, 147-155).

We are told that first-year students will experience a series of insight visits to understand the woman's journey as an outpatient. For example: sonography, consultant-led care, safeguarding and specialist roles such as diabetes or substance misuse. Many practice staff supporting these practice learning experiences have been prepared as a PS. However, we are informed that on occasion a long-arm supervision model is used in line with the published NMC guidance. The PSs and PAs we met confirm they are clear on their role and responsibilities and they maintain the assigned role when supporting students. One PA in a community setting tells us that because there are only two midwives in their placement area it is hard to maintain these boundaries. However, a plan is in place to address this through the CPF role, who has been very supportive in finding a solution (99, 147-155).

- [Pre-registration nursing programme](#)

Senior SaTH management and education staff tell us that they received enough timely information about the SSSA, know and understand the implementation strategy and feel well prepared to implement this in practice. They confirm preparation work is undertaken collaboratively between the CPFs and SU academic team to ensure that there are sufficient PSs and PAs to meet student numbers (136).

Practice placement staff tell us they have undertaken appropriate preparation to become PSs and/or PAs. Students also confirm their awareness of the SSSA and their understanding of the role of the PS and PA (141-143,145-146).

SaTH senior staff tell us the ED at PRH and the RSH now have an increase in staff members and more staff are being recruited with a range of experience. All newly qualified staff complete the preceptorship programme which includes preparation for the PS role. This is confirmed in the ED register; 80 percent of existing staff in the ED have been prepared for the SSSA. Senior SaTH staff confirm that only nursing and some paramedic students are allocated to the ED and there are enough PSs and PAs to support student learning (134,136,140,142-143).

Our findings confirm that there are sufficient appropriately qualified PSs and PAs available to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Outcome: MET

Comments:

None identified

Areas for future monitoring:

- Student experience and practice evaluations when nursing students return to ED for practice learning.
- The number of students allocated to each AA to ensure the SSSA are met and the AA workload is manageable.
- The number of appropriately qualified and experienced PSs and PAs to accommodate the increased number of students on the midwifery programme, accessing practice learning areas at SaTH.

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

What we found before the review

There is a fitness to practise (FTP) procedure in place. A report on FTP concerns is compiled by the Associate dean (students) and recommendations made to enhance the FTP policy and practice are based on lessons learnt. The annual FTP report indicates that the number of FTP cases for 2018/19 was 14, of these one is an adult nursing student and two are midwifery students. For 2019/20, six cases have been considered at the time of this review, one is pre-registration nursing although the field is not specified. School staff have attended mandatory briefings and training is provided for academic staff who are acting as FTP investigation officers (113-114).

Students are informed in programme documentation that they must complete declarations of good health and good character annually (108).

A robust and transparent process is in place for signing off students who are eligible to apply for admission to the NMC register. This includes a 'completing students checklist' to ensure compliance with NMC requirements (102-104).

- [Pre-registration nursing programme](#)

A self-declaration of completion of practice and theoretical learning to meet the EU directive 2005/36 EC is completed by the student and reviewed by the personal tutor (100,102).

The completing students database is checked and once all requirements are met, including EU directives for general nurses, data is uploaded to the NMC. The final declaration of good health and good character is signed by the programme lead (101, 130).

What we found at the review

The SU FTP procedure was reviewed in August 2019. The FTP policy is robust and the new regulations are devised to maintain standards and ensure equity and fairness. There are standard letter templates for communication with students and the language used is straightforward and student facing. FTP concerns may be raised by self-declaration, other students, university staff, practice staff and/or members of the public. The timeframe for completion of an FTP investigation and notification of outcomes are clearly specified in the FTP procedure. The SU central regulation and compliance team maintain a tracking system to ensure cases are dealt with in a timely manner (113-114,156).

Any concerns about the conduct of students that might compromise public safety and protection are addressed swiftly. When a serious concern is raised, the Associate dean (students) (or nominee) may decide that a precautionary suspension from practice

and/or the university is necessary while the concern is being investigated. The student retains the right of appeal to the vice-chancellor (113-114).

Where a case is referred to the FTP panel, the panel is chaired by a head of department or associate dean, who has not been involved in the case to ensure impartiality. The panel will also include an academic member of staff from a programme leading to professional registration; a professional external to the university and relevant to the programme; and a nominee of the students' union with no connection to the case. Staff training has been provided in conjunction with an external provider (113-114, 156).

The FTP data and outcomes are evaluated and reported at strategic levels to identify any lessons learnt and support future learning. We found there has been a slight increase in the number of FTP cases over the past three years, but the number remains small as a percentage of the total student count (0.37 percent FTP and 0.7 percent concerns). There have been six FTP cases for students based at SaTH over the past four years (113, 156).

The Associate dean (students) tells us FTP and professionalism are introduced during the student induction period and reaffirmed throughout the student journey (156).

- [Pre-registration midwifery programme](#)

Documentary evidence of FTP cases shows us that a clear and transparent FTP policy is followed precisely within SU to ensure that safety and public protection is consistently maintained. The data and outcomes of these cases is routinely reported at quality governance meetings to ensure that lessons are learnt and shared with stakeholders. Student midwives tell us they understand the FTP policy including the role and purpose of the FTP procedure. SU has received one formal complaint regarding the FTP process and outcome. This was fully investigated and reported upon separately within the complaints and appeals process; the outcome of the FTP panel was upheld by an independent panel who was satisfied SU had followed their procedures appropriately (109,113,116,147,151,164).

SU has a clear and robust process for students to make annual statements of good health and good character. Third year student midwives are able to tell us why this statement is important throughout their programme, and for admission on to the professional register. Students tell us they are aware of the programme requirements for midwifery and that there is a verification process completed by the LME to enable them to join the NMC register. We saw evidence of how the LME completes this formal process that is compliant with NMC requirements (6,23,71,83,102,108).

- [Pre-registration nursing programme](#)

Nursing students tell us they complete good health and good character declarations annually and they are informed about FTP procedures at induction and preparation for practice settings. They confirm their responsibilities in ensuring their behaviour meets the standards of the Code (NMC, 2018) and they have a sound awareness of the scope of FTP and safeguarding (140-143).

Programme leads confirm that personal tutors are responsible for student progression at the end of each stage of learning. Any issues raised about behaviour or academic performance are dealt with by the personal tutor who would refer to the FTP policy and process, as appropriate. Programme leads confirm they sign-off students' final good health and good character declaration (101,130).

PSs, PAs, mentors and sign-off mentors confirm their understanding of the collaborative FTP university policy and processes. Practice staff and managers tell us they are confident that concerns would be investigated and dealt with effectively through SU procedures to protect the public (136,145-146).

We found that the university has procedures in place to address issues of poor student performance in both theory and practice, including a robust FTP policy.

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

What we found before the review

The student practice learning handbook provides information on how SU will manage poor performance. The process for managing poor performance is discussed at mentor updates and preparation for PS and PA sessions (66,76).

What we found at the review

- [Pre-registration midwifery programme](#)

Sign-off mentors, PSs and PAs describe the process to report and act upon incidents of poor performance by students within practice-based learning. This process includes contacting the CPF for support in identifying the concern, agreeing a remedial action plan for the student and contacting SU. There is some inconsistency regarding who the sign-off mentor/PS/PA would contact at SU; they tell us they would contact the student's personal tutor, a link lecturer or the AA, depending on the concern. However, in all instances described appropriate support was provided by SU (147-155).

Practice staff tell us that email is the quickest form of communication to SU who are very responsive. The CPF is instrumental in supporting students and practice staff; their input is highly valued by everyone we met. The CPF, sign-off mentors, PSs and PAs state they would contact the LME directly if they had a serious concern or complaint that involved a public protection issue (75-76, 91,109-112,147-155).

- [Pre-registration nursing programme](#)

CPFs and mentors/sign-off mentors understand the process for managing students' poor performance in practice and would follow the cause for concern flowcharts and

contact the CPF for support. We saw the flow charts displayed in the EDs demonstrating these are accessible to both mentors and students (109,145-146).

The CPF plays a pivotal role in supporting mentors/PSs/PAs with failing students. Where mentors had raised concerns, they are satisfied that process was followed and appropriate decisions made. An example was provided of a nursing student failing to progress and not achieving competence at the appropriate level. The mentors confirm that the flowchart process was used and there was effective communication between the CPF, mentor and personal tutor; an action plan was implemented ensuring the outcome was robust. Managers confirm there are clear policies for raising concerns about students' conduct and progression with the university and identify examples of having implemented the policy (136,145-146).

We found that procedures to address issues of poor student performance in practice are implemented by SaTH staff and we are assured that concerns are dealt with promptly to ensure protection of the public.

Outcome: MET

Comments:

None identified

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

SU works collaboratively with SaTH at all levels to assure the quality of the practice learning environment. The NHS quality, education and workforce development (QEWD) meetings provide a strategic partnership forum between SU and the NHS trust to discuss, review and monitor NHS workforce development, SU education provision, quality and practice placement provision requirements. QEWD meetings are quarterly and attendees must include at least one senior representative and decision maker from both SU and SaTH (24,29).

At an operational level, the SaTH senior midwifery team meet with SU LME or designated representative, every two months. The terms of reference include maintaining robust practice learning environments to meet NMC requirements, and to regularly review mentor resource and placement capacity (23).

SaTH and university nursing and midwifery engagement meetings, provide an assurance partnership forum between SaTH and the multiple AELs who use practice learning placements in SaTH. The meeting is held monthly to discuss, review and monitor the practice placement provision as a result of the CQC report (2018). The purpose of the meeting is to gain assurances of the safety and effectiveness of the support and the quality of the nursing and midwifery student learning environments (21,28).

A new SaTH nursing and midwifery joint regulatory and partnership fixed term working group has been established and met on 22 January 2020. Its terms of reference include working with other AELs in supporting nursing and midwifery students and registrants (22).

SU and SaTH have an agreed data sharing protocol in line with the general data protection regulation (EU2016/679) (26).

SU school of health and social care has an algorithm/risk assessment tool for removal of a practice learning area and a checklist for returning areas to the placement circuit. Prior to our visit, a joint decision was made by SaTH and SU to withdraw the ED placements at PRH and the RSH from the practice learning circuit. The school has an established process for exceptional reporting to the NMC which was followed (48-49,60,166).

There is a HEE education and development subgroup to support the Shropshire and Staffordshire sustainability and transformation partnerships (STP), workforce programme boards and local workforce action boards (LWAB). The education and development subgroup has three main areas of responsibility: education; workforce development; widening participation. The HEE midwifery expansion plans for the Midlands and East include SU and SaTH (20,38).

What we found at the review

There is clear evidence of partnership and collaborative working between SU and SaTH. This collaboration is supported and structured by agreed service level agreements. SU actively seeks updates from SaTH during regular formal meetings, and effectively holds them to account in communicating all clinical governance and risk issues in practice learning settings. We saw documentary evidence of strategic meetings between SU and SaTH, with evidence of collaboration and joint action plans following CQC inspection reports; these were confirmed by the senior management team at SU and SaTH. The collaboration enables SU and SaTH to monitor any potential impact on the student learning environment. The school business plan identifies a contingency plan with a neighbouring AEI if a crisis occurs at SaTH affecting the quality of practice learning environments. All students and staff we met are aware of the media scrutiny and impact of the CQC inspection report (18-19,21-29, 77,128-129,133-136,168).

Raising and escalating concerns (cause for concern) is outlined in the student practice learning handbook. There is published guidance, including five flowcharts for raising concerns and reporting incidents in practice. Flowcharts one to three are for students to raise concerns about the practice learning environment. Flowcharts four and five provide guidance for practice staff to follow. The academic practice learning manager tells us that all clinical governance and risk issues with a potential effect on patient, service user, or student safety are effectively communicated to SU from associated PLPs, using the SU flow charts and templates, in a timely way. We confirmed incidents involving students or concerns raised by students are reported quarterly to the QEWD meeting and the strategic partnership forum. The annual practice learning report contains a summary of these concerns. Serious concerns or incident investigations are proactively reported to the NMC in a timely manner, following the published exceptional reporting process (76,109-111,122,157).

Students know that they can access guidance regarding how to raise and escalate a concern appropriately. Sign-off mentors, PSs and PAs tell us they can access the raising concerns flowcharts on the staff intranet; we saw flowcharts prominently displayed in practice learning areas. We viewed documentary evidence of issues raised by students and issues raised by practice staff about student performance. We found that all were managed in line with the policies and procedures for raising and escalating concerns. The practice learning hub lead maintains a tracker in the hub to ensure that incidents are investigated, resolved and reported appropriately. We saw evidence of how students are supported by SU during this investigation process, including support to write a formal statement and wellbeing support, if required (109-112,128,141-155,157).

The academic practice learning manager, the practice learning hub lead and CPFs confirm that each placement area has a biennial educational audit completed in collaboration between SaTH and SU. We are told this information is shared through the QEWD with other AEIs who use the same placements. Educational audits are thorough and well understood by ward managers, CPFs, sign-off mentors, PSs and PAs. The educational audit for a placement area is not signed off as complete until any action

plan and issues arising from the audit have been satisfactorily concluded. An annual review is undertaken to ensure that necessary actions identified are carried out in a timely and effective way. We saw examples of completed, up to date educational audits during practice visits (24,61-64,109-112,128,145-155).

- **Pre-registration midwifery programme**

The partnership working between SU and SaTH is effective and consistently ensures that the safety of women and babies and student midwives are at the forefront of all joint actions plans that arise from adverse clinical incidents, governance reports and media coverage of the trust. SU has clear criteria for risk assessing practice learning environments within SaTH, alongside stated processes for the removal and reintroduction of students from practice learning environments, if required. These processes are understood by midwifery ward managers, the CPF and link lecturers indicating that partnership working is effective at all levels within the two organisations. Third-year student midwives tell us that when services have been withdrawn SU communicated this by email and then followed up with a face to face discussion (10,13-16,18-19,23-24,29,44,48-49,60-63,77,128,135,147-155).

The midwives we met confirm that communication with the university is effective, they feel listened to and their opinions valued. Midwives and students confirm the roles of CPF and MPLF are fundamental for effective partnership working and communication. They are united in their appreciation of the posts, stating that the CPF is the first point of contact should issues arise (138-139,147-155).

There is a clear process in SaTH to ensure that all incidents or near misses are recorded using the datix system and shared for lessons learnt through the daily safety huddles. We also viewed evidence of information discussed at the safety huddles. Datix incidents involving students are communicated in a timely manner to SU and an example of this process was described to us by a sign-off mentor. The area of concern was addressed with the CPF and the academic team were contacted to support the initiation of an action plan to support the student midwife. We are told the communication and support provided to address the areas of concern are excellent, including support for the sign-off mentor (41,91,109-112,122,147-155).

Concerns raised by students about maternity care delivery and/or the quality of the practice learning environment are recorded and managed effectively and consistently by SU. Third-year students clearly describe what they would do if they had a concern about care provided for a woman or baby, or for the treatment of a partner, relative or family member. SU, in partnership with SaTH, produce clear action plans that address any concerns raised. These action plans detail joint working arrangements and state deadlines for completion. As a result of an action plan, SU has increased the regularity of educational audits of the maternity services to six monthly and are engaging with HEE who provide external input into the audit process. During visits to the maternity services within SaTH we viewed educational audits and confirm they are carried out according to the stated processes providing SU with assurance about safe and

effective practice learning environments (13-16,19,29,60-63,109-112,128,147-155,157).

- **Pre-registration nursing programme**

The senior nursing manager of SaTH is committed to a culture of openness and engagement with the expectation for all trust staff to become more outward facing. A staff survey, listening and engagement events and the introduction of twice daily 'huddles' in every department are facilitating cultural change. Nursing staff feel that huddles enhance communication and reaffirm values. Past, present and future work streams are scrutinised, discussed informally and recorded formally on production boards. All potential and serious incidents (SIs) are analysed at departmental level and SIs are reviewed weekly by the trust executive team. Senior nursing managers, departmental managers, CPFs and mentors all identify students as core team members. Students say huddles make them feel part of the team; they value the openness and transparency during discussions. Departmental managers and mentors told us they value students questioning practice processes (22,130,133-134,136,140-143).

The pivotal role of CPFs in promoting partnership working through strong communication links between students, practice learning staff and SU is evidenced in many different contexts. Senior nursing managers, senior members of academic staff and the programme team all provided examples of effective partnership working and timely interventions taken by the CPFs (130,133-134,136,145-146).

Practice staff including CPFs, mentors, matrons and heads of nursing were not aware of the decision to remove ED from the practice learning circuit. Senior managers tell us the decision to not place any further students in the ED was made by SaTH and SU senior managers. A full risk assessment was undertaken and a joint decision to remove any existing students and to reallocate students planned to start in EDs in March 2020 was made. We are told that the decision is a supportive one to reduce the burden on the ED staff while a recruitment drive takes place. The decision will be reviewed by June 2020 and the ED re-audited prior to the re-introduction of students. Students tell us ED is an excellent learning environment, and they are disappointed to hear that students will not be able to use this as a placement (134,140,142-143,166).

We found evidence of effective partnerships between SU and SaTH at all levels, including partnerships with other AELs who use the same practice learning environments. Patient and student safety are at the forefront of joint action plans arising from adverse education, clinical governance and risk issues. There are robust policies and procedures in place for raising and escalating concerns relating to service user care and/or safety.

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

There is a SUC strategy and some documentary evidence of SU involvement in the delivery of nursing and midwifery programmes delivered at SU Shrewsbury campus and SaTH (118-119).

What we found at the review

- **Pre-registration midwifery programme**

Students confirm the involvement of practitioners in the midwifery programme; most commonly in practice-based learning, but also through a small number of taught sessions and simulated practice sessions at SU. One of the third-year students we met recalls the engagement of a SU within the theory element of the midwifery programme. The student described a small group workshop on the lived experience of miscarriage, as a powerful and thought-provoking session, that really makes them think about their own practise. The student stated that there should be more learning opportunities like this (139,147).

SU has a SUC strategy (2017-2020) that details the aspirations of SU towards involving people with lived experiences in all aspects of the programme. However, progress towards this strategy for the pre-registration midwifery programme is described by the senior leadership team member as under development. Since the appointment of a new SUC coordinator in June 2019, the involvement of people with lived experiences has increased and become more consistent across the school. We are told that this is appreciated by SUCs who now feel valued and treated equitably within the school's systems. Currently, SUCs are involved in 35 percent of pre-registration midwifery recruitment and selection interviews. We are told that this represents an increase in SUC involvement and highlights a positive improvement in their engagement which will be further developed (118-119,132).

We saw evidence of how people with recent maternity service experiences have been consulted over the proposals for the new future midwife programme, which is currently being developed by SU (131,148,151-154).

Sign-off mentors, PSs and PAs describe how they seek consent from women prior to a student having involvement in their care. Evidence in the PAD confirms that the views of women are considered within the overall assessment of the student's performance during practice. This was confirmed by the women and families that we met in the practice learning environments, who had given permission to receive care from SU midwifery students. Women report that SU student midwives they met are professional, respectful and polite. Women and partners tell us students have a good relationship with their midwife and are involved in discussions and decision making. One woman, who allowed a SU student midwife to support them to safely deliver their baby, said

they felt reassured and had confidence that the student was knowledgeable and skilled (147-155).

We do not have any evidence that SUCs are involved in the evaluation of the midwifery programme or in the overall management of the programme. SUCs are not invited to sit on programme or school management meetings, and therefore we aren't assured that programme management includes SUCs. The terms of reference for the programme committee include practitioner and student representation, and the active participation of these roles is evidenced through meeting minutes. A student midwife who is the cohort course representative confirms that practitioners are on the midwifery programme committee (23,84,132,147).

- [Pre-registration nursing programme](#)

Practice managers tell us they support practitioner involvement in programme delivery including contributing to a range of teaching sessions. They also describe practitioners' involvement in programme planning, objective structured clinical examinations (OSCEs) and oral assessments. These roles are mainly carried out by the CPFs. CPFs confirm their regular attendance at programme committee meetings and feedback from these meetings to staff in practice learning areas (136,145-146).

Students we met confirm that practitioners provide specialist lectures and skills sessions in preparation for practice. Practice learning pathways are an example of co-production between academic staff and practitioners, in particular CPFs. The programme team and students confirm they have a range of acute and community placements in a variety of contexts in different trusts. Individualised practice learning pathways help to reduce travelling commitments and provide students with a sense of belonging to a specific trust (98,130,134,136,141-146).

We found that SUCs participate in many aspects of the nursing programme and that their engagement is formally arranged and supported by the school. We met the SUC coordinator and viewed the strategy and involvement logs. SUCs tell us about their involvement in selection and recruitment, teaching sessions and programme design meetings; documentary evidence confirms this. Students confirm that SUCs are involved in teaching sessions (84-85,118-119,132,141-143,175).

Mentors confirm there are opportunities for service users to feedback on student performance and this is mainly through the friends and family survey. However, we found no evidence of SUC involvement in programme management (132, 145-146, 175).

We conclude that practitioners are involved in programme design, development, delivery, assessment and evaluation. SUCs are involved in some aspects of programme delivery however action is required to ensure SUC involvement in the programme management teams for the pre-registration midwifery programme and the pre-registration nursing programme.

Risk indicator 3.2.2 - Academic staff support students in practice learning settings

What we found before the review

The school has a practice learning hub and staff work in practice learning area teams (PLATs) to support students' learning in practice. The PLAT handbook outlines that the PLAT is to work collaboratively with PLPs to enhance the student practice learning environment. Academic staff have a practice learning area educational link role within the PLAT which includes providing PS and PA support through delivery of the preparation programme. PLATs undertake educational audits, review practice learning evaluations and support students in the practice learning environment. During the transfer to the SSSA, PLATs provide support to students ensuring all are allocated a PS and PA. For students remaining on SLAiP the PLAT ensures sign-off mentors are allocated (67-68,170).

All PLAT activities are recorded on the practice activity database which provides examples of the types of activities and visits. These vary from telephone calls to placement visits and working in practice. The student practice learning handbook and the PADs provide information on support in practice from the PS, PA and AA. There's information in the practice learning handbook on the education link nurse system. There is no documented information in programme or practice learning handbooks about the role of the PLAT (59,76,80-81).

What we found at the review

- [Pre-registration midwifery programme](#)

The SU senior leadership team tell us all academic staff involved in the midwifery programme are allocated 80 hours each year within their workload plan to support student learning in practice. This activity involves telephone and email support, as well as visiting student midwives who are on placements within SaTH. All visits are recorded by the link lecturers on a database, that shares good practice, any concerns identified, and actions taken in response to student need. The third-year students we met tell us that occasionally academic staff visit them in practice, but these visits are ad hoc unless formally requested. This means that some students have multiple visits, and others have minimal contact from the university. Students, sign-off mentors, PSs and PAs tell us their first point of contact for concerns in practice would be the CPF, although they all feel able to contact a university staff member. Students and midwives tell us they are well supported by SU. Sign-off mentors, PSs and PAs tell us they tend to contact someone they know at the university, rather than attempting to seek out the named link lecturer (59,75,91,109,122,128,147,151-155).

- [Pre-registration nursing programme](#)

Senior nursing academic staff and programme leads tell us that workload of 80 hours is allocated for the practice learning link role and up to 50 hours for the personal tutor

role. The adult nursing academic team tell us that PLAT visits are unannounced visits and do not always coincide with when students are on shift in practice placements. The length and activities undertaken as part of the practice visit vary and include supporting students or practice staff with queries about PADs, mentors, assessments, or completing educational audits. We found that adult nursing students couldn't tell us anything about the role or purpose of the PLAT. If adult nursing students had any issues in practice, they speak to their mentor, the manager, the CPF or their personal tutor. The role and responsibilities of the PLAT needs to be made clear for adult nursing students in programme and practice learning handbooks, in practice learning areas and in preparation for practice sessions (128,130,140,142-143,170).

Child nursing students tell us they receive appropriate support from academic staff who are contactable at any time while they are in practice learning settings, normally via email, and academic staff responses are timely. Academic staff tell us they visit their link areas every six to eight weeks (130,134,136,141).

We found the EDs have an educational link nurse whose responsibility is to support and guide students to learning opportunities whilst in the department. We saw induction packs created by the educational link nurses which provides information on what to expect in the ED. Students tell us they find the packs very helpful in understanding more about how the different areas in the ED work. Practice staff tell us that their first point of contact in relation to students is always the CPF and sometimes the student's personal tutor or the practice learning manager (140,142-143,145-146).

We conclude that academic staff support students in practice learning settings in the pre-registration nursing (child) programme and pre-registration midwifery programme. However, the roles and responsibilities of AEI staff supporting students learning in practice settings are not clearly understood by adult nursing students. SU must ensure students understand and student facing documentation details the roles and responsibilities of adult nursing academic staff in practice learning settings.

Risk indicator 3.3.1- Evidence that mentors, sign-off mentors, practice supervisors/assessors are properly prepared for their role in supervising and assessing practice

What we found before the review

There is a preparation programme developed by MYEPLG for PSs and PAs and documented evidence of mentor/sign-off mentor/PSs/PAs updates. There's a documentation audit process in place in which practice and academic staff review the PADs for accuracy of completion by mentors and students (33-35,37,73,106).

What we found at the review

- **Pre-registration midwifery programme**

All midwives we met confirm they meet the requirements to be a sign-off mentor for midwifery students in year three and meet the requirements of the SSSA for students in years one and two of the programme. We viewed the SaTH database, maintained by the CPF, and confirm that all PSs and PAs have completed preparation training to undertake their respective role in supporting learning, supervision and assessment in practice. The CPF confirms that 81 percent of all midwives have completed PS/PA preparation and students are only allocated to midwives who are active on the database. We met sign-off mentors who tell us they attend annual mandatory training days, that includes a mentor update session delivered by SU staff. They confirm the last update they attended included the SSSA training enabling them to transfer to the PS and PA register. The training was in line with the MYEPLG agreed regional principles (30-31,33-35,37,147-155).

We viewed off-duty rotas during practice visits and confirm sign-off mentors and PAs are allocated dedicated time to support students in practice. There are clear records that sign-off mentors meet triennial review requirements, Sign-off mentors, PSs and PAs demonstrate a good understanding of the PADs and NMC requirements, ensuring that students are appropriately assessed at summative elements and at progression points within the programme (66,73,75,93).

Sign-off mentors, PSs and PAs tell us that they appreciate students giving feedback about their practice learning which they use for reflection and for their own revalidation with the NMC (47,75,126,128,147-155,161). See section 5.1.1.

- **Pre-registration nursing programme**

Senior nurse managers tell us that mentor/PS/PA preparation and support is a priority within SaTH. Nursing staff are supported to undertake preparation programmes and updates. Mentors and sign-off mentors confirm that their mentor preparation programme adequately prepares them to undertake their mentorship role; the annual updating and access to an online mentor resources site supports their development and SaTH is proactive in supporting their attendance at training (136,145-146).

Mentors and sign-off mentors tell us that CPFs are key in supporting them in their role, providing guidance and direction when needed. We found that mentors and sign-off mentors have a good understanding of their role and responsibilities in the assessment of practice and describe confidence in completing the final sign-off requirements and PAD components for entry to the register. Documentation audits of PADs indicate that mentors and sign-off mentors complete PADs appropriately (145-146).

Students confirm mentors are appropriately prepared to support and assess them, have a good understanding of the PADs and are supportive and competent in undertaking the assessment process (141-143,146).

We heard and saw documentary evidence to confirm that 90 percent of SaTH mentors have completed preparation for PS and PA roles to meet the SSSA requirements. PSs/PAs and managers confirm that they have undertaken the MYEPLG preparation

for their role which meets the NMC requirements (136,145-146).

Practice staff receive feedback about students' experience of their practice learning informally by students during placement, and formally through practice evaluations. Feedback is shared amongst practice staff, although in one ED this had not happened and was an action implemented following an educational audit. Practice staff welcome student evaluations and confirm they help shape the practice learning experience for students. The PLAT is piloting a new approach to increase response rates to student placement evaluations (121,126,140,142-143,159). See section 5.1.1.

We found that sign-off mentors, PSs and PAs are well prepared for their role in supporting, supervising and assessing students in practice; and sign-off mentors meet NMC requirements for annual updating and triennial review. Sign-off mentors and PAs understand their role and responsibilities in ensuring pre-registration nursing and pre-registration midwifery students are fit for practice, in order to protect the public.

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

What we found before the review

There is a mentor allocation process in place at SaTH. A database of mentors/sign-off mentors and PSs and PAs is maintained (66).

What we found at the review

- [Pre-registration midwifery programme](#)

We viewed and confirm a robust and secure database system in place at SaTH to ensure midwifery students are assigned only appropriate and adequately prepared sign-off mentors, PSs and PAs. The database is proactively maintained by the CPF, who is made aware of any planned and urgent changes in the maternity services. There is a recent employment of a MPLF, funded by HEE to increase the number and quality of midwifery practice learning placements within SaTH. The CPF and MPLF roles are fundamental in ensuring any urgent or planned reconfigurations of maternity services that affect changes to audited placement capacity are communicated to SU. This ensures that any maternity service changes have a minimal impact on student learning; and students are consistently supported by appropriately experienced and prepared sign-off mentors, PSs and PAs (66,93,147-155).

We saw the duty rotas in all the midwifery placement areas we visited which clearly identify the student, PS and the named PA, and protected learning time. Students confirm these findings and know in advance who will be supervising and assessing

them. The CPF informed us that monitoring of staff turnover and sickness is reported regularly at strategic meetings at SU and SaTH enabling effective monitoring of the impact of staff sickness on placement capacity and the student learning environment (30,37,96,138-139,147-155).

Practice learning placements are organised by the midwifery teaching team and circulated to the ward managers. Future plans propose this will be presented as a three-year student placement plan. Year one students report having fragmented placements and being allocated to practice learning areas a significant distance from where they live. The third-year students we met feel they have been adversely affected by the closure of a number of MLUs within SaTH, and more than 50 percent of the third-year cohort are currently struggling to achieve their minimum number of 40 births to meet the EU Directive requirements for registration with the NMC. While there is evidence of maternity service need to increase the numbers of student midwives in SaTH to subsequently increase the number of registered midwives, this increase was not known or always welcomed by midwifery staff. Ward managers tell us they were not consulted about the increase in student numbers and express mixed views about this decision (83,99,128,131,147-155,169,173-174).

The overall current birth rate at SaTH is around 4000 births per annum, which take place in the delivery suite at PRH, one MLU (the Wrekin Centre), with a small number (less than two percent) of home births. The educational audit for the delivery suite at PRH identifies student capacity to be seven students at any one time. Therefore, we aren't assured that the intrapartum practice learning areas at SaTH are sufficient to support learning and assessment of competence of the increased student numbers at SU. The school's contingency planning is not explicit regarding how this would be achieved particularly if further changes are made to the maternity services in SaTH (62,128,131,135,147-148).

An urgent action plan must be put in place to ensure intrapartum practice learning areas support the numbers of student midwives and ensure EU birth requirements are met (131,147-155,168-169).

- [Pre-registration nursing programme](#)

Robust and secure systems are in place to ensure nursing students are assigned only appropriate and adequately prepared mentors/sign-off mentors, PSs and PAs. We viewed educational audits which capture information about numbers and types of students allocated to individual practice learning areas. The CPFs check allocations against their records to ensure that student numbers do not exceed placement capacity. Through regular contact with all SaTH departmental staff, CPFs have the most up-to-date information about PS and PA availability. We are assured that unforeseen circumstances involving PS and PA availability are resolved effectively in a timely way by CPFs (40,61-66,145-146).

Students are clear about support systems available in practice learning settings, providing examples of experiences they had with mentors, PSs and CPFs. Two second

year child nursing students said they each had a PS and shared a PA. Third year student nurses spoke highly of the support they receive from mentors. Third year child field students identified that their ED mentors were registered nurses (RN) (adult). Last year when allocated to the ED, students identified that there were limited RNs (children's nursing) in the department. The practice manager in PRH told us about recent employment of seven nurses with child field qualifications, including a band seven. Third year students acknowledge the demands on their mentor's time owing to staff shortages. All nursing students praised the support from the whole ED staff team, despite staffing difficulties and specify that they never felt unsupported. They all recommend the placement as a valuable learning experience (140-146).

Action plans, CPFs and practice managers assure us the quality of the learning environment is regularly reviewed. An example from May 2019 was provided by an ED manager when a risk assessment was undertaken due to staff shortages. The resulting action was to reduce the number of students allocated to the ED. The department requested only year two and three nursing students were allocated because their knowledge and understanding of patient care, in particular recognising a deteriorating patient, is more advanced than year one students. The CPF, PLAT, and the practice learning lead completed an educational audit review and changes were made in response to the situation. Following the publication of the CQC report in 2018 action plans included the re-auditing of the practice learning areas identified in the report. The outcomes are shared with all AEs who have students in SaTH (13-16,61-66,145-146).

The director of nursing and senior departmental nurses tell us that in the last six months staff numbers have increased significantly in the ED with a further addition of 28 international nurses joining the department in February 2020. The recognised need to integrate new staff into the culture and ways of working in the ED resulted in a risk assessment being undertaken. SaTH and SU senior managers worked together to agree students were temporarily removed from the EDs. The return of students to ED will be reviewed collaboratively over the next few months (43,128,133,145-146,166).

We conclude that systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors, PSs and PAs are assigned to pre-registration nursing (adult and child) students.

However, the key risk is not met for the pre-registration midwifery programme, as we found that the intrapartum practice learning areas at SaTH are insufficient to accommodate and support students' learning and assessment of competence due to the increased number of midwifery students. An urgent action plan must be put in place to ensure intrapartum practice learning areas support the numbers of student midwives to ensure EU birth requirements are met.

Outcome: NOT MET

Comments:

Risk indicator: 3.2.1 is not met.

We found no evidence that SUCs are involved in the evaluation of the pre-registration midwifery programme or in the overall management of the programme. SUCs are involved in some aspects of programme delivery of the pre-registration nursing programme. We found no evidence of SUC involvement in the programme management teams for the pre-registration midwifery programme and the pre-registration nursing programme. The school and programme management teams should ensure there is appropriate SUC involvement at strategic and operational levels in the pre-registration nursing and pre-registration nursing programmes.

Risk indicator: 3.2.2 is not met for pre-registration nursing (adult).

We found that the roles and responsibilities of AEI staff supporting students learning in practice settings are not clearly understood by adult nursing students. SU must ensure students understand and student facing documentation details the roles and responsibilities of adult nursing academic staff in practice learning settings.

Risk indicator: 3.3.2 is not met for pre-registration midwifery.

We found that the intrapartum practice learning areas at SaTH are insufficient to accommodate and support students' learning and assessment of competence due to the increased number of pre-registration midwifery students. SU and SaTH should review placement capacity in intrapartum practice learning areas and monitor student experiences to ensure student midwives are able to meet EU birth requirements.

Revised Outcome:

Date:

Comments:

Areas for future monitoring:

- Student experience and practice evaluations when nursing students return to ED for practice learning
- The number of appropriately qualified and experienced PSs and PAs to accommodate the increased number of students on the midwifery programme, accessing practice learning areas at SaTH
- SUC involvement in programme management
- Roles and responsibilities of AEI staff supporting students learning in practice learning settings
- Placement capacity in intrapartum practice learning areas to support the numbers of student midwives
- Student midwives' intrapartum practice experiences to ensure EU birth requirements are met

Findings against key risks

Key risk 4: Assessment fitness for practice and award

4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2 Audited practice learning placements fail to address all required learning outcomes in practice that the NMC sets standards for

Risk indicator 4.1.1 - Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the review

All students are provided with a detailed and comprehensive programme handbook. Module handbooks outline the module learning outcomes, content and assessment. Learning and teaching strategies include simulated learning and inter-professional learning (71-72,82,86-87,90,92).

- [Pre-registration midwifery programme](#)

Pre-registration midwifery students maintain a record of statutory experience and competence throughout the programme (83).

- [Pre-registration nursing programme](#)

Pre-registration nursing students complete a profile of evidence to meet the EU directive (2005/36/EC). A self-declaration of completion of practice and theoretical learning is completed by the student and reviewed by the personal tutor (100-101).

What we found at the review

Students on the pre-registration midwifery and pre-registration nursing programmes confirm they are adequately prepared for practice learning settings through mandatory skills and preparation for practice. Mandatory training includes basic life support, handwashing techniques, the safe use of personal protective equipment and manual handling, amongst other skills. Students are also required to complete a series of online training through e-learning for health, including equality and diversity, information governance, health and safety and safeguarding training which must be completed before they can attend placement and is repeated annually. This comprehensive preparation for practice ensures all students are provided with the information and skills they require to understand and comply with relevant local and national governance processes and policies in practice-based learning (130,134,138-139,140-155).

- [Pre-registration midwifery programme](#)

Third-year students tell us they are provided with clear information at the start of each module. Information in the module handbook and Blackboard, the university's

virtual learning environment (VLE), specifies the learning, teaching, support and resources available to them. Programme handbooks are updated yearly for currency and some clearly state actions taken to enhance the module, following feedback provided by previous students. The programme and module handbooks provide students with clear information about quality assurance mechanisms within SU; helping them to understand and comply with governance processes and policies such as claiming extenuating circumstances (71,88,90,147-155).

Students benefit from a range of teaching and learning strategies including practice skills rehearsal and learning through simulation. They tell us there are appropriate learning resources at SU. They confirm they are required to practise in accordance with the Code (NMC, 2018) and demonstrate values-based care when they undertake simulation within the clinical skills suites. They would like more realistic simulation in order to feel better prepared for uncommon or high-risk scenarios in practice as some of the skills sessions are lecture-based only. In addition, students and practice staff raised questions about the practice skills taught prior to the first practice placement block; with students being taught catheterisation of both male and female anatomy, prior to the first placement of the programme with a community team. Male catheterisation is considered inappropriate and not a useful aid to the students' learning; the programme team are advised to review the inclusion of this skill. The programme team are also advised to consider further development of meaningful simulated learning (71,87,90,138-139).

Students monitor their progress and plan their own development through regular, appropriate and effective formative and summative assessment processes. Reasonable adjustments are made if necessary. Students tell us that they generally receive timely and informative feedback on their assessed theoretical work. Feedback enables them to seek support for identified concerns, such as academic referencing. Students report they feel able to make progress towards the achievement of programme outcomes and the NMC requirements for registration (45,71,74,90,138-139).

Students tell us and the placement allocation pathways show that they have opportunities to work with and learn from a range of people in a variety of practice learning settings. This prepares them to provide care to women and their families with diverse needs and understand the role of others within the interprofessional and interdisciplinary team. All students confirm they are well supported in practice-based learning and are consistently enabled to act in accordance with the professional duty of candour (51,99,138-139).

Students, sign-off mentors, PSs and PAs we met understand the programme requirements, including the EU Directive requirements, which are clearly stated in the PAD. Students monitor their progress against these requirements and confirm that they work in accordance with EU working time directives and meet NMC required hours of theory and practice; their time sheets are monitored and signed daily by their mentor or PS. The LME confirms that all students who completed the

programme last year achieved the required learning outcomes and were successfully uploaded to the NMC professional register. Sign-off mentors, PSs and PAs are confident that students on the programme would achieve the necessary experience to ensure successful completion of the programme (74,83,102,105,131,138-139,147-155).

- [Pre-registration nursing programme](#)

Students are provided with clear and current information that specifies the learning, teaching and support available to them, including resources to enable learning. Students tell us that their programme is delivered in a variety of ways including lectures, group tutorials, online learning through the Blackboard VLE and through simulations. The ongoing development of enhanced simulation, supported by a dedicated simulation lead is identified as a positive aspect of students' learning experience (72,76,140-144).

Child field nursing students said they are adequately prepared for their ED experience, which included being introduced to neonatal and paediatric early warning scores. The programme team and child field students tell us about theory-based preparation activities before the ED placement. These include a session from an ED nurse detailing expected caring experiences, and theory and simulation activities on the deteriorating child. Students say theory and practice are further integrated when reviewing the placement with academic staff (130,134,140-146).

Students confirm they receive skills training and simulations at SU related to managing the deteriorating patient and find these valuable. Some students have attended an interprofessional simulation session with paramedic students which further enhanced their learning. Some adult nursing students tell us they attended a multi-professional simulation on the deteriorating patient whilst in the ED and found the experience very realistic and helpful to their learning (86,92,140-146).

Students confirm that the requirements and content of the EU directive are transparent and understood. They record their EU experiences and confirm they do not encounter or expect to encounter difficulties obtaining these required experiences. Documentation demonstrates that safeguards are in place to verify student achievement of NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register. All year three students report that they will feel confident and competent to practise and to enter the professional register on completion of their programme. This is confirmed by all stakeholders who state that students are well-prepared and highly employable on successful completion of the programme (78-82,103-104,106,136,140-146).

We conclude that pre-registration nursing and pre-registration midwifery 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

What we found before the review

Pre-registration nursing students are allocated to an appropriate range of practice learning environments using a home and away placement model. The PAD records student achievement in practice and compliance with NMC requirements. There is an accompanying PAD guide for students, PSs and PAs and a student practice learning handbook (73-76,78-81, 83,93-99).

What we found at the review

- **Pre-registration midwifery programme**

Students tell us they understand their responsibilities to engage in practice-based learning, and value the diverse range of care experiences they are provided with in SaTH. The practice learning outcomes are developmental and support students to understand normal pregnancy and birth processes, before students progress to learning about greater complexity and risk within the third year of the programme. Sign-off mentors, PSs and PAs tell us about the strategies they use to safely support and enable student learning. This range of teaching and assessment methods are effective in ensuring that students can meet the essential skills clusters, NMC outcomes and requirements for professional registration. However, some third-year students have limited intrapartum experience and concerns regarding the number of births they have and are dissatisfied with a lack of contingency plans from the academic team. They will require additional support to ensure they are able to complete the programme in a timely manner. We are informed by the LME that there is a consolidation block of three weeks for students to undertake further intrapartum experience, if required (74-75,83,99,138-139,147-155,173-174). See section 3.3.2.

Students are allocated to 'home' trusts, which provide a range of practice learning experiences. Some students in year one are dissatisfied with the location and distance of their placements to their home, with some travelling in excess of one hour. They told us that there is a process for placement change requests, although requests are not always given (46,138-139,147-155,171).

Sign-off mentors, PSs and PAs and students have a consistent and accurate understanding of the PAD and the purpose and value of the ongoing achievement record. Sign-off mentors confirm they accurately record and document the

student's competence for the appropriate stage of achievement in practice (74-75,83,138-139,147-155).

The sign-off mentors, PAs and ward managers we met tell us midwifery students graduating from SU are employable and are of a comparable standard to preceptees they employ from other AElS. Ward managers state students recommended for NMC registration as midwives by SU are well prepared to practise safely and effectively, demonstrating good professional behaviours and conduct (135,147-155).

- **Pre-registration nursing programme**

Student nurses identify that opportunities are available in practice learning settings to enable them to meet essential skills and NMC outcomes and proficiencies. Mentors, PSs, CPFs and practice development nurses are identified as individuals who support the development of skills. The PAD records the acquisition of skills. Year three students confirm that sign-off mentors facilitate their learning and assist them to gain the experiences they need to successfully complete the programme (76,78-82,140-146).

All students are required to work within a home and away model of placement allocation in order to ensure that they experience a diverse range of placement learning experiences within the three-year programme. Practice learning pathways provide opportunities for adult nursing students to work with and learn from a range of people in a variety of settings, including community. Child field students also experience a variety of settings, including care for children and young people with mental health needs and high-risk care experience (98,130,134,140-144).

We are assured that academic staff, mentors/sign-off mentors, PSs and PAs understand their role in preserving public safety. Documentation demonstrates a rigorous process in ensuring students meet NMC proficiencies. A mentor described their experiences of supporting a failing student. The mentor acknowledged the support available from SU, a senior mentor in the department, and the effectiveness of the PAD which allows judgement of achievement of competencies. Students and sign-off mentors confirm they understand their responsibilities and the process involved in signing off practice competencies. Senior staff are confident that SU students successfully exiting the programme are able to practise safely and effectively (106,130,133-134,136,145-146).

We found that pre-registration nursing and pre-registration midwifery students achieve NMC practice learning outcomes, competencies and proficiencies at progression points, and for entry to the register.

Outcome: MET

Comments:

Midwifery students benefit from a range of teaching and learning strategies including practice skills rehearsal and learning through simulation. However, all students tell us they would like to do more realistic simulation within their programme in order to feel better prepared for uncommon or high-risk scenarios in practice. In addition, students and practice staff raised questions about the practice skills taught prior to the first practice placement block; with students being taught catheterisation of both male and female anatomy, prior to the first placement of the programme with a community team. Male catheterisation is considered inappropriate and not a useful aid to midwifery students' learning; the programme team are advised to review the inclusion of this skill. The midwifery programme team are advised to consider further development of meaningful simulated learning.

Areas for future monitoring:

- Student midwives intrapartum practice experiences to ensure EU birth requirements are met
- Appropriate use of simulated learning

Findings against key risks

Key risk five: Education governance: management and quality assurance

5.1 AEI's 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

Evaluation systems are in place for theory and practice. There is a programme committee for each programme, which meets bi-annually (84-85,120-126).

What we found at the review

The university uses a system of continuous monitoring. Students complete a paper-based survey at the end of each module and module reports are made available online. On a quarterly basis, the programme lead completes a programme report, which subsequently feeds into departmental and school planning and business intelligence reports. There is a dashboard, which illustrates quantitative data indicators at all levels, which includes admission, progression and completion data, employability data and student feedback. We found that RAG

rated data informatics are being used effectively to evaluate the nursing and midwifery provision. The undergraduate course health check for nursing shows lower student satisfaction levels at Shrewsbury campus (based on national student survey data) and this is being addressed by the recent addition of a campus manager and strengthening of student representation at Shrewsbury. The undergraduate course health check for midwifery is positive (128,158,160).

The results of programme evaluation and ongoing quality monitoring are discussed and disseminated via programme committees, school academic committee and senior management team meetings. We found evidence of actions taken in response to programme evaluation and student feedback, which demonstrates that ongoing quality monitoring is being used effectively to inform programme enhancements. The membership of programme committees includes key stakeholders such as practice and student representatives (84-85,162).

We saw and heard evidence of how SU in partnership with SaTH proactively identify weaknesses and develop appropriate action plans to address any areas for improvement regarding programme performance and outcomes. A wide variety of performance data is considered by members of the QEWD including meeting the NMC standards and requirements, feedback from the national student survey and the requirements of the Quality Assurance Agency (QAA) framework. SU and SaTH actively monitors action plans, ensuring that the partnership can operate effectively to conclude any issues and identified recommendations (16,23-24,29,44,63,88,122,128,147).

EE CVs demonstrate currency in education and practice. They have due regard for the modules and programmes within their portfolio. EEs engage with both theory and practice elements of NMC approved programmes to assess validity and reliability of judgements. EEs report annually on the quality of theory and practice-based learning and achievement of students, leading to award and eligibility for professional registration. We found some evidence of EE practice visits and/or meetings with mentors and students, as well as involvement in programme development. The school responds to issues raised in EE reports related to practice learning in a timely and effective way. Students tell us they are aware of the EE and their name is available in the programme handbook. However, the students and practice staff we met are unaware of any EE involvement in practice (84-85,127,138-155).

- [Pre-registration midwifery programme](#)

Academic staff, students and PLP representatives from SaTH participate in the pre-registration midwifery programme committee; their contribution is evident through the minutes of these meetings. All midwifery cohorts have a student representative; students know who their student representative is and understand their role. The midwifery student representative for the third year of the programme tells us they consult with other students to ensure they have a voice at meetings (47,84,88,120,122-123,125-126,128,138-139,147-155).

All students said they complete both theory and practice evaluations, however students are unaware of any action taken as a result of their evaluations. Students confirm there is an optional evaluation process for providing feedback on practice learning. Data shows that there is a mixed response rate from students, with variation in the numbers who choose to provide their feedback. The response rate for student evaluations is lower for year three students. The midwifery teaching team confirm they are to develop an action plan to address this, which would include a timetabled session for student evaluations of practice learning experiences (47,75,131,147-155,161).

Sign-off mentors, PSs and PAs tell us that they generally receive feedback on the students' experiences within the practice learning environment which they use to make changes to the planning, preparation and teaching of future students. Ward managers tell us they have received anonymised student feedback which can be used for group discussions and team learning within a safety huddle. Student evaluations of practice learning experiences are considered during the educational audit, and this process is used to formally create action plans, if necessary. However, it is not clear when and how the outcomes and lessons learnt from student evaluations of practice learning are fed back to the students, as key stakeholders in the quality assurance of the programme. Third-year students tell us they do not receive feedback from the evaluations because they are anonymous; however, we viewed completed evaluations that are passed to sign-off mentors, PSs, PAs and ward managers which are not anonymised. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment (47,63,75,88,122,126,147-155,161).

We saw evidence that midwifery EEs engage with practice-based learning and assessment processes, however it is not clear how the feedback from EEs is fed back to the practice learning environments. The school are unable to provide examples of when and how this process took place. We're therefore not assured that SaTH receives timely evaluations of EE engagement and reporting of assessment of practice, in order to carry out developmental actions, if required (107,127,147-155).

- [Pre-registration nursing programme](#)

The university provides opportunities for students to evaluate their learning experiences in theory and practice through the Qualtrix system. Terms of reference and agendas from strategic engagement meetings demonstrate evaluation systems operate consistently, with identified risks being reported, joint action plans put in place and reviewed. An annual summary and report is compiled leading to a placement experience action plan for the nursing programme (15,42,44,47,128,130,133-134,136).

The pre-registration nursing programme committee has poor student attendance and students tell us that some student representatives are not effective and don't

always feedback information on actions from these meetings. Plans are in place to hold a programme committee meeting at each of the three SU campuses to improve student attendance. We found some evidence of actions taken on student feedback on theory-based activity in programme and module handbooks, reported as 'you said: we did' (85,130,140-144,162).

The programme team confirm that evaluations of practice learning have disappointing response rates. There is currently a pilot to increase the number of practice evaluations submitted. Students have a timetabled session in the practice environment to come together to undertake their evaluation. Students confirm their understanding of the importance of practice evaluations and that their feedback is given to the PLP. All practice staff we spoke to recognise how important student evaluation is in quality enhancement and improvement cycles (121,124,133-134,136,140-146).

Students tell us that they do not know if their evaluations of practice learning are acted upon. They gave examples where practice learning experiences were poor and they are not clear if any actions were taken. Students tell us they're concerned that a poor placement learning experience may remain in the learning circuit with no action taken. They do not feel their voice is always heard in this respect. Feedback provided on student evaluations needs to be followed up and students made aware of any actions taken. Where information cannot be shared due to the sensitive nature of the issue, then students should be made aware of this (140,143,144).

CPFs confirm they access student evaluations and feedback on practice learning experiences and act on emergent issues. They also ensure that evaluation data is available to individual placement areas and senior managers work in partnership with the nursing practice learning hub manager to action plan and resolve issues. The two main core themes from evaluations of ED practice learning are the positive support available from the whole team, and mentors' time constraints owing to the complex and unpredictable nature of the environment. Practice managers assure us that strategies are in place to ensure student learning is not compromised by environmental factors and the CPF monitors the situation on a daily basis (58,122,128,130,133-134,136,140-146,157).

EEs for the pre-registration nursing programme demonstrate currency in education and practice and have due regard to programmes within their portfolio. Their reports confirm quality monitoring of theory and practice-based learning. However, we found no evidence of EE feedback to SaTH (127).

We found limited evidence to demonstrate how students are informed of actions taken as a result of student evaluations of their practice learning experiences. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment.

We found no evidence that SaTH receive timely evaluations of EEs engagement

and reporting of assessment of practice. SU and SaTH must ensure a process is in place to share EE reports relating to practice engagement and assessment and action any relevant findings.

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

Both SaTH and SU have procedures in place for dealing with concerns and complaints raised in practice learning settings (55,116).

What we found at the review

- [Pre-registration midwifery programme](#)

The senior leadership team at SU confirm that guidance and support is available for all students who raise a concern or complaint in both the university and the practice learning environments. Formal complaints raised about theory elements of the programme are logged and handled centrally by SU. We viewed records of how these complaints are handled, investigated and resolved within a timely manner by SU. One student told us that they considered making a formal complaint about an assessment but was supported by staff to reach a resolution at the school level (52,84,88-89,109,111,115-117,122,128,163-164).

Complaints about the practice learning environment at SaTH are recorded and monitored using the cause for concern process. We viewed records and heard examples of how students are supported through this process. The school senior leadership team explained how they support staff involved in handling complaints or supporting students and/or placement staff as appropriate to the situation. We saw evidence that students who are required to make formal statements regarding an incident in practice-based learning are supported on a one-to-one basis to do this. This process by SU supports the student and the PLP to seek a timely, appropriate, and proportionate response to resolve concerns or complaints raised in SaTH. SU monitors and evaluates the effectiveness of its cause for concern process, and any relevant outcomes and lessons learnt following investigations of complaints are reported at QEWD meetings and actioned accordingly. The year three midwifery students we met in SaTH confirm they are willing, confident and able to escalate a concern in practice, and that this would be followed up by the CPF and SU link lecturers to seek resolution. Some students report they are not clear on what action is taken in response and are unable to provide examples of when they have been informed of the outcome of a cause for concern or complaint process. SU, in partnership with SaTH, are advised to consider how actions and

lessons learnt following investigations of complaints are reported and fed back to students, where possible (23-24,29,52-53,55, 59,109,111,116,122,128,147-155,163-164).

Sign-off mentors, PSs and PAs tell us they are supported within SaTH to escalate any concern they have in practice and that this would be followed up to seek resolution. The first stage of this would be to raise an issue during a safety huddle to promote discussion and wider understanding of the concern/issue. However, for more serious concerns midwives we met state that they would access the freedom to speak up champion and whistleblowing policy and process (50-57,109,111,116,147-155).

- [Pre-registration nursing programme](#)

We confirm the policy and procedures for complaints are communicated within student handbooks, mentor handbooks and online resources. Senior nurse managers are confident that students benefit from close working relationships between the SU nursing practice learning hub manager and the CPFs in the practice setting, and that complaints are dealt with at the informal stages and resolved in an efficient and timely manner (72,76,136).

Students understand the processes to follow in raising a concern. They say that the process to raise a concern is addressed at every practice learning induction. They tell us practice and academic staff strongly encourage them to speak out. One student described the concerns they had and the support they received from practice staff during a CQC visit to the ED. PLPs confirm they want students to feel an integral part of the practice team, and to share in decision-making during huddles. The programme team assure us that if concerns are raised from the practice environment the CPFs are involved and practice link teams will take action, often involving practice visits. We saw action plans demonstrating timely, appropriate and proportionate action (52,55,109,111,130,133-134,136,140-146,157,167).

We are assured of a partnership approach at senior strategic and operational levels in both SaTH and SU to monitor concerns and complaints and proactively follow up actions taken (128,130,133-134,136,140-146,167).

We found that SU has education governance arrangements in place at a strategic level with SaTH to ensure that shared responsibility is taken for practice-based learning. 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.

i) There is limited evidence to demonstrate how students are informed of actions taken as a result of student evaluations of their practice learning experiences. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment.

ii) We found no evidence that SaTH receive timely evaluations of external examiners engagement and reporting of assessment of practice. SU and SaTH must ensure a process is in place to share EE reports relating to practice engagement and assessment and action and any relevant findings.

Revised Outcome:

Date:

Comments:

Areas for future monitoring:

- Actions are taken as a result of student evaluations of their practice learning experiences
- Feedback from students' evaluations are consistently provided to practice learning areas
- External examiner engagement in practice and feedback to practice learning providers

Evidence/Reference Source

1. NMC nursing (adult, child) programme approval reports, 4 February 2013
2. NMC BSc (Hons) nursing practice (adult, child, mental health) programme approval letter, 17 June 2013
3. NMC nursing (adult) major modification reports, 6 June 2016, 15 December 2017, 23 March 2018
4. NMC BSc (Hons) nursing practice (adult) major modification letter, 7 September 2016, 23 March 2018, 12 June 2018
5. NMC pre-registration nursing (adult, child, mental health) programme approval visit report, 15 October 2019
6. NMC midwifery programme approval reports, 17 April 2013 and major modification report 20 April 2018, 21 August 2019
7. NMC pre-registration midwifery programme approval letter, 18 June 2013 and major modification letter, 8 June 2018, 20 September 2019
8. SU website at <http://www.staffs.ac.uk>, accessed 27 January 2020
9. SaTH website at <https://www.sath.nhs.uk/>, accessed 27 January 2020
10. SaTH independent review of maternity services, revised terms of reference, November 2019 available at <https://improvement.nhs.uk/documents/6192/ToR->

[SaTH-Maternity-Independent-Review-Revised-November-2019.pdf](#), accessed 27 January 2020

11. RCOG report on SaTH maternity services, July 2018 available at <https://www.sath.nhs.uk/wp-content/uploads/2018/07/12-RCOG-Report.pdf>, accessed 27 January 2020
12. NMC AEI and PLPs/employer partners annual self-report 2018-2019, 16 January 2020
13. CQC inspection report Shrewsbury and Telford Hospital NHS Trust (SaTH), Shrewsbury, Shropshire, 29 November 2018
14. CQC quality report Royal Shrewsbury Hospital (RSH), 6 December 2019
15. SU and SaTH Action plan: CQC concerns regarding a placement partner, updated 2 January 2020
16. SU NMC update report, 19 October 2018; 12 November 2018
17. NMC meeting in relation to student learning at SaTH, 11 September 2019
18. SaTH midwifery services contingency plan, 29 October 2019
19. SU and SaTH action plan, updated 17 December 2019
20. SU and HEE midwifery expansion email correspondence 2018-19, undated
21. SaTH agenda and notes of nursing and midwifery meeting with AEIs, 19 December 2019, 29 January 2020
22. SaTH nursing and midwifery joint regulatory and partnership fixed term working group, terms of reference and letter dated 22 January 2020
23. SaTH senior midwifery team and SU school of health and social care terms of reference and minutes of meetings, 6 August 2019 and 10 December 2019
24. SU NHS quality, education and workforce development meeting terms of reference, 5 March 2019
25. HEE learning and development agreement template, undated
26. SU and SaTH GDPR data sharing protocol, signed October 2019
27. SU and SaTH memorandum of understanding -trainee nursing associates, 3 September 2019
28. SaTH and AEI engagement meeting terms of reference and draft meeting notes 19 December 2019
29. SU and SaTH quality, education and workforce development (QEWD) meeting minutes 16 January 2018-29 January 2020
30. SU SSSA implementation strategy, 23 April 2019
31. Pan-MYEPLG terms of reference, minutes and actions 2018-19
32. SU readiness for practice meeting terms of reference and action points 14 September 2018–5 November 2019
33. SU action plan to support transition to SSSA, 27 June 2019; readiness for practice meeting, 22 January 2020
34. Pan-MYEPLG overview of implementation strands for new roles to support SSSA, 19 February 2019
35. Pan-MYEPLG SSSA discussion papers, communication strategy and frequently asked questions
36. SU AA preparation and process; AA checklist and registers 2019-20
37. SU and SaTH preparation of practice supervisors and practice assessors, 2019
38. Shropshire education and development group terms of reference and action notes, 2018-19

39. SU home and away practice learning model presentation and documentation, 2019-20
40. SU and SaTH monitoring of mentor numbers, email correspondence, 2019
41. SaTH CPF Wrekin MLU 'huddles' email correspondence, 6-12 December 2019
42. SU risk register, 21 January 2020
43. SaTH health and safety risk assessment templates policy, October 2015
44. SU risk assessment relating to students' learning environment, narrative January 2020
45. SU reasonable adjustments in assessment for disabled students, undated
46. SU occupational health clearance process for new applicants/students, 21 February 2018
47. SU process for practice learning evaluations, 2 February 2018
48. SU algorithm/risk assessment tool for removal of a practice area, undated
49. SU checklist for returning areas to placement circuit, undated
50. SaTH Dignity at work policy, September 2012
51. SaTH Duty of candour policy, November 2018
52. SaTH Freedom to speak up: raising concerns (whistleblowing), 25 March 2019
53. SaTH Grievance policy, 31 July 2014
54. SaTH Managing conflicts of interest in the NHS, September 2017
55. SaTH Concerns and complaints policy and procedure, 2014
56. SaTH Equality and diversity policy, March 2016
57. SaTH Employee investigations policy, May 2018
58. SaTH QEWD practice reports ED, April 2018–February 2019
59. SU and SaTH practice activity database, 2018-19; 2019-20
60. SU exceptional reporting process and action plan template, undated
61. SU educational audit process and audit tool, 2020
62. SU and SaTH educational audits, November 2018, May 2019 and November 2019
63. SaTH educational audit action plans, November 2018; May 2019
64. SU and SaTH audit report, December 2018, May 2019 and November 2019
65. SaTH health and safety risk assessment, May 2019
66. SaTH mentor allocation process, mentor updates and mentor database, viewed 11 and 12 February 2020
67. SU practice learning hub document, May 2018
68. SU practice learning area teams handbook, 2019 and SaTH PLAT, 2018-19
69. SU midwifery practice learning fellow job description, undated
70. SU staff CVs and database of NMC registration, accessed 3 February 2020
71. SU BSc (Hons) midwifery practice course handbook, 2019-20
72. SU BSc (Hons) nursing practice (adult, child, mental health) course handbook, 2019-20
73. SU PAD guide for students, practice supervisors and assessors, 2019-20
74. SU PAD pre-registration midwifery year one, year two, year three, 2019-20
75. SU practice handbook midwifery programmes, 2019-20
76. SU student practice learning handbook 2019-20
77. SU student communication regarding SaTH 31 August 2018, 20 November 2019, 17 January 2020
78. SU BSc (Hons) nursing practice assessment of practice learning record – children's nursing year three, updated January 2018
79. SU BSc (Hons) nursing practice assessment of practice learning record – children's nursing year one, year two, year three, updated November 2019

80. SU BSc (Hons) nursing practice assessment of practice learning record – adult nursing year three, updated January 2018
81. SU BSc (Hons) nursing practice assessment of practice learning record – adult nursing year one, year two, year three, updated November 2019
82. SU children’s nursing practice module handbook, 2019-20
83. SU BSc (Hons) midwifery practice record of statutory experience and competence, undated
84. SU BSc (Hons) midwifery practice course committee meeting minutes/action plan 25 October 2018, 16 April 2019, 30 October 2019
85. SU pre-registration nursing course committee meeting minutes/action plan 31 October 2018, 27 February 2019, 23 October 2019
86. SU nursing simulation skills – timetables, lesson plans, presentations and learning resources
87. SU midwifery simulation skills – session plans, presentations and learning resources
88. SU midwifery improvements as a result of student feedback, undated
89. SU midwifery messages newsletter, January 2020
90. SU midwifery module handbooks – birth and the midwife; prenatal care and the midwife; promoting neonatal health, 2019-20
91. SaTH midwifery introduction to placement programme and presentation, undated
92. SU examples of interprofessional education, 2019
93. SU student midwife allocation to SaTH, 2018-19 and 2019-20
94. SU student nurse allocation to SaTH ED, 2018-19 and 2019-20
95. SU placement allocation list, student example and summary of placement providers, 21 January 2020
96. SU duty rota for students on midwifery and ED placements during the ER, 27 January 2020
97. SU mapping template for student practice learning journey – adult nursing, undated
98. SU and SaTH example placement pathways – adult and child nursing, 2019-20
99. SU midwifery placement pathway, 2019-20
100. SU profile of evidence of achievement of EU directives and field awareness, student guidance and documentation, September 2019
101. SU self-declaration of completion of practice and theoretical learning to meet the requirements/field awareness of EU directive, undated
102. SU completing students checklist for September 2016 midwifery cohort, updated 13 February 2020
103. SU completing students checklist for September 2016 nursing cohort
104. SU process of registration – nursing, 2019-20
105. SU example of student absence report, 21 January 2020
106. SU BSc (Hons) Nursing documentation audit template, documentary analysis email correspondence and completed examples, 28 January 2020
107. SU extracts from midwifery practice documentation and external examiner feedback, 11 November 2019
108. SU annual self-declaration of general good character and good health, November 2019
109. SU summary guidance for raising concerns and reporting incidents and associated flowcharts, undated
110. SU emergency incident notification process, undated

111. SU practice placement concern/incident record template, updated July 2019
112. SaTH datix reporting process flowchart, undated
113. SU FTP policy, procedure and letter templates, 8 August 2019
114. SU FTP report and SaTH addendum, 10 January 2019
115. SU appeals procedure, 8 August 2019
116. SU complaints procedure, 8 August 2019
117. SU academic conduct procedure and associated guidance, 8 August 2019
118. SU SUC involvement strategy 2017-20, updated November 2019
119. SU SUC involvement narrative, database, timetables, workshop, undated
120. SU and SaTH midwifery placement evaluations summary, undated
121. SU and SaTH ED placement evaluations summary, undated
122. SU PLA team annual report: SaTH, 2018-19
123. SU midwifery theory evaluations, 2018-19
124. SU ED placement evaluation response rates, 2018-19
125. SU midwifery placement evaluation response rates, 2018-19
126. SU placement evaluations checklist and dates, 2018-19; 2019-20
127. SU external examiner reports and CVs, 2018-19
128. SU strategic group presentation and meeting, 11 February 2020
129. SU NHS contracts and relationships manager meeting, 11 February 2020
130. SU nursing academic staff meeting, 11 February 2020
131. SU midwifery academic staff meeting, 11 February 2020
132. SU SUC involvement meeting, 11 and 12 February 2020
133. SaTH strategic meeting, 12 February 2020
134. SaTH strategic meeting – nursing, 12 February 2020
135. SaTH strategic meeting – midwifery, 12 February 2020
136. SaTH operational group meeting – nursing, 12 February 2020
137. HEE meeting, 13 February 2020
138. SU midwifery student meeting – year one, 11 February 2020
139. SU midwifery student meeting – year two, 12 February 2020
140. SU adult nursing student meeting – year two, 11 February 2020
141. SU child nursing student meeting – year two, 11 February 2020
142. SU adult nursing student meeting – year three (March 2017 cohort), 12 February 2020
143. SU adult nursing student meeting – year three (September 2017 cohort), 13 February 2020
144. SU child nursing student meeting – year three (September 2017 cohort), 13 February 2020
145. PRH nursing visit to ED, meeting with mentors/practice supervisors/practice assessors, duty rota, 11 February 2020
146. RSH nursing visit to ED, meeting with mentors/practice supervisors/practice assessors, duty rota, 12 February 2020
147. Midwifery visit to PRH, meeting with mentors/practice supervisors/practice assessors, students and service users, 11 February 2020
148. Midwifery visit to RSH, meeting with mentors/practice supervisors/practice assessors and students, 11 February 2020
149. Midwifery visit to Ludlow community team, meeting with mentors/practice supervisors/practice assessors, students and service users, 12 February 2020
150. Midwifery visit to Bridgnorth community team, meeting with mentors/practice supervisors/practice assessors, 12 February 2020

151. Midwifery visit to Wrekin MLU and community team, meeting with community manager, mentors/PSs/PAs and students, 12 February 2020
152. Midwifery visit to PRH, meeting with postnatal ward manager and outpatient manager, mentors/PSs/ PAs, 12 February 2020
153. Midwifery visit to Market Drayton community team, meeting with mentors/PSs/PAs and student, 12 February 2020
154. Teleconference with Whitchurch community midwifery team, 12 February 2020
155. Midwifery visit to Oswestry community team, meeting with mentors/PSs/PAs and service users, 13 February 2020
156. SU FTP meeting, 11 February 2020
157. SU escalating concerns and practice learning meeting, including narratives to illustrate process, 12 February 2020
158. SU education governance meeting, 12 February 2020
159. SU placement evaluation meeting, 13 February 2020
160. SU school health check and nursing and midwifery undergraduate course health checks, 10 February 2020
161. SU midwifery placement evaluation completion data, 2019
162. SU school academic committee minutes 13 September 2018, 7 November 2018, 9 January 2019, 5 March, 23 May 2019, 18 July 2019, 25 September 2019
163. SU complaints and appeals database and examples of informal complaints, accessed 12 February 2020
164. SU appeals, complaints and misconduct annual reports 2016-17; 2017-18; 2018-19
165. SU allocation of AAs, 12 February 2020
166. SU and SaTH removal of emergency department placement: exceptional report to NMC, 6 February 2020 and narrative regarding application of algorithm/risk assessment tool, 12 February 2020
167. SU practice learning hub collaborative working group action plan, 28 August 2019
168. SU school of health and social care business contingency plan, 16 June 2019
169. SU midwifery placement three-year plan, September 2019
170. SU school of health and social care role of practice learning allocation lead, undated
171. SU student placement change request proforma and notes of midwifery team meeting, 6 March 2019
172. SU Strategic meeting with LME, 12 February 2020
173. SU completed midwifery PAD, year one and year three, 13 February 2020
174. SU final year student midwives EU directive experience numbers of births, 13 February 2020
175. SU service user documents: SUC handbook, code of conduct, role descriptor, consent form, area of interest form and payment policy, undated

Personnel supporting extraordinary monitoring review	
During the review visit	
Meetings with:	
Mentors/sign-off mentors Practice supervisors/assessors	Nursing mentors, sign-off mentors, who have been prepared as PSs and PAs: four Midwifery sign-off mentors, who have been prepared as PSs and PAs: 11 Midwifery PS: one
Academic assessors	Six (adult nursing) One (child nursing) Four (midwifery)
Service users/carers	Nine
Senior managers of the AEI	Dean of school Associate dean (students) Head of department – nursing Head of midwifery and allied health Academic practice learning manager LME Shrewsbury site manager NHS contracts and relationships manager
Senior managers from associated practice learning partner	Chief executive officer, SaTH HR director, SaTH
Director/manager nursing	Eight
Director/head of midwifery	One
Education commissioners or equivalent	Two

Practice education facilitator or equivalent	Three
Other:	Senior lecturer midwifery: Three Lecturer midwifery: Two Midwifery practice learning fellow: One FTP panel coordinator: One

Meetings with students:

Student Type	Number met
Pre-registration midwifery - 36M	Year One: 35 Year Two: 17 Year three: five
Pre-registration nursing - adult	Year One: none Year Two: one+one* Year Three: 16+one* *(by telephone)
Pre-registration nursing - child	Year One: none Year Two: two Year Three: eight

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Issue record

Final Report

Author	Jan Bowyer	Date	7 March 2020
Checked by	Judith Porch	Date	9 March 2020

Approved by	Leeann Greer	Date	16 March 2020
Submitted by	Amy Young	Date	17 March 2020