

Greater Manchester Midwifery TPEP: Capacity Review and Placement expansion for Midwifery learners.

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TPEP – TARGETED PRACTICE EDUCATION PROGRAMME FOR NHS ENGLAND, GREATER
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- Tameside and Glossop Integrated Care (TGH)
- Stockport Foundation Trust (SFT)
- Wroughtington, Wigan and Leigh NHS Foundation Trust (WWL)

Glossary of Terms

AEI – Accredited Educational Institutions

CoC – Continuity of Care

GM – Greater Manchester

ICS – Integrated Care System

IPE – Interprofessional Education

MORA – Midwifery Ongoing Record of Achievement

MVP – Maternity Voice Partnership

PIVO – Private, Independent and Voluntary Organisations

RCM – Royal College of Midwives

T-levels - T Levels are an alternative to A levels, apprenticeships and other 16 to 19 courses.

Equivalent in size to 3 A levels, a T Level focuses on vocational skills (i.e., healthcare, nursing, and midwifery) and can help students into skilled employment, higher study, or apprenticeships.

TPEP – Targeted Practice Education Programme

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INTRODUCTION

The Midwifery Targeted Practice Education Programme (TPEP) was funded by NHS England (formally Health Education England) from 12th June 2023 – 4th March 2024 and the secondment was hosted by the University of Manchester (UoM). The funding supported the work of a Midwife (0.8 whole time equivalent) seconded from Northern Care Alliance (NCA) to review placement capacity within the Greater Manchester (GM) Integrated Care System (ICS) to lead and develop objective six of the TPEP proposal. Leadership from Dr Christine Furber (Senior Lecturer at the University of Salford) and Carol LeBlanc (GM PMO) was sustained throughout the course of the project.

The aim of the project was to operationalise a pathway for Midwifery learners that revealed how, when and where midwifery training capacity could be increased within GM to meet expansion requirements stated within the NHS Long Term Workforce Plan (NHS England, 2023). This will assist in addressing the shortage of Midwives within the workforce (RCM, 2022). A fundamental component of this is placement expansion, however, to analyse capacity in GM it was imperative to define what this looked like locally. The term capacity can be defined in several ways, and it has been unclear what definition has been utilised to model capacity historically (Markaki et al., 2020).

Borwell and Leigh (2021) describe capacity in terms of three interdependent conditions: function, size, and ability, which formed the outline of the definition used within this work. The results of this audit will form a local understanding of what capacity is for Midwifery learners and enable an exploration for expansion through the development of high-quality innovative learning opportunities. All of these will be able to be embedded within the updated Nursing and Midwifery Council (NMC) Midwifery Standards (NMC, 2023) and lend flexibility to new ways of working. For example, incorporating digital focussed solutions to enable Midwifery learners to achieve their proficiencies, (NMC, 2019) and become confident and competent Midwives who can work in all domains in the future.

Overall, this report provides a summary of potential pathways, capacity reviews and recommendations based on multiple scoping exercises over the last eight months.

Project phases:

1. To review existing capacity across the Greater Manchester system for Midwifery learners.
2. To consider pathways beyond traditional learning environments aligned with Midwifery proficiencies.
3. To explore opportunities for T-level learners.

This TPEP project was led by a steering committee consisting of a Midwife, GM PMO and Senior Midwifery Educator from within GM. This steering group met regularly to shape the objectives and formulate each phase of the project. Initially, the capacity audit (phase one) commenced with individual site visits with clinical stakeholders and the TPEP Midwife, as well as a series of online working groups. These included a rolling agenda item for TPEP at the monthly GM Midwifery Education Group, GM Learning Environment Quality Group, and the creation of a monthly meeting with the GM Lead Midwives for Education (LME).

Members of the steering committee created a series of focus groups to engage with Midwifery learners and service users from across the ICS. Implementation of phase two and three utilised the same online working groups to discuss and inform outcomes, as well as regular engagement with various leads from each trust's Specialist Midwives and several Private, Independent and Voluntary Organisations (PIVO) within GM.

OUTCOMES

Through collaboration the following plans have been undertaken and outcomes achieved:

- Individualised site meetings at each maternity provider within GM (Oldham, North Manchester, St Mary's, Wythenshawe, Wigan, Tameside, Bolton, and Stepping Hill hospitals) to understand current reported capacity figures, complete an audit tool and understand how learning environments within these NHS locations could be increased (e.g., utilisation of Specialist Midwives as spokes). Invitation of attendance was sent to Heads of Midwifery (HoM) services and Practice Education Teams. These meetings took place throughout July-September 2023 and discussed the introduction of different models of practice learning (i.e., GM Synergy/ Coaching, Digital Clinical Placements, and Indirect Supervision).
- Collaborative working revealed that there are several weeks in the year whereby multiple learners from each AEI are allocated to placement locations simultaneously, hence some weeks are oversubscribed with requirements for placements for learners. The creation of a task and finish working group consisting of members from each GM Accredited Education Institution (AEI) was established. A review of the year for each AEI during the next academic year 2024-2025 took place and the number of overlapping placement weeks has been reduced. This ensures that numbers of learner's placements requirements are spread more evenly across the year, hence there are now limited weeks with higher numbers of learners competing for experience. See appendix eleven for access to the overall year planner.
- Discussion and mapping of the number of births learners should achieve to meet the statutory experience requirement (i.e., facilitation of 40 personal births) (NMC, 2023) prior to qualifying was undertaken by the TPEP midwife and TPEP SRO. Outcomes were discussed with LME's and clinical stakeholders.
- It was agreed at the GM Midwifery Education Group that innovative models of practice learning (i.e., Digital Clinical Placements, and Indirect Supervision) should be considered in the future. GM Synergy was piloted within some trusts in 2019 (Leigh & Lyons, 2020), and it has been agreed that this model of practice learning, with particular focus on coaching should be encouraged within all GM Midwifery trusts on Antenatal and Postnatal ward areas initially.
- Placement capacity mapping was undertaken and discussed at the GM Midwifery Education Group, GM Learning Environment Quality Group and LME update meeting. This revealed areas of underuse of maternity practice learning and opportunities for learners to access additional high quality learning experiences. Based upon these discussions a directory of relevant spoke opportunities has been developed for each trust within GM. These spokes have been mapped to the Midwifery proficiencies (NMC 2019) to ensure that learners are able to progress with development of the underpinning knowledge and understanding of relevant skills required to register as a Midwife.
- A review of the Neighbourhood study activity was planned, developed, and executed that evaluated learner's and practice supervisors' experiences. This is utilised by all GM trusts hosting learners from the Universities of Manchester and Salford. It underpins a public health pathway with relevant community profiling knowledge and understanding for Midwifery learners. Use of the Neighbourhood Study increases capacity by three learners per year based on 180 participants and reduces pressure on community Midwifery learning environments. This led to the development of regional collaboration and engagement for

non-midwifery spoke placements as per phase two of the project. The qualitative and quantitative evaluation data has shown that engagement in this placement has not only increased capacity, but also enhanced the confidence and self-efficacy of Midwifery learners when in clinical practice. Please review appendix one for the full report and evaluation.

- A project was agreed, developed, and planned to consider pathways beyond traditional learning environments but also aligned to the achievement of Midwifery proficiencies (NMC, 2019). A further directory was established to highlight these opportunities within GM. Each PIVO placement has been mapped to NMC Proficiencies (NMC, 2019) and pilot proposals co-created with each agency lead. These opportunities may increase capacity in the future whilst enhancing the learner's knowledge and understanding of holistic care.
- Upon completion of the capacity review a 12-month rostering model was developed based on the principles and evaluation of a similar model used at Liverpool Women's Hospital. This has the potential to unlock further capacity within existing GM midwifery placements based upon allocation of learners to specific shifts dependent on minimal staffing levels.
- This innovative rostering model will ensure that learners are allocated to each shift to enable experience across the 24-hour day and 7-day week. This will also ensure that capacity is always maximised.
- A project for an innovative digital learning pathway was approved and the plan for a pilot Midwifery Digital Clinical Placement has been proposed. This has been led by the TPEP Midwife and enhanced by creating a weekly stakeholder steering group and expert advisory group, which includes representatives from local trusts, universities, local maternity services, NHS England, service users and learners. This pathway is centred on the topic of loss (i.e., bereavement care and neonatal and maternal mortality) and will be a high-quality learning environment that addresses limitations in learning environment capacity within the placement circuit. This innovation enables multiple learners to access specialist Midwifery clinical experience in an equitable way, thus creating additional capacity within maternity placement areas.
- Regional collaboration with the Northwest Research Network was enabled to support a review of research knowledge acquisition and a research pathway within the Midwifery curriculum.
- An additional project has been funded by the Greater Manchester and Eastern Cheshire Strategic Clinical Network (SCN) and is under development that plans to increase interprofessional education (IPE) between Physiotherapy and Midwifery learners in antenatal and postnatal clinics within GM. This includes the inclusion of technology-based project development for learners in the form of synchronous digital learning and mobile application development for learners and service users. This is due to be trialled and led by the TPEP Midwife within the GM ICS from March-September 2024.

The NHS Long Term Workforce Plan (NHS England, 2023) states that this placement scoping work is essential as it will inform the extent of education and training expansion required by 2028/2029. It is predicted that expansion is necessary to meet the shortfall of Midwives within the workforce.

Phase one of the of the project exposed the potential to increase capacity for GM Midwifery learners throughout the traditional maternity placement circuit in the academic year of 2023-2024. The audit demonstrated that there could be 369 additional shifts per week within traditional

midwifery placement areas (antenatal, postnatal learning environments for example). This creates the potential to accommodate up to an additional capacity of 123 learners per week across all GM Sites based on each learner requiring 37.5 clinical hours. For a breakdown at each provider site please review appendix three. This expansion excludes the inclusion of non-midwifery placements such as Neonatal and Gynaecology that are embedded into the pre-qualifying midwifery programmes, as well as the addition of elective and spoke learning environments within each trust (i.e., with Specialist Midwives). However, further detailed examination with a specific focus on intrapartum learning environments will be needed to conclude finalised capacity expansion numbers. This is because intrapartum experience and proficiencies are predominantly achieved on labour wards and birth centres.

Overall, the following key recommendations have been informed throughout the explorative stages of the workstreams.

RECOMMENDATIONS

1	To meet Midwifery practice learning placement expansion requirements within GM as per the NHS Long Term Workforce Plan (NHS, 2023) the role of the TPEP Midwife funding should be extended for at least 12 months, full time. A robust scoping and engagement exercise has taken place of potential PIVO (Midwifery and Non-Midwifery led) placements that could facilitate Midwifery learners. These mapped proposals need to be piloted and evaluated with a small cohort of Midwifery learners. Once evaluated these can be organised into various pathways for Midwifery Learners (i.e., public health, mental health, pelvic health, and research).
2	Consider collaboration between GM AEI's and Practice Education teams to pilot learning environments identified within the PIVO Directory.
3	To develop a register of Practice Assessors and Practice Supervisors within GM for oversight of supervision numbers and to log a database of trained staff at various increments within the year.
4	The GM Learning Environment Quality Group to implement the proposed 12-month rostering model via a task and finish group. This workstream should feedback into the GM Midwifery Education Group. Provisional Rota's developed within TPEP project can be used for this purpose and will be disseminated to stakeholders.
5	All Midwifery placement areas to adhere to pilot a 12-month rostering model that utilises practice supervision as stipulated within the Standards for Student Supervision and Assessment (SSSA) (NMC, 2019). This is to be supported by the implementation of Electronic Rostering that should be mandatory for all GM trusts. Explore the possibility of learners being present on the Electronic Staff Record (ESR) to manage allocation to shifts within practice learning environments.
6	Consider an annual capacity audit of existing maternity placement areas across GM with close attention to: <ul style="list-style-type: none"> a. Changing patterns in staff: learner ratio and shifts available per week. b. Continuing the GM AEI working group amongst the University of Manchester, Bolton, and Salford to annually map allocations and academic

	<p>year planning from theory and practice perspectives utilizing a fair share model.</p> <ul style="list-style-type: none"> c. Mobility of learners to access learning opportunities and manage capacity across GM AEI's and NHS partner organizations. A process whereby AEIs can share capacity across trusts depending on capacity and preferences of their learners should be flexible and reviewed annually. d. Consider the incremental increase in GM Midwifery learners following an increase in learners per year. For example, 2024-2025 is currently forecasted to have 121 more learners than in 2023-2024. e. Review the optimal time required on intrapartum learning environments in relation to acquiring 40 personal births as per statutory requirements. Further investigation is essential regarding this as preliminary evidence indicates there is not a positive correlation between hours spent on an intrapartum placement and birth acquisition. It is important to gain a better understanding of this as it may impact the expansion of Midwifery learners within the system. f. Revisit the possibility of learners having a spoke, hub, or elective community midwifery placement with Macclesfield Hospital Maternity Services. This opportunity requires further negotiation between clinical leads, GM AEIs, and the University of Chester if to be proceeded. An NMC programme modification would be required to enable a GM AEI to use this NHS provider trust as a hub or spoke placement. g. Mandating triage as a hub placement at all GM trusts. h. Exploring opportunities within rural midwifery placements (i.e., High Peak Midwifery teams) in line with additional travel and accommodation funding (NHSBSA, 2023). i. The utilization of NHS spoke learning environments. j. Implementation of a culturally considerate curriculum that covers 52-weeks of the year rather than 50 (i.e., annual closure of AEIs at Christmas). One GM AEI operates an on-call system to enable learners to access clinical placements over the AEI closure period.
7	Annual review of the GM spoke directory and completion of an evaluation of its' efficacy amongst learners, clinical and academic stakeholders.
8	Continue development and evaluation of the impact of digital-based practice learning opportunities including the bereavement Digital Clinical Placement (DCP) and IPE for pelvic health in maternity care. Explore optimal methods to prepare learners for accessing these novel learning environments.
9	For the coaching model within GM Synergy and Digital Clinical Placement (DCP) to be embedded as a model of practice learning specific to Midwifery and obtain funding for a robust evaluation. These models serve to increase capacity but have the potential to enhance

	learning quality and aid transition on the learner's journey to becoming the future midwifery workforce, specifically in relation to enhancing confidence within the role of the Practice Supervisor.
10	Develop the role of a Midwife specific Practice Education Facilitator at each GM trust to deliver the Standards for Student Supervision and Assessment (SSSA) (NMC, 2019) and support quality practice learning opportunities and an increase in capacity (i.e., piloting PIVO opportunities and the 12-month rostering model).
11	Explore the role of specialised and senior midwives (e.g., governance and safeguarding) to be Practice Assessors, Supervisors and spoke learning environments as a GM standard. This process to include providing supervision and support to band 5 midwives regarding signing off learner proficiencies.
12	Collaborate nationally and locally in auditing how research is embedded into Midwifery Programmes. Explore the development of a research placement pathway for Midwifery learners to bridge the gap between Research and Clinical Practice to unlock capacity and ignite workforce development of Midwifery led research.
13	To complete a second annual evaluation of the Neighbourhood Study in September 2024 to explore its validity and capability to expand capacity as a spoke experience for Midwifery learners on community placements.
14	Collaborate nationally to develop opportunities for GM Midwifery learners to exchange placements as part of a leadership pathway with AEIs in other parts of the UK. Initial conversations with the LME at the University of Bangor have taken place between the TPEP Midwife and SRO. The University is interested in exploring this to enable GM Midwifery learners' exposure to rural Midwifery and for learners based in North Wales to experience urban Midwifery. It is proposed that this could provide a leadership pathway for Midwifery learners through exposure to different NHS trusts and systems.
15	Work in partnership with Neonatal clinical stakeholders and Children and Young People (CYP) programme leads to plan, develop, and deliver an IPE pilot programme. Midwifery learners to work within a synergy model with CYP learners whilst on the Neonatal placement.

PHASE ONE: CAPACITY REVIEW ACROSS THE MIDWIFERY PLACEMENT CIRCUIT AND EXPANSION

Partnership working between NHS provider Trusts and AEIs is crucial when considering measuring provision in learning environments. Central to this quality assurance process is regular mapping of capacity within Midwifery practice learning environments. As part of the TPEP project multiple working groups were convened to address this, please review section entitled: Research and Promotional materials for an overview of the site visits and a timeline of network collaborations used to achieve completion of this phase.

Historically, placement capacity was based upon the previous NMC requirements that Midwifery learners worked with a mentor for at least 40% of their practice time (NMC, 2008). However, a change to the Midwifery Education Standards in 2019 introduced the SSSA Model, whereby a specified measurement of continuity between practice supervisors and learners is not clear. The new regulations state that there should be 'sufficient coordination and continuity of support and

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supervision of students to ensure safe and effective learning experiences’ (NMC 2019 2.3 page 7). The proposed mapping tool did not aim to alter pre-existing capacity figures, but to explore holistically how capacity can be expanded with full embodiment of the SSSA Model, (NMC, 2019).

With consent, the project used a capacity audit tool created and published by Neesha Ridley and Clare Boag in 2020 as part of the Midwifery Expansion Programme (MEP). The TPEP Midwife hosted an initial consultation and site visits with Midwifery learners, clinical and academic stakeholders in June 2023 to review and adapt this tool to meet the specific requirements of the GM footprint. Following this focus group, thematic analysis was used to ascertain the key criteria required for a robust audit of Midwifery placement capacity (Braune & Clarke, 2017). Please review appendix two to explore the development of the tool and discover which questions were asked to obtain the necessary information to audit GM Midwifery capacity.

Method of Evaluation and Measurement

The adapted audit tool was used to map unused capacity in existing maternity areas with a focus on discovering:

- Unused practice learning opportunities within each GM NHS maternity provider.
- Midwifery staffing levels and obtaining a specified number of learners who could be assigned a practice supervisor per shift based on minimal staffing before a unit would need to be temporarily closed (i.e., diverted).
- A register of Practice Assessors and Practice Supervisors that included senior and specialist midwives.
- How many non-midwifery learners utilised the placement circuit for spokes (i.e., nurses, paramedic, physiotherapy etc.).
- Explore alternative models of learning used at each site (i.e., coaching, synergy, indirect supervision etc.)

To complete the tool the TPEP Midwife completed various site visits at each GM Maternity provider. The Head of Midwifery (HoM) services, their deputy, and the Practice Education Facilitators (PEFs) were invited to these meetings. The TPEP Midwife also completed a tour of all maternity placement areas to review rostering systems and processes.

One provider required an online consultation to complete the audit. There were additional meetings and emails exchanged with the PEF teams at incremental review points to obtain the necessary audit information. These were completed via Microsoft Teams and a list of the meetings can be found in the section entitled: Research and Promotional Materials. As findings progressed, they were reflected to PEF teams and discussed at the GM Midwifery Education and GM Learning Environment Quality Groups monthly. The responses from all clinical stakeholders were positive and supportive throughout.

Results of the evaluation

The audit process facilitated the identification of additional learning environment capacity within the responding NHS Trusts throughout GM. Please review appendix three for the full data capture of where capacity can be increased. There is a summary of this information in the table below:

Table 1: A table to show the summary of audit findings.

*	Audit Completion	Antenatal	Intrapartum	Postnatal
Site 1 Bolton <i>(potential to increase capacity in this trust predicted by an NMC Action Plan that is due to be reviewed in Spring 2024).</i>	27 th June 2023 & 5 th July 2023	Increase possible capacity within Antenatal Ward area only (no expansion in community or ANC). <i>Triage was not open as a hub placement at the time of the audit. However, this has become an option for March 2024 onwards pending successful audit. Therefore, increasing capacity further by 2 learners per week.</i>	Potential for an increase of two learners on delivery suite and two on the birth centre.	Increase possible within Postnatal Ward area and specialist midwives as per spoke directory.
Site 2 Stockport	3 rd July 2023 & online discussion	Increase possible within Antenatal Ward area only (no expansion in community or ANC).	Potential for an increase of two learners on delivery suite and two on the birth centre.	Increase possible within Postnatal Ward area and specialist midwives as per spoke directory.
Site 3 Oldham	4 th July 2023 & 12 th July 2023	Increase possible within Antenatal Ward area only (no expansion in community or ANC).	Potential for one more learner on Intrapartum placements.	Increase possible within Postnatal Ward area and specialist midwives as per spoke directory.
Site 4 Tameside	10 th July 2023 & 19 th July 2023	Increase possible within Antenatal Ward area only (no expansion in community or ANC).	Potential for four more learners on Intrapartum placements.	Increase possible within Postnatal Ward area and specialist midwives as per spoke directory.
Site 5 ORC MFT	24 th July 2023 & MS teams	Increase possible within Antenatal Ward area, AAU, and triage (no expansion in community.)	Potential for four more learners on Intrapartum placements.	Increase possible within Postnatal Ward area, including EPR and specialist midwives as per spoke directory.
Site 6 NMGH MFT	25 th July 2023 & MS Teams	Increase possible within Antenatal Ward area only (no expansion in community or ANC).	Potential for four more learners on Intrapartum placements.	Increase possible within Postnatal Ward area, and specialist midwives as per spoke directory.
Site 7 Wyth MFT	MS Teams	Increase possible within Antenatal Ward area only (no expansion in community or ANC).	No potential for expansion on intrapartum areas.	Increase possible within Postnatal Ward area, and specialist midwives as per spoke directory.
Site 8 Wigan	21 st August 2023 & MS Teams	Increase possible within Antenatal Ward area only (no expansion in community or ANC).	Potential for one more learner on Intrapartum placements.	Increase possible within Postnatal Ward area, and specialist midwives as per spoke directory.

**For all sites placement areas with specialised midwives and triage units were identified which demonstrated a potential to increase capacity. Full details per trust can be found in the GM Spoke Directory within appendix four.*

Throughout the working groups a collaborative decision was made to complete an additional review of capacity in relation to core Midwifery learning environments and ascertain where capacity can be expanded. This process utilised the audit data captured regarding minimal staffing to learner ratios. This additional mapping exercise unreservedly facilitated the recognition of supplementary practice learning environment capacity.

Interestingly, across all trusts core Community Midwifery placements could not be expanded. This is discussed within the challenges section of this report, however many of the identified areas of unused capacity were highlighted within antenatal Specialist Midwifery services. It is proposed that these opportunities, as well as pathways discovered within phase two could be mandated as spokes within the community allocation. For instance, the audit discovered additional community-based capacity within the two High Peak teams at Stockport NHS Foundation Trust. This placement is significantly underutilised, partly due to its' rural location acting as a barrier for learners to access it. From 2023 there was additional funding available for Midwifery learners via the NHSBSA for travel and accommodation expenses. It is proposed that learners are supported by their academic assessor and clinical supervisors to use this and undertake a spoke or hub placement within the High Peak to access community midwifery experiences.

Additionally, the TPEP Midwife has liaised with the Midwifery clinical leads at Macclesfield Hospital and there may be availability for GM Midwifery learners to complete elective or spoke community placements specifically. This opportunity requires further negotiation between clinical leads, GM AEIs, and the University of Chester if to be proceeded. An NMC programme modification would be required to enable a GM AEI used this NHS provider trust as a hub or spoke placement. This action will be handed over to the GM Learning Environment Quality Group to explore further. It is important to note that the opening of Macclesfield Maternity Unit in 2023 may impact the capacity at Stepping Hill Hospital (Stockport NHS Foundation Trust) as some staff members left this trust to work at the re-opened unit. Further, there may be a decline in the birth numbers and activity at Stockport as a result, thus communication across the border of GM and Cheshire and Mersey will be required.

Evident in the audit response was that triage is not used as a mandatory learning environment for Midwifery learners. This was discussed at the GM Midwifery Education Group, and it has been agreed amongst clinical and academic stakeholders that Triage provides a unique and essential practice learning opportunity regarding clinical decision making and interprofessional care planning for Midwifery learners. As a result, this will be standardized throughout the GM NHS provider Trusts. There remains one trust which requires a placement audit update for Triage, which is forecasted to take place in March 2024. This would add an additional learning environment capacity for that trust of two learners per week.

There is a potential to increase capacity within GM Midwifery learning environments by 123 learners per week, of which can be increased further with the consideration of a widespread utilisation of spoke placements. Based on the audit calculation of the maximum number of learners per shift across GM traditional midwifery placements, there is potential of an additional 369 available shifts for learners to be rostered to. Working on the assumption of learners requiring 3 long shifts per week (i.e., 37.5 hours) the excess shifts equate to potential capacity for up to 123 additional learners. As previously noted, placement pathways for learners that incorporate adequate

intrapartum experience is required to confirm final numbers of increase in capacity. Please review appendix three to explore where the additional shifts and capacity has been generated per ward area per trust. For a breakdown of the total shifts available per week across GM respectively please also review the AEI stacked planner document within appendix eleven.

Nonetheless, this expansion is based on a rostering model that requires all learners to complete an equal amount of shift patterns within a 24-hour, 7-day week rotation that covers 52 weeks of the year. However, only learners from the University of Bolton (UoB) complete placements over the course of the entire year as UoM and UoS close for an annual Christmas Holiday. This is facilitated by UoB using an on-call system of support with their academic assessors for learners. It has been recommended that this is reviewed by the other AEIs in GM to accommodate greater capacity and to be mindful of cultural differences regarding holiday options. One limitation of this approach is that it does not account for the number of GM learners who may be unable to work night shifts due to health conditions. Therefore, the rostering model requires further development and evaluation after being piloted.

Table 2: A summary of reported and expanded capacity using traditional Midwifery placements per trust.

Trust	Reported Capacity (week)	Extended Capacity (week)
ORC	135	184
NMGH	68	78
Wyth	70	90
Stockport	52	58
Wigan	46	49
NCA	79	89
Bolton	94	111
TGH	40	48
Total	584	705

Rostering Model Recommendation

The TPEP project has proposed a 12-month rostering model that can be piloted within the region. The GM Learning Environment Quality Group has been recommended to implement the proposed 12-month rostering model via a task and finish group. This workstream should feedback into the GM Midwifery Education Group. Please see appendix five for the provisional Rota's that be used for this purpose.

The success of this model has been demonstrated at Liverpool Women's Hospital over the last three years. A key component to this has been the inclusion of learners on the hospitals E-Rostering system. Once learners are visible on the Electronic Staff Record (ESR) they can be allocated to shifts within the online provisional Rota so there is a single point of oversight. At present, GM trusts utilise multiple processes to complete rostering for learners. These vary from paper off-duties to emails and posts on social media pages. There is a safety risk with this, as it is not always apparent to the practice supervisor and ward manager which learner should be on shift at any time, which has the potential to cause vulnerability for learners within the system. For clinical governance purposes it is vital that a single-point record of when learners are on duty is developed (Leigh & Roberts, 2021).
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Therefore, the implementation of Electronic Rostering should be mandatory for all GM trusts as it will enable compliance with the General Data Protection Regulation (GDPR).

Within the learner focus group it was reported that learners would prefer advance notice of their shift patterns and that they would be happier knowing their peers received a fair share of night and weekend shifts. A theme emerged that linked this to their well-being. Given that there is a national increase in the number of learners struggling with their mental health and well-being (Eaves & Payne, 2019) it is important that the allocation of practice learning environments enables a reduction in stress by ensuring prior notice. Learners would be allocated a practice supervisor on each shift. It is likely that learners will have the opportunity to work with the same named supervisor across shifts because the proposed shift patterns follow three-night shifts or two long days consecutively. The model improves equity of access to shifts containing anti-social hours (i.e., weekend shifts) amongst learners.

Similarly, this helps to embed a positive culture of equality and may reduce negative discourse amongst learners regarding their off-duty allocations (Pendleton, Clews & Cecile, 2022) and supports learners who need to plan for childcare and other caring responsibilities (Brook & Kemp, 2021). The advance notice of shifts has been associated with reduced fatigue levels and improved satisfaction ratings reported by staff in the ambulance service (Horvat et al., 2020). Nevertheless, research on this topic is limited and further innovation and evidence is required to ascertain its applicability and benefits for Midwifery learners.

AEI Collaboration Network

The audit uncovered several weeks in the year whereby multiple learners from each AEI are allocated to placement locations simultaneously, hence there are some weeks with excess availability for learners as they are underutilised. The creation of a task and finish working group consisting of members from each GM Accredited Education Institution (AEI) was established to explore this. A review of the year for each AEI during the next academic year 2024-2025 was completed and a mapping tool developed to illustrate a reduction in overlapping placement weeks. This strategy will ensure that learners clinical experiences are spread more evenly across the year and with limited weeks with higher numbers of learners competing for experience.

It is recommended that this working group continues beyond completion of the TPEP project and repeated annually as part of the capacity audit. It would be advantageous for this network to also assess the mobility of learners to access learning opportunities and manage capacity across GM AEI's and NHS partner organizations. A process whereby AEIs can share allocations across trusts depending on capacity and preferences of their learners should be flexible and reviewed annually. Thereby, rather than having a dedicated number of learners allocated to one trust from a specific AEI that does not change (e.g., if UoS has an allocation of 10 learners at NCA, but in the following academic year they would benefit from having 8 learners there and UoM can take the remaining 2 places).

A theme that was present following the audit and learner focus groups uncovered significant concern in relation to intrapartum placement allocations. There is inequity across the GM AEIs regarding how much time a learner is allocated to an intrapartum learning environment. Further work is required to explore if there is a positive correlation between placement exposure and acquisition of birth facilitation for learners, however it is promising that collaborative allocation of learners will enable a fair share of intrapartum placement allocation in the future. As previously stated, if the proposed 12-month rostering model was utilised, it has the potential to increase capacity by 369 shifts per week across GM. Of these, 66 shifts are within intrapartum placement

areas. Please review the table below that exemplifies the excess shifts per week for each trust within intrapartum areas only.

Table 3: A table to show additional intrapartum capacity by utilising all shifts.

	Additional shifts: DS/LW	Additional shifts: BC	Total
Stockport	6	6	12
Bolton	6	6	12
ORC	12	0	12
NMGH	9	3	12
Wyth	0	0	0
Tameside	9	3	12
Oldham	0	3	3
Wigan	3	0	3
			66

Consequently, there is potential to increase capacity within this area, but further exploration is essential prior to the execution of expansion plans. The GM collaborative working groups should be mindful that this is an anxiety provoking topic amongst learners (Pezaro, Clyne & Fulton, 2017) and the audit data corroborated this through learner feedback within focus groups.

It was highlighted within the collaboration network that Labour Ward Coordinators could be key stakeholders to support learners in obtaining the relevant intrapartum experiences and births required. Their role provides a unique helicopter view of learners which ensures they can deploy learners towards birth experiences on shift. Recently there has been a national framework launched that recognises the need for Labour Ward Coordinators to have appropriate training and ongoing development, particularly about culture and safety standards within maternity (NHS England, 2024).

The TPEP Midwife explored the number of births that occurred per trust to ascertain the probability of each GM learner achieving 40 personal births as per the NMC requirement (NMC, 2019). The table below shows the data captured. For this work the NMC definition of what is included as a normal birth (i.e., one of the forty personal births) has been utilised. This includes premature births <36 weeks gestation, twins, and stillbirths.

Table 4: A table to illustrate numbers of birth available for learner midwives in Greater Manchester.

Maternity Unit	Reported Capacity on DS/LW	Number of births in accordance with NMC requirements* (2022-2023)	Births per week based on 52-week period of utilisation of academic year	Number of learners at each trust (2023-2024)	Births per learner according to full capacity being utilised. Births per week / full capacity	Births per learner each week
Oldham (NCA)	23	2789	53	123	53 / 23 = 2.33	2
Stockport	12	1512	29	53	29 / 12 = 2.4	2
NMGH	15	1964	37	77	37 / 15 = 2.46	2
ORC	33	3578	68	178	68 / 33 = 2.06	2
Wythenshawe	18	2277	43	81	43 / 18 = 2.38	2
Bolton	18	2587	49	80	49 / 18 = 2.72	2
TGH	10	1344	25	38	25 / 10 = 2.5	2
Wigan	12	1306	25	30	25 / 12 = 2.08	2
Total	141 (capacity)	17, 357 per year	329 per week	660 = 26 each		

Based on these figures each learner within Greater Manchester can achieve 40 personal births within their time (9 – 10 weeks each year) on an intrapartum placement over the course of their programme (either 3 year or 2 year). There is potential to achieve two births per learner per week. This includes learners on pre-registration (3 year) and post-registration (2 year) courses. However, this data does not account for the varying number of supernumerary international Midwives and preceptorship Midwives in the system. Inevitably, this will impact the access learners have to facilitate births on shift. It is important that this work receives further investigation via the GM working groups to understand these figures going forward.

In the academic year 2024-2025 it is forecasted that **there will be an increase of 121 learners from the year 2023-2024**. Despite this increase learners still have the potential to access two births per week based on the number of births per trust for the year 2022-2023. It is recommended that this is reviewed annually by the AEI Collaborative Network in line with the additional recommendation for AEIs and clinical stakeholders to support Labour Ward Co-ordinators in their role to enable learners acquire the relevant birth proficiencies.

Conclusion

Overall, completion of the capacity audit has been beneficial in identifying additional learning environment capacity across the GM region. The discussions and ongoing reviews within the GM Learning Environment Quality Group have been pivotal in this phase. For the audit to be repeated

annually it is essential that this group and collaboration between clinical and academic leads in Midwifery continues. We discovered that identification of practice assessors and supervisors was complex and not necessarily informative of maternity capacity expansion. Staff members rotate and variation within the Midwifery workforce is dynamic, thus additional research is required to assess the value of creating a live register locally.

In the future, the capacity audit tool could be completed electronically via a nominated clinical and academic lead from within the GM Learning Environment Quality Group. This may reduce the time taken to complete the audit. This approach would enable PEFs and clinical midwives to have greater oversight of the tool. By completing it themselves qualitative feedback could be gathered to evaluate the tool and implement any changes prior to the subsequent audit. It would be beneficial to review the audit following a pilot of the 12-month rostering model to explore the impact it has made. This model utilises all elements of the SSSA Model (NMC, 2019) and may feel different for staff and learners who are compliant with assigning named supervisors for a block placement rather than per shift. Themes obtained from our focus groups during the project have shown that this area requires additional attention and several preparatory workshops for staff and learners should take place prior to commencing the 12-month rostering approach.

PHASE TWO: PRINCIPLES FOR NEW PLACEMENT PATHWAYS

There is an increasing demand on growing the number of learners and Midwifery workforce nationally (RCM, 2022), consequently, a robust way of measuring and increasing capacity is vital to unlock potential of unused resources across the GM network. Another way of exploring capacity expansion is to discover alternative pathways and learning environments for Midwifery learners outside of the traditional placement circuit. Dynamic and efficacious learning environments are defined as ones that provide meaningful experiences which enable a learner to meet learning proficiencies (NMC, 2019), whilst feeling psychologically safe (Hardie et al., 2022). These proficiencies can be met in a variety of ways in clinical practice; given that placements provide appropriate support and supervision that is underpinned by a predictable learning environment with clear goals (Folkvord & Risa, 2023).

The adoption of a coaching model (Power & Wilson, 2018) has meant that learners can work in different environments that span the lifecycle of pregnancy and birth to achieve learning outcomes. In line with the Future Midwife vision (NMC, 2019), Midwifery education standards were adapted to be inclusive of such practice learning opportunities. Therefore, to meet proficiencies as per domains one, two and three of the Standards for Proficiency of Midwives (NMC, 2019), learners require access to placements within different environments such as, public health agencies, homelessness support charities, community groups and health visitors etc. One pathway example could be an interprofessional pathway for Midwifery and Physiotherapy learners, which has been proposed within this project. This serves to enable Midwifery learners to have exposure to pelvic health knowledge and acquisition through a collaborative placement outside of the maternity circuit. Please review the Reflections and Next Steps section of this report for further information regarding this pathway specifically.

Method of Evaluation and Measurement – The GM Spoke Directory

As per the TPEP key performance indicators it was essential to complete a scoping exercise beyond the initial audit to ascertain innovative areas for capacity building. The TPEP Midwife utilised existing working groups to explore which NHS and PIVO opportunities could be utilised as practice learning environments for Midwifery learners. This workstream was divided into two stages. The first stage

was to create a spoke directory of NHS spoke placements per GM NHS Trust provider. Its development was based upon the EMPOWER (Empowering Midwifery students to access Practice learning Opportunities which are Women centred, Engaging and Relevant) directory created by Susan Tweddell at Northumbria University supported by Clare Boag in 2021.

To create the trust specific spoke directories the TPEP Midwife utilised data captured from the phase one audit, held subsequent meetings with PEF teams via Microsoft Teams and collaborated with GM clinical midwives, as well as service users and learner Midwives via focus group communication. Once created these were shared with the PEF and the HoM services at each site and agreed.

The second stage of the spoke directory development enlisted the inclusion of spoke opportunities within the PIVO sector and advancement of potential future Midwifery pathways. It is important that learners are informed of spokes with these partner agencies, as Midwives commonly work with them in practice to provide holistic and universal care throughout the pregnancy and birth continuum. To achieve this the TPEP Midwife engaged with multiple PIVO agencies throughout the duration of the project and developed pilot proposals mapped to Midwifery learner proficiencies. These were shared at the GM LME monthly update and GM Midwifery Education and Learning Environment Quality Groups to be approved for further development. Below is a table to show the agencies approached within this phase. All contact details of those interested in hosting placements for Midwifery learners are contained within the directory.

Table 5: A table to illustrate the meetings held regarding potential for spoke placements.

Meeting date	PIVO & NHS Agency interested in hosting spoke placements for Midwifery Learners.
21 st June 2023	Digital Clinical Placement Leads – Alison Sanneh – The Christie Hospital
22 nd June 2023	NEST Specialist Midwife – Jennier Morrison
2 nd July 2023	Genomic Midwife – Waheeda Abbas
14 th August 2023 & 6 th September 2023	Alcohol Exposed Pregnancies – Rachel Nielson
14 th August 2023	Midwifery at the University of Bangor – student placement exchange – Dr Sheila Brown
15 th August 2023 & 31 st August 2023	Nutrition and Healthy Pregnancies – Promoting Healthy Lifestyles – Zoe Nielson
15 th August 2023	Manchester BME Network – Cultural learning environments
16 th August 2023	Public Health Pathways – Susan McAuliffe
21 st August 2023, 5 th September 2023 & 21 st November 2023	Research Midwife Spoke Placements
24 th August 2023	Infant Feeding Placements – NCA – Lead Midwife Wendy Blackwood
21 st August 2023	Styal Prison Midwife – Melanie Ballard
21 st August 2023	Smokefree pregnancy – Andrea Metcalfe
27 th September 2023	BOOBS – Bf support service in Bury and GM
27 th September 2023	Dads Matter
27 th September 2023	Home Start – Sarah Cook
2 nd October 2023	PIMH services in GM & Psychological services in GM (Karren Murray)
5 th October 2023	Mums Matter – Charli Headley
9 th October 2023	Research and Senior Midwife Opportunities with Consultant Midwives – Kylie Watson (MFT)
17 th October 2023	Neonatal & CYP Projects – Kim Edwards, Lisa Viola & Cassie Swire
1 st November 2023 & 4 th December 2023	CAHN placements – Equity Action Plan - Dr Faye Bruce & Bimpe Kuti.

2 nd November 2023 & 8 th December 2023	Private Antenatal and Postnatal Midwifery Services (pregnancy circles) – Abigail Latif, Maternal Matters
2 nd November 2023	Infant feeding spoke placements – MFT & WWL
7 th November 2023, 13 th November 2023 & 30 th November 2023	Manchester Fertility Clinic - Samantha Potts & Kirsty Turner
8 th November 2023	Infant feeding spoke with specialised HV – WWL
10 th November 2023	Primary care GP spokes in Bolton – Sarah McAree
13 th November 2023	Pelvic Health Leadership placements – Aneleigh Scholfield
27 th November 2023	Pregnancy Sickness Charity - Lindsay Salmon
28 th November 2023	Mental Health placements – PHHS & PIMH GM
11 th December 2023 & 19 th January 2024	Finding rainbows – bereavement charity
20 th December 2023	Perinatal specialist Mental Health Services – Wythenshawe MBU
5 th January 2024	Shared health foundation – The Crib (public health spoke opportunity for Midwives)
8 th January 2024	ZEST Independent Midwives - Tracy Thomas & Katy Shay
9 th January 2024	Spoons – Neonatal Chairty
10 th January 2024	Mummy's star charity
18 th January 2024	NUPAS Termination services Manchester
18 th January 2024	Marie Stopes Termination services
21 st January 2024	IPE placements for Midwifery and Physiotherapy learners
1 st February 2024	Occupational Health placements
2 nd February 2024	SANDs charity – Lisa Rich

Results of the evaluation – The GM Spoke Directory

Please see appendix four to review the spoke directory document which includes the results as a breakdown per trust and the PIVO directory proposal. The spoke learning environments have been mapped in line with the six domains of the NMC Standards for Proficiency for Midwives (NMC, 2019) and linked to proficiencies as they appear within the MORA document. The standards of proficiency for Midwives aim to provide AELs and their practice learning partners with the flexibility to develop innovative approaches to education for Midwives, while being accountable for the local provision and management of approved pre-registration Midwifery programmes in line with the standards (NMC 2019).

The intended action for this directory is to enable Midwifery learners to explore the relevant learning opportunities within GM that can be utilised as supplementary practice placements. With support from named academic and practice assessors' learners can use this resource to direct their own practice learning experiences and obtain spokes that enable them to meet their individualised proficiency and learning requirements. There is a variety of practice learning opportunities ranging from individual spoke days to one-week placements and elective block options. All of which serves to expand placement capacity throughout GM. Central to the role of the Midwife is working within a remit of practice as per the NMC Code (NMC, 2018), thus is it essential that learners are aware of how midwives' signpost to and work with PIVOs, Specialist Midwives and other health care professionals within the wider multidisciplinary team (e.g., social services and Charities).

Conclusion

Unfortunately, the audit demonstrated that there is hesitancy from some specialist midwifery areas regarding hosting a spoke placement for Midwifery learners. As part of the NMC Code of Practice (NMC, 2018) and role specifications (personal communication with Heads of Midwifery Services 13th February 2024) all registrants have a role in educating the future Midwifery workforce. It is

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recommended that future work investigates this culture further and clinical leads support the notion of enabling all specialist and senior Midwives to support learners in clinical practice. This was discussed at the GM Midwifery Education Group on 13th February 2024. It would be advantageous for PEFs and AEIs to continue to collaborate and support specialist areas to map a specific spoke week timetable to aid their facilitation of Midwifery learners. Further, it is advised that this document is revisited and evaluated by Practice Education Teams, learners, and University educators within GM on an annual basis to ensure that all information is accurate and representative of available spokes.

Likewise, due to project time constraints it has not been possible to complete pilots of the suggested PIVO spoke placements utilising indirect supervision. The spoke directory created provides a plan for future work amongst the GM ICP to continue. Individual Universities within GM will have access to the directory and are encouraged to engage with PIVOs to set up spoke placements. Two other alternative pathways have been identified within phase two of the project but require additional funding to explore. These are in relation to the following recommendations as stated above:

1. *'National collaboration opportunities for GM Midwifery Learners to exchange placements as part of a leadership placement pathway with AEIs in other parts of the UK. Initial conversations with the LME at the University of Bangor have taken place between the TPEP Midwife and SRO. The University is interested in exploring this to enable GM Midwifery learners' exposure to rural Midwifery and contrariwise for learners within North Wales. It is proposed that this could provide a leadership pathway for Midwifery learners through exposure to different NHS trusts and systems.'*
2. *'Work in partnership with Neonatal clinical stakeholders and Children and Young People (CYP) programme leads to plan, develop, and deliver an IPE pilot programme. Midwifery learners to work within a synergy model with CYP learners whilst on the Neonatal placement.'*

Midwifery Digital Clinical Placement - Pilot Proposal

A key performance indicator for this project was to propose innovative placement pathways that enabled Midwifery learners to meet their proficiencies as per the NMC standards, (NMC, 2019). Following extensive exploration, the steering committee decided to test the concept of applying a Digital Clinical Placement (DCP) model to a Midwifery learning environment and evaluate this to ascertain its validity within Midwifery education. DCP's are utilised within Nursing and Allied Health Professional (AHP) programmes within UK Universities. The Nursing and Midwifery Council (NMC) governing body has approved this as clinical practice for these learners, thus there is recognition that a DCP can provide a meaningful learning environment for learners on their journeys to becoming health care professionals.

In nursing, the Oncology DCP has increased capacity from 138 learners in 2021 to over 1087 in 2022-2024. Over 100 NHS employees contribute to the programme that is committed to strengthening workforce capabilities. The model has been awarded the Chief AHP clinical Innovation National Prize (2021) and the Nursing Times National Award for best hospital clinical placement (2023). Learners report significant growth and professional capabilities and strengthen digital skills. It also promotes career aspirations, allows access to hard-to-reach placement areas, and focuses on learner wellbeing and reflection.

This model will be applied to a cohort of Midwifery learners specified to a placement based on the concept of loss (i.e., bereavement, termination of pregnancy and maternal mortality). Service users and clinical experts from the field will share personal experiences on a digital platform through in-

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depth clinical conversations with learners. Learners are supported by facilitators within a safe space to reflect upon their developing clinical decision-making skills and care plan formulation with subject matter experts directly. The placement has been mapped in line with the NMC Standards for Midwifery Programmes, and Standards for Nursing and Midwifery Education and meets requirements for a learning environment (NMC, 2023), please review appendix six for a review of the mapping process and outcome.

The DCP model illuminates a range of strategies to design and implement high quality clinical experiences, synergising clinical leadership, psychological safety, relationship building, digital accessibility, coaching and resilience. All of which represent crucial competencies within the midwifery career and could support the future workforce in addressing actions within the Ockenden report (Ockenden, 2022). The Midwifery pilot offers a systems view of bereavement care based on a spiral curriculum, following the interest of clinical specialist educators and learners in equal measure incorporating lived experience. This concept also encourages learners to consider care from multiple perspectives supported with an integrated coaching model. Evaluation supports reflection and reflexivity in practice (Hardie et al., 2022) and Midwifery learners will be supported to achieve this by completion of e-portfolios, peer-to-peer feedback and one-to-one coaching guidance enabling progression and acquisition of knowledge and behaviour transfer (Tweedie et al., 2019).

This pilot will utilise indirect supervision to ensure learners can have specified proficiencies signed and will run in May or June 2024. It is proposed that learners will have an initial and follow-up review with a practice supervisor from their hub trust who will be involved and oversee the learner via indirect supervision whilst participating in the DCP. Learners will obtain verbal and written feedback from coaches, peers, and facilitators on the placement which provides evidence of their development and proficiency. The assigned practice supervisor will be responsible for signing pre-agreed proficiencies through discussion with the learners following completion of the DCP. The DCP project team will engage with the assigned practice supervisors and academic assessors responsible for learners on the pilot to support them in supervising these learners through a long-arm supervision approach.

Midwifery Digital Clinical Placement – Methods of pathway development

Below shows a table displaying the timeline for the Midwifery DCP project that has been a TPEP workstream since October 2023:

Table 6: A table to illustrate timeline for developing midwifery DCP.

DCP project timeline	
Support obtained from the DCP Team at The Christie.	Throughout October and November 2023, the TPEP Midwife met with Alison Sanneh (DCP Lead) to develop a proposal for a Midwifery DCP. Alison secured funding via the Christie Hospital TPEP workstream to host a small-scale pilot Midwifery DCP. It was agreed that the pilot could utilise the Oncology DCP platform and coaching team members. The TPEP steering committee met with Alison to explore the necessary Midwifery requirements to ensure the pilot will meet NMC Standards and Proficiencies. The TPEP Midwife completed a Foundations in Oncology DCP to explore how the platform works and feels from a learner perspective.
Regional collaboration.	The concept of a DCP pathway for Midwifery learners was shared and discussed at a regional level in October 2023. Gabrielle Cocking (Northwest Midwifery Workforce lead) agreed to support the pilot and collaborate with this TPEP workstream.

GM LME Collaboration.	The concept of a Midwifery DCP for GM learners was reviewed within the November LME collaborative group set up as part of the TPEP project. Support from GM LMEs was agreed in principle.
GM Midwifery Education Group.	The TPEP Midwife and SRO presented a DCP Pilot proposal at the November meeting. Support from clinical stakeholders including- the Heads of Midwifery services (HoM) and PEFs at GM trusts was granted. Further dissemination from HoM's to their clinical staff was discussed and agreed at this stage.
Focus group with Learners (topic).	The TPEP Midwife led an online focus group with Midwifery learners from 8 Universities within the Northwest footprint on 20 th December. Feedback from learners shaped the pilots' proposed content and theme of loss. It was established that this is a necessary pathway for learners as it can increase equity of specialist bereavement placements. The learners shared difficulties accessing this type of spoke placement within their trusts and reported that they wanted to participate in a DCP of this kind.
Service user input.	The TPEP Midwife attended an MVP forum in December 2023 and reviewed the proposal with the women and birthing people. Support was unanimous regarding the topic and style of placement for Midwifery learners. It was stated that this could fulfil a gap they felt there was in Midwifery learning.
Project team development.	A project team was developed in January 2024 and this group meets weekly at present. Members of the project team are: The TPEP Midwife (DCP Project Lead), Dr Christine Furber, Gabrielle Cocking, Alison Sanneh, Victoria Holmes (Bereavement Matron – MFT), Francesca Aspray (PEF – MFT) and a Midwifery learner from UoM.
Expert Advisory Group.	Through discussion and presentation of the DCP proposal at various regional meetings there was a lot of interest in the pilot. For assurance purposes it was decided that the project team required national and regional collaboration from experts in the field of loss. In January 2024 an expert advisory group was initiated and meets bi-weekly. Members of this group included but was not limited to bereavement midwives, service users, charitable organisations, digital midwives, HoM's, obstetricians, LME's, academics, lectures, members from the ICS and project managers. Minutes and an action log are completed after each meeting and shared amongst the group. Please review appendix seven to see the action log.
NMC Collaboration.	On 2 nd February 2024 the TPEP Midwife, Gabrielle Cocking, and members of the National NHS England team (Lisa Jesson & Kerri Eilertson-Feeney) met with the NMC to operationalise the pilot as practice hours. This was agreed in principle, but the team was advised to run the pilot with 2/3 rd year Midwifery learners from one AEI. The TPEP Midwife has approached the eight AEIs in the Northwest regions to explore which LME would be interested in piloting this innovative pathway. A submission to the NMC Quality Assurance team and possible minor modification of the programme will be required. It is forecasted that a decision will be made by 20 th February 2024.
Pilot content (subject matter experts and service users).	Since December 2023, the TPEP Midwife has engaged and met with multiple subject matter experts from the field as well as service users via charitable organisations to formulate a list of individuals who will be able to provide content for the pilot. These meetings will continue after the end of the TPEP project.

Midwifery Digital Clinical Placement – Results and Next Steps

The DCP pathway for Midwifery learners is not simulation, as service users will share their lived experience on the platform. This will develop learners' knowledge of the Midwife's role as a specialist practitioner and explore how Midwives can play a part in preventative work for birthing people and families (i.e., bereavement care, after care and subsequent birth after a loss). It is essential that this pathway is piloted because not only will it increase capacity, but it can increase

the quality of experience of hard to access placements, preparing learners mentally and clinically to encounter these experiences once qualified (Wilson et al., 2020).

Ultimately, this new pathway will increase the 'ability' and 'culture' element of the capacity equation and help diversify the range of experiences obtained on placement. Further, evidence predicts that piloting indirect supervision will create benefits for both the learner and supervisor, (Hay et al., 2023). It also enhances learner self-confidence, which is beneficial on their journey to becoming the autonomous midwifery workforce of the future (Benson et al., 2019). Therefore, it is imperative to ensure such opportunities are provided to Midwifery Learners as it will support them in understanding the changing role of the Midwife in modern society.

The Midwifery DCP pilot lead role will be handed over to the regional and national NHS England team in March 2024 upon completion of the TPEP role. Following this, the lead will liaise with the selected AEI, service users, learners and DCP platform leads to continue to develop the pilot content. Following completion of the pilot, a robust evaluation with support from the University of Liverpool will take place. The team plans to build a business case to fund an independent evaluation of the pilot. The project team will continue to engage closely with the practice and academic assessors of the learners involved in the pilot and discover the impact of the DCP on learner's practice and development.

The DCP will attract placement tariff from NHS England as it will be recognised as practice hours. Therefore, it has the potential to become sustainable by enabling the payment of subject matter experts and facilitators. Once established in Midwifery, other placement areas can be explored for example, safeguarding, public health, and neonatal pathways. Such pathways will enable interprofessional learning as they can be opened to any learner attracting tariff. Ultimately, the DCP will bring together subject matter experts and learners from across the profession enhancing MDT working and shared learning.

CHALLENGES AND RISKS

Commencing the TPEP project at the beginning of the summer posed an initial challenge regarding engagement. The TPEP Midwife had to be flexible regarding stakeholder meetings due to it being a busy time for learners and a peak time for annual leave in practice. Nonetheless, the commitment from all stakeholders has been extremely positive which assisted in overcoming these hurdles. There was difficulty in sustaining a date for one NHS site visit, but due to the enthusiasm from the practice learning team and senior maternity staff a decision was made to work digitally using the GM Capacity Audit Tool to obtain relevant capacity data and prevent any project delay.

One key risk for the project has been its' sustainability. It is important that the work maintains momentum and the proposed innovative learning environments are embedded with established principles and evaluation. The TPEP Midwife role was funded for 30 hours a week for 40 weeks and it has not been possible to execute the new pathways as per phase two within this time frame. Due to personal circumstances, the TPEP midwife role has been reduced to 37 weeks in total which posed a greater risk to the project delivery.

The project has undertaken a vast scoping exercise with multiple NHS specialist and PIVOs, both online and in-person. A considerable amount of time was dedicated to initiating proposals for pilot spoke placements within non-midwifery learning environments and mapping these to NMC Proficiencies (NMC, 2019). There is a widespread interest in hosting placements for Midwifery

learners and these proposals require piloting to become alternative ways of carrying out practice learning (see appendix four).

Within phase two of the project there was an additional challenge about defining what a pathway beyond traditional learning environments should encompass to be a placement for a Midwifery learner. As well as mapping each potential spoke to NMC Standards and Proficiencies (NMC, 2019) the TPEP work used the following pre-requisites to ascertain what a quality learning area should address (see figure 1).

Figure 1: A diagram to illustrate features a quality non-midwifery learning environment must address.



Phase three challenges

Additionally, the short duration of the TPEP project has meant that there has not been time to address phase three in its entirety. Phase three aimed to explore opportunities for T-level learners within GM. T-Levels are an alternative to A levels, apprenticeships and other 16 to 19 courses. A T Level focuses on vocational skills (i.e., healthcare, nursing, and midwifery) and can help students into skilled employment, higher study, or apprenticeships. The project proposes that T-level learners should become career ambassadors for school-aged pupils regarding accessing careers in healthcare, specifically Midwifery. Considering the NHS Long-term Workforce Plan (NHS England, 2023) aims to increase the number of Midwifery learners, it is a risk that there is a national decrease in pre-registration Midwifery applications nationally (RCM, 2023).

One way to overcome this challenge is for T-level peers to engage with secondary-school aged pupils to establish a pathway for future Midwifery learners. Interestingly, the TPEP project was able to facilitate this on 10th October 2023 for three Midwifery learners. The TPEP SRO, Midwife and learners from the University of Salford attended a local school in a diverse area of GM to promote and hold meaningful conversations with students about career options in Midwifery. The Midwifery

learners that volunteered were from a marginalized group themselves and were able to discuss their experiences on a Midwifery career pathway in a personalised way, which received positive feedback. Meaningful discussions took place regarding the disparity in poor maternal outcomes for women and birthing people from a Black and Asian and ethnic minority background (MacGregor, Shakespeare, Kotnis, Knight & Hillman, 2022), which was challenging to some extent but resulted in an excellent learning experience. Therefore, it is endorsed that colleges collaborate with schools and AEIs in GM to create a placement pathway to facilitate this on a regular basis.

There is scope for T-level learners to develop interpersonal and presentation skills by engaging in a potential placement within schools, which would prepare them for a career in Midwifery practice by priming them in relation to communication proficiencies (NMC, 2019). Similarly, it has been discussed with the approached PIVOs that T-level learners could have a work experience week with them. This requires further development and poses a risk as there is no additional funding available for the TPEP role to explore this.

Furthermore, additional attention is required to create a model for T-level learners about accessing NHS Midwifery exposure. It is crucial to note that the addition of T-level learners within the GM Maternity placement circuit would not impact capacity as they are not required to work with NMC registrants. We recommended that GM applies the same process as the Lancashire and South Cumbria region. At Blackpool Teaching Hospital they provide placements to T-level learners who have expressed an interest in becoming Midwives. They complete a maternity placement within their second year to obtain a better understanding of NHS maternity care. One benefit of this process is that it promotes sustainability of a local workforce, as T-level learners could proceed with an application at a local AEI and subsequent placement as a Midwifery learner. Further, T-levels are aligned with the Midwifery Support Worker Framework (Health Education England, 2019), thus upon completion they could join the workforce as a level 3 Midwifery Support Worker at the trust they had their T-level work experience at. This also could provide a potential pathway for apprenticeships and pre-registration courses later within GM.

[Risks regarding GM Synergy/Coaching](#)

Moreover, it was discovered that there is variation in the application of GM Synergy/Coaching models throughout the GM footprint. This made it difficult to quantify how much capacity is supported with this strategy. Where the model has worked well during a pilot at MFT that took place in 2019 / 2020, it is evident the model can double capacity when following a 2:1 learner to midwife ratio, which is echoed within the evidence base (Hill, Woodward & Arthur, 2020). Further work is required to embed this into practice more widely in GM and evaluate it formally to optimise dissemination and training. The TPEP audit revealed that communication regarding how this practice learning model is used posed a threat to its success. For instance, senior learners must be prepared prior to engagement in this model so that they are assured that they remain supernumerary on shift and that they work in a team dynamic with the practice supervisor who is responsible for the service user's care (Erlandsson et al., 2019).

There is also a risk in assuming that Synergy/Coaching models can be adopted to increase capacity in a holistic sense because GM trusts have fed back that it can only be used within ward-based areas (e.g., postnatal, and antenatal wards). Therefore, it cannot indicate a full capacity increase across all areas if it is not intended for use on delivery suite and community placements. It is recommended that GM Synergy models are reviewed within the GM Midwifery Education Group and that additional training for practice supervisors is embedded.

The launch of the National Safe Learning Environment Charter (NHS England, 2024) will support this as element three will address coaching practice learning models within Midwifery learning environments. It will be a risk for the sustainability of the project outcomes if this recommendation is not carried forward as the potential benefits of a coaching model in Midwifery learning environments are important for the transition of learners becoming colleagues. Evidence suggests that exposure to coaching within the learners journey enables these learners to report higher confidence in coaching and supervising learners when they become practice supervisors post qualification (Kitson-Reynolds & Ashforth, 2021).

Regional Risks and Community Midwifery Placement Challenges

The reopening of Macclesfield Maternity unit may potentially impact capacity for GM Midwifery learners. Several staff from Stepping Hill Hospital (Stockport NHS Foundation Trust) have returned to work at this trust which is outside of the GM footprint. Women and birthing people will have the choice of birthing at Macclesfield once again which may reduce the birth rate at Stepping Hill and thus, it may decrease capacity. However, the TPEP Midwife began discussions with Head of Midwifery Services and Practice Education Facilitator at Macclesfield to explore elective and community placements for GM learners. It is hoped that once the unit is fully established, they will be able to provide placement capacity for GM learners. Due to time constraints and prioritisation of phase two, this has not been organised as part of the project's objectives. Therefore, it represents one of the recommendations going forward.

Given that capacity within community midwifery environments has not been expanded within this project, it is vital for GM AELs and clinical stakeholders to explore alternative options regarding this core area of the Midwifery placement circuit. Interestingly, it was most challenging applying the adapted GM capacity audit tool to the community Midwifery learning environment. Across the GM trusts, it was difficult to obtain oversight regarding learner rostering in community and there was significant variation in processes underpinning allocation. As a result, it has not been possible to conclude where expansion may occur within this learning environment. Attention must be given to this area if the audit is replicated in 2024-2025. Nonetheless, there are multiple community-based learning opportunities within the PIVO sector that could be utilised as a one-week spoke placement within a community allocation as there is overlap with some core proficiencies (see appendix four). Furthermore, the Neighbourhood study has been allocated to first year learners at the Universities of Salford and Manchester to address this challenge.

One example of a spoke learning opportunity within the community midwifery allocation would be an infant feeding placement. This could be with the infant feeding team at the trust whereby the learner would work with Specialist Midwives, support workers and those trained in Frenulotomy or with community infant feeding support services such as Home Start. This has been initially and successfully implemented at the Northern Care Alliance (NCA) and enabled learners to achieve relevant proficiencies. All details of this experience are based within the PIVO and NCA spoke directory as per appendix four.

To overcome challenges within the community midwifery setting it is recommended that this area embraces the 12-month rostering model to enable a standardised process for learner allocation based upon shifts rather than a single-named Practice Supervisor. Within the SSSA Guidance, (NMC, 2019) learners should work with a few practice supervisors for greater exposure of learning opportunities. Whilst there is no stipulated figure regarding how many supervisors a learner can work with, national evaluations suggests that learners prefer some continuity of supervisor where possible (Health Education England, 2022). By adhering to the 12-month rostering model, learners

will inevitably work consecutive days (e.g., two long days or 4 short days together) thus, it is highly probable that they will have access to the same practice supervisor.

National Collaboration challenges regarding innovative placement pathways

It is challenging to encourage change in practice learning in Midwifery. Initially, it was difficult to understand how to engage with local and national systems regarding this and prevent duplication of work. It has been effective to discuss the project with members of the Regional and National NHS England workforce leads to broaden TPEP's network and collaborative members. For instance, the TPEP lead Midwife began to create a register of practice supervisors and assessors for the GM region. It later became apparent that this is a piece of work being undertaken by the national team, therefore this workstream should remain as part of the learning and scoping from the development of the Safe Learning Environment Charter and embedding the Standards for Student Supervision and Assessment (NHS England, 2024).

Further, it has been valuable to discuss the DCP pilot with the Senior Midwifery Advisor for Education at the Nursing and Midwifery Council (NMC) who was able to explain the processes of quality assurance and potential programme modifications required. Both collaborations have ensured that the TPEP objectives have aligned with the Long-Term NHS Workforce Plan (NHS England, 2023) in respect of increasing placement capacity within programmes.

Regarding national collaboration there has been limited time within the project schedule to address all elements of the Future Midwife standards (NMC, 2019). This is specifically in relation to embedding a pathway for Midwifery learners that addresses Continuity of Care (CoC) models to aid capacity expansion by meeting the ultimate ambition set out in of Better Births (NHS England, 2016) and NHS Long Term Plan (NHS England, 2023) that Midwifery CoC is the default model of care for women and birthing people.

The TPEP Midwife undertook a scoping exercise to review different models of practice learning in relation to CoC within Midwifery Programmes. It is recommended that GM explores further the adoption of a team-midwifery model used at Oxford Brookes University, which has received support from Professor Trixie McAree who is the national midwifery lead for CoC. Under direct supervision learners recruit women and birthing people to a caseload that is shared amongst a small team of learners (i.e., 3-4) who coordinate and formulate care pathways using a hybrid approach of direct and indirect supervision. This has evaluated well amongst learners, service users, clinical and academic leads in the region and enhances capacity by enabling a process of indirect supervision in practice. Nevertheless, it has been challenging to obtain an adequate exploration of this within GM due to the necessary prioritisation of the phase one workstream.

Nationally, the Maternity Transformation Programme requires a continued pathway to increase high-quality learning environments to enable more opportunities to educate larger cohorts of Midwifery learners (Taylor et al., 2022). In accordance with the Multi-professional Education & Training Investment Plan (MeTIP), (HEE, 2023) this means a 7.0175% increase from 285 to 305 learners within GM AEs by 2025-2026. These cohorts would enter the workforce 2028. This poses a challenge for the TPEP project because this aim cannot be achieved without continued close collaboration between universities and local placement providers with oversight support from the national and regional teams.

SUSTAINABILITY

Phase 1: Capacity review across the midwifery placement circuit and expansion

Midwifery learning environment capacity is a continuous and dynamic concept (Folkvord & Risa, 2023). It is reliant on multiple variables including staffing levels, placement audits, embedment of the SSSA standards (NMC, 2019), service user acuity and the systems and processes that underpin rostering and management of learner and supervisor expectations. Therefore, it is recommended that there is an annual review of capacity within each GM trust as well as the community PIVO sector. The variables discussed change frequently within the maternity placement circuit, thus it is essential that the AElS and clinical stakeholders continue to work collaboratively to repeat this audit. It will annually inform the allocation and management of mapping to ensure greater equity for GM Midwifery learners regarding access to a range of learning environments.

It is important that an incremental review of the birth rate is included within this process. This will help inform the requirements of exposure to intrapartum placements, which may need adapting annually based upon audit outcomes. To sustain this, it is proposed that review of audit capacity becomes a task and finish workstream for the GM Midwifery Learning Environment Quality Group.

To address capacity expansion within the Midwifery placement circuit it is suggested that a pilot of the 12-month rostering model is commenced with several GM trusts. The minimum recommendation is to pilot this within two trusts, but this should not be limited and can be applicable to all. This pilot may be operationalised by the GM Midwifery Learning Environment Quality Group with oversight and strategic input from the GM Midwifery Education Group. Effectively, this rostering approach may be led by the PEF teams with support from AElS and clinical leads. The model has evaluated successfully at Liverpool Women's Hospital whereby it has been led by the PEF teams. It is vital that transparent collaboration with the AElS and allocation process occurs to aid sustainable practice. This model can be piloted with the absence of an electronic rostering system for Midwifery Learners and individualised per maternity unit to be completed on an annual basis. Nonetheless, for long-term seamless usage it is recommended e-rostering is implemented (Angew, 2022).

Preparation for learners, practice assessors and supervisors are a crucial component of the longevity and benefits of this model. Further, the E-rostering system would provide a single oversight of where learners should be on any given shift to aid sustainability of the safety of learners in the system. The TPEP outcomes echo key messages in the recently launched recommendations with the Safe Learning Environment Charter (NHS England, 2024). This underpins principles of developing a positive safety culture and once embedded, it will aid to sustain elements of the TPEP recommendations regarding embracing the SSSA model of supervision (NMC, 2019) and ensuring learners are made aware of shift patterns with adequate notice.

Overall, this model promotes a single robust process that may be applied to all GM Trusts and increases equity of anti-social shift exposure to learners. A qualitative review revealed that the notion of equity across shift-patterns is of high-value amongst Midwifery learners and impacts on their long-term decisions to practice (Capper, Muurlink & Williamson, 2021). For this to be sustained, the pilot could be evaluated by clinical and academic partners with support from the GM

Midwifery Learning Environment Quality Group. However, at present it is unknown who will chair this group after March 2024 once the role of the GM PMO ceases. This poses a risk to the sustainability of this work and has been raised within the GM Local Maternity and Neonatal Strategy (LMNS). If the model evaluates strongly, it is advised that the GM ICP formulate an action plan of how it will be disseminated and embedded into practice.

Phase 2: Principles for new placement pathways

The project has completed a large-scale scoping exercise to define potential pathways for midwifery learners that are innovative and meet proficiency outcomes. To sustain this work, the spoke directories and PIVO directory have been disseminated amongst AEIs, PEF teams and a community organisation called 10GM. 10GM are leading a project to develop training materials to enable charitable organisations to work with AEIs to create spoke placements for learners. The Midwifery examples have been shared with this organisation to seek additional and long-term support to create pilot opportunities. Further, through the collaborative networks within GM (i.e., GM Midwifery Education Group and the Learning Environment Quality Group) the placement pathways will be reviewed to begin to strategies how these learning environments can be utilised. It is recommended that the placement leads at each AEI initially engage with the PIVOs and commence the audit process.

The work within phase two provides an insight into the breadth of scoping undertaken, yet future work is suggested to commence by piloting these learning environments to enhance quality and enable sustainable increases in capacity. Without this, there is a risk that the GM Midwifery placement circuit will be unable to meet the proposed increase of Midwifery learners as the NHS Long Term Plan (NHS England, 2023).

Phase 3: Opportunities for T-level learners

One of the challenges within this project was its time limitation in relation to phase three. As per discussions and action logs within the steering group it was decided that key performance was indicated through prioritisation of phases one and two. Plans for this objective will be handed over to the GM Midwifery Education Group to action. A specific focus has been recommended to explore how un-utilised spoke areas within each trust and in the PIVO sector could provide valuable and meaningful experiences to prospective Midwifery Learners. College students require exposure to Midwifery Careers across the holistic journey that women and birthing people experience, including engagement in public health and social prescribing outlets (Wheeler, 2019; Manthorpe & Baginsky, 2023). It now also represents an action within the GM Practice Education Centre of Excellence (PECE) working group to aid sustainability.

Conclusion

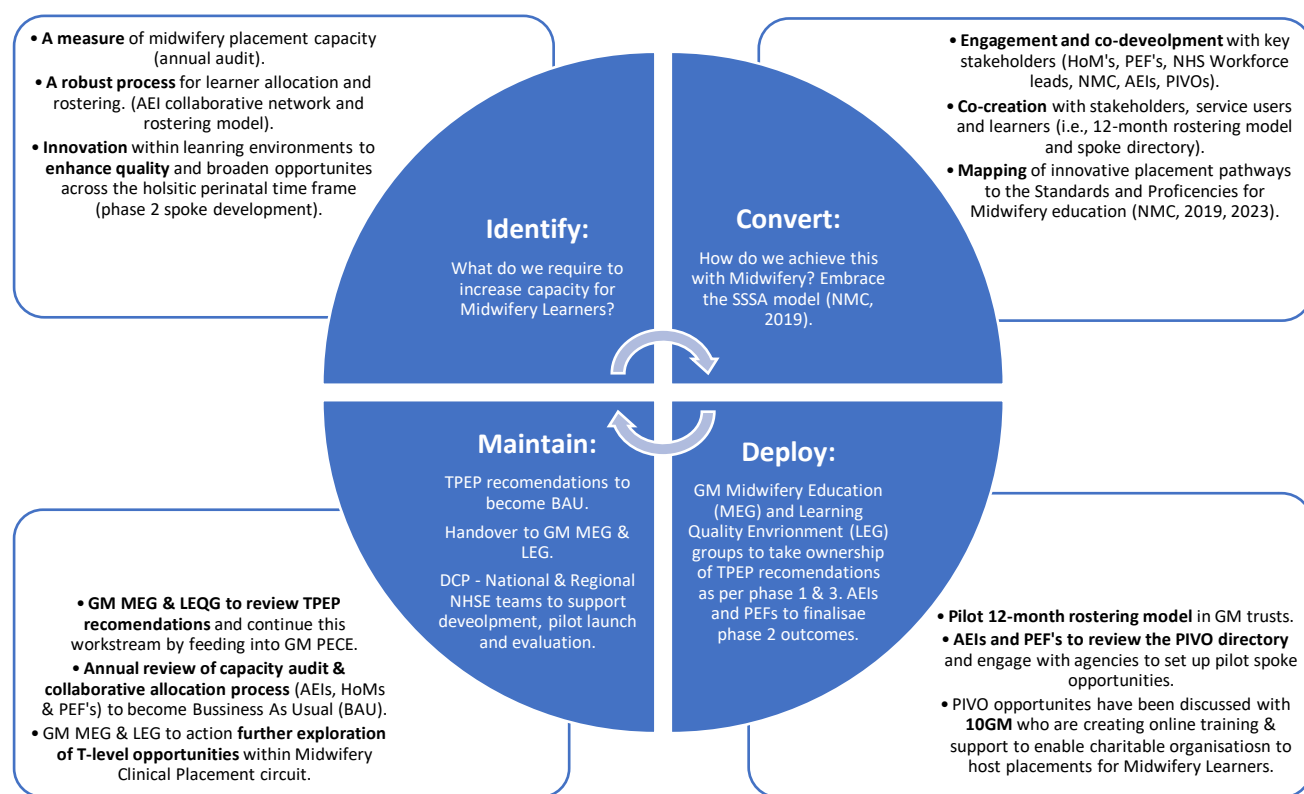
The project team has attended multiple GM Midwifery Education Groups, as well as joining the Northwest Midwifery Research Network, Alcohol Exposed Pregnancies Network, Perinatal Infant Mental Health Network and liaised with regional teams and fellow TPEP projects to share and disseminate the TPEP work. This will aid sustainability and momentum for the project and prevent areas of duplication. In the future it is intended that the TPEP work will be published, presented at conferences, and there will be further bi-directional communication with clinical and educational stakeholders to ensure that the work around capacity remains in focus.

Below shows a sustainability matrix suggesting how the capacity review and TPEP objectives may be upheld. This is integral because the NHS Long Term Workforce plan, (NHS England, 2023) states

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assurance of capacity figures is a minimum requirement. This will provide AElS and NHS stakeholders with a clear forecast to ascertain feasibility of increasing the numbers of Midwifery learners in accordance with available clinical placement capacity.

Sustainability Matrix for GM Midwifery TPEP Project 2023-2024



REFLECTIONS & NEXT STEPS

Evaluation

The progress of the TPEP project has exceeded its initial objectives, particularly regarding phase two and the exploration of innovative Midwifery pathways. Sustainable opportunities with developed proposals mapped in line with NMC education standards and proficiencies (NMC, 2019) have been created for many NHS and PIVOs (see appendix four). This would not have been possible without the engagement and support of clinical stakeholders and AElS. The PEFs and AEI educators have been pivotal in informing the TPEP outcomes and recommendations.

It is now an appropriate time for AElS and PEFs to explore opportunities within rural midwifery placements specific to GM. For instance, the High Peak Midwifery team and Macclesfield Community Midwives have informed the TPEP project team that they could facilitate between two-three learners per week for elective or community placements. Focus group feedback from learners illuminated that a barrier to these options is travel and accommodation cost. However, in 2023, NHSBSA increased mileage expenses to 45p per mile and learners can claim up to £85 per week for temporary accommodation. The University of Salford will continue with this workstream by

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formulating information regarding accommodation options and highlighting what can be gained by completing a placement in these teams (e.g., homebirth exposure and exploration of different social groups and their associated care needs).

The success of the project has been supported by digital methodologies and flexible working that enabled the TPEP midwife to network and engage with multiple stakeholders and subject matter experts in the Midwifery field. It is important that there is a continued development and evaluation of digital-based practice learning opportunities including the bereavement digital clinical placement. As well as providing a valuable learning experience regarding care for those who have experienced loss, this platform enables learners to obtain a high-level of digital literacy that is essential within the future Midwifery workforce. There is an increase in the use of electronic patient records, digitalised consultations, and delivery of antenatal education from midwives via digital platforms (Ho, Cheng, McKenna & Cheung, 2024). Considering next steps, it is essential to reflect upon these factors when proposing future placement pathways.

As the GM region prepares to accommodate the proposed 10.53% increase from the 2023/2024 intake of Midwifery learners by 2026/2027 (NHS England, 2023) it is imperative that the work of the TPEP project continues to explore new and evolving avenues required to support a sustainable increase in capacity. The capacity audit and rostering model outcomes could inform a standardised method and process for GM trusts and AEIs to adopt and increase the number of available shifts for learners to access per week. For example, the audit has found this can increase from 1779 to 2148 shifts per week for core midwifery placement areas in isolation. This has the potential to increase further when spoke placements are included, which supports the plan to increase the number of Midwifery learners within the GM footprint.

Further, the following outstanding recommendations could be implemented as per next steps to support the expansion of high-quality practice opportunities for all GM learners:

<i>Develop the role of a Midwife specific Practice Education Facilitator at each GM trust to deliver the Standards for Student Supervision and Assessment (SSSA) (NMC, 2019) and support quality practice learning opportunities and an increase in capacity (i.e., piloting PIVO opportunities and the 12-month rostering model).</i>
<i>Explore the role of specialised and senior midwives (e.g., governance and safeguarding) to be utilised as Practice Assessors, Supervisors and spoke learning environments as a GM standard. This process to include providing supervision and support to band 5 midwives regarding signing off learner proficiencies.</i>
<i>Collaborate nationally and locally in auditing how research is embedded into Midwifery Programmes. Explore the development of a research placement pathway for Midwifery learners to bridge the gap between Research and Clinical Practice to unlock capacity and ignite workforce development of midwifery led research.</i>
<i>To complete a second annual evaluation of the Neighbourhood Study in September 2024.</i>

The co-creation of what defines a high-quality learning environment from Midwifery learners and service users may be the blueprint for future work (Blomgren et al., 2023). The TPEP project has consistently engaged with learners and service users regarding the proposed innovative pathways (i.e., DCP, Pelvic Health, Public Health etc.) and this will be integral to sustaining the engagement of the future of the Midwifery workforce. By allowing learners greater control over the development of learning experiences, it shapes a positive and autonomous culture that will assist them as they transition to becoming Newly Qualified Midwives. This may aid retention of the workforce as found Final Report for NHS England – Greater Manchester Midwifery TPEP Project. C. Flaherty.

in the reducing Preregistration Attrition and Improving Retention (RePAIR) project (Health Education England, 2018).

Therefore, the ethos of embedding a culture that provides meaningful and engaging learning environments whereby all specialist and senior Midwives have a role in supporting learners is a vital component of this work. The key message the project team want to convey is that ***the learner will be a future colleague***, thus it is crucial to involve them all in all opportunities within leadership, system development and specialisms to create multiple career trajectories that suits a variety of personalised needs. It is hoped that the self-directed spoke directories mapped to proficiencies will enable learners' greater ownership when accessing opportunities relevant to their needs and interests.

Next steps regarding continued TPEP Workstreams:

1. The Digital Clinical Placement (pilot funded and supported by the Christie Hospital DCP Team).

The development of the Maternity DCP pilot has been considerable within the TPEP work. Regarding next steps, it is forecasted that the pilot focused on bereavement and loss will commence in May/June 2024 with one AEI in the Northwest region. In the absence of the TPEP Midwife the project will be led by the regional and national teams from NHS England. Following engagement with the NMC the pilot project is predicted to run as clinical hours within the Midwifery programme. Learners will acquire 37.5 clinical hours for their time on the DCP.

The DCP project team and TPEP Midwife are in the process of enabling an indirect supervision process as per guidance from the NMC (NMC, 2023) to underpin signing off specific mapped proficiencies (see appendix eleven). This is dependent on approval via a minor amendment through the NMC Quality Assurance process. The selected LME will work with the TPEP lead midwife, regional and national NHS England Workforce leads to complete this process in February/March 2024. Once completed and evaluated there is scope for this pathway to be scaled nationally and adapted to cover different pathways and topics such as public health, hyperemesis gravidarum and caring for those from marginalised groups in society (i.e., those from a global majority, Neurodiverse or LGBTQI+ society for example).

2. The Pelvic Health Midwifery Pathway.

One of the proposed Midwifery pathways as per phase two was related to the implementation of IPE for Midwifery and Physiotherapy learners. Not only does this aid capacity expansion by developing spoke placements within the both the NHS and private Physiotherapy domain, but it enhances the learning quality of the midwifery placement circuit by improving the knowledge and competency of future Midwifery workforce regarding pelvic floor and perineal health (Webb et al., 2021). The voice of women and birthing people echoed that this was an essential area that they reported they would like Midwifery learners to be involved in at a focus group the TPEP lead held with the MVP (Rochdale and Oldham). The pelvic health IPE pathway for Midwifery and Physiotherapy learners will be sustained by additional funding obtained from the Greater Manchester and Eastern Cheshire Strategic Clinical Network (SCN).

The TPEP lead will work with the GM Perinatal Pelvic Health System to create IPE and leadership placement opportunities one day per week from March-September 2024. The aim is for learners to develop a project whereby they discover current service provision and explore how professions work

together to deliver care for women and birthing people throughout the pregnancy continuum. For instance, engagement in co-development of side-by-side clinics for Midwives and Physiotherapists within pre-existing specialist perineal services across Greater Manchester. Learners will work together on placement in a synergy model and will observe each other's profession. It is proposed that learners will have the opportunity to:

- To consider the future midwife and physiotherapist in line with the vision of NMC proficiencies (NMC, 2019) (i.e., 3.5 '*understand the importance of birth to public health and well; -being across the life course*').
- To optimise antenatal education opportunities and ensure that women and birthing people who need or want intervention/support can access this at the earliest possible opportunity.
- To co-create services that focus on prevention rather than reactive offerings.
- To develop digital and in-person antenatal education that can be facilitated by Midwifery and Physiotherapy learners as a collective offering. Learners to co-develop a programme centred on the following topics: diet, exercise, weight management, pelvic health and floor exercises, preparation for birth (perineal trauma).
- To embed pelvic health as a feature within antenatal care. For example, midwifery learners to understand and incorporate knowledge around pelvic floor exercises, pelvic girdle pain, prolapse, stress incontinence, sexual health, and the associated psychological impact into their ongoing midwifery care plans.
- To ensure that the following proficiencies (in relation to the learners MORA document) are signed off during a spoke placement via a practice supervisor:
 - **Antenatal 1:** 1.2,1.3. **Antenatal 2:** 2.1,2.2,2.3, 2.4, 2.5,2.6,2.7,2.8,2.9. **Antenatal 3:** 3.1,3.2,3.3,3.4,3.5,3.6. **Antenatal 4:**4.2,4.15. **Antenatal 5:** 5.1,5.2,5.3,5.4,5.5,5.6,5.7,5.8. **Antenatal 8:** 8.1,8.3,8.4,8.5,8.7,8.8,8.9,8.10,8.11.
 - **Postnatal 2:** 2.1,2.2,2.3,2.4,2.5,2.6,2.9,2.10. **Postnatal 3:** 3.1,3.2,3.3,3.4,3.5,3.6. **Postnatal 4:** 4.1,4.2. **Postnatal 10:** 10.1,10.7,10.8,10.9,10.10.
 - **Excellence 1, 2, 3 & 4.**

On reflection, the success of the TPEP Midwifery workstream has been considerable. Over a short space of time, numerous meaningful recommendations have been formulated based upon collaborative and investigative intelligence. It is a credit to the project that two of the ideas created within this work can continue with funding obtained from different sources. However, there remains a risk within the project's sustainability because the TPEP role for GM Midwifery will not be continued after March 2024. There are several recommendations collated based upon the development of additional placement pathways for Midwifery learners that require significant input before they become part of every day, sustainable practice for Midwifery education.

RESEARCH AND PROMOTIONAL MATERIALS

The TPEP project outcomes from all phases have been intermittently disseminated at regional and national levels. These have included but not limited to presenting at:

- GM NMAHP Workforce Oversight Committee on 22nd August 2023 (phase one only).

- Northwest Regional Research Network meetings to address and develop a research midwifery placement pathway on 19th September 2023, 17th October 2023, 21st November 2023, and 19th December 2023.
- GM Practice Education Centre of Excellence (PECE) on 28th November 2023.
- The National LGBTQ+ Health Network collaborative on 28th August 2023 and 25th January 2024.
- GM PerCIE sub-group (social prescribing) on 8th November 2023.
- Bolton and Manchester CHAN – Equity Action Plan on 4th December 2023.
- The Northwest Student Council (Nursing and Midwifery) 10th January 2024.
- The Northwest Practice Educators Community of Practice on 9th January 2024.
- The Northwest Midwifery Education Collaborative on 24th January 2024.
- The Northwest Student Council (Nursing and Midwifery) 10th January 2024.

Additional networking and collaboration occurred amongst the following:

Heads of Midwifery and their nominated representatives	<ul style="list-style-type: none"> ❖ Manchester Foundation Trust ❖ Northern Care Alliance ❖ Bolton Foundation Trust ❖ Tameside and Glossop Integrated Care ❖ Stockport Foundation Trust ❖ Wroughtington, Wigan and Leigh NHS Foundation Trust
NHS England – regional Northwest team	Gabrielle Cocking – Regional Midwifery Workforce Lead
NHS England – national team	<p>Lisa Jesson – Deputy Lead Midwife, Workforce, Training & Education Directorate</p> <p>Kerri Eilertsen-Feeney – Lead Midwife, Workforce, Training & Education Directorate</p>
National NHS trusts	<p>Liverpool Women’s Hospital (rostering planning).</p> <p>Buckingham, Oxfordshire, and Berkshire West Trust (capacity audit).</p> <p>Macclesfield Hospital (community placement elective opportunities).</p>
National AEI’s	<p>Edgehill – Jane Rooney (placement pathways)</p> <p>University of Cumbria – Sophie Ray (placement pathways)</p> <p>University of West London – Dr Julie Jones (DCP)</p> <p>University College London – (DCP)</p> <p>University of Bangor – Sheila Brown (placement exchange)</p> <p>Oxford Brooke University - Victoria Brown (Continuity of Care Placements)</p>
Nursing and Midwifery Council (NMC)	<p>Multiple meetings with Jaqui Williams to discuss the DCP and innovative pathways for midwifery placement opportunities.</p> <p>Discussions with Trixie McAree – National Midwifery Lead for Continuity of Carer, National Clinical Advisor, (Midwifery), Choice and Personalisation.</p>
Private, Independent and Voluntary Organisations (PIVO)	Regional and national organisations to explore non-midwifery and innovative practice opportunities. See appendix nine for the full list.

The below table depicts the key meetings created, attended and outcomes have been shared. It also represents some of the partnerships and collaborations maintained as part of this work.

Table 1	The project team (steering committee).
Table 2	GM Midwifery Education Group (MEG).
Table 3	GM Midwifery Learning Environment Quality Group (LEQG).
Table 4	Cheshire and Mersey Midwifery Toolkit Collaboration.
Table 5	Accredited Educational Institutions Collaborative Network.
Table 6	Learner and Service User Focus Groups.
Table 7	Lead Midwives for Education Group.

Table 1: The Project Team.

A small project team was established to support the work of the TPEP Midwife by providing oversight and strategic direction for the work undertaken by the project lead. Minutes of meetings were recorded and remain with the project lead.	
Membership	<ul style="list-style-type: none"> ❖ Carol LeBlanc – GM PMO ❖ Dr Christine Furber – TPEP SRO and Senior Midwifery lecturer – University of Salford ❖ Catherine Flaherty – TPEP Midwife and Research Midwife at the Northern Care Alliance
Number and dates of meetings	<p>Monthly and bi-monthly in-person and MS teams meetings for the duration of the 7-month project. 6 meetings in total.</p> <p>26th June 2023 1st July 2023 11th September 20223 17th October 2023 12th December 2023</p>
Final meeting	9 th January 2024

Table 2: GM Midwifery Education Group.

The GM Midwifery Education Group was established to develop a shared communication and development strategy between Midwifery practice and Midwifery education. The Group contributes to and supports the work of the GM NMAHP Workforce Delivery Group. The TPEP lead provided updates at this forum and engaged in steering group discussions that shaped the project's development and priorities, specifically regarding 1. Spoke directory development 2. Support for the DCP & NMC engagement 3. Capacity modelling. Minutes of meetings were recorded.	
Membership	<ul style="list-style-type: none"> ❖ Chair – Director of Nursing and Midwifery SMH MCS ❖ Vice-chair – LME Lisa Bacon (UoS) ❖ Head of Midwifery/Deputy - All GM Providers ❖ Lead Midwife for Education – All GM AEI's ❖ Programme Director/ Leader – Each GM AEI programme provider ❖ Academic Lead for Midwifery Practice (UoM) ❖ GM PMO Representation ❖ GMEC Strategic Clinical Network and GMC ❖ TPEP Midwife – Catherine Flaherty ❖ TPEP SRO – Christine Furber ❖ MVP Representative (co-opted in where required)
Number and dates of meetings	Monthly meetings via MS teams meetings. 7 meetings in total.

	11 th July 2023 8 th August 2023 12 th September 2023 10 th October 2023 14 th November 2023 12 th December 2023
Final meeting	13 th February 2023

Table 3: GM Midwifery Learning Environment Quality Group.

The GM Midwifery Learning Environment Quality Group invited the TPEP project to attend regular meetings to support operationalise the three phases of the project. This group supported the capacity mapping workstream (phase one) and identification of un-used capacity to develop the spoke directories for each trust (phase two). Sub-group meetings with initial practice education teams per trust were crated from this to review the capacity audit outcomes. Minutes of meetings were recorded.	
Membership	<ul style="list-style-type: none"> ❖ Head of Midwifery/Deputy - All GM Providers ❖ Practice Placement / Practice Education Facilitators (PEF) representation from the GM region ❖ Lead Midwife for Education – All GM AEI's ❖ Programme Director/ Leader – Each GM AEI programme provider ❖ Academic Lead for Midwifery Practice (UoM) ❖ GM PMO – Carol LeBlanc ❖ TPEP Midwife – Catherine Flaherty ❖ TPEP SRO – Christine Furber ❖ MVP Representative and learners (co-opted in where required)
Number and dates of meetings	Monthly meetings via MS teams meetings. 6 meetings in total. 22 nd June 2023 23 rd August 2023 26 th September 2023 25 th October 2023 30 th November 2023
Final meeting	25 th January 2024

Table 4: Chesire and Mersey Midwifery Toolkit Collaboration.

The Midwifery Toolkit collaboration was convened to create a document for learners that provides clarity regarding Midwifery Proficiencies as per their MORA document. The TPEP Midwife has supported this project as elements from phase two of the work overlapped with this workstream. Information for each proficiency has been mapped to spoke learning opportunities to enable learners the chance to explore the relevant learning environments specific to their learning needs. In addition to the GM TPEP Directories this toolkit will provide an oversight for learners and practice supervisors in clinical areas. This work is forecasted to launch in March 2024.	
Membership	<ul style="list-style-type: none"> ❖ Lee Caiger, EELE Programme Lead (Enhancing Effective Learning Environments) (UoCh) ❖ Catherine Flaherty – TPEP Midwife GM ❖ Gabrille Cocking – NW Regional Workforce Lead ❖ Jessica Craner – Teaching Fellow (UoS)

	<ul style="list-style-type: none"> ❖ Elizabeth Nocton – Midwifery lecturer (UoM) ❖ Lorna Gerrish - Lecturer in Practice Learning- Midwifery (LPL) (Edgehill) ❖ Vikki Whaley - Deputy Head Practice Learning (UoCh) ❖ Sarah Parnell – PEF LWL ❖ Laura Stoddart – PEF LWL ❖ Kathryn O’Neil - Lecturer in Practice Learning (All Midwifery placement areas) (UoCh)
Number and dates of meetings	<p>Monthly meetings via MS teams meetings. 4 meetings in total.</p> <p>24th October 2023</p> <p>16th November 2023</p> <p>19th December 2023</p> <p>18th January 2024</p>
Final meeting	TBC.

Table 5: AEI Collaborative Network.

<p>This collaborative network was convened in October 2023 to share the foundation of work and resources developed within the first phase of the TPEP project amongst the GM AEI’s. This expanded to include a review of how placement allocations operate regarding mapping of theory and placement weeks. One of the themes from the capacity audit indicated that there are several pressure points in the year whereby the AEI’s allocate learners to practice rather than theory. As a result, this group committed to a task and finish workstream to consider allocations as a collective and reduced the occurrence of overlapped weeks in practice. Minutes of meetings were recorded, shared, and remain with the project lead. See appendix eleven for results.</p>	
Membership	<ul style="list-style-type: none"> ❖ Catherine Flaherty – TPEP Midwife ❖ Christine Furber – TPEP SRO & Senior Lecturer ❖ Lisa Bacon – LME (UoS) ❖ Yvonne Boyd – Lecturer (UoS) ❖ Kath Bond – Senior Lecturer (UoS) ❖ Aura Davila Lopez - Placements Administrator (UoS) ❖ Nathan Finnegan - Placements Unit Manager (UoS) ❖ Margaret Walsh – UoM LME ❖ Dr Helen White – Programme Lead (UoM) ❖ Elizabeth Nocton – Lecturer (UoM) ❖ Helen Heaton – Placement Administrator (UoS) ❖ Sue Tully – LME (UoB) ❖ Gilliane McKelvin – Senior Lecturer (UoB) ❖ Lesley Woodcock – Placements Administrator (UoB)
Number and dates of meetings	<p>Ad hoc meeting via MS teams meetings. 3 meetings in total.</p> <p>25th October 2023</p> <p>27th November 2023</p>
Final meeting	9 th January 2024

Table 6: Learner and Service User Focus Groups.

<p>Three focus groups (one per GM AEI) were completed throughout phase one of the TPEP project to understand learners lived experiences whilst on clinical placements. Minutes of the focus groups were recorded, shared, and remain with the project lead. Consent and themes have been generated as part of a scoping exercise for the TPEP work. Learners informed the 12-month</p>
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proposed rostering model. The TPEP Midwife also attended an MVP group and discussed the project's outcomes with service users. The service user's provided information regarding spoke opportunities they reported that they would like their midwives and future midwives to be aware of. These were related to the mental health pathway and resulted in engagement from the perinatal infant mental health teams. See appendix nine for a complete list of the PIVO opportunities.	
Number and dates of meetings	<ol style="list-style-type: none"> 1. UoB third year learners – 4th September 2023 2. UoM second year learners – 6th July 2023 3. UoS first year learners – 22nd September 2023 4. Rochdale and Oldham MVP – 17th November 2023

Table 7: Lead Midwives for Education (GM).

This group was created to discuss the TPEP priorities and inform GM LMEs of changing objectives and progress. The group stipulated arrangements for PIVO placements and enabled NMC engagement regarding the DCP pilot. Minutes of meetings were recorded, shared, and remain with the project lead.	
Membership	<ul style="list-style-type: none"> ❖ Catherine Flaherty – TPEP Midwife ❖ Margaret Walsh – LME (UoM) ❖ Lisa Bacon – LME (UoS) ❖ Sue Tully – LME (UoB)
Number and dates of meetings	<p>Monthly meetings from October-January 2024. 4 meetings in total.</p> <p>25th October 2023 29th November 2023 20th December 2023</p>
Final meeting	15 th January 2024

In addition, the midpoint TPEP report outcomes were documented within the GM PMO August Newsletter and GM Learning Environment Quality Group newsletter launched in September 2023.

The TPEP Midwife presented findings from the Neighbourhood Study Evaluation (see appendix eight) at the Manchester Service-learning conference on 15th November 2023. This resulted in possible collaboration with the University of Manchester Medical school regarding IPE opportunities for Midwifery learners and medical students in relation to action research within the public health domain. In addition, the project presented a poster at the Northwest Regional Enhancing Practice Symposim on 18th October 2023 (see appendix nine). This provided an opportunity to collaborate with other TPEP projects and work together on specific objectives. For instance, one of the potential PIVO placement opportunities for Midwifery learners within Primary Care and Social Prescribing networks was launched (see appendix four).

Finally, the project intends to submit a concept paper to the British Journal of Midwifery that addresses the complexity of the capacity conundrum within Midwifery Education and Practice. The associated outcomes have been submitted to the upcoming RCM Conference in May 2024 and the 9th International Nurse Education Conference in October 2024 for national broadcasting (see appendix ten).

Below highlights a roadmap of the TPEP's journey highlighting various progression stages in relation to promotion of the project's engagement and propagation:



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APPENDICES

Appendix One: Neighbourhood Study Evaluation.

An educational evaluation of the Neighbourhood Study within Midwifery year 1 community learning environments.

A brief report by: Flaherty, C., Furber, C. Bacon, L., and Cameron, H. (2023).

A Greater Manchester collaboration: The University of Manchester and The University of Salford, as part of the Midwifery Targeted Practice Education Project (TPEP) funded by Health Education England.

Summary

Learner Midwives spend a considerable amount of time on community placements. To understand the role of a Community Midwife and the context worked in, first year learner Midwives from the University of Manchester and the University of Salford participated in the Neighbourhood study project in 2022-2023. During their community placement, they identified local services that provide support to local women, birthing people, and their families within the community area that they were placed in. They collated information regarding the relevant services from the private, NHS and voluntary sector and explored how Midwives liaise with these services to provide holistic and individualized care for women and birthing people. Learners were allocated 21 - 37.5 practice hours for this depending on Approved Education Institutions (AEI).

One questionnaire was emailed to the participating learners and another to the Midwifery practice supervisors who engaged in the Neighbourhood study. The surveys were a combination of open and closed questions and obtained feedback regarding the experience. The response rate was 37% (n = 47) for learner Midwives and 23% (n = 30) for practice supervisors. Initial findings indicate the experience was valued and useful. A theme emerged to state that more guidance and support around implementing the Neighbourhood Study project is required. It indicated that learner wanted greater understanding of how midwives refer to these services and to understand more about what they do and offer.

Staff reported that they did not initially understand the study, but found the information provided beneficial for their own knowledge and practice. This learning experience has increased capacity for learner Midwives within community placements as each learner spends one week of placement on this activity. The Neighbourhood Study has increased capacity by three placements per year based on 180 learners being involved. Within this in mind, adaptations to the organisation and delivery of the study are in process ahead of the next academic year. Further exploration of the positive impact on placement capacity is required.

Background

Working as a public health practitioner forms part of the Midwives' role and is an essential domain within the NMC proficiencies for learner midwives (NMC, 2019). The Neighbourhood study is designed to enable and support learners to develop knowledge and understanding of community environments and underpin their ability to signpost and refer women and birthing people to

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relevant agencies as needed. As part of the Maternity Transformation Programme (Taylor et al., 2022) it is pertinent that there is an increase in collaborative working between maternity and community services to provide safe, holistic care for women and birthing people. It is the Midwives' responsibility to safeguard service users by referring them to appropriate services to meet their care needs (i.e., housing association and women's refuge for example).

It is more important than ever that learners develop an awareness of the social context and local facilities to be able to support the specific women/birthing people and families depending on their precise needs at that time. The Neighbourhood Study provides a unique opportunity for learners to work independently using a variety of resources to obtain this knowledge and 'understand the characteristics and needs of people in your community' as per one of the key actions within the Inclusive Health national framework (NHS, 2023). Learner Midwives are the future Midwifery workforce; thus, it is vital they are given the time to develop signposting skills and becoming familiar with differing referral pathways within their scope of practice so that they can apply this to people in their care (NMC, 2019).

Overall, the NHS long term plan (NHS, 2023) outlines the intention to increase the number of Learner Midwives educated in the UK. An underlying element of this is placement expansion, of which we will investigate if the Neighbourhood Study can provide, however, the need to ensure learners are obtaining high quality education and practical skills must be central to this. We are going to evaluate the use of the Neighbourhood Study within a maternity cohort of first year learner Midwives.

Method

Participants

The final sample included 30 Community Midwives and 47 Learner Midwives. Participants from both groups were all women, and either worked in or were on a community placement at one of the six maternity providers within Greater Manchester: Northern Care Alliance (NCA), Manchester Foundation Trust (MFT), Stockport Foundation Trust, Tameside General Hospital, Bolton Foundation Trust and Wroughtington, Wigan and Leigh Teaching Hospitals. Learners and Community Midwives were contacted by email and asked to complete an online anonymized survey.

Materials

The aim was to explore experiences of the Neighbourhood Study and to ascertain any practical hurdles that could be overcome and improved for its application for the next cohort in September 2023-2024. Two online surveys were created within Qualtrics (www.qualtrics.com). A combination of Likert scale questions closed, and open questions were created to discover information regarding the Neighbourhood Study.

Procedure

First year Learner Midwife participants were approached via an email from their lead tutors at the Universities of Manchester and Salford. This email contained a link to a Qualtrics survey which consisted of nine multiple choice questions and three open questions. Those who worked as community practice supervisors were also invited to participate in a survey via an email from a community Matron at their trust that contained a link to the Qualtrics survey. This survey consisted of seven questions: six of which were multiple choice regarding experiences of the Neighbourhood Study. The final question was open and provided an opportunity for Midwives to give general

feedback. The surveys were anonymous and aimed to gather evaluative evidence to improve the experience for future Neighbourhood Study cohorts.

Results

Survey 1: Learner Midwives

A 37% response rate was obtained from first year Learner Midwives from the University of Salford and Manchester. Four key ideas were generated from the data, (see Table 1). Additional quotes from open ended questions can be found within Figure 2. It is evident that the experience of the Neighbourhood Study is valued by learners and enabled them to develop their knowledge of public health by considering the additional services women and birthing people may require as part of their pregnancy journey. Interestingly, confidence building was apparent, and the learners reported that they were able to transfer knowledge from the Neighbourhood Study into their clinical practice. Data from the closed questions are represented in three graphs within Figure 1.

Table 1

A table to show common ideas derived from the survey (Learner Midwives)

Value of the study	Level of supervision	Time frame required	Confidence building
92% reported high value in completion of the NH study	63% respondents reported they did not communicate with their PS/PA during the NH study	70% respondents stated 10-21 hours	Increased awareness of community services
5% stated there was no value in completion of the NH study	20% stated they were uncertain what level of supervision was needed	25% respondents stated <21 hours	Heightened sense of confidence in practice
3% did not respond to this question	17% reported that they sought guidance for the study from PS/PA	5% respondents stated >21 hours	Greater ability to lead discussions with women and birthing people

Figure 1: Data obtained from Learner Midwives

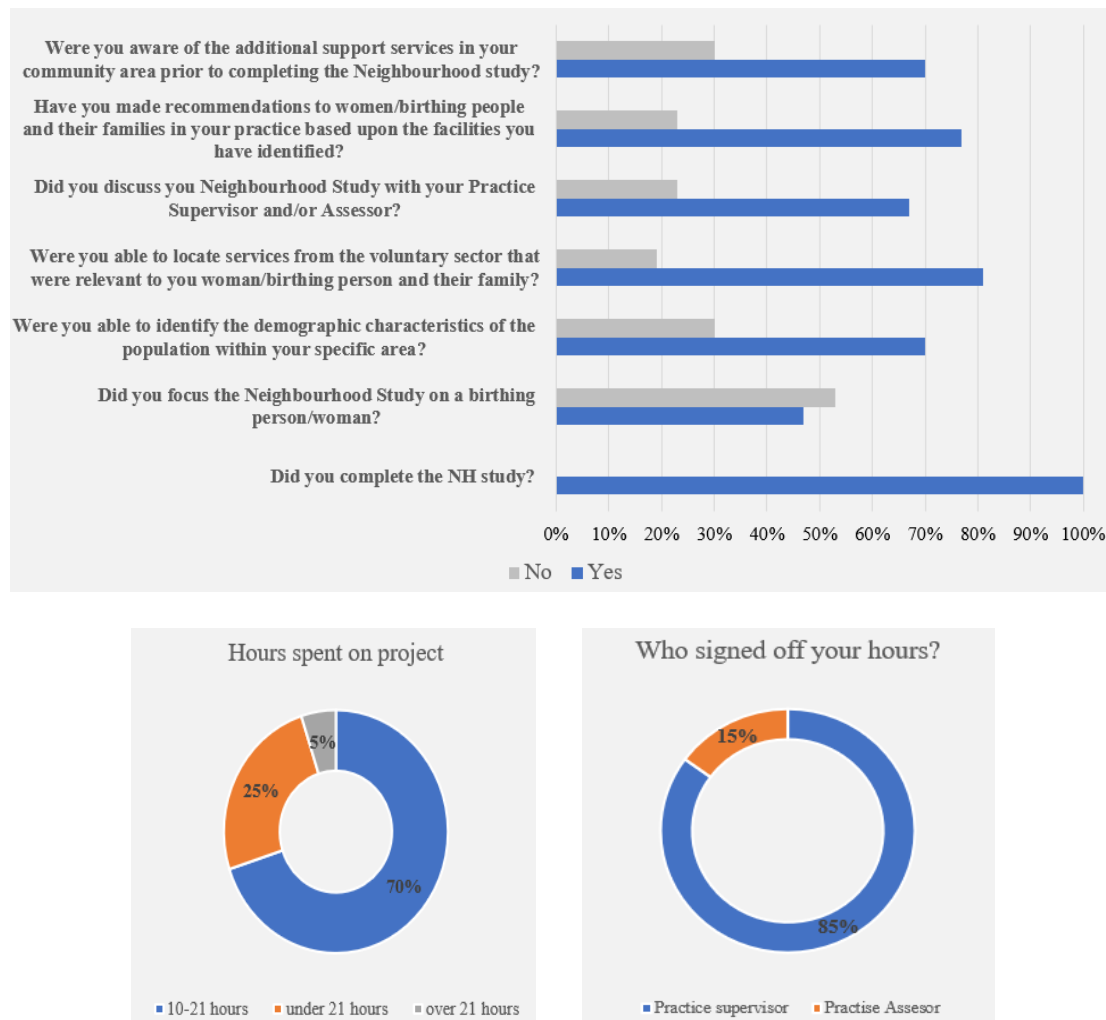


Figure 2: A sample of quotes from 3 open questions asked to Student Midwives

- Please tell us about any key issues you discussed with your practice supervisor or assessor.
 - 65% of respondents stated '*nothing was discussed*'
 - 10% of respondents mentioned that they discussed: refugee support, financial help, food banks and infant feeding groups
 - 18% of answers stated that they were '*uncertain what I should discuss*', and '*greater guidance is needed*'

- 2% of answers were unprofessional in nature, exemplifying a respondent not carefully considering the survey and its results

2. How did you find the experience of discovering community facilities for women and birthing people with young families?

- *'I enjoyed it. It made me feel more confident out in community as I could feedback about facilities to women.'*
- *'I did not need a full week to do it.'*
- *'The time frame was excessive'.*
- *'It was helpful to know about local services so I could practically advise women more'.*
- *'I felt more confident speaking to women and families who needed additional social support'.*
- *'I felt we needed more guidance on exactly what we needed to do'.*
- *'More direction needed on if this should have been linked to a specific family and what to do with the work'.*
- *'I did not know how to discuss it with my supervisor as they did not understand the work'.*
- *'It was good, but I did not speak to my supervisor about it'.*

3. What value do you think completing this work has added to your journey to becoming a qualified midwife?

- *'It has made me more aware of services available in the area and allows me to feel confident when women ask about information.'*
- *'I had confidence speaking to women who needed additional social support.'*
- *'For once, I felt like I had information to offer, rather than just observing'.*

- *'Helps me to be more aware of the demographics of an area and specific needs and services that women/birthing people living in this area may need'*
- *'Taught my supervisor about local services to signpost women too'.*
- *'I don't know all midwives know about the local services.'*
- *'My supervisor was not aware that midwives could refer to some of the local services'.*
- *'It has made me more aware of services available in the area and allows me to feel confident when women ask about information.'*
- *'I hope to work in the area I am training once qualified so it's helpful that this project gave me insight into the community and the services they offer.'*
- *'It has given me more confidence in starting discussions with women in the community and I am able to support them in a positive way.'*
- *'It would be good to know more about how these services support women.'*

Survey 2: Community Midwives

The response rate from Community Midwives was 14% less than from Learner Midwives nonetheless, the results indicated four common ideas, (see Table 2). The value of the study was evident, and staff reported intriguing applications of it. For example, it was stated that learners demonstrated greater awareness and confidence in discussing community services with women and birthing people. This was regarding the learners' ability to integrate what they have learned into their clinical practice. This is a crucial skill for all learners and a positive result for this work.

Most respondents reported that the rationale for the Neighbourhood Study was not transparent, and they were not aware of how much guidance and support they needed to provide to learners. Further, an overwhelming majority stated that the time frame was ambiguous and recommended this should be reduced. All results have been compiled to highlight staff feedback, (see figures 3 & 4).

Table 2

A table to show 4 common ideas derived from the survey (Community Midwives)

Value of the study	Unclear Guidance	Time frame required	Application of resources
87% reported high value in completion of the NH study	79% respondents reported they did not understand why the study was taking place	93% of respondents suggested that the study should be condensed:	Increased awareness of community services
13% stated there was no value in completion of the NH study	65% stated they were uncertain what level of supervision was needed	<i>'One week is too long and takes time away from community placement'</i>	Heightened sense of confidence in practice
<i>'It was good to watch the student inform a woman about the local food bank'</i>	27% reported that they felt students should undertake this work in theory hours	<i>'It is overkill, they could do this within a few days'</i>	Greater ability to lead discussions with women and birthing people

Figure 3: Data obtained from Community Midwives (Practice Supervisors/Assessors)

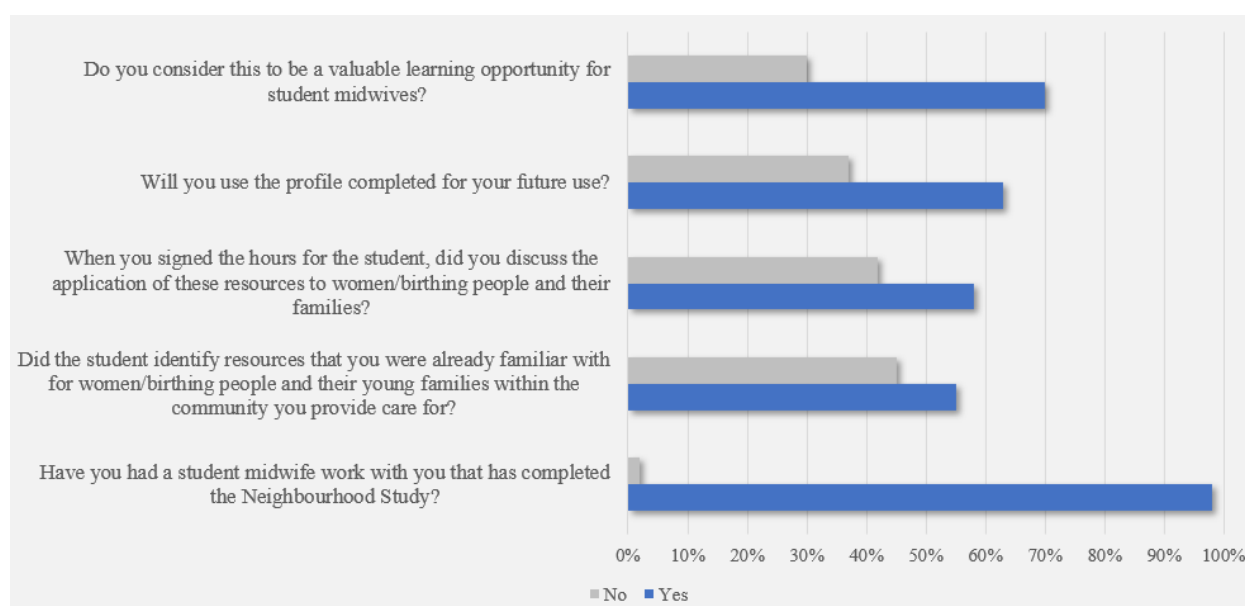


Figure 4: Quotes from 2 open questions asked to Community Midwives (Practice Supervisors/Assessors)

1. How much support did your student require with this?

- 64%: *'none'*
- 20%: *'lots'*
- 16%: *'minimal'*

2. Please provide any other feedback.

- *'While I thought it was a valuable learning opportunity, I felt that it disrupted the placement and that less time should have been allocated to the neighbourhood study.'*
- *'I don't think it requires a full week to complete this task.'*
- *'It should only be a day or two'.*
- *'I have not been given any information about this from the university.'*
- *'It was not clear exactly what the student needed to do.'*
- *'I was not sure how to support her because it was not obvious what they needed to do with the information.'*
- *'Maybe it would be good to focus a topic for the students to look at, like breastfeeding.'*

Discussion

Overall, the value of the Neighbourhood Study amongst learners is clear. This can be seen across two key areas; the learners confidence building, and knowledge acquisition of how public health is interwoven within a woman and birthing person's journey. Both of which are vital to a learner Midwives' development and obtaining midwifery proficiencies. A significant process of confidence building relates to the acquirement of self-efficacy. Learners within this evaluation were able to obtain this by applying their new knowledge to practice (Thompson et al., 2021). For example, one learner stated that 'I had confidence speaking to women who needed additional social support' and another said, 'for once, I felt like I had information to offer, rather than just observing'. The study has given them greater confidence when communicating with women and birthing people and enabled them to believe in their own ability regarding what they have to offer the clinical partnership when working with a woman/birthing person.

Greenway, Butt, and Walthall (2019) suggested that a clinical learning environment needed to maintain close contact with the AEI to enable a positive experience for learners. The Neighbourhood Study provides a steppingstone in improving collaboration between theory and practice as it gives the AEI's an opportunity to engage with clinical community leads when beginning a new Neighbourhood Study cohort. Plus, learners are required to work independently using a variety of resources that will benefit them academically, but also feedback to their practice supervisor regarding their findings, further bridging the gap between theory and practice.

Learners in this study stated that they felt 'confident' and 'proud' when they were able to inform their practice supervisor about useful resources for families. For instance, 'I taught my supervisor about local services to signpost women too'. A systematic review (Folkdvard & Risa, 2022) concluded that learners develop greater self-efficacy as a healthcare professional when they feel psychologically safe to share their knowledge with a supervisor. From the data we have obtained so far, it is apparent that the Neighbourhood Study lends support to this developmental process for learners.

Given that the needs of women and birthing people are changing in line with societal changes; there is an increase in pregnancies amongst those with complex medical comorbidities such as neurological disorders (i.e., epilepsy) and cardiac conditions, as well as pregnancies because of IVF for single parent and same sex families, and/or those who have transitioned genders for example (McNeill, Lynn & Alderdice, 2012) therefore, the need to engage with additional services that may support these people on their pregnancies journeys is more crucial than ever. The Neighbourhood Study not only provided exposure to what services exist in a specific geographical footprint, but also highlighted where gaps may exist regarding supplementary services. This is essential education that Midwifery learners require, and it will enable them to provide accurate, relevant, and individualised health promotion to women and birthing people as per domain 3 within the Midwifery Proficiencies (NMC, 2019).

Furthermore, those who engaged in the Neighbourhood Study were given the opportunity to review the health and social care needs of women and birthing people within the area they worked. The learners within this evaluation were based within Greater Manchester, which hosts a diverse population with poor health outcomes and life expectancy data (Marmot, 2021). Pregnancy acts as a 'teachable moment' whereby birthing people are more likely to engage with health promotion materials and make positive life choices (Rockliffe et al., 2022), thus this is a timely experience for learners to obtain practical knowledge and signposting skills. This will be invaluable to them as they transition into the workforce as it enables them to value their Midwifery role, which has the potential of being an agent of positive change within society (Sakala & Newburn, 2014). The value of this was echoed within the key ideas derived from the qualitative data within this evaluation.

This learning experience has increased capacity for learner midwives within community placements as each learner spends one week of placement on this activity. The Neighbourhood Study has increased capacity by three placements per year based on 180 learners being involved. Within this in mind, adoptions to the organisation and delivery of the study are in process ahead of the next academic year. Further exploration of the positive impact on placement capacity is required.

Immediate actions for the future cohorts of the Neighbourhood Study

Outcomes from the Neighbourhood Study evaluation will be implemented prior to the second cohort commences clinical practice (13th November 2023).

- We will engage directly with community management and staff before learner midwives commence the first community placement. To obtain assurance that PS/PA's understand the Neighbourhood study by attending community meetings and offering a Q&A session.
- We will provide clear and transparent information to learners and midwives regarding: the rationale behind the work and detailed instructions on how to complete the study and what the feedback and discuss with PS.
- Utilise the same learning materials across both AEI's (University of Manchester and the University of Salford).
- Encourage the use of a geographical lens to explore services in the learner's allocated community area. However, to encourage learners to expand this and center their work around a specific caseload/family to ascertain a comprehensive, individualised, and meaningful set of resources/services for a woman and/or birthing person.

Conclusion

Our qualitative and quantitative data has shown that engagement in this placement has not only increased capacity, but also enhanced the confidence and self-efficacy of Midwifery learners when out in practice. This is crucial as it shapes a positive culture amongst learners as they transition to becoming newly qualified Midwives. This may aid retention of the workforce as found in the reducing Preregistration Attrition and Improving Retention (RePAIR) project (HEE, 2018).

The future

- To complete another formal evaluation of the Neighbourhood study following completion of the second cohort finishing it in August 2024.
- To collaborate with other AEI's and Healthcare learners that complete the Neighbourhood study as part of their programme. I.e., by completing the study within a virtual/in-person group of learners to provide (Inter-professional experience) IPE opportunities, for example with Adult Nursing Learners at the University of Manchester and the University of Chester.
- Create an online resource (e.g., Padlet) to show case midwifery learners directory of services that are pertinent to the care needs for women/birthing people and families.

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Appendix Two: GM Capacity Audit Tool

This capacity mapping tool has been adapted from the work produced by Neesha Ridley and Clare Boag on the Midwifery Expansion Project (MEP) conducted in Northeast and North Cumbria in 2020-21.

The pre-existing tool has been reviewed and modified to meet the requirements of GM AEI's and clinical areas within this geographic footprint. It aims to obtain the necessary intelligence around each clinical learning environment. This will reflect the needs of learners accessing maternity services and gather information regarding future opportunities for student learning and development.

This tool should be continuously reviewed, and findings shared directly with service leads.

Practice Learning Area	Does the area currently accommodate midwifery students? (Yes/No)	Based on existing audit figures what is the student placement capacity for the area? When was this calculated & how? include additional comments.	Are students allocated in full-weeks or is this reflective of hours worked per week? Some students work 21 hours (UoM) and others 37.5 hours.	How many midwives are in each area per shift? E - Early (or 9-5/8-4) L - Late LD - Long day (12-13 hours) N - Night duty For specialist MW please indicate number in post	Please indicate the number of Practice Assessors (PA) available in this area to support practice learning. Are they given training for this role? if so, please comment.	How are students rostered to this area? Who is responsible for this? How much notice are they given?	Please indicate if other learners access this area and state the discipline e.g., nurses, health visitors or medics.	If the area is not currently used for practice learning is there an opportunity to increase placement capacity to this area? If not, please indicate why.	Please indicate the number of students that could be accommodated in this area to increase capacity. Would additional resource be required? i.e., IT or office space?	Could time be allocated to students for reflection and debrief learning within this learning area?	Do you have students from every year group (1,2,3 & post RN) out in this learning area at the same time? Do they work collaboratively? Do you think this synergy could work in this area?
ANTENATAL											
Community Midwife (CMW)	Yes No			E L LD N				Yes No			
Continuity Teams	Yes No							Yes No			
Ultrasound Scan Department (USS)	Yes No							Yes No			
Specialist Antenatal clinics e.g., hypertensive clinic, obstetric/midwifery led (hospital antenatal clinic)	Yes No							Yes No			
Smoking cessation clinic	Yes No							Yes No			
Fetal Medicine unit	Yes No							Yes No			
Research Midwife or Core Research team	Yes No							Yes No			
Practice Development and support midwives	Yes No							Yes No			
Antenatal Ward (ANW)	Yes No							Yes No			
Maternity assessment day unit	Yes No							Yes No			
Early Pregnancy assessment unit	Yes No							Yes No			
Triage	Yes No							Yes No			

Antenatal Education (MW)	Yes No				Number of MW in post				Yes No			
Bereavement Midwife	Yes No								Yes No			
Infant Feeding midwife/ team	Yes No								Yes No			
Diabetic Midwife/ team	Yes No								Yes No			
Drug and Alcohol Midwife	Yes No								Yes No			
Haematology midwife	Yes No								Yes No			
Screening midwife	Yes No								Yes No			
Mental Health midwife/ team	Yes No								Yes No			
Safeguarding midwife/ team	Yes No								Yes No			
Governance Midwife /team	Yes No								Yes No			
MAS team/ midwife	Yes No								Yes No			
***	Yes No								Yes No			
***	Yes No								Yes No			
***	Yes No								Yes No			
***	Yes No								Yes No			
***	Yes No								Yes No			

Practice Learning Area	Does the area currently accommodate students? (Yes/No)	Based on existing audit figures what is the student placement capacity for the area? When was this calculated & how? Include additional comments.	Are students allocated in full-weeks or is this reflective of hours worked per week? Some students work 21 hours (UoM) and others 37.5 hours.	Indicate specialist MW number in post please.	Please indicate the number of Practice Supervisors (PS) available in this area to support practice learning. Are they given training for this role? If so, please comment.	How are students rostered to this area? Who is responsible for this? How much notice are they given?	Please indicate if other learners access this area and state the discipline e.g., nurses, health visitors or medics.	If the area is not currently used for practice learning is there an opportunity to increase placement capacity to this area? If not, please indicate why.	Please indicate the number of students that could be accommodated in this area to increase capacity. Would additional resource be required? i.e., IT or office space?	Could time be allocated to students for reflection and debrief learning within this learning area?	Do you have students from every year group (1,2,3 & post RN) out in this learning area at the same time? Do they work collaboratively? Do you think this synergy could work in this area?
Breastfeeding Support Service	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										
***	Yes No										

Please provide any additional information, specific to your unit or experience which would help build midwifery capacity in your area.

Please provide details of any potential, unused placement capacity 'outside' of the maternity service which could be used to support an increase in capacity.

The information gathered will guide the future work of the Midwifery TPEP project across Greater Manchester This is an NHS England funded project and we hope to bridge the gap between Accredited Educational Institutions' and clinical practice and enrich Midwifery learners experience whilst out on placement.

Appendix Three: Capacity audit outcomes for core Midwifery NHS placement circuits throughout Greater Manchester.

Stockport Foundation Trust – Stepping Hill Hospital and the High Peak Midwives

Current State							
Clinical Area	Delivery	Birth Centre	M2	ANC*	Community*	High Peak*	Triage
Shifts per week	36	6	45	6	45	6	12
Reported capacity	12	2	15	2	15	2	4
TOTAL Shifts per week	156						

Future State: Based on min staffing obtained in the audit.							
Clinical Area	Delivery	Birth Centre	M2	ANC*	Community*	High Peak*	Triage
Shifts per week	42	14	53	6	48	6	14
Max number of learners per shift	3	1	4	2	11	2	1
New capacity	14	4	17.6	2	15	2	4
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	183.125						

Comparison		
Difference current and future state	27.125	17.39%
Equivelant number of learners	9.0	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	52
Future State	58.6
Increase	6

Bolton Foundation Trust – Bolton Hospital

Current State									
Clinical Area	Delivery	Birth Centre	ANC*	ANDU	M2	M4	M5	Community*	Triage
Shifts per week	63	21	9.3	3	45	30	30	81	0
Reported capacity	21	7	3	1	15	10	10	27	0
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	282.3								

Future State: Based on min staffing obtained in the audit.									
Clinical Area	Delivery	Birth Centre	ANC*	ANDU	M2	M4	M5	Community*	Triage
Shifts per week	70	28	6.2	3	56	42	42	79	14
Max number of learners per shift	5	2	2	1	4	3	3	18	2
Reported capacity	23	9	3	1	18	14	14	27	2
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	339.95								

Comparison		
Difference current and future state shifts per week	43.65	15.46%
Equivelant number of learners	14.55	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	94
Future State	111
Increase	17

Manchester Foundation Trust – Oxford Road Campus (St Mary's Hospital)

Current State										
Clinical Area	Ward 66 Delivery	AAU	ANC Salford*	ANC*	Ward 47B	ERP	Ward 66	Ward 65	Community*	Triage 64A
Shifts per week	99	9	9	18	42	24	54	54	72	24
Reported capacity	33	3	3	6	14	8	18	18	24	8
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	405									

Future State: Based on min staffing obtained in the audit.										
Clinical Area	Ward 66 Delivery	AAU	ANC Salford*	ANC*	Ward 47B	ERP	Ward 66	Ward 65	Community*	Triage 64A
Shifts per week	112	14	6	12	84	42	84	84	70	36
Max number of learners per shift	8	1	2	4	6	3	6	6	16	3
Reported capacity	37	4	3	6	28	14	28	28	24	12
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	544									

Comparison		
Difference current and future state	139	34.32%
Equivelant number of learners	46.3	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	135
Future State	184
Increase	49

Manchester Foundation Trust - North Manchester General Hospital

Current State							
Clinical Area	Delivery	Birth Centre	ANC*	MAU	ANW	Community*	PNW
Shifts per week	45	6	15	12	33	60	33
Reported capacity	15	2	5	4	11	20	11
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	204						

Future State: Based on min staffing obtained in the audit.							
Clinical Area	Delivery	Birth Centre	ANC*	MAU	ANW	Community*	PNW
Shifts per week	56	14	15	14	42	61	42
Max number of learners per shift	4	1	5	1	3	14	3
Reported capacity	18	3	5	4	14	20	14
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	244.25						

Comparison		
Difference current and future state	40.25	19.73%
Equivelant number of learners	13.4	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	68
Future State	78
Increase	10

Manchester Foundation Trust – Wythenshawe Hospital

Current State								
Clinical Area	Delivery	Birth Centre	ANC*	riage/DCA	Ward C2	Community*	ERB	Ward C3
Shifts per week	56	14	12	28	42	56	14	28
Reported capacity	18	4	4	4	11	19	4	6
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	250							

Future State: Based on min staffing obtained in the audit.								
Clinical Area	Delivery	Birth Centre	ANC*	riage/DCA	Ward C2	Community*	ERB	Ward C3
Shifts per week	56	14	9	28	56	57	28	28
Max number of learners per shift	4	1	3	2	4	13	2	2
Reported capacity	18	4	4	9	18	19	9	9
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	275.875							

Comparison		
Difference current and future state	25.875	10.35%
Equivelant number of learners	8.6	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	70
Future State	90
Increase	20

Tameside and Glossop Integrated Trust – Tameside General Hospital

Current State						
Clinical Area	Delivery	Birth Centre Acorn	ANC*	ANAU	Ward 27	Community*
Shifts per week	28	14	9	6	28	36
Reported capacity	10	3	3	2	10	12
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	121					

Future State: Based on min staffing obtained in the audit.						
Clinical Area	Delivery	Birth Centre Acorn	ANC*	ANAU	Ward 27	Community*
Shifts per week	39	14	10	14	36	35
Max number of learners per shift	3	1	2	1	3	8
Reported capacity	13	4	3	4	12	12
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	148					

Comparison		
Difference current and future state	27	22.31%
Equivelant number of learners	9.0	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	40
Future State	48
Increase	8

Northern Care Alliance – Royal Oldham Hospital and Rochdale Infirmary (Antenatal Clinic)

Current State									
Clinical Area	Labour Ward	Birth Centre	ANC ROH*	ANC RI*	PNW	ANW	ANDU / Triage	Community*	Infant Feeding*
Shifts per week	69	9	6	6	36	36	12	60	3
Reported capacity	23	3	2	2	12	12	4	20	1
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	237								

Future State: Based on min staffing obtained in the audit.									
Clinical Area	Labour Ward	Birth Centre	ANC ROH*	ANC RI*	PNW	ANW	ANDU / Triage	Community*	Infant Feeding*
Shifts per week	70	14	6	6	42	42	28	53	3
Max number of learners per shift	5	1	2	2	3	3	2	12	1
Reported capacity	23	4	2	2	14	14	9	20	1
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	263.5								

Comparison		
Difference current and future state	26.5	11.18%
Equivalent number of learners	8.8	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	79
Future State	89
Increase	10

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust – Royal Albert Edward Infirmary

Current allocation						
Clinical Area	Delivery	PNW	ANW	ANC*	Community*	MAU
Shifts per week	36	24	24	4	39	9
Reported capacity	12	8	8	2	13	3
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	136					

Future State: Based on min staffing obtained in the audit.						
Clinical Area	Delivery	PNW	ANW	ANC*	Community*	MAU
Shifts per week	39	28	28	3	39	9
Max number of learners per shift	3	2	2	1	9	2
Reported capacity	13	9	9	2	13	3
TOTAL Shifts per week (excludes spokes, NICU, Gynae)	146.375					

Comparison		
Difference current and future state	10.375	7.63%
Equivalant number of learners	3.5	

* Short shifts have been converted into LD/N for the purpose of this work.

Capacity	
Current State	46
Future State	49
Increase	3

Trust	Reported Capacity (week)	Extended Capacity (week)
ORC	135	184
NMGH	68	78
Wyth	70	90
Stockport	52	58
Wigan	46	49
NCA	79	89
Bolton	94	111
TGH	40	48

Appendix Four: Greater Manchester Spoke Directory per NHS trust and across the Private and Voluntary Sector.



A Greater Manchester Spoke Directory for Midwifery Learners.



Catherine Flaherty, Dr Christine Furber and Carol Le Blanc.

Please review the embedded document below:



Greater%20Manchest
er%20Spoke%20Dire

Appendix Five: Examples of the proposed 12-month rostering for Midwifery learners per maternity learning environment.

Below is a generic example of the rostering model for an area that has a reported capacity of eight learners per week. This model was developed initially by the Practice Education Midwives at Liverpool Women's Hospital. Week A can refer to any week in the year – for the purpose of this example it will fall on the week commencing 09/09/2024 ending at week H (28/10/2024). These rotations can be repeated throughout the course of the year and the learner will adhere to their same student number.

This increases equity across the midwifery learners so that they each experience every combination of shifts over a 24 hour and 7-day week period.

Week A: (09/09/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1	LD	LD		LD			
Learner 2	LD		LD				LD
Learner 3	LN	LN	LN				
Learner 4		LD			LD	LD	
Learner 5		LN	LN	LN			
Learner 6			LD	LD			LD
Learner 7				LN	LN	LN	
Learner 8					LN	LN	LN

Week B: (16/09/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1					LN	LN	LN
Learner 2	LD	LD		LD			
Learner 3	LD		LD				LD
Learner 4	LN	LN	LN				
Learner 5		LD			LD	LD	
Learner 6		LN	LN	LN			
Learner 7			LD	LD			LD
Learner 8				LN	LN	LN	

Week C: (23/09/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1				LN	LN	LN	
Learner 2					LN	LN	LN
Learner 3	LD	LD		LD			
Learner 4	LD		LD				LD
Learner 5	LN	LN	LN				
Learner 6		LD			LD	LD	

Learner 7		LN	LN	LN			
Learner 8			LD	LD			LD

Week D: (30/09/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1			LD	LD			LD
Learner 2				LN	LN	LN	
Learner 3					LN	LN	LN
Learner 4	LD	LD		LD			
Learner 5	LD		LD				LD
Learner 6	LN	LN	LN				
Learner 7		LD			LD	LD	
Learner 8		LN	LN	LN			

Week E: (07/10/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1		LN	LN	LN			
Learner 2			LD	LD			LD
Learner 3				LN	LN	LN	
Learner 4					LN	LN	LN
Learner 5	LD	LD		LD			
Learner 6	LD		LD				LD
Learner 7	LN	LN	LN				
Learner 8		LD			LD	LD	

Week F: (14/10/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1		LD			LD	LD	
Learner 2		LN	LN	LN			
Learner 3			LD	LD			LD
Learner 4				LN	LN	LN	
Learner 5					LN	LN	LN
Learner 6	LD	LD		LD			
Learner 7	LD		LD				LD
Learner 8	LN	LN	LN				

Week G: (21/10/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1	LN	LN	LN				
Learner 2		LD			LD	LD	
Learner 3		LN	LN	LN			
Learner 4			LD	LD			LD
Learner 5				LN	LN	LN	
Learner 6					LN	LN	LN
Learner 7	LD	LD		LD			
Learner 8	LD		LD				LD

Week H (28/10/2024)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Learner 1	LD		LD				LD
Learner 2	LN	LN	LN				
Learner 3		LD			LD	LD	
Learner 4		LN	LN	LN			
Learner 5			LD	LD			LD
Learner 6				LN	LN	LN	
Learner 7					LN	LN	LN
Learner 8	LD	LD		LD			

I have applied the principles of this model to two of the trusts within Greater Manchester and developed examples of possible off-duties below. These have been developed based on minimum staffing requirements and the reported number of learners that each placement area can accommodate per shift.

The proposed shift patterns can repeat on a specified rotation number that is based on the total capacity figure per area, then the initial repetition can reoccur. To utilise this within a mapped 12-month period each learner will be assigned a number (e.g., 1-4 or 1-14 in the below examples for Stockport Birth Centre and Delivery Suite) and each rotation should be mapped to a week in the year.

Midwifery learners within Greater Manchester work either two shifts or three shifts per week. The University of Manchester first year learners and current third year learners (until September 2024) work on a two-shift per week model.

Stockport Foundation Trust – Stepping Hill Hospital and The High Peak Midwives

Birth Centre

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2				LN	LN	LN		3
3	LD		LD	LD				3
4		LD			LD	LD		3
5								0
LD	1	1	1	1	1	1	0	6
LN	1	1	1	1	1	1	0	6

An examples rotation could follow the below pattern on repetition over a 12-month period:

Week A							Week B							Week C							Week D						
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
LN	LN	LN					LD		LD	LD						LD	LN	LN	LN			LD			LD	LD	
	LD			LD	LD		LN	LN	LN					LD		LD	LD						LN	LN	LN		
			LN	LN	LN			LD			LD	LD		LN	LN	LN					LD	LD	LD				
LD		LD	LD							LN	LN	LN			LD			LD	LD		LN	LN	LN				
1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	0
1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	0

Delivery Suite

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2	LN	LN	LN					3
3	LN	LN	LN					3
4				LN	LN	LN		3
5				LN	LN	LN		3
6				LN	LN	LN		3
7	LD		LD				LN	3
8	LD		LD				LN	3
9	LD	LD					LN	3
10				LD	LD		LD	3
11				LD		LD	LD	3
12				LD		LD	LD	3
13		LD			LD	LD		3
14		LD	LD		LD			3
LD	3	3	3	3	3	3	3	21
LN	3	3	3	3	3	3	3	21

An example rotation could follow the below pattern on repetition over a 12-month period following a pattern adhering to A-H:

Week A							Week B							Week C							Week D							Week E						
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
LD		LD				LN				LN	LN	LN					LN	LN	LN					LD	LD		LD				LD	LD	LD	
LN	LN	LN					LD		LD				LN				LN	LN	LN					LN	LN	LN					LD	LD		LD
LN	LN	LN					LN	LN	LN					LD		LD				LN				LN	LN	LN					LN	LN	LN	
	LD			LD	LD		LN	LN	LN					LN	LN	LN					LD		LD				LN				LN	LN	LN	
			LD		LD	LD					LD	LD		LN	LN	LN					LN	LN	LN					LD		LD			LN	
LD	LD					LN				LD		LD	LD		LD			LD	LD		LN	LN	LN					LN	LN	LN				
LN	LN	LN					LD	LD					LN				LD		LD	LD					LD	LD		LN	LN	LN				
			LN	LN	LN		LN	LN	LN					LD	LD					LN				LD		LD	LD		LD			LD	LD	
LD		LD				LN				LN	LN	LN		LN	LN	LN					LD	LD					LN				LD		LD	
	LD	LD		LD			LD		LD				LN				LN	LN	LN		LN	LN	LN					LD	LD				LN	
			LD		LD	LD		LD	LD		LD			LD		LD				LN				LN	LN	LN		LN	LN	LN				
			LD	LD		LD				LD		LD	LD		LD	LD					LD		LD				LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
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			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN				LN	LN	LN	
			LN	LN	LN					LD	LD		LD				LD		LD	LD							LN			</				

Triage

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2				LN	LN	LN		3
3	LD		LD	LD				3
4		LD				LD	LD	3
LD	1	1	1	1	0	1	1	6
LN	1	1	1	1	1	1	0	6

M2

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2	LN	LN	LN					3
3	LN	LN	LN					3
4	LN	LN	LN					3
5				LN	LN	LN		3
6				LN	LN	LN		3
7				LN	LN	LN		3
8				LN	LN	LN		3
9				LD		LD	LD	3
10				LD	LD		LD	3
11				LD		LD	LD	3
12				LD		LD	LD	3
13			LD		LD	LD		3
14		LD	LD		LD			3
15	LD	LD			LD			3
16		LD	LD				LN	3
17	LD	LD					LN	3
LD	2	4	3	4	4	4	4	25
LN	4	4	4	4	4	4	2	26

High Peak Midwives

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	Day	Day	Day	Day	Day			5
2			Day	Day	Day	Day	Day	5
Day Shift (Community) 08.30-16.30	1	1	2	2	2	1	1	10

Community

	Week A/Rotation 1							
Midwifery Learners	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	Day	Day	Day	Day	Day			5
2	Day	Day	Day	Day	Day			5
3	Day	Day	Day	Day	Day			5
4			Day	Day	Day	Day	Day	5
5			Day	Day	Day	Day	Day	5
6			Day	Day	Day	Day	Day	5
7	Day	Day	Day			Day	Day	6
8	Day	Day	Day			Day	Day	5
9	Day	Day			Day	Day	Day	5
10	Day	Day	Day	Day	Day			4
11		Day		Day	Day	Day	Day	5
12	Day	Day	Day	Day	Day			5
13	Day	Day		Day	Day	Day	Day	5
14	Day	Day	Day	Day				5
15	Day	Day	Day	Day	Day			1
Day	11	12	12	12	12	8	8	75

* Due to reduced staffing on weekends accurate capacity is: 12 Monday-Friday and 8 on the weekends. This is representative of maximum figures.

Antenatal Clinic

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	Day	Day	Day	Day	Day			5
2	Day	Day	Day	Day	Day			5
Day	2	2	2	2	2	0	0	10

Tameside and Glossop Integrated Care – Tameside General Hospital

Delivery Suite

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2	LN	LN	LN					3
3	LN	LN	LN					3
4				LN	LN	LN		3
5				LN	LN	LN		3
6				LN	LN	LN		3
7	LD			LD	LD			3
8	LD	LD					LN	3
9				LD	LD		LD	3
10				LD		LD	LD	3
11	LD					LD	LD	3
12		LD	LD			LD		3
13		LD	LD		LD			3
LD	3	3	2	3	3	3	3	
LN	3	3	3	3	3	3	1	

Birth Centre

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2				LN	LN	LN		3
3	LD		LD	LD				3
4		LD			LD	LD		3
								0
LD	1	1	1	1	1	1	0	
LN	1	1	1	1	1	1	0	

ANAU

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2				LN	LN	LN		3
3	LD		LD	LD				3
4		LD			LD	LD		3
LD	1	1	1	1	1	1	0	
LN	1	1	1	1	1	1	0	

Ward 27

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	LN	LN	LN					3
2	LN	LN	LN					3
3	LN	LN	LN					3
4				LN	LN	LN		3
5				LN	LN	LN		3
6	LD		LD	LD				3
7	LD		LD	LD				3
8		LD			LD	LD		3
9		LD			LD	LD		3
10		LD			LD	LD		3
11	LD		LD	LD				3
12				LN	LN	LN		3

Community

	Week A/Rotation 1							
Midwifery Learner	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
1	Day	Day	Day	Day				4
2	Day	Day	Day	Day				4
3	Day	Day	Day	Day				4
4				Day	Day	Day	Day	4
5				Day	Day	Day	Day	4
6				Day	Day	Day	Day	4
7	Day	Day	Day		Day			4
8	Day	Day	Day			Day		4
9	Day	Day	Day		Day			4
10	Day	Day	Day				Day	4
11	Day	Day	Day	Day				4
12				Day	Day	Day	Day	4

FOR AEI'S, STAKEHOLDERS AND MIDWIFERY LEARNERS.



As part of the TPEP project within Greater Manchester it is proposed that a Digital Clinical Placement (DCP) would enrich the learning experience for Learner Midwives. The DCP model has previously been used within Nursing and AHP as a standalone clinical placement for the cancer pathway in Greater Manchester.

We hope to use the blueprint of this model and apply / develop a maternity specific DCP.

Below depicts how a DCP is specifically relevant to certain NMC Standards and Frameworks (NMC 2019; NMC 2023) within pre-registration Midwifery courses.

Overall, the DCP will provide learning opportunities beyond the current clinical placement network and specifically support learners to achieve 'building relationships' and 'communication' proficiencies across each part of the pregnancy continuum. This will enable learners to develop confidence using digital systems and promote digital health opportunities, as well as gaining clinical exposure to experiences impacting women and birthing people that are less common in practice. Potential content includes, Loss (bereavement and maternal death) Perinatal Mental Health, Cancer in Pregnancy, Caring for birthing people from the LGBTQ+ community and public health.

The DCP will contribute to learners' proficiency in digital capability which relates to midwifery proficiency 1.23 (NMC 2019 p15). Furthermore, the development of digital healthcare is evolving, and evidence indicates that digital literacy is important for the workforce (Slade et al 2021).

The DCP provides efficiency in delivery of learning and the facility to introduce different perspectives to learners that will foster development of compassionate care (Kirkup 2022).

The NMC (2023a p.14) defines learning environments as:

'Learning environments includes any environment in terms of physical location where learning takes place', for example individuals' homes, community centers and hospitals, 'as well as the system of shared values, beliefs and behaviours within these places'.

NMC STANDARDS FOR EDUCATION AND TRAINING

Standards Framework for nursing and midwifery education (NMC 2023b)

These standards for nursing and midwifery education apply to all Approved Education Institutions (AEIs) and their practice learning partners that are delivering NMC approved programmes.

1. Learning Culture standards

- 1.1 *'The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld.'*

The Maternity DCP will have established ground rules regarding safe learning within a digital platform. Learners are provided with a coach and practice supervisors to support and oversee the learning experience. These processes will maintain a positive learning and supportive culture throughout the learning environment.

- 1.4 *'Ensure educators and others involved in supervision, learning and assessment understand their role in preserving public safety'.*

Practice supervisors who facilitate the DCP will be educated in their role and understand their role in patient safety, and in ensuring that learners are safe. A workshop will be held with those involved prior to commencement of the DCP.

1.9 'Ensure students are supported and supervised in being open and honest with people in accordance with the professional duty of candour.'

Learners on the DCP will benefit from expert practice supervision and guidance from coaches to facilitate conversation and transparent discussion on sensitive topics that span the pregnancy / life course continuum (NMC 2019 p. 19, proficiency 3.5). Facilitators are registrants and act as practice supervisors (NMC 2023a, Standard 2 and 3 Standards for Student Supervision and Assessment [SSSA]).

1.10 'Ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with equalities and human rights legislation.'

Learners will be able to reflect and consider various perspectives within a safe setting. Learners are provided with in-depth high quality personalised written feedback at mid-point and end point. This relates to SSSA 3.3 (NMC 2023a).

1.11 'Promote programme improvement and advance equality of opportunity through effective use of information and data.'

Regular evaluation and auditing of the DCP will take place post each session. The mode of digital delivery will foster inclusion and be accessible.

1.12 'Ensure programmes are designed, developed, delivered, evaluated, and co-produced with people who use services and other stakeholders.'

We are in the process of coordinating a steering group to co-create the subject content for the Midwifery DCP. We will ensure service user/s and clinical stakeholder/s and learners will be involved in this process. This will ensure that AEs and practice learning partners will work together to develop, deliver, and manage learning (NMC 2023a).

1.13 'Work with service providers to demonstrate and promote inter-professional learning and working, and'

The DCP provides a unique opportunity for Interprofessional Education. The first pilot will be around bereavement and loss and will involve health professionals from other disciplines related to bereavement / loss.

It is proposed that future DCP opportunities will enable partnership working and collaboration with Mental health regarding perinatal mental health and Children and Young People colleagues in respect to Neonatal proficiencies and infant feeding for example.

It is envisaged that DCP delivery will facilitate further understanding of multidisciplinary roles and working that were highlighted as an area of development in the Ockenden enquiry (2022p 14).

1.14'support opportunities for research collaboration and evidence-based improvement in education and service provision.'

The DCP is novel and will provide opportunities for research and evaluation of this mode of delivery of teaching and subsequent learning. The DCP on bereavement will be evaluated in a similar method to the cancer care pathway. A research plan is established with the University of Liverpool.

2. Educational Governance and Equality

2.2 Standards: 'All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.'

The development of DCP content will be co-created in conjunction with service users and support from the Maternity Voice Partnership and other charities. All other relevant stakeholders will be collaborators. This will ensure the proposed learning environment will optimise the diverse needs of service users, learners, and all other stakeholders.

2.14 'Regularly review all learning environments and provide assurance that they are safe and effective.'

2.15 'Have the capacity, facilities, and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes.'

Robust daily evaluations within the pilot phase of the project and auditing of the placement will provide assurance that the placement is safe, provides quality education and is effective.

3. Student Empowerment

3.1 'Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code'.

The DCP provides a different learning opportunity that will contribute to the achievement of proficiencies. The DCP also fosters experiential learning in a digital environment.

3.3 'Have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs'.

The DCP will facilitate interprofessional working and partnerships. The initial DCP is proposed to be related to bereavement and loss will include practitioners from a range of disciplines including nursing, neonatal care, medicine, paediatrics, faith leaders, psychologists and from charities supporting parents who are bereaved.

3.4 'Are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation learning appropriate for their programme as necessary for safe and effective practice'.

The DCP provides a learning environment using technology that will foster understanding and experiential learning of digital environments and develop digital literacy.

3.5 'Are supervised and supported in practice learning in accordance with the NMC Standards for student supervision and assessment'.

Facilitators who are registrants will be practice supervisors.

3.13 'Are provided with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing'.

The DCP will have self-care and managing your own physical and mental well-being incorporated into the content.

3.16 'Have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills'.

The DCP will facilitate opportunity for learning from peers and other disciplines. This is one of the main aims of the DCP. The DCP related to loss will have opportunity for participants to share their experiences of loss as relevant. See 3.3 above for the range of disciplines involved in the DCP related to loss.

3.17 'Receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning,

Opportunity to receive constructive feedback will be facilitated from practice supervisors, coaches, and peers during the weeklong DCP.

Standards for pre-registration midwifery programmes (NMC 2023c).

2 Curriculum:

2.7 'Ensure technology and simulated learning opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment, including where practice scenarios occur infrequently, and a proficiency is required'.

The DCP provides a novel technology learning experience. Bereavement / loss are topics that are challenging to gain relevant experience in, and this medium provides opportunity for safe learning.

2.8 'Design curricula that provide an equal balance of 50 per cent theory and 50 per cent practice learning, using a range of learning and teaching strategies.'

The DCP provides learning with service users, clinical staff in a digital medium. This provides content that are related to achievement of midwifery proficiencies as well as being able to function effectively in a digital environment. This will underpin and enhance digital literacy.

3 Practice learning

3.3 provide students with learning opportunities to enable them to achieve the proficiencies related to interdisciplinary and multiagency team working.

The DCP provides opportunity to learn from, and communicate with, different disciplines and service users. *It is noted that learning opportunities are not defined in the NMC standard.*

It is proposed that future DCP opportunities will enable partnership working and collaboration with Mental health regarding perinatal mental health and also Children and Young People colleagues in respect to Neonatal proficiencies and infant feeding for example.

It is envisaged that DCP delivery will facilitate further understanding of multidisciplinary roles and working that were highlighted as an area of development in the Ockenden enquiry (2022p 14).

3.4 'Are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation learning appropriate for their programme as necessary for safe and effective practice'.

The DCP provides opportunity to use digital technology and develop digital capability.

3.8 'Provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors'.

The DCP provides opportunity for effective learning about additional psychological, social, cultural and spiritual care.

4.4 'Provides students with constructive feedback throughout the programme to support their development'.

The DCP has regular written constructive feedback opportunities inherent in the design.

STANDARDS OF PROFICIENCY FOR MIDWIVES (NMC 2019)

The DCP related to bereavement / loss relates to proficiencies across all 4 domains. Specifically, the proposed DCP topic of loss will enable learners to obtain the following proficiencies.

Domain 1: Being an accountable, autonomous, professional midwife.

1.1 understand and act in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates, and fulfil all registration requirements.

1.4 demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports.

1.9 provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments.

1.11 use effective, authentic, and meaningful communication skills and strategies with women, newborn infants, partners, and families, and with colleagues.

1.12 develop and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners, and families, and with colleagues.

- 1.15 demonstrate the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns.
- 1.19 understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes.
- 1.23 demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice.
- 1.24 understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care.
- 1.27 take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills.

Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer.

- 2.5 demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs.

Domain 3: Universal care for all women and newborn infants.

- 3.26 understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary.

Domain 4: Additional care for women and newborn infants with complications.

- 4.2 identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families.
- 4.9 demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants.
- 4.11 demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care.

Domain 5: Promoting excellence: the midwife as colleague, scholar, and leader.

- 5.2 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events.
- 5.8 demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities.
- 5.9 contribute to team reflection activities to promote improvements in practice and service.
- 5.12 effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies.
- 5.13 demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; this must include:
 - 5.13.1 individual and team reflection, problem solving, and planning.
 - 5.13.2 effective and timely communication with colleagues and senior staff
- 5.14 demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others.

5.15 demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life.

Domain 6: The midwife as skilled practitioner.

Skills when communicating with women and birthing people, their partners and families, and colleagues that take account of the service user's needs, views, preferences, and decisions:

6.1 demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant (proficiencies under this from 6.1.1 to 6.1.15 could all be linked to the DCP).

Approaches for building relationships and sharing information with women, their partners and families that ensures that service user's needs, views, preferences, and decisions can be supported in all circumstances:

6.2 demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners, and families that respect and enable the woman's needs, views, preferences, and decisions (proficiencies under this including 6.2.1, 6.2.2, 6.2.5, 6.2.8, 6.2.9, 6.2.10 could all be linked to the DCP in some form).

6.4 keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner, and family:

6.4.1 present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality.

6.6 reflect on and debate topics including those that are seen to be challenging or contentious.

6.7 demonstrate the ability to escalate concerns in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.

6.9 identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care.

6.13 inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly.

6.44 demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate.

6.45 act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants.

6.80 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:

6.80.1 provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death.

6.80.3 arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/ spiritual beliefs and faith.
6.80.4 support and assist with palliative care for the woman or newborn infant.
6.80.5 offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman.
6.80.7 provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols.
6.80.9 provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service.

6.83 work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; this must include:

6.83.1 use best evidence to inform decisions.
6.83.2 learn from local, national, and international reports.
6.83.3 analyse, clearly record, and share digital information and data.
6.83.4 contribute to audit and risk management.
6.83.5 contribute to investigations on critical incidents, near misses and serious event reviews.

Dr Christine Furber & Catherine Flaherty.

Appendix Seven: Digital Clinical Placement Action Log January-February 2024.

Item	Action	lead	Expected Completion date
Next meetings: <ul style="list-style-type: none"> - Timeline - Agenda 	<p>Cathy to send re-occurring series of bi-weekly meetings to the project team.</p> <p>There will be a fixed topic and agenda per meeting.</p> <p>The next meeting (23/01/2024) will cover:</p> <ol style="list-style-type: none"> 1. An exploration of content per day (creation of a Padlet resource to use on the next meeting). 2. Gather a list of subject matter experts and service users to approach. <p>Cathy has already reached out to all GM Bereavement Midwifery teams – there has been no response so far. Cathy has asked Clinical Leads on the call and wider project team to reach out again to their specialist midwives.</p>	Cathy Flaherty	Completed
Fixed Pilot Date	<p>To liaise with Alison Sanneh and confirm a set week for the pilot.</p> <p>To finalise with all AEI's involved which week is the best fit.</p> <p>Proposed weeks include 20th May 11th June or 24th June. Cathy has emailed all LMEs within the region to vote on a date.</p> <p>A finalised decision to be made prior to 20.02.2024.</p>	All	20/02/2024
Finalised Project Forecast and timeline	To confirm once the AEI has been selected for the pilot as per NMC suggestions.	Cathy Flaherty, Christine Furber & Gabby Cocking	20/02/2024
DCP FAQ, Pre-learning handbook for learners and commence webinar plans.	To be created by the project team.	Project team	04/03/2024
Signing proficiencies.	To engage with clinical stakeholders providing hub placements for learners selected to participate in the pilot. To provide engagement and set up a process for indirect supervision with the hub trust to enable learners to have mapped proficiencies signed off.	EAG	04/03/2024
Engaging and reaching out to subject matter	Over the next four weeks, Cathy and Gabby will begin to reach out to specialists in the field and relevant charities.	Cathy Flaherty and	04/03/2024

experts, charities, and service users.	<p>If you would like to suggest an appropriate person or charity that you want us to connect with, please do this via email: Catherine.flaherty@manchester.ac.uk or via the Padlet recently created.</p> <p>https://padlet.com/catherineflaherty1/content-creation-maternity-dcp-slb59o5yufwdf8uh</p>	Gabby Cocking	
Establishment of the pilot with a small cohort	<ul style="list-style-type: none"> - AEIs to express interest in the pilot for 2/3rd year learners by 09/02/2023. - The project team to decide upon which AEI will participate in the initial pilot by 20/02/2024. - The LME from the AEI to be invited to a discussion with the National Team, Project team and NMC to commence the QA process. - Once completed the project team will resume coordination of content, subject matter experts and recording of service user stories for the platform. 	Cathy Flaherty and Gabby Cocking	04/03/2024
Handover of the project lead role	Cathy to handover the project management role to Hannah Evans-Griffiths from the National Team at NHS England to continue with the pilot's progression following the end of the TPEP role.	Cathy Flaherty	04/03/2024

Next meeting: Tuesday 20th February 2024, 15:30-16:30.

Appendix Eight: Lightning Talk from the University of Manchester Service-Learning Conference (15/11/2023)

<p><u>An educational evaluation of the Neighbourhood Study within Midwifery year one community learning environments.</u></p> <p>Cathy Flaherty, Midwifery TPEP & Research Midwife, Division of Nursing, Midwifery and Social Work.</p> 				
Why we do it?	Method of evaluation	Findings regarding learning quality	Changes made for 2023-2024 cohort	Placement capacity expansion
<p>To enable learner midwives to become public health practitioners of the future workforce.</p> <p>Pregnancy acts as a 'teachable moment' to make positive life choices for women and birthing people, (Rockliffe et al., 2022), thus midwives are vital agents of change in society.</p>	<p>Qualtrics surveys with learner midwives and community practice supervisors were conducted and analysed.</p>	<ol style="list-style-type: none"> 1. Value of the study 2. Confidence building 3. Application of the study to practice: <p><i>'I had confidence speaking to women who needed additional social support.'</i></p> <p><i>'For once, I felt like I had information to offer, rather than just observing.'</i></p>	<p>Based upon the evaluation's outcomes we have..</p> <ol style="list-style-type: none"> 1. Increased support, guidance and provided a clear rationale to PS & clinical stakeholders. 2. Reduced the time-frame for completion. 3. Encouraged the focus to be on a specific family. 	<p>The NH study has increased capacity by 3 placements per year based on 180 learners being involved.</p> <p>Future considerations:</p> <ul style="list-style-type: none"> - Opportunity for IPE with Adult Nursing learners and group work. - Further evaluation after 2nd year of running.

Appendix Nine: Targeted Practice Education Programme conference poster: Practice Learning Symposium (18/10/2023)

Greater Manchester
Integrated Care
Partnership

NHS
Stockport
NHS Foundation Trust

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

NHS
Northern Care Alliance
NHS Group

NHS
Bolton
NHS Foundation Trust

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

NHS
Manchester University
NHS Foundation Trust

University of
Salford
NHS Foundation Trust

University of
Birmingham
NHS Foundation Trust

The Capacity Conundrum: How can Education and Practice Placement providers collaborate to maximise and expand Learning Environment Capacity for Student Midwives whilst maintaining Quality Assurance.

Caroline Flaherty Midwife TPSP & Research Midwife Caroline.Flaherty@manchester.ac.uk, **Dr Christine Furber** Senior Lecturer and TPSP SRD C.Furber@manchester.ac.uk, **Carol LeBlanc** Head of GMPMD Carol@blackburne.co.uk

University of Manchester
NHS Foundation Trust

Project Scope

Phase 1: Review existing capacity across the Greater Manchester (GM) system for supporting Midwifery learners.

Phase 2: Consider pathways beyond traditional learning environments and align with midwifery professionalities.

Background

The NHS long term plan (NHS, 2023) outlines the intention to increase the number of Student Midwives educated in the UK. This will assist in addressing the shortage of Midwives within the workforce (RCM, 2023). A fundamental component of this is placement expansion, however in order to analyse capacity in GM it is imperative to define what this looks like locally.

The term capacity can be defined in a number of ways, and it has been unclear what definition has been utilised to model capacity historically (Markaid et al., 2020). Rowell and Leigh (2021) describe capacity in terms of three interdependent conditions: function, size and ability, which formed the outline of the definition used within this work.

The results of this audit will form a local understanding of what capacity is for Midwifery Learners and enable an exploration for expansion through the development of high quality innovative learning opportunities, all of which are embedded within the updated NMC Midwifery Standards (2023) and leads flexibility to new ways of working. For example, incorporating digital focused solutions to enable Midwifery Learners to achieve their professional (2019) and become the confident and competent midwives of the future.

What is Capacity?

Project Design

A combination of methods have been incorporated in order to discover what capacity is and how it can be expanded within GM. Evaluation of the methods used throughout the project will be continuous to aid sustainability of recommendations provided.

Audit tool creation

Data collection & analysis

STEP ONE: Adapting an existing audit tool (Boag & Riddley 2021) to meet the needs of GM & data collection.

To forecast capacity in collaboration with learners and stakeholders

Designing a Capacity Model

Students Focus Groups & AET Working Groups

STEP TWO: To forecast capacity in collaboration with learners and stakeholders

Developing two surveys

Evaluation of the Neighbourhood Study

Exploring FPO placements

STEP THREE: Creating a survey to evaluate current level placement registration methods.

Mapping new pathways for learning: 1. Digital Clinical Placements (DCP) 2. Indirect Supervision Model (Indirect Feeing)

Proposals for new pathways

STEP FOUR: Mapping new pathways for learning: 1. Digital Clinical Placements (DCP) 2. Indirect Supervision Model (Indirect Feeing)

Initial Findings: 'Ability' and Culture can Limit Capacity

Teams approach to practice supervision is required

Under utilisation of operative resources (as FPO and FTE)

SSGA model across embedded - who can be a supervisor?

AET Collaboration

Developing written to placement plans

Improve placements, integrate and programme them across GM

Reducing barriers

Sub-optimal utilisation of FTE & FPO

Review and improve allocated staff pattern and support off-day

Discussion and Future Sustainability

Phase 1: We propose that an annual review of capacity is required to ensure figures across GM are accurate and representative of real time changes. The capacity model developed as part of this project will be piloted within GM trusts. This will enable calculation of future capacity expansion and provide AETs and NHS Stakeholders with a forecast for increasing the numbers of student midwives. It is recommended that a central digital system should be operational for oversight of this model, which can be individualised per maternity unit to complete student mapping on an annual basis.

Outcomes from the Neighbourhood Study evaluation will be implemented prior to the second cohort commencing clinical practice (November 2024). Our qualitative and quantitative data has shown engagement in this placement has not only increased capacity, but also enhanced the confidence and self-efficacy of Midwifery Learners when out in practice. This is crucial as it shapes a positive culture amongst learners as they transition to becoming Newly Qualified Midwives. This may aid retention of the workforce as found in the reducing Pre-registration Attrition and Improving Retention (RePAIR) project (HEE 2018).

Phase 2: Potential capacity expansion is possible within services that provide care throughout the pregnancy continuum, if the service is being delivered to at least one learner and they can be supervised in accordance with SSGA (NMC, 2023). Dynamic and efficient learning environments are defined as ones that provide meaningful experiences which enable a student to meet professional (NMC, 2019), whilst feeling psychologically safe (Hardie et al., 2022).

Pre-registration professional can be achieved in a variety of ways in clinical practice; given that placements provide appropriate support and supervision that is underpinned by a predictable learning environment with clear goals (Pulford & Riss, 2023). The adoption of a coaching model via Synergy within GM has meant that students can work in a team model to achieve learning outcomes.

We will evaluate and expand the NCA Indirect Feeing placement and incorporate indirect supervision with local agencies such as 'Home Start' and 'Beds'. Close evaluation will commence alongside dissemination across all GM trusts. We aim to proceed with finalising a Midwifery DCP pilot and comply evidence of its outcomes. To sustain awareness of innovative placements, a GM spoke directory will be disseminated. Each spoke opportunity will be mapped to MORA professionalities. Recommendations for future pilots regarding Personal Mental Health and Antenatal Education will be defined.

Ultimately, these new pathways will increase the 'ability' and 'culture' element of the capacity equation and help diversify the range of experiences obtained on placement. Further, based on work from other HEE projects with Nurses and AHPs, it is predicted that piloting indirect supervision within non-NHS placements will enable learners to appreciate the value of interprofessional working. It is imperative to ensure such opportunities are provided to Midwifery Learners as it will support them in understanding the changing role of the Midwife in modern society.

Points of Interest

- The GM capacity audit tool has been developed and used with stakeholders.
- Development of GM Spoke Directory is underway (mapped to MORA professionalities).
- A number of innovative placements using indirect supervision have been identified for Midwifery Learners.
- The use of a DCP has been proposed and operationalised for Midwifery Learners.
- Phase 3 will investigate opportunities for level students.
- This project was originally funded by the Health Education England and will complete in March 2024.

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Midwifery Care Alliance
Caroline.Flaherty@manchester.ac.uk

The Capacity Mystery: How can Education and Practice Placement providers collaborate to maximise and expand Learning Environment Capacity for Student Midwives whilst maintaining Quality Assurance.

Flaherty, C and Furber, C. (2024).

The NHS long term plan (NHS, 2023) outlines the intention to increase the number of learner Midwives educated in the UK. This will assist in addressing the shortage of Midwives within the workforce (RCM, 2022). A fundamental component of this is placement expansion, however, to analyse clinical placement capacity in Greater Manchester it is imperative to define what this looks like locally. The term capacity can be defined in several ways, and it has been unclear what definition has been utilised to model capacity historically (Markaki et al., 2020). Borwell and Leigh (2021) describe capacity in terms of three interdependent conditions: function, size, and ability, which formed the outline of the definition used within this work.

A capacity audit tool was developed and utilised within eight maternity sites and three approved education institutions (AEI) throughout Greater Manchester. The audit has informed the maturity of a capacity model and rostering approach that can increase capacity within the Midwifery Greater Manchester placement circuit by a significant number of learners per year. Through AEI collaboration institutions have been able to have oversight regarding a fair share model of placement utilisation. By working collaboratively, they have reduced the number of weeks in the next academic year whereby multiple midwifery learners are out in placement at the same time. This is mapped in line with the capacity model to ensure that there is no occasion whereby the number of learners exceeds reported capacity.

The tool also enabled the discovery of multiple spoke learning environments within NHS trusts and in the private and voluntary (PIVO) sector that align with dedicated pathways to enhance the quality of learning experiences. These are presented in the form as directories to allow learners, practice, and academic colleagues to identify gaps in their experiences and feel motivated to access relevant learning opportunities based on individualised needs. A public health pathway has been proposed which incorporates PIVO and NHS learning environments, not only will this enhance capacity, but it provides learners with the chance to explore how midwives can play a part in preventative work for women and birthing people and achieve mapped proficiencies.

The results of this audit have formed a local understanding of what capacity is for Midwifery learners and has enabled exploration for expansion through the development of high-quality innovative learning opportunities. All of which are embedded within the updated NMC Midwifery Standards (2023) and lends flexibility to new ways of working. For example, incorporating digital focussed solutions to increase the quality of experience of hard to access placements such as digital clinical placement with bereavement midwives. This pathway can create a psychologically safe space for learners to reflect, challenge and develop as the midwife of the future. This is achieved through coaching principles, exposure of conscious incompetence, peer-to-peer feedback, and exploration of applying knowledge to clinical cases. All of which contribute to a high-quality learning environment that enables learners to be more confident mentally and clinically when encountering these experiences in practice.

Appendix Eleven: Stacked programme overview planners for the academic year 2024-2025.

The following spreadsheet (attached excel document) shows the outcome from a task and finish group amongst three maternity Accredited Education Institutions within Greater Manchester (University of Manchester, Salford, and Bolton).



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