

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

Approved education institution	Canterbury Christ Church University
Programmes monitored	BSc (Hons) Nursing (Adult) BSc (Hons) Nursing (Child) BSc (Hons) Nursing (Mental Health) BSc (Hons) Nursing (Adult) (NDA) BSc (Hons) Nursing (Mental Health) (NDA) MSc Nursing (Adult) MSc Nursing (Mental Health) Foundation Degree Nursing Associate Foundation Degree Nursing Associate (Higher Apprenticeship)
Date of monitoring visit	2-5 July 2024
Lead quality assurance (QA) visitor	Ronnie Meechan
Lay visitor(s)	Carol Rowe Kuldeep Singh
Registrant visitor(s)	Angela Hudson Heather Bain
Observer(s)	Pamela Page (Mott MacDonald) Sophia Hunt (Nursing and Midwifery Council (NMC)) Karen Harrison-White (NHS England Workforce, Training and Education (NHSE WTE))
Practice learning partner / employer partner organisation visits undertaken during the review	Maidstone and Tunbridge Wells NHS Trust (MTW), Maidstone Hospital <ul style="list-style-type: none"> • Acute assessment unit • Culpepper general medical ward • Riverbank children's unit Kent and Medway NHS and Social Care Partnership Trust (KMPT), Littlebrook Hospital (Dartford) Older adults community services team <ul style="list-style-type: none"> • Amberwood ward • Cherrywood ward

	<ul style="list-style-type: none"> • Tarentford centre • Community service • Crisis teams <p>St Martin's Hospital (Canterbury) Community service</p> <ul style="list-style-type: none"> • Bluebell ward • Heather ward <p>East Kent Hospitals University NHS Foundation Trust (EKHUFT), Queen Elizabeth, the Queen Mother Hospital (QEQM)</p> <ul style="list-style-type: none"> • Rainbow ward • Birchington ward
Date of report	24 July 2024

Executive summary

Our findings conclude that Canterbury Christ Church University (CCCU) has systems and processes in place to monitor and control the following key risk themes to meet NMC standards and assure protection of the public:

- Learning culture
- Curricula and assessment

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

- Educational governance and quality
- Student empowerment
- Educators and assessors

CCCU must identify and implement an action plan to address the key risks that aren't controlled to ensure the pre-registration nursing and nursing associate (NA) programmes meet NMC standards to protect the public.

Learning culture: met

We're assured that all risk indicators in relation to learning culture are successfully managed by CCCU and their practice learning partners (PLPs)/employer partners (EPs), in order to protect the public. Standards 1.1 and 1.2 are met.

We find documentary evidence and evidence during the monitoring visit that the pre-registration nursing and NA programmes are designed and co-produced with PLPs/EPs and people who use services and carers (PUSCs). CCCU with their PLPs/EPs promote a professional duty of candour within the student population, and

nursing and NA students provide examples of how to raise a concern. Students tell us that they know the process for raising a concern and who they need to raise this with. Practice education staff, including practice assessors, practice supervisors and academic assessors at CCCU are aware of the importance of their role in preserving public safety. (3, 7, 9, 32, 34, 36-38, 48, 57-59, 63, 68, 80, 82-84, 121-125, 131-132, 136, 142, 146, 160, 163, 169, 185-187, 193, 209, 212-216)

CCCU nursing and NA module and programme learning outcomes, learning activities, systems and processes promote self-reflection and education that's underpinned by the NMC Code. CCCU nursing students tell us that they understand reflective learning activities and how these contribute towards theory and practice learning hours. NA students tell us that their programme facilitates them to be reflective practitioners. (48, 57-59, 82-84, 121, 124, 136, 142, 148, 155, 160, 163, 169-171, 185, 213-215)

Documentary evidence and the monitoring visit demonstrate that students on the nursing and NA programmes have opportunities to feedback in relation to their education in all learning environments. Senior academics, programme teams and senior nurses tell us that there's been significant changes in how student feedback is monitored and evaluated and how CCCU disseminate data for quality enhancement. (3, 7, 9, 32, 34, 36-38, 48, 57-59, 63, 68, 80, 82-84, 121-125, 131-132, 136, 142, 146, 160, 163, 169, 185-187, 193, 209, 212-216)

Educational governance and quality: not met

We aren't assured that all risk indicators in relation to educational governance and quality are successfully managed by CCCU and their PLPs/EPs, in order to protect the public. Standards 2.1 and 2.2 are not met.

We find that CCCU and their PLPs/EPs work in partnership. PLPs/EPs tell us that they've seen improvements in partnership working and that new executive and senior appointments at CCCU within the school of nursing (the school) has improved communication. Senior nurses tell us that they've a good working relationship with CCCU. There's evidence that the leadership team at CCCU meet with senior nurses across the local and regional health systems. There's evidence of a commitment to ensuring academic staff are visible within PLP/EP learning environments. (34, 36-38, 186-187)

CCCU has established fitness to practise (FtP) systems and policies in place. This includes a low-level FtP policy and an ALERT system that is used by staff and students to escalate concerns. ALERT is the name of the system, not an acronym. CCCU staff, academic assessors, practice assessors and practice supervisors are aware of these policies and processes and know how to raise a concern about student conduct. PLPs/EPs tell us that they're aware of opportunities to contribute to FtP decisions and are also involved with Disclosure and Barring Service (DBS) decisions when this is relevant. (36-38, 90-92, 142, 163, 178, 187-188, 212, 214)

CCCU provide evidence that they implement a values-based recruitment process which includes confirmation of good health and good character and understanding of the role of the nurse and NA. Processes to ensure equality, diversity and inclusion (EDI) are included. Recruitment of nursing and NA students includes healthcare professionals and PUSCs. PUSCs tell us that they're involved with the recruitment of students at CCCU. PLPs/EPs tell us that their staff are involved in the recruitment of students. Some students tell us that PUSCs were involved with their interview and selection activities. (32, 34, 36-38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-188, 212-216)

We find that the nursing and NA programme are mapped to NMC standards. However, CCCU advertises a four-year integrated foundation year 'with adult or child or mental health nursing' and this route isn't mapped to NMC standards, nor is this approved by the NMC. (186)

While senior PLP/EP nurses we meet tell us that communication with CCCU has improved, nursing and NA students we meet tell us that lines of communication between programme teams and students aren't effective or consistent. (38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

We find that CCCU is unable to appoint appropriately qualified and experienced people (mental health nurse academics) for programme delivery. CCCU senior academic staff tell us that they've experienced challenges with academic recruitment, particularly in mental health. There are several vacancies that are being recruited to across all fields of nursing and programmes. CCCU is also exploring several joint appointments as well as new academic posts. (32, 34, 36-38, 186-187)

Student empowerment: not met

We aren't assured that all risk indicators in relation to student empowerment are successfully managed by CCCU and their PLPs/EPs, in order to protect the public. Standards 3.1 and 3.2 are not met.

CCCU and their PLPs/EPs provide opportunities for students to learn from a diverse range of people in theory and practice environments. Students undertaking the pre-registration nursing and NA programmes tell us they've a range of learning and assessment activities that promote safe and effective practice; they tell us that they've opportunities to engage with learning across the nursing fields and lifespan. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

There's evidence that CCCU assign students to suitably trained academic assessors and practice assessors. Students tell us that they're assigned to appropriately trained staff. Nursing and NA students tell us that they've a nominated academic assessor and that they know who this is and understand their role. CCCU academic staff and

students confirm that academic assessors aren't the same for consecutive parts of a student's programme. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

We find that nursing students receive conflicting and inconsistent information regarding their programme. They tell us that communication isn't clear between CCCU programme teams and themselves; they cite multiple examples of poor organisation of their programme. PLPs/EPs also tell us of late communication of allocation of placements. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 212-215)

Nursing students tell us that practice assessors and practice supervisors are aware that students must be supernumerary. They tell us that when they've raised concerns with either CCCU or practice education staff, this is managed. However, NA students on the apprenticeship route tell us that there are inconsistencies in how their protected learning time is managed and understood. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

While there are inter-professional learning (IPL) opportunities for nursing and NA students when undertaking periods of practice learning, we find limited IPL opportunities for nursing and NA students in theory at CCCU. Nursing students tell us that their learning experiences aren't always supportive. They cite examples of discrimination and other behaviours that undermine their confidence during practice learning. (34, 36, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-187, 213-215)

Educators and assessors: not met

We aren't assured that all risk indicators in relation to educators and assessors are successfully managed by CCCU and their PLPs/EPs, in order to protect the public. Standard 4.1 is not met.

CCCU and their PLPs/EPs provide access to training and education for academic and practice staff involved with the supervision and assessment of students. There's evidence of workload planning for staff at CCCU as well as staff development and induction for new staff. Academic staff at CCCU tell us that there's been challenges with recruiting staff in some areas. Senior CCCU academics tell us that they're aware of the challenges of recruiting to academic posts and there's a strategy to recruit to vacancies. Despite the challenges in relation to recruitment, programme teams state that CCCU is supporting staff well to undertake their roles. (32, 34, 36-38, 142, 163, 186-187, 212, 214, 216)

PLPs/EPs, practice assessors and practice supervisors tell us that there's a collaborative approach to student assessment. Students tell us that academic assessors are involved with progression decisions. Senior nurses and senior academic staff tell us that there's a collaborative approach to the education of nursing and NA

students on CCCU programmes, and that they're seeing academic staff within PLP/EP environments more frequently. There's evidence that supports a shared decision making and evidence-based approach to nursing and NA student progression. (38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 212-215)

Nursing and NA students tell us that generally CCCU academic staff, practice assessors and practice supervisors act as positive role models and demonstrate behaviour that's consistent with the NMC Code. Some nursing students tell us that they've either experienced or observed discriminatory behaviour while undertaking periods of practice learning. Practice assessors and practice supervisors tell us that while organisations are supportive of their role in supporting students, they often have to make time to undertake this role. Some practice assessors tell us that nursing students have been able to complete or amend decisions within their electronic practice assessment document (e-PAD). Some nursing students tell us that they've completed entries on behalf of practice assessors to get their e-PAD completed. Nursing students tell us that not all practice assessors and practice supervisors are familiar with the e-PAD. They report that practice assessors don't always appear suitably prepared to undertake this aspect of their role. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 212-215)

Curricula and assessment: met

We're assured that all risk indicators in relation to curricula and assessment are successfully managed by CCCU and their PLPs/EPs, in order to protect the public. Standard 5.1 is met.

There's evidence to demonstrate that the pre-registration nursing and NA programmes weight theory and practice learning appropriately to meet programme standards. Curricula are structured to facilitate theory and practice learning across the pre-registration nursing routes and the NA programme. Senior nurses, practice assessors, practice supervisors, practice educators and students confirm that the CCCU nursing and NA curricula are co-produced with stakeholders who've experience relevant to the programme. (32, 34, 36-38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-188, 212-216)

Practice assessors, practice supervisors, academic assessors and students we meet tell us that students are assessed across a range of practice settings and that assessment includes observations and other methods to assess student performance. Stakeholders, including PUSCs, who provide feedback in the e-PAD and paper PAD for NAs, are involved in the assessment of students. (32, 34, 36-38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-188, 212-216)

Documentary evidence and the monitoring visit confirm that CCCU has QA processes that support fair and reliable assessment. There's no compensation between theory

and practice on the pre-registration nursing or NA programmes. (32, 34, 36-38, 48, 57-59, 63, 68, 82-84, 121, 124, 136, 142, 160, 163, 169, 185-187, 212-216)

Senior CCCU academic staff, CCCU programme teams, senior nurses, academic assessors, practice assessors and practice supervisors are suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. (3, 7, 9, 32, 34, 36-38, 48, 57-59, 63, 68, 80, 82-84, 121-125, 131-132, 136, 142, 146, 160, 163, 169, 185-187, 193, 209, 212-216)

Standards framework for nursing and midwifery education (SFNME) (NMC 2018, updated 2023)		
Theme	Risk Indicator	Outcome
1. Learning culture	1.1 The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld.	Standard 1.1 is met
	1.2 The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.	Standard 1.2 is met
2. Educational governance and quality	2.1 The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the United Kingdom (UK) with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.	Standard 2.1 is not met
	2.2 The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, people who use services and carers, students and all other stakeholders.	Standard 2.2 is not met
3. Student empowerment	3.1 The AEI, together with their practice learning partners is unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018).	Standard 3.1 is not met
	3.2 The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.	Standard 3.2 is not met

4. Educators and assessors	4.1 The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.	Standard 4.1 is not met
5. Curricula and assessment	5.1 The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.	Standard 5.1 is met

Standard is met	Standard is not met
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Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

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

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

Standards for nursing and midwifery education

The responsibilities and powers of the NMC in relation to education and training and QA of education are set out in the [Nursing and Midwifery Order](#). The NMC set standards for education and training and these standards shape the design and content of programmes to ensure that nurses, midwives and NAs are consistently educated to high standards and able to achieve the required standards of proficiency before joining the register. This is one of the primary functions of the NMC in ensuring that they fulfil their role of protecting the public.

QA and how standards are met

QA of education gives the NMC the confidence that education institutions are meeting the standards for education and training through approval of education institutions, their PLPs, EPs in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that approved education institutions (AEIs), their PLPs/EPs and programmes continue to meet the education standards.

If QA identifies that an education institution isn't meeting the NMC standards, they must take action so the education institution returns to compliance. Where the NMC finds that standards aren't being met, they can withhold or withdraw approval of programmes.

The NMC [QA Framework](#) and [QA Handbook](#) puts safe, kind and effective care at the heart of what they do. The QA framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions and their PLPs/EPs must provide to meet NMC standards.

Education monitoring reviews

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

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

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

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

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

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

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

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

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

The education monitoring visit to CCCU

CCCU are an AEI in the southeast region, approved to deliver pre-registration nursing (adult, child and mental health fields), NA and post-registration programme provision (specialist community public health nursing, prescribing and return to practice).

CCCU previously delivered an approved midwifery programme, until 10 May 2023, when approval was formally withdrawn by the NMC.

The NMC have been very engaged with CCCU staff and students leading up to, and following, the withdrawal of the midwifery programme. Through this engagement, the NMC were made aware of a high number of practice learning hours on the nursing programme being undertaken through reflective practice (up to 10 hours per week), without the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023) being applied. The reflective practice hours were due to a misinterpretation of the NMC emergency and recovery standards. The AEI continued with the reflective practice hours after the emergency and recovery standards were withdrawn by the NMC. CCCU implemented a restorative action plan, however this has impacted upon the student experience.

This monitoring visit is to seek assurance in relation to the delivery of the approved pre-registration nursing programmes (adult, mental health and child fields), and the NA programme in line with NMC standards for nursing and midwifery education. The focus of the review is on educational governance and quality, particularly the systems in place which ensure effective management of progression and completion of programmes, effective partnership working with PLPs/EPs to ensure the SSSA are being implemented and that there's sufficient capacity across all learning environments to support student numbers.

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

- Learning culture
- Educational governance and quality
- Student empowerment
- Educators and assessors
- Curricula and assessment

The review plan indicates specific areas that QA visitors scrutinise and triangulate evidence from findings during the visit (any areas highlighted in grey don't form part of the visit). They conclude their findings in response to any risks identified, NMC standards and key risk indicators.

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

review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They conclude their findings in this report, in response to the risks identified, mapped against the NMC standards.

Introduction to AEI's programmes

CCCU is a NMC AEI. The faculty of medicine, health and social care (the faculty) and school is approved to deliver programmes leading to eligibility to apply for NMC registration as a registered nurse (adult, child or mental health) or as a NA. CCCU also offer return to practice, specialist community public health nursing and independent prescribing programmes.

The focus of the monitoring visit is the AEI's pre-registration nursing programme (apprenticeship and direct entry routes) and the pre-registration NA programme (apprenticeship and direct entry routes). A remote initial visit is undertaken on 17 June 2024; additional evidence is requested at the initial visit and CCCU provide this prior to the monitoring visit. The visit is conducted on 2-5 July 2024. At the visit the team also review additional evidence that's requested as part of the monitoring visit. (28-29, 223-246)

CCCU was refused approval of its newly proposed midwifery programme on 19 September 2022 and the NMC QA board formally took the decision to withdraw approval of the university's existing midwifery programme on 10 May 2023. The rationale for this decision relates to the NMC no longer being assured that CCCU was equipping midwifery students to meet NMC standards and deliver the care people have a right to expect, and that students weren't learning in safe environments. (3, 7, 10, 18, 125)

CCCU, through exceptional reporting (4 August 2023), identified to the NMC that there were issues with the calculation of practice hours for students undertaking the pre-registration nursing programme. CCCU confirm they've actions in place to address the errors. (3, 7-8, 10, 125)

The pre-registration nursing programme comprises multiple routes: a three-year Bachelor of science (BSc) with honours (Hons) nursing (adult, child or mental health), a three-year BSc (Hons) nursing (adult or mental health) nurse degree apprenticeship (NDA) and a two-year Master of science (MSc) nursing (adult or mental health). The BSc (Hons) and MSc nursing direct entry routes are in approval since 16 April 2019 with the NDA routes being added through programme modification from 28 August 2019. The two-year NA programme is delivered via a direct entry and apprenticeship route. The Foundation degree in science (FdSc) NA routes are in approval since 28 August 2019. (74-79)

Both programmes are approved under the SFNME and SSSA. The BSc (Hons) and MSc nursing routes are approved under the Standards for pre-registration nursing

programmes (SPNP) (NMC 2018, updated 2023) and the Future nurse: Standards of proficiency for registered nurses (FN:SPRN) (NMC, 2018). The NA programme is approved under the Standards for pre-registration NA programmes (SPNAP) (NMC 2018, updated 2023) and Standards of proficiency for NAs (SPNA) (NMC, 2018). (74-79)

The monitoring visit comprises a review of documentation presented against the SFNME requirements (except for requirement R2.8). QA visitors meet with students from all years of the nursing and NA programmes, including students who are undertaking apprenticeship (nursing and NA) and direct entry (nursing and NA) routes. QA visitors also meet with a range of academic staff at CCCU, senior management at CCCU and PUSCs. Practice placement visits are undertaken, and QA visitors meet with a range of stakeholders including senior PLP representatives, EP managers, practice assessors, practice supervisors, practice education staff and students in practice as well as at CCCU. QA visitors also review educational audits and PADs as part of this monitoring visit. The visit team also explored evidence in relation to a documentary review undertaken by a remote visit team in October 2023 (8, 22)

CCCU offer the pre-registration nursing and NA programmes at the following sites:

- Canterbury – BSc (Hons) nursing adult or mental health (direct entry and apprenticeship), MSc nursing adult or mental health (direct entry), BSc (Hons) nursing child (direct entry) and FdSc NA (direct entry and apprenticeship).
- Medway – BSc (Hons) nursing adult, child or mental health (direct entry) and FdSc NA (direct entry and apprenticeship). (74-79)

Across both CCCU delivery sites there's circa 1500 undergraduate nursing and NA students and apprentices (to be collectively referred to as students throughout the remainder of the monitoring visit report). (37)

CCCU work with PLPs and EPs across a wide geographical area in southeast England including Kent, Medway, Maidstone and the Tunbridge Wells regions. This region includes several NHS trusts and a wide variety of private, voluntary and independent sector placements. (20-21)

EKHUFT is one of the main PLPs/EPs working in partnership with CCCU and is one of the largest hospital trusts in England. It runs the Kent and Canterbury Hospital (KCH), William Harvey Hospital (WHH), QEQM, Buckland Hospital and the Royal Victoria Hospital. (20-21, 70, 219-221)

MTW provides a full range of general hospital services and some aspects of specialist complex care to around 590,000 people living in the south of West Kent and the north of East Sussex. The trust has a team of over 5000 full- and part-time staff. The trust provides specialist cancer services to around 1.8 million people across Kent and East Sussex via the Kent oncology centre, which is sited at Maidstone Hospital and at KCH

in Canterbury. They also provide outpatient clinics across a wide range of locations in Kent and East Sussex. (20-21, 72, 222)

KMPT is a large mental health trust that provides mental health, learning disabilities, substance misuse and specialist services to approximately 1.8 million people across Kent and Medway. The trust works in partnership with Kent County Council and works closely with the local unitary authority in Medway. The trust is one of the largest mental health trusts in England and covers an area of 1,450 square miles. The trust employs approximately 3,500 staff who work across 66 buildings on 33 sites. The trust provides services around key urban centres including Maidstone, Medway and Canterbury and more rural community locations. The trust delivers a range of mental health services including acute, rehabilitation and forensic in-patient services for working age and older adults. The trust provides community based mental health services such as outpatient and community clinics. The trust provides services for people experiencing mental health crisis such as crisis and home treatment teams and health-based places of safety. (20-21, 71)

CCCU was awarded a silver teaching excellence framework rating in September 2023. (157)

An Office for Standards in Education, Children's Services and Skills (Ofsted) inspection resulted in a 'good' outcome in May 2023. (221)

We visit PLP/EP learning environments including MTW (Maidstone Hospital) acute assessment unit, Culpepper general medical ward, Riverbank children's unit; KPMT (Littlebrook Hospital), older adults community services team, Amberwood ward, Tarentford centre, community service, crisis teams, Bluebell ward and EKHUFT (QEQM), Rainbow ward and Birchington ward.

Relevant issues from external quality assurance reports

Ofsted:

Ofsted inspected CCCU in May 2023. The Ofsted report rating was 'good' for initial teacher education. (217)

In February 2022, Ofsted rated apprenticeship programmes at CCCU as 'good'. (211)

Ofsted highlighted areas where CCCU need to improve their delivery of apprenticeships:

- Leaders and managers must ensure that employers, line managers and workplace mentors know what their apprentices are learning when they are not at work so that they can provide opportunities when they are at work to apply and deepen their learning.

- Leaders and managers must make sure that employers are kept fully informed about the progress their apprentices are making and what they need to do to improve.
- Leaders and managers should improve the planning for, and the timeliness of communication about, apprentices' placements so that all apprentices are better prepared and feel more confident.
- Leaders and managers should make more rapid progress in ensuring that all apprentices benefit from a personal development curriculum so that they are more alert to the risks in the areas they live and work in.

Care Quality Commission (CQC):

In relation to system regulator reports, the CQC for EKHUFT was published in December 2023. The CQC rated the trust as 'requires improvement'. The CQC identify that the trust doesn't have a strong financial track record, with formal financial undertakings having been in place since 2015. The trust entered the financial special measures regime in 2017 and has been in the NHSE recovery support programme since 2021. The CQC noted the trust must ensure medical and nursing staff are up to date with mandatory training in key skills. This includes safeguarding adults and children training to the appropriate level. There were systems and processes for managing risk however they weren't always effective. Leaders and teams used systems to manage performance, but at times this wasn't effective. While known risks were identified and high-level risks escalated with identified actions to reduce their impact, there was variability and a lack of pace in the trust response to mitigate and manage these in some core services. Not all staff felt respected, supported and valued. Not all staff felt the service had an open culture where they could raise concerns without fear. Governance arrangements lacked clarity and weren't always effective at all levels. The trust didn't always deal with complaints within expected timeframes. (70)

In November 2021 KMPT was inspected by the CQC and was rated as 'good'. The trust received 'outstanding' in relation to services being effective and caring. The trust was rated as 'requires improvement' for 'are services safe'. The CQC identify that patients experiencing functional mental health concerns on Jasmine ward, reported that they didn't always feel stimulated or engaged. The CQC also found on Jasmine ward that intermittent patient observations weren't always carried out in line with the trust policy and there wasn't clear evidence that patients were involved in their care planning. Some staff the CQC spoke with across several teams expressed concerns about speaking up and raising concerns to senior leadership. The CQC state that some staff said they were reluctant to speak about their concerns because of fears of reprisals, or because they felt that their concerns wouldn't receive a response from the senior team. The CQC also identify there were a high number of vacancies with an overall staff vacancy rate of 15 percent against a target of 11.85 percent. Staff retention rates had declined across 2021 reaching 81.8 percent against a target of 87.3 percent. (71)

The CQC undertook an inspection visit to MTW in March-April 2023. The CQC published their report in August 2023 and rated the trust as 'good' in relation to 'are services well led'. The CQC found that not all staff had completed their safeguarding training. Patients' personalised needs and preferences weren't always recorded in a timely way, particularly when there was a delay in recognising that a patient was approaching the end of their life. Some services weren't available seven days a week. There was a reliance on limited information in some areas to measure the responsiveness, effectiveness and quality of a service. Risks weren't always identified and recorded for all services. The impact of the delivery of the EDI strategy was reported to be variable with middle managers reported to not be fully engaged. (72, 222)

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

There's been no approval or modification visits within the last year.

Specific issues to follow up from AEI self-report

There are several areas identified from the AEI's annual self-reports (ASRs) that will require further review. (3, 7, 10, 125)

PUSC activity is present within CCCU's pre-registration nursing and NA programmes, and this includes designing of recruitment activity, delivery, practice learning and assessment. CCCU propose an intent for PUSCs to be involved in school and faculty level committees and working groups. Evidence supplied by CCCU demonstrates some PUSC involvement across the other portfolio of programmes within CCCU including independent prescribing, return to practice and their former midwifery programme. Documentary evidence demonstrates that CCCU are trying to diversify their PUSC group and that they've plans in place to grow the group. In the most recent ASR, CCCU identify PUSC activity as a risk that the school is monitoring. There's evidence of PUSC involvement with recruitment and selection activities and CCCU have re-established their PUSC strategy. (3, 7, 125)

CCCU provide evidence in their 2021-2022 ASR that they've attainment and awarding gaps present in the BSc (Hons) adult nursing and BSc (Hons) mental health nursing direct entry and apprenticeship routes, the MSc (adult and mental health) routes and the FdSc NA programme. CCCU report there are no differential attainment gaps for students undertaking the BSc (Hons) child nursing route, the return to practice and the independent prescribing programme. Data provided within the ASR differs from route to route on the pre-registration nursing programme, with CCCU identifying differences for black and minority ethnic students across most modules on the BSc (Hons) adult nursing route (direct entry) and the BSc (Hons) adult and mental health nursing routes (apprenticeship). Comparators for the BSc (Hons) mental health nursing route are

offered at an award level only. CCCU identify three modules where they highlight attainment gap issues for the MSc pre-registration nursing routes. CCCU confirm there are awarding gaps for students undertaking the FdSc, and cite the primary reason for this being the majority of black and minority ethnic students undertaking this programme having English as a second language. CCCU provide narrative within the documentary submission that they've actions in place to monitor and evaluate this. (7)

The ASR for 2022-2023 shows some improvements, enhancements and outcome measures in relation to Office for Students (OfS) metrics. The 2022-2023 ASR identifies that CCCU are preparing a new university EDI strategy, and the faculty now has an EDI lead who's part of the executive team. CCCU report awarding gaps in their BSc (Hons) nursing adult route, with black students being 41 percent less likely to achieve a first or upper second-class award. The school report a significant growth of degree apprenticeships by 700 percent, and within the ASR there are outcome measures to monitor and evaluate attainment and awarding gaps as students complete programmes of study. There's evidence within the ASR that there's an eight percent awarding gap for black students undertaking the BSc (Hons) mental health nursing route. There's a five percent awarding gap for black students undertaking the BSc (Hons) child nursing route; nevertheless there are outcome measures within the ASR to continue to monitor trends within this route through the pre-registration nursing programme. The school identify in their ASR that there's currently no data available for the return to practice, NA or prescribing programmes. (3)

CCCU report that placement capacity is a key risk across the pre-registration nursing direct entry routes. Within the 2021-2022 ASR they cite one of the reasons within Kent Community Health NHS Foundation Trust (KCHFT) is that the numbers of NA students are impacting on the overall availability of capacity. Other issues cited as impacting on placement capacity are ongoing recovery following the COVID-19 pandemic as well as the impact of national strikes. (7)

The ASR for the 2022-2023 period identifies ongoing challenges with placement capacity for the BSc (Hons) and MSc mental health nursing routes. The school note within the most recent ASR that the planned expansion in student numbers by 15 percent is being monitored by the faculty executive team given challenges in some fields of practice. (3)

CCCU provide documentation related to four minor modifications to their nursing programme. These relate to the integration of the end point assessment for the BSc (Hons) adult and mental health NDA routes, and changes to summative assessments on the NDA and direct entry BSc (Hons) adult and mental health nursing routes. (3)

The 2021-2022 ASR indicates that National Student Survey (NSS) scores for organisation and management across all programmes are significantly below benchmark. Assessment and feedback scores are also significantly below benchmark across all programmes. There's been some improvements in NSS scores noted in the

2022-2023 ASR. However, students on the mental health nursing programme are most dissatisfied across all categories. CCCU provide documentary narrative as to how they plan to enhance student satisfaction. (7)

Summary of feedback from groups involved in the review

Academic team

The senior AEI team provide a presentation of their vision and give an overview of lessons learnt following the Klynveld Peat Marwick Goerdeler audit which focused on academic governance. The AEI present a revised and more focused structure with clear lines of communication that involve senior academic board activity and a revised faculty committee structure. Senior academics from CCCU within the school provide an overview of QA in relation to course performance plans (CPPs) which are aligned to OfS outcomes. The CPPs provide audit and governance metrics which senior academics tell us are reviewed at faculty and university level to ensure that the student experience is monitored and evaluated at programme, school/faculty and university level. Senior academic staff and programme teams tell us that there are over 500 student representatives across the faculty. The presentation also offers a discussion around CCCU's programme portfolio, including their pre-registration nursing and NA provision. (32, 34, 36-37, 186-187, 216)

Senior AEI academic staff tell us that there's recently been a series of senior and executive appointments within the school, including a new head of school and executive dean. The senior team work closely with NHS trusts and meet with the integrated care board (ICB) and chief nursing officers quarterly. CCCU has recently recruited to senior positions within the school to capitalise on these close working relationships but also to further enhance the quality of practice learning. CCCU senior academic staff tell us that they meet with NHSE WTE and chief nurses regularly to discuss system wide issues, placement capacity and system regulator reports, including those from the CQC. These meetings are used to identify outcomes of the reports and create joint action plans and responses that support safe and effective learning environments for CCCU students on the pre-registration nursing and NA programmes. CCCU tell us that their placement team, who've operational oversight for the organisation and management of placement allocation and some QA functions, has been moved to sit directly within the school. Senior academic staff with responsibility for practice learning as well as the new head of school tell us that they're undertaking visits to PLPs/EPs and that they're working hard to enhance channels of communication between the AEI and their PLPs/EPs. (32, 34, 36-38, 142, 163, 186-187, 216)

Senior academics tell us that there's a clear workload and resourcing plan for the pre-registration nursing and NA programmes. They tell us that the workload plan is manageable but acknowledge challenges with staff recruitment in some areas. The senior academic and programme teams tell us of staff resource and recruitment

activity. Academic staff, including two lecturer practitioners in mental health, are all NMC registered. The pre-registration nursing programme team confirm there are vacancies in children's nursing and adult nursing which are out to advert. They report that they're unable to recruit to the mental health programme team. There's funding for eight clinical academic posts (two full-time equivalents) with two posts in adult, child and mental health nursing. MSc mental health nursing students state the team is stretched but tell us that they're doing the best they can. Students studying other fields of practice tell us that they've insufficient mental health input in theory but appreciate the staff resource issue. The NA programme team is a small team with additional teaching staff who contribute from across the school. (32, 34, 36, 57, 136, 186)

Academic staff undertake the roles of academic assessor and confirm that they're prepared for and understand the role and act in accordance with the SSSA. In addition, they act as personal academic tutors (PATs). The nursing operational and improvement plan has a renewed approach to the link lecturer role, with increased visibility in practice via 110 hours of clinical linking activities included in staff workload plans. (32, 34, 36)

We find there's a strategic partnership governance model with strategic partnership boards, sub boards and working groups which meet regularly throughout the year. To support closer partnership relationships, there are two recent staff appointments from the ICB. (32)

CCCU senior academic and programme team staff tell us that PUSC activity within the pre-registration nursing and NA programmes is a strategic focus of the school. They tell us that PUSCs are now embedded within recruitment and selection events, and that there's a faculty PUSC strategy that's being embedded across programmes. Senior academic staff tell us CCCU are recruiting more PUSC members through various networks and organisations. (32, 34, 36-37, 186-187, 216)

CCCU academic and programme team staff tell us that they've systems and processes in place to ensure that the selection of nursing and NA students follows a values-based approach. All AEI staff involved with the recruitment process tell us that the QA of DBS and occupational health clearance is managed by CCCU and/or in collaboration with an EP for students on the apprenticeship routes of their nursing or NA programmes. CCCU senior academic staff tell us that there are DBS and FtP panels and these are managed collaboratively with PLPs/EPs. Senior nurses tell us that they're invited to attend FtP panels and that CCCU involve them with DBS decisions where this is appropriate. (32, 34, 36-37, 186-187, 216)

CCCU staff tell us that good health and good character checks are undertaken prior to students commencing programmes, as well as updates being required at each progression point and prior to being recommended to the NMC for registration. CCCU staff, PUSCs and PLPs/EPs we meet tell us that they're involved with the recruitment process of students onto CCCU pre-registration nursing and NA programmes. Nursing

and NA students tell us that practice staff (practice assessors and practice supervisors) are involved in selection decisions. We see documentary evidence of PLPs'/EPs' involvement in the recruitment process. Senior nurses and practice education staff tell us that they're invited to attend recruitment and selection events. (32, 34, 36-38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-188, 212-213, 216)

CCCU senior academic and programme staff tell us that there's been some internal QA challenges that resulted in a miscalculation of programme hours. Senior academic staff tell us that additional systems and processes are in place to prevent this from occurring in the future. These include the resequencing of practice learning hours for affected students to ensure that all requirements are completed prior to students completing programmes and being put forward to the NMC for registration. Senior AEI academic staff tell us this process is enhanced and that all students who are on NMC programmes have had their programme hours re-checked to ensure compliance with the 2300 hours for theory and 2300 for practice learning. Senior nurses and practice education leads from PLPs'/EPs tell us that they're aware of the miscalculation of hours issues and that they've worked with CCCU to put mitigation plans in place to enable students to recover hours. (32, 34, 36-38, 142, 163, 186-187, 198, 212, 214, 216)

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors tell us that they're prepared for their role with two yearly updates that are trust led. The content of the updates is developed in collaboration with CCCU. They tell us that they're aware of the students' academic assessor and know the process to escalate any concerns. Practice supervisors and practice assessors tell us that they often complete PADs in their own time. One trust tells us they've one day a month protected learning time which can be used for student support. Practice development nurses tell us that they'll provide cover to allow practice assessors time for their role. They tell us that placement capacity is challenging in some areas particularly within mental health. CCCU and PLPs'/EPs tell us they're closely monitoring capacity and are working hard to increase this. (163, 212, 214)

Practice supervisors and practice assessors across the trusts tell us of effective partnership working with CCCU. They tell us that their relationship with CCCU is positive, with responsive communication about concerns. They describe the ALERT raising and escalating concerns process and the 'closing the loop' tracker. They appreciate the support provided to use the nursing e-PAD, which they state was initially a challenge. They've positive relationships with academic assessors, and communicate by email or online for tripartite meetings. They tell us that visibility of link lecturers is variable and would welcome greater links. They tell us that some students don't always complete the university placement evaluations and so have their own 'in house' evaluation forms. They act on feedback and give an example of developing a

structured placement journey for students in theatre environments. They confirm that nursing students and direct entry NA students are supernumerary. (212, 214)

Employers and senior PLP representatives

Senior PLP/EP representatives tell us that collaborative working with CCCU has become more effective at both strategic and operational levels during the past two years, but particularly with the appointment of a new executive dean and several recent senior appointments. They tell us that communication between the AEI apprenticeship team is always exemplary and the primary care ICB relationship is also cited as excellent. PLPs/EPs tell us that student placements are guided by existing staffing capacity and that students on all programmes are placed with appropriately qualified and experienced staff. PLP/EP senior representatives tell us that their staff are now invited to participate and contribute to simulated practice learning activities and this includes both the design and delivery. There are forums as well as local and regional meetings to explore practice learning availability, and CCCU contributes effectively to these discussions. (38)

PLPs/EPs confirm that there are effective arrangements for identifying, preparing and supporting practice assessors and practice supervisors for their role in the learning, development and assessment of pre-registration nursing and NA students. KMPT tell us that one year post preceptorship it's mandatory for all staff to undertake practice assessor training. Senior PLP/EP representatives tell us that they ensure the identification of new practice assessors and practice supervisors is aligned with ongoing monitoring of placement capacity. They tell us that a record of practice assessors and practice supervisors is held within trusts. Private, independent and voluntary organisations tell us that CCCU maintains records of practice assessors and practice supervisors in collaboration with themselves. Practice assessor and practice supervisor preparation is undertaken face to face and online depending on the individual organisation. Senior nurses and education leads confirm that there's a range of nominated people within the trusts employed to prepare, develop and support practice assessors and practice supervisors in their roles and to support effective operational links with CCCU. (38, 142, 163)

CCCU work with several NHS trusts to support the apprenticeship routes in the pre-registration nursing and NA programmes. EPs tell us that they support apprenticeship provision at CCCU as it provides them with a local workforce and these routes offer training and upskilling opportunities for their existing staff. They tell us that students who are undertaking the pre-registration NDA routes are supernumerary and those undertaking the NA programme receive protected learning time when undertaking practice learning opportunities. They tell us that their practice assessors and practice supervisors are aware of the requirements for this. EPs, practice assessors and practice supervisors tell us that they engage in tripartite meetings for nursing and NA students. (38, 142, 163)

Senior nurses from PLPs tell us that there are sufficient opportunities to gain exposure to a four field, across the lifespan approach in the student's field of practice to achieve the FN:SPRN, across the regional health system. Senior nurses tell us that there are systems and processes to alert CCCU to system regulator outcomes and that information is shared. Senior nurses tell us that they're aware that some CQC inspection reports identify that mandatory training isn't always up to date. They tell us that they're managing this across organisations, and this is a focus of their attention. PLPs/EPs tell us that system regulator action plans are shared and developed collaboratively. Senior nurses, practice assessors and practice supervisors tell us that they know how to raise and escalate concerns about students, and they're involved with FtP and DBS decisions. (38, 142, 163)

Employers and PLPs we meet provide examples of new communication strategies such as 'speak up guardians' which support students and staff to raise concerns about issues such as bullying, harassment and discrimination. Newsletters and monthly student nurse meetings with the chief nurse are in place and this approach is intended to support information sharing and support for students in practice learning settings. (38, 142, 163, 214)

Practice development nurses (PDNs) and workforce development matrons in trusts provide support for students at an operational level, troubleshooting day to day problems such as a lack of practice assessors. PDNs and workforce development matrons also deliver the practice assessor and practice supervisor initial training and bi-annual updates. (38, 142, 163, 214)

Students

We meet with pre-registration nursing students across all years of the adult, mental health and children's nursing routes, including those undertaking the direct entry and apprenticeship routes. We also meet with pre-registration NA students on the direct entry and apprenticeship routes in each year of their programme. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

Students on the direct entry pre-registration nursing and NA programme routes confirm that the recruitment process includes a values-based interview. They tell us that this usually includes two people, including a staff member from a PLP. Some students also confirm that their interview included a PUSC representative. Students undertaking the nursing and NA apprenticeship routes confirm that interviews are carried out by an EP, usually their manager and an academic from CCCU. Students tell us that they complete and engage with the DBS and occupational health processes. They tell us that they complete self-declarations (occupational health and DBS) as they move from one part of their programme to the next. Students tell us they also confirm this information prior to completing their programmes. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

Students tell us that communication about their programme between PLPs/EPs, students and CCCU isn't effective or consistent. Students we meet provide examples of where practice assessors and practice supervisors aren't up to date with practice assessor or practice supervisor training but have been allocated a student. In addition, some students provide examples of poor role modelling from practice learning staff who tell students they don't want to support students in practice, or they ask students to complete the e-PAD end of placement summary themselves. (58-59, 160, 163, 213)

Students tell us that the communication from CCCU isn't always effective. They tell us that the programmes don't always appear organised and that changes to the programme aren't communicated in a timely manner. Some students tell us that there are student forums and student representation systems in place, however they tell us that they've disengaged from feedback mechanisms as they perceive that their feedback isn't acted upon. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

Students we meet on the NA apprenticeship route tell us that protected learning time isn't always adhered to in their work base. (58-59)

Students on the NA programme and the pre-registration nursing programme tell us that they know how to raise concerns through the ALERT system, however they don't always feel safe to do so when the issues are related to bullying, harassment and discriminatory behaviour in practice learning settings. (142, 160, 163, 213)

PUSCs

We meet with one PUSC in person and two online. PUSCs tell us that they're known as experts by experience and have been recruited via personal contacts they have with staff at CCCU. They feel valued, listened to and an integral part of CCCU. They tell us that they can select what activities they become involved in. They tell us that they receive an online induction to CCCU. They tell us that they're part of a bigger group of PUSCs and that there's diversity within the group with people who have mental health conditions, are neurodiverse, have cerebral palsy and represent people across the lifespan. (188)

One PUSC tells us of their involvement in the interviewing of students. They receive EDI and unconscious bias training in preparation. They can develop questions for the question bank and tell us they receive an email twice a year to provide feedback on the questions. The interviews take place online and are undertaken with one academic. This PUSC undertakes five or six interviews a month. They report that they feel they are equal partners in the interview process. (188)

Three PUSCs tell us of their involvement in teaching and learning. They tell us that they're involved with students in a range of programmes including the fields of adult, children and mental health nursing and NA. One tells us that they share their

experience of living with a mental health condition and tell students the importance of treating people as individuals and not a condition. Students provide feedback to PUSCs and the PUSCs tell us that they're remembered in future sessions. (188)

Three PUSCs tell us of their involvement in the co-production of the curriculum. They talk of a recent 'sprint' event where they identified areas of good practice from their experience and the importance of bringing together physical and mental health. They tell us of their involvement in updating the strategy and that the intention of the new strategy is to identify what PUSCs want to be involved in. One PUSC tells us they'd like more involvement including being involved in student interviews. (188)

Summary of areas for future monitoring

- Timeliness of concern and complaint resolution and stakeholders informed of outcome. (Related to SFNME requirement 1.7)
- Sustainable recruitment of PUSCs and PUSC involvement in evaluation. (Related to SFNME requirement 1.12)
- Geographical placement allocation of students. (Related to SFNME requirement 2.6)
- Engagement of relevant stakeholders for recruitment of apprentices. (Related to SFNME requirement 2.7)
- Ensure the SSSA is applied to all education outside the UK. (Related to SFNME requirement 2.16)
- Strategies to enhance quality and manage risk. (Related to SFNME requirement 2.17)
- Ensure sufficient numbers of the NA programme team. (Related to SFNME requirement 2.19)
- Ensure a range of assessment methods for NA programme. (Related to SFNME requirement 3.4)
- Understanding of supernumerary status (nursing) and protected learning time (NA apprentices) with all stakeholders. (Related to SFNME requirement 3.7)
- Allocation of suitably prepared and trained practice assessors across all programmes. (Related to SFNME requirement 3.8)
- Accommodation of students' diverse needs (for example student travel/childcare). (Related to SFNME requirement 3.11)
- Student engagement with feedback opportunities. (Related to SFNME requirement 3.18)
- Time for practice assessors to undertake their role. (Related to SFNME requirement 4.4)
- Enactment of learning support plans in practice. (Related to SFNME requirement 4.5)
- Monitor collaboration of practice assessor and academic assessor. (Related to SFNME requirement 4.7)

- Sequencing of nursing curricula to support integration of theory and practice. (Related to SFNME requirement 5.7)

Findings against themes

Theme one: Learning culture

Risk indicator 1.1 – The AEI, together with their practice learning partners are unable to evidence that the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of The Code (NMC, 2018) to be upheld.

Requirements – 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9
NB: 1.2 – The Code (NMC, 2018)

What we found before the review

There's documentary evidence to demonstrate that CCCU and their PLPs/EPs have policies, procedures and systems that promote the safety of people (students, PUSCs and staff) in all learning environments. (13, 33, 41-43, 46-47, 49, 56, 60-61, 84-86, 90-100, 153, 164, 167)

CCCU provide documentary evidence to demonstrate that the nursing and NA programmes prioritise the wellbeing of people, self-reflection and safe practice in accordance with the NMC Code. (35, 69, 73, 80, 101-103, 168)

There's documentary evidence in student handbooks and placement evaluation documentation that CCCU nursing and NA programmes provide students with education in relation to informed consent. The regional PAD for nursing and the national PAD for the NA programme articulates that PUSCs can give and, if required withdraw their informed consent to students being involved in their care. (170-171, 207-208)

CCCU provide documentary evidence of partnership working and that educators, academic assessors, practice assessors and practice supervisors understand their role in preserving public safety. This includes information for CCCU staff during staff updates, information for practice supervisors and practice assessors during role updates and CCCU's FtP policy. Documentary evidence prior to the visit indicates that there are delays in students having their mid-point interviews undertaken in a timely manner and this is impacting on practice documentation being completed on time. (43, 50, 62, 73, 104)

CCCU provide evidence of relevant policies and processes in place for students, practice supervisors and practice assessors to escalate concerns. The faculty has the

ALERT reporting process to raise and escalate complaints and concerns within placements and a 'talk to us' poster campaign for students to contact CCCU if they want to tell them anything about the placement, as well as an institution wide report and support service. There's been an increase in ALERT reports of 69 percent in the academic year 2023-2024 when compared to the previous academic year, with the majority of these being from the adult or mental health nursing programme. CCCU provide examples of monitoring student feedback in relation to practice learning, and there's some thematic analysis provided in the school placement evaluation report provided. CCCU provide 'case study' examples in relation to complaints and concerns as well as working examples of ALERT reports. (1, 43, 60, 105-108, 112, 178, 189)

There's documentary evidence that CCCU have systems and processes in place to ensure that complaints and concerns raised by students are investigated effectively, with individuals' wellbeing taken into consideration. CCCU provide narrative and some evidence in relation to how mistakes and incidents are investigated. CCCU provide limited evidence as to how CCCU learn, reflect, record and disseminate their findings, however they present a 'closing the loop' tracker that identifies the source of the complaint, which PLP/EP is involved and themes that relate to the complaint. There's some evidence of how CCCU responds to issues and complaints in relation to professional practice issues related to students. CCCU undertake the NMC ASR process and exceptional report process. This includes how the AEI is responding to miscalculation of students' placement hours on the pre-registration nursing programme. (3, 7, 39-40, 81, 86, 101, 109-111, 125, 190)

CCCU programme documentation includes outcomes related to duty of candour, however there's limited evidence provided to indicate how information in relation to duty of candour is presented to students in student handbooks. The 'talk to us' flyer provides information to nursing and NA students on how to raise any issues. CCCU also provide some teaching materials that highlight the importance of duty of candour. The narrative provided by CCCU identifies that relevant content is provided within modules and is assessed within the professional values elements in the student PADs. (26, 43, 45, 105, 113-115, 207-208)

What we found at the review

Documentary evidence and meetings with the programme team, practice supervisors, practice assessors and students identify that the safety of people is promoted in all environments. Pre-registration nursing students confirm that DBS checks, good health and good character declarations and occupational health checks are in place as well as mandatory training, including moving and handling and safeguarding, which must be completed before they can undertake practice learning. Readiness to practice certificates are issued annually once checks are made and mandatory training completed. Safety issues are discussed at strategic partnership sub-boards. Signed partnership agreements support the governance structure to protect the safety and wellbeing of students. Pre-registration nursing students with disabilities and health

conditions tell us of risk assessments in their learning support plans and practice learning support plans to ensure their safety and give examples of how these are implemented. Practice assessors tell us and students confirm that an induction is completed within each new placement area in line with organisational requirements and recorded in the e-PAD for nursing students and the paper PAD for NA students. The programme team identify that students are made aware of considering their own FtP to maintain safe practice. (13, 33-34, 41-43, 46-49, 56-57, 60-61, 84-86, 90-100, 124, 136, 142, 153, 164, 167, 212-213)

CCCU tell us that critical self-reflection is embedded in the curricula with opportunities for reflection in theoretical and practice learning. Students tell us of reflective activities in practice which they discuss with their practice assessors and document in their PAD. They also tell us of reflective activities in group clinical supervision modules in each part of their programmes. The programme team confirm that for pre-registration nursing students there's a range of reflective learning time (RLT) depending on the route and field of nursing. This ranges between one and a half hours and two and a half hours of RLT per week. RLT isn't applied to the children's nursing route, neither is it applied to the apprenticeship routes for the pre-registration nursing programme or the NA programme. Students on the pre-registration nursing programme can articulate how many RLT hours contribute to their learning activities. (35, 48, 57-59, 69, 73, 80, 82-83, 101-103, 124, 136, 160, 163, 168-169, 185, 198, 213-215)

Students tell us they're aware of the range of services offered by CCCU to support their wellbeing and share examples of using these services, for example following a bereavement. CCCU provides Schwartz rounds which students tell us they find beneficial in reflecting on their emotional issues and hearing the experience of others. (48, 57-59, 82-83, 101-102, 121, 124, 136, 142, 160, 163, 169, 185-186, 212-215)

Nursing and NA students tell us that they understand that PUSCs can give and withdraw their informed consent to students being involved in their care. We see documentary evidence that the principles of informed consent are covered in modules across all programmes. Nursing and NA students tell us that this is revisited in practice preparation sessions. Nursing and NA students tell us that they're aware of the importance of seeking informed consent and do so prior to each episode of care. Students tell us how this is recorded within their PAD. All nursing and NA students are aware of the importance of consent and capacity, and students discuss the role of their practice assessor and practice supervisor in gaining feedback from PUSCs in practice learning environments. (48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 170-171, 185, 213-215)

CCCU academic assessors, senior academics, senior nurses, practice assessors and practice supervisors understand their role in preserving public safety. They're all confident to raise any issues with nurses working within practice education teams, senior lecturers for practice learning, identified link lecturers or academic assessors

and describe effective support from all. PLPs/EPs for nursing and NA tell us that they meet with CCCU regularly and that there's been enhancement with communication from the executive leadership team within the school at the AEI. (32, 34, 36-38, 43, 50, 62, 73, 104, 142, 163, 186-187, 212, 214, 216)

CCCU tell us that students are made aware of how to raise and escalate concerns in theory as well as in other sessions and inductions to practice learning environments on their nursing or NA programme. Nursing and NA students we meet tell us that they're aware of how to raise concerns and complaints in practice. They're aware that this is a particularly important part of their role and most students feel encouraged and supported to do so. A small number of students tell us they don't always feel confident or safe to report incidents that occur. This is partly due to concerns that the complaint or concern might affect their assessment and their continued placement or future career in the trust. We triangulate this theme across the CCCU student population and find these concerns to be isolated. Students on the nursing and NA programme tell us that they can engage with an ALERT process and that this process is signposted in the handbook and revisited during placement preparation sessions. During the monitoring visit students cite examples of how they've raised and escalated concerns and these include one student who raised a concern about their safety due to lack of wrist bands and alarms when working on a secure unit. The programme team also cite this example as an active case and confirm the issue was addressed swiftly and the concern continues to be monitored in collaboration with the trust. PLPs/EPs and the programme teams tell us that no student is currently without wrist bands or alarms within secure nursing environments. A small number of senior nurses tell us that CCCU could be more proactive and more prompt in responding to issues that are raised either by them or students. They tell us that they're aware of changes being implemented by CCCU and recognise the changes as positive. We triangulate these concerns at the monitoring visit and find them to be isolated incidences and therefore recommend this as an area for future monitoring. Practice assessors and practice supervisors tell us they're familiar with the raising concerns and complaints policy and guidance which is covered in practice supervisor and practice assessor training and updates. (1, 3, 7, 32, 34, 36-40, 43, 48, 57-60, 81-83, 86, 101, 105-112, 121, 124-125, 136, 142, 160, 163, 169, 178, 185-187, 189-190, 212-214, 216)

Nursing and NA students tell us that they're supported and supervised in being open and honest with people in accordance with the professional duty of candour. The practice learning handbooks and e-PAD/PAD support students in their understanding of professionalism, including the duty of candour. CCCU academic staff tell us that the programme design and content focus on aspects of professional practice including professional duty of candour. (26, 43, 45, 48, 57-59, 82-83, 105, 113-115, 121, 124, 136, 142, 160, 163, 169, 185, 213-215)

Our findings conclude that CCCU together with their PLPs/EPs prioritise the safety of people, including carers, students and educators and enables the values of the NMC Code to be upheld.

Risk indicator 1.2 – The AEI, together with their practice learning partners are unable to evidence that education and training is valued in all learning environments.

Requirements – 1.10, 1.11, 1.12, 1.13, 1.14

What we found before the review

CCCU provide documentary evidence that the learning culture is fair, impartial, transparent, fosters good relations between groups and is compliant with equalities and human rights legislation. Evidence includes policies, procedures and training resources (guides and toolkits) to ensure that CCCU and the nursing and NA programmes comply with relevant legislation. EDI features in programme documentation in the form of aims and objectives. CCCU have processes to allow students and staff to report issues relating to bullying, harassment, discrimination, hate incidents, domestic abuse and sexual violence. There's an anti-bullying and harassment strategy called 'expect respect'. There's evidence that reasonable adjustments for students are detailed in learning support plans and practice learning support plans. (35, 43, 45, 105, 113-115)

CCCU provide their attainment gap data and access and participation plan which outlines their commitment to providing education to a diverse range of students. CCCU have made an organisational commitment to reducing the attainment gap. CCCU have identified that there are gaps in attainment in the nursing programme. While there are some improvements since the documentary review was undertaken in 2023, attainment gaps continue to exist. Actions to address the gaps are provided and give assurance that this issue is being managed. (3, 7, 84, 87, 125, 172)

CCCU provide documentary evidence of processes that promote, monitor and evaluate programme improvement through effective use of information and data. CCCU provide evidence in relation to CPPs. The CPPs identify the AEI's response to student satisfaction issues. These primarily relate to organisation and management, issues with the placement allocation system, timetabling and delays to student appeals. (3, 7, 84, 87, 125, 172)

CCCU provide documentary evidence of their approach to co-production, co-design, co-delivery and evaluation of the nursing and NA programmes with PUSCs and other stakeholders. There's evidence that PUSCs are involved in the delivery of the programmes including clinical skills, simulation and sharing their lived experience. A buddy scheme, problem-based learning activities, as well as feedback to the programme team around QA of recruitment material and co-producing interview questions/scenarios, are also evident. CCCU provide a guide to student recruitment and selection for PUSCs. The PUSC strategy outlines the intention to involve PUSCs across recruitment, delivery, assessment and attending CCCU committees and boards in the future. CCCU present more recent evidence of PUSCs being involved in recruitment and selection activities on the pre-registration nursing and NA

programmes. The visit team review PADs at the monitoring visit to explore PUSC involvement in feedback to students in practice learning environments. CCCU provide narrative that PUSCs who are involved with the recruitment of students or delivery of education receive training. This is articulated in the PUSC partnership strategy document 2022-2025. The CCCU ASR identifies the AEI's strategic drivers to ensure PUSC involvement is embedded across the full range of NMC programmes, and the visit team explore this during the monitoring visit. (3, 7, 14, 84, 87, 125)

CCCU provide documentary evidence, including an inter-professional education (IPE) strategy. Programme specifications and programme documentation demonstrate IPL throughout the nursing and NA programmes. There's documentary evidence of CCCU's intention for how they'll continue to build upon and further implement Schwartz rounds for health and social care students. Schwartz rounds aim to provide group reflective practice forums, giving students an opportunity to reflect on the emotional and social aspects of working in healthcare. (102, 150, 166)

There's documentary evidence that CCCU supports opportunities for research collaboration and evidence-based improvement in education and service provision. Evidence includes activities such as annual research conferences, individual research project reports and unit of assessment three research excellence framework submission, as well as a series of research programmes within the school and across the wider faculty. There's evidence of research excellence and research funding to support activity within the school, faculty and university. (54-55, 84, 116-120)

What we found at the review

Documentary evidence and meetings at the visit tell us of measures to ensure the learning culture is fair, impartial and transparent and is compliant with equalities and human rights legislation. The programme teams tell us that EDI training is mandatory and includes unconscious bias, 'Prevent' and supporting students with disabilities. Students who've disclosed disabilities and learning differences tell us there's a process for identifying individual needs and that reasonable adjustments are made through practice learning support plans and learning support plans. Examples of these include changes to students' placements or shift patterns and the application of extenuating circumstances. Practice staff tell us that they understand the process of reasonable adjustments. The programme team and students tell us of the 'expect respect' strategy and support mechanisms which address anti-bullying and harassment. Practice assessors tell us that they complete mandatory training and refreshers in EDI and unconscious bias. PUSCS involved in the recruitment of students tell us that they receive EDI and unconscious bias training to undertake this role. (32-37, 43, 45, 48, 57-59, 82-83, 105, 113-115, 121, 124, 136, 142, 160, 163, 169, 185-188, 212-216)

EKHUFT tell us that they've a 'speak up' process and have instigated monthly student meetings with the chief nurse to listen to student concerns. They tell us that the monthly meetings are opportunities for students to ask questions of the senior

leadership team and for students to feedback good practice as well as any concerns. We don't meet any students who've attended a monthly chief nurse meeting. (214)

Workforce development matrons at EKHUFT have a monthly newsletter that's shared with students which provides up to date information about local trust issues. KMPT tell us of an open culture and that they hold a student support session online every six weeks for students to feed back issues or concerns. (163)

CCCU tell us that they're aware of awarding gaps and this is reported in their ASR. They tell us that the school has plans in place to monitor, evaluate and address awarding gaps. The CPPs presented by the school, alongside statements made by senior AEI representatives as well as academic assessors, identify that CCCU has implemented a data informed approach to student experience, and this includes the creation of a series of sub-boards/committees. (3, 7, 32, 34, 36-37, 84, 87, 125, 173, 186-187, 216)

CCCU confirm they've held 'sprint' consultation curriculum events with PLPs/EPs and other stakeholders including PUSCs. PLPs/EPs, practice education staff, practice assessors and practice supervisors tell us that they've found this collaborative working positive. They tell us that they're involved with the co-production of the nursing and NA curricula. We see documentary evidence in the form of minutes that demonstrates this co-production and design approach taken by the school. CCCU tell us that they're implementing a new PUSC strategy and that they're growing their PUSC group. We're satisfied that CCCU are increasing co-production opportunities with stakeholders such as PUSCs and PLPs/EPs, particularly in relation to CCCU's planned re-design of their pre-registration provision. We recommend that the inclusion of PUSCs as part of this work is an area of future monitoring. (3, 7, 14, 32-37, 43, 45, 48, 57-59, 82-84, 87, 105, 113-115, 121, 124-125, 136, 142, 160, 163, 169, 185-188, 212-216)

Students tell us that they receive feedback from PUSCs during their placements, which is used to support their practice assessment and progression. Students tell us that the practice assessor and practice supervisor facilitate feedback from PUSCs prior to students approaching patients. Students tell us that they've educational activities delivered with PUSCs, for example organisations such as Alcoholics Anonymous and organisations who support individuals with a learning disability provide learning opportunities within both theory and simulation activities. Students tell us that they value the input that PUSCs have in their education in all learning environments. (3, 7, 14, 48, 57-59, 82-84, 87, 121, 124-125, 136, 142, 160, 163, 169, 185, 213-215)

Our findings conclude that the CCCU together with their PLPs/EPs provide evidence that education and training is valued in all learning environments.

Outcome: MET

Comments:

N/A
Revised Outcome: MET/NOT MET Date:
Comments:
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> • Timeliness of concern and complaint resolution and stakeholders informed of outcome. (Related to SFNME requirement 1.7) • Sustainable recruitment of PUSCs and PUSC involvement in evaluation. (Related to SFNME requirement 1.12)

Findings against themes
Theme two: Educational governance and quality
<p>Risk indicator 2.1 – The AEI, together with their practice learning partners are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the UK with clear lines of accountability for meeting those requirements and responding when standards are not met, in all learning environments.</p> <p>Requirements – 2.1, 2.2, 2.3, 2.5, 2.6, 2.8, 2.9, 2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21 NB: 2.3 – NMC Programme specific standards</p>
What we found before the review
<p>CCCU provide documentary evidence to demonstrate how they manage risk in relation to regulatory, professional and educational requirements. The governance structure supports compliance with legal requirements and OfS registration. CCCU undertake professional and regulatory compliance through the NMC ASR process and are Ofsted and Education and Skills Funding Agency compliant. In relation to NMC regulatory compliance, the NMC refused CCCU midwifery programme approval and subsequently withdrew the existing pre-registration midwifery programme. CCCU have also exception reported that they've miscalculated students' placement hours on the pre-registration nursing programme. CCCU are addressing the issues with programme</p>

hours and are working with the NMC in relation to mitigating and managing this risk. (3, 7, 9, 88-89, 122-125, 211, 217)

CCCU provide documentary evidence that nursing and NA programmes are designed to meet proficiencies and outcomes relevant to the programme and to a specific field of nursing. CCCU documentary evidence indicates that they comply with programme specific standards in relation to the SPNP, SPNAP, FN:SPRN and SPNA, however they highlight in their ASR that some internal processes for confirming placement hours could impact on programme specific standards. CCCU report in their ASR that they're addressing and monitoring these issues. (3, 7, 84, 125)

There's documentary evidence of how CCCU and their PLPs/EPs adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including lines of communication and accountability for the development, delivery, QA and evaluation of the programmes. CCCU have recently formed a governance of nursing group, established in July 2023. The 'nursing oversight governance group' has membership from the university senior management team, directors of the university quality office, university learning and teaching enhancement unit and student wellbeing, community and belonging, as well as faculty colleagues. The group meet regularly and monitor programme performance and professional, statutory and regulatory body (PSRB) compliance (85, 87, 94-95, 108, 126, 141)

CCCU and their PLPs/EPs engage with strategic contract quality review meetings, as well as apprenticeship contract review meetings and individual meetings between PLPs/EPs and the school director of practice education, to ensure a partnership approach to the delivery, monitoring and evaluation of nursing and NA programmes. Documentary evidence from minutes of the meetings demonstrates a commitment to partnership working and effective lines of communication. CCCU are currently procuring/implementing a new placement database which better interfaces with the university systems with the aim of enhancing communication and transfer of information. CCCU state that this will positively impact monitoring PSRB compliance, user experience, placement capacity and allocation. (3, 7, 85, 87, 94-95, 108, 125-126, 141)

Review of the documentary evidence demonstrates that recruitment and selection of students at CCCU is open, fair and transparent. The health and care engagement team overview document outlines a commitment to working with schools and colleges to support routes into health and social care professions. There's documentary evidence that indicates CCCU nursing and NA programmes adopt a values-based recruitment approach, and information about the programmes and their requirements is available on CCCU webpages. (93, 127-130)

Documentary evidence shows that CCCU have systems and processes in place to ensure robust recognition of prior learning (RPL). There's evidence that applicants can apply for RPL for up to 50 percent of the programme or more than 50 percent if they're

a registered nurse seeking an additional field of nursing practice with no restrictions on their practise. CCCU provide RPL guidance for MSc nursing route applicants and this includes 750 hours of practice prior to commencing the programme. CCCU provide working examples of RPL mapping documents and completed portfolios prior to the monitoring visit. (131-132)

There's documentary evidence that demonstrates how CCCU provide students with the information and support they require in all learning environments to enable them to understand and comply with relevant local and national governance processes and policies, including raising and escalating concerns. Programme documentation, including programme specifications, programme handbooks, practice learning handbooks, PADs, preparation for practice information and documentation about FtP direct students to relevant local and national policies. (4, 13, 43, 90-92, 173-176, 207-208)

CCCU are an established AEI and have systems, processes and procedures in place in relation to confirmation of proficiencies and programme outcomes in full, demonstrating student FtP as well as their eligibility for academic and professional award. CCCU's low-level FtP flowchart, policy and procedural documents outline CCCU's framework for managing issues with students' professional behaviour that's not meeting the required standard. CCCU submit documentary evidence to demonstrate how they provide information and evidence required by regulators and this includes the ASR process, exceptional reporting, OfS registration and compliance with Ofsted. (104, 125-135, 177-178, 193, 211, 217)

There's evidence that CCCU have the facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes. Evidence indicates that CCCU has a range of specialist facilities at the Canterbury and Medway campuses including simulation and specialist health suites, augmented and virtual reality headsets, Oxford medical simulation virtual reality, a stem cell and bio-engineering lab and an anatomy learning centre. There are libraries at both campus sites. Students access a range of online programme resources including the virtual learning environment (VLE) (Blackboard) and online guides for the PAD. Students receive programme and module level handbooks which provide information about their programme. There's documentary evidence within the ASR and minutes of meetings that capacity for practice learning is highlighted as challenging, particularly in the mental health field of practice. (3, 7, 125, 137-139, 207-208)

There's evidence that CCCU and their PLPs/EPs improve quality, manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data. The faculty practice learning subcommittee, strategic contract quality review meetings, programme performance plan, portfolio performance committee minutes and terms of reference demonstrate partnership working and a data-driven approach to monitor programme performance and make improvements to

the programmes. NSS scores for organisation and management across all programmes are below benchmark, particularly in the children's and mental health nursing routes. Data shared across the healthcare system identifies that there are issues with practice learning capacity, particularly in mental health areas. CCCU report issues with the calculation of programme hours and the visit team explore how this is being rectified and monitored moving forwards. (19, 30, 41-42, 140-141, 159, 165, 175, 179-182, 191-192, 218)

There's documentary evidence that CCCU have systems and processes in place to ensure that programme leaders confirm that all proficiencies are met by each student by the end of their programme. Appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning. CCCU, through exceptional reporting, identify that there's been an issue with the calculation of practice learning hours for students undertaking the nursing programme, and that they're now managing this risk. CCCU provide documentary evidence that they're investing in new systems to enhance the recording of hours to ensure students meet all NMC requirements upon completion of their programme. There's documentary evidence that external examiners are appointed to the nursing programme with due regard for field, and there are external examiners appointed to the NA programme. Documentary evidence suggests that external examiners review theory and practice components of NMC programmes and produce annual reports. (9, 84, 131-132, 134, 159)

What we found at the review

CCCU and their PLPs/EPs tell us that they've systems and processes in place for monitoring system regulator reports and there's ongoing monitoring of this at strategic and operational levels. This includes regular meetings with local ICBs, chief nursing officers and organisations such as NHSE WTE. (3, 7, 9, 32, 34, 36-38, 88-89, 122-125, 142, 163, 186-187, 211, 216-217)

There's documentary evidence and CCCU academic staff, senior nurses, practice assessors and practice supervisors tell us that programmes are designed to meet proficiency outcomes relevant to the approved nursing and NA programmes. However, we find that the pre-registration nursing programme with foundation year is described on the CCCU website and confirmed by students as a four-year programme. The programme team confirm the foundation year isn't mapped to NMC standards or approved by the regulator. Therefore, this requirement isn't met. (3, 7, 32, 34, 36-38, 84, 125, 142, 163, 186-187, 212, 214, 216)

CCCU academic staff, senior nurses, practice assessors and practice supervisors tell us that there are sufficient learning opportunities in all learning environments for students to be exposed to and meet the FN:SPRN and the SPNA. Students tell us that the pre-registration nursing and NA programmes are designed to meet relevant proficiencies and programme outcomes. The programme team and practice assessors

tell us that any experience and opportunities to achieve proficiencies that can't be achieved are enabled through simulated learning activities in CCCU or in practice. Practice assessors provide examples that include cannulation, catheterisation and chest auscultation for mental health nursing students. (3, 7, 32, 34, 36-37, 48, 57-59, 82-83, 85, 87, 94-95, 108, 121, 124-126, 136, 141-142, 160, 163, 169, 185-187, 212-216)

Students and PLPs/EPs we meet tell us that lines of communication between them and CCCU academic staff aren't always effective or consistent at operational level, although they do note there's been recent improvements. Some direct entry nursing students tell us that there are varying interpretations of how the two and a half hours of reflection can be utilised and monitored in practice. Students tell us of situations where they're advocating and supporting peers to make complaints or raise concerns, but have those concerns dismissed because the individual themselves hasn't raised the concern or completed the ALERT form. (58-59, 85, 87, 94-95, 108, 126, 141-142, 160, 163, 198, 214)

Students and PLPs/EPs tell us of some late notifications of placements. Some students tell us this has impacted on them getting a timely allocation of a practice assessor or getting a midpoint review completed. Students tell us of late changes to lectures and group clinical supervision sessions and cancellations which aren't effectively communicated through the recognised channels. (34, 36, 48, 57-59, 124, 136, 142, 160, 163, 186, 212-214)

Final year pre-registration nursing students we meet tell us that email communication in relation to any outstanding practice hours to be completed because of miscalculation was sent before the summer break and no further communication was received until the new academic year. (163, 198, 214)

We find that recruitment and selection processes are fair and open. CCCU provide documentary evidence that demonstrates PUSCs are involved with the design of the interview process for students, and that PUSCs are involved with the recruitment of students. CCCU tell us that they're a widening participation organisation and recruit students from a diverse range of backgrounds. CCCU academic staff and EPs tell us that they select and interview conjointly for all students undertaking an apprenticeship route. PLPs/EPs tell us that selection criteria and questions are developed collaboratively. We see documentary evidence and PUSCs tell us that they're involved with the selection of direct entry students. CCCU tell us that they're exploring a more consistent approach to the inclusion of PUSCs in recruitment activities for apprentices on nursing and NA programmes. Senior nurses, practice assessors and practice supervisors tell us that they're involved in the recruitment and selection of students for nursing and NA direct entry programmes. We're satisfied that all relevant stakeholders are included in recruitment and selection activities, however we recommend PUSC involvement in the recruitment of apprenticeship students as an area for future monitoring. (32, 34, 36-38, 93, 127, 128-130, 142, 163, 186-188, 216)

CCCU cover a wide geographic area and utilise the whole county of Kent for practice learning. Information in recruitment materials indicates that the maximum length of time to reach practice learning settings is 90 minutes. Some students tell us that travel to some practice learning areas can take two hours or more and this can impact on other responsibilities outside of their studies. For students that don't drive, public transport isn't always available to get them to practice learning environments on time. They tell us this is reported to the practice learning unit and academic staff. Nursing and NA students tell us these concerns aren't always listened to by the AEI or adjustments made to overcome these issues. Students tell us that peers have left the programme as the travel costs and travel time impact on caring responsibilities. We find that PLPs/EPs accommodate individual students' needs by arranging later shift times or ensuring that handover is provided on an individual basis. PLPs also tell us that they've onsite accommodation that is made available for students to utilise for a small cost. CCCU tell us that the practice learning unit is housed within the faculty and the issues of allocation and travel are now being reviewed, monitored and evaluated within the school. We also triangulate marketing and recruitment information provided to applicants to ensure that expectations for student travel to and from PLPs/EPs is identified. We find that CCCU does share this information with applicants. We recognise the restructuring of the placement management systems into the school with their ambition of enhancing placement allocation processes will take time to embed and this is therefore an area for future monitoring. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-187, 212-216)

CCCU programme teams and academic assessors confirm the process for ensuring that all students fulfil health and character requirements. CCCU senior academic staff, and senior representatives from PLPs/EPs tell us that selection decisions following issues arising from a self-declaration, DBS or occupational health review are agreed in partnership. They tell us that there's a process for confirming DBS and health clearance prior to placement commencement. Students confirm that they're aware of the mandatory health and character checks that are required of them at every stage of the programme and prior to being recommended to join the NMC register. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-187, 212-216)

We see documentary evidence of RPL portfolios that confirm prior learning is mapped to the CCCU programme learning outcomes/proficiencies and external examiner involvement in confirming RPL outcomes. CCCU confirm that their regulations allow RPL for more than 50 percent for registered nurses. (34, 36, 131-132, 186-187)

Nursing and NA students confirm that they're provided with the information and support they require in practice learning environments to enable them to understand and comply with relevant local and national governance processes and policies. Nursing and NA students tell us how CCCU prepares them for placement and confirm that they've trust inductions and orientations for each placement area. PLPs/EPs visited confirm that CCCU students are as well prepared for placement as students from the

other AEIs they work with. (4, 13, 38, 43, 48, 57-59, 82-83, 90-92, 121, 124, 136, 142, 160, 163, 169, 173-176, 185, 212-215)

Documentary evidence and the nursing and NA programme teams assure us that CCCU have systems, processes and procedures in place in relation to confirmation of proficiencies and programme outcomes in full, demonstrating student FtP as well as their eligibility for academic and professional award. CCCU has developed a 'low level concerns FtP policy' to identify students' professional behaviour that isn't meeting the required standard. This is supplemented with individual student action plans as required. Senior nurses and the programme teams for nursing and NA tell us that, where issues with proficiency or FtP are raised, joint decision making is in place. Where PLPs/EPs raise concerns, these are addressed. Some senior nurses tell us that their staff are involved with FtP panels and discussions. A small number of senior nurses tell us that they're not always appraised of FtP outcomes. We triangulate this further during the visit and find that the majority of senior nurses tell us CCCU does relay information in regard to student FtP outcomes and that they're invited to attend FtP hearings. (32, 34, 38, 90-92, 104, 125, 133-135, 142, 163, 177-178, 186-187, 193, 211, 217)

We see documentary evidence and programme teams tell us that there are systems and processes in place for managing system regulator outcomes. CCCU engage with the NMC ASR and exceptional reporting process. CCCU acknowledge in their ASR that there are placement capacity issues in mental health nursing. Senior representatives from PLPs/EPs tell us that they're managing placement capacity issues carefully and are working hard to ensure placement capacity is increased. They recognise that there are challenges in some areas but tell us they've enough practice assessors and practice supervisors to support nursing and NA students. Senior nurses and academic staff at CCCU tell us that they share CQC outcomes and work jointly on action plans if these are required. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-187, 212-216)

Documentary evidence and meetings at the visit assure us at threshold level that CCCU identify and act on any areas for improvement, regularly measuring programme performance and outcomes against the NMC standards and requirements and other recognised quality frameworks in education. CCCU provide evidence and tell us at the visit that they engage with the NMC ASR process as well as the exceptional reporting process and provide action plans in relation to evaluating performance and outcomes. CCCU senior representatives and senior academics from the school tell us that there's more active engagement between the school, university and faculty level committees, working groups and sub committees. and the reporting restructures that have taken place recently aim to ensure the overall QA of programmes provides more university oversight of data and the student experience. A small number of PLP/EP senior nurses tell us that they don't feel CCCU are as proactive as they could be in sharing how they act and identify areas for improvement but recognise new senior appointments within the school and faculty as well as the restructure to subgroups and visibility of

academics in practice is a positive step forward and will take time to embed fully. They provide examples about how the miscalculation of programme hours was communicated and plans put in place to retrieve these hours and how this could have been managed more proactively at the time. The visit team recommend that strategies to enhance quality and manage risk is an area for future monitoring. (34, 36-37)

CCCU confirm that they've suitably qualified and experienced programme leads and managers in place. CCCU tell us they've audited current students' practice hours records to ensure all students meet the 2300 hours of theory and 2300 hours of practice. Senior AEI academics and programme teams tell us that they've made some new senior and executive level appointments to the school and have also recently appointed senior leads from local NHS trusts and the ICB. CCCU recognise that recruitment of academic staff is challenging, particularly in the mental health field of practice. CCCU are exploring several joint appointments to increase opportunities for staff to work across clinical academic careers as well as identified pathways to enable graduates to explore careers within an academic environment. (32, 34, 36-37, 186-187, 198, 216)

CCCU confirm and we see documentary evidence that they've appropriately qualified and experienced external examiners who consider and report on the quality of theory and practice learning. External examiner reports are provided. The majority of reports contain positive feedback and confirm that the curriculum content remains aligned to NMC standards, that students are achieving in line with their peers elsewhere and that assessments are appropriate and timely. (9, 32, 34, 36-37, 84, 88, 131-132, 134, 159, 186-187, 216, 225)

Our findings conclude that CCCU, together with their PLPs/EPs, are unable to evidence that there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements. We're not assured that programmes are designed to meet proficiencies and outcomes relevant to the programme and this relates to the four-year nursing with foundation year route not being mapped to NMC standards and not being approved by the regulator. We're not assured that there's clear lines of communication between the AEI and students undertaking the nursing and NA programmes, including communication of late changes to timetabling and organisation of the programmes. We find there are varying interpretations in the parameters for RLT in the different fields of practice in nursing and routes within the pre-registration nursing programme.

Risk indicator 2.2 – The AEI, together with their practice learning partners is unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, people who use services and carers, students and all other stakeholders.

Requirements – 2.4, 2.7, 2.11, 2.14, 2.16, 2.19

NB: 2.4 – NMC Standards for student supervision and assessment (NMC 2018,

updated 2023)

What we found before the review

CCCU and their PLPs/EPs have systems and processes in place to provide communication and collaboration between practice assessors and academic assessors. Documentary evidence prior to the monitoring visit doesn't always make explicit the distinctive role differences between PATs and the academic assessor, and the visit team explore this during the visit. (5-6, 51-52, 60, 73, 86, 94-95, 143, 149)

CCCU submits an exceptional report and documents within the ASR that there's a potential risk of pre-registration nursing students not completing the required number of hours for NMC registration. CCCU is part of the pan-London practice learning group (PLPLG) and adopt the shared PADs, as well as resources to support students and staff using the PAD. Documentary evidence demonstrates that an audit tool for all learning environments is used and that there's a process for reviewing the audits regularly. Documentation is provided to demonstrate how CCCU prepare practice supervisors and practice assessors for their roles, and there's evidence to show continuing support of these roles through a workshop and through a network approach to 'drop in' events. There's evidence that students are supported and assessed by appropriately trained practice supervisors, practice assessors and academic assessors who complete preparation programmes and updates to undertake their roles. This is based on the PLPLG preparation programme. There's evidence of placement capacity issues within the ASR, and the visit team explore at the monitoring visit whether PLPs/EPs have sufficient availability of suitably qualified educators and assessors. (3, 5-7, 51-52, 60, 73, 86, 94-95, 125, 143, 149)

CCCU provide documentary evidence that PUSCs and representatives from relevant stakeholder groups are engaged in partnership in recruitment and selection. CCCU in their ASR identify that PUSCs are involved with creating recruitment material. CCCU provide evidence of a strategic directive from the faculty executive team to embed PUSC activity across the range of NMC programmes. The AEI at the initial visit tell us that they've evidence of PUSC activity in the recruitment and selection of nursing and NA students and this is available for the visit team during the monitoring visit. The faculty PUSC strategy outlines CCCU's intention to involve PUSCs in a wide range of activities and this is supported by the faculty executive team. CCCU provide narrative that PUSCs receive training to support them to underpin their roles, and this is further supported with documentary evidence in the CCCU PUSC faculty strategy. (3, 7, 14-17, 125, 172)

CCCU have robust, effective, fair, impartial and lawful FtP procedures to address concerns about the conduct of students that might compromise public safety and protection. The faculty has an established FtP sub-committee. CCCU and their PLPs/EPs have an established raising and escalating concerns policy that's used within all practice learning environments, including those used for simulation. The pan-

London nursing PAD and the national PAD for the NA programme identifies the students' responsibility in raising and escalating a concern with a nominated person in the practice setting. Policy documentation and regulations state that checks must be in place to confirm health and character on admission to the programmes. Students are informed about FtP requirements in student handbooks and CCCU's online policy zone. (43, 85, 90-92, 94-95, 106, 207-208)

There's documentary evidence that CCCU and their PLPs/EPs regularly review all learning environments. Minutes suggest that the placements quality team are responsible for compliance in practice, including educational audits. There's a process document for reviewing placement learning environments. CCCU adopts the NHSE WTE risk rating matrix to assess risks. Examples are provided of when concerns are reported which indicate that students are aware of the raising concerns process. They also indicate that processes are in place between CCCU and PLPs/EPs to manage concerns. Action plans are in place to monitor placement concerns. The placement evaluation report indicates that some students identify incidents of discrimination in practice. CCCU adopts the PLPLG placement learning environment audit tool. There are procedural guides to support audit and an audit plan is provided. There's limited evidence to demonstrate how and if audits are shared with other AELs. There are placement agreements with PLPs to confirm arrangements for practice learning with CCCU. (31, 140, 145, 158)

Documentary evidence and staff curricula vitae (CVs) supplied by CCCU demonstrate that they've appropriately qualified and experienced people for programme delivery across the pre-registration nursing and NA programmes. CCCU have recently appointed a new head of school and executive dean of faculty. The staff information document provided by CCCU enables tracking of academic staff registration requirements including NMC revalidation dates. (80, 146, 166)

What we found at the review

Documentary evidence and meetings with senior academic and PLP/EP managers, practice assessors and practice supervisors confirm that CCCU and PLPs/EPs have effective processes for ensuring sufficient practice supervisors and practice assessors are prepared and available for allocation to students. (3, 5-7, 32, 34, 36-38, 51-52, 60, 73, 86, 94-95, 125, 142-143, 149, 163, 186-187, 212, 214, 216)

PUSCs are involved in recruitment to both pre-registration nursing and NA programmes. One PUSC tells us of their involvement in recruitment and selection. They confirm EDI and unconscious bias training and additional support in understanding the role and responsibilities in the overall process of interviews. They are involved in reviewing and developing questions for the question bank for the pre-registration nursing and NA programmes. In the online interviews they've equal responsibility with the academic member for independent scoring and selection. PUSCs aren't consistently involved with the recruitment of students coming through

apprenticeship routes at CCCU. Some students tell us that PUSCs are involved in the interview process and one student tells us of a PUSC being involved in multiple mini interviews. Students and PLPs/EPs tell us that practice assessors and practice supervisors are also involved with the recruitment of students. (3, 7, 14-17, 32, 34, 36-37, 48, 57-59, 82-83, 121, 124-125, 136, 142, 160, 163, 169, 172, 185-187, 212-216)

Documentary evidence indicates and CCCU academic staff as well as PLPs/EPs tell us that there's effective systems, processes and policies to manage FtP. Documentary evidence assures students of a fair and confidential process. CCCU have an established low level concerns FtP policy that aims to be able to identify and address issues early. CCCU academic staff and some senior nurses from PLPs/EPs confirm that FtP panels have representation from practice and that there's the need to ensure students are fit for employability as well as to join the NMC register. Students tell us that they're aware of FtP processes and they provide examples of understanding around good health and good character requirements and the need to practice professionally. (32, 34, 36-37, 43, 48, 57-59, 82-83, 85, 90-92, 94-95, 106, 121, 124, 136, 142, 160, 163, 169, 185-187, 212-216)

CCCU and their PLPs/EPs have systems and processes in place to regularly review all learning environments and provide assurance that they're safe and effective. CCCU academic staff and practice education staff tell us that they work in partnership to ensure PLP/EP audit documentation is updated, monitored and evaluated. We're given access to audit documentation and we review a sample during the monitoring visit. (31-32, 34, 45, 140, 145, 158, 186-187)

Programme leaders for nursing confirm that any overseas placement is compliant with the NMC standards for education and training and the SSSA. We see documentary evidence of long-arm supervision of practice supervisors for students who've undertaken an overseas practice learning opportunity. While we see evidence that the SSSA are applied, there's varying levels of understanding of when overseas experiences can contribute to programme practice learning hours and suggest this is an area for future monitoring. (186-187)

There's documentary evidence and CCCU tell us at the visit that there's appropriately qualified and experienced people for programme delivery across the pre-registration nursing and NA programmes. There's recognition from senior AEI representatives that the NA programme team is relatively small and is supported by staff across the school. NA programme team staffing is therefore recommended as an area for future monitoring. CCCU tell us that recruitment to academic posts is challenging particularly in mental health nursing. We find there are ongoing pressures to appoint academic staff to post and students on the mental health nursing routes tell us that there aren't enough mental health nursing lecturers available to deliver the mental health content of their programme. CCCU recognise these challenges and are exploring joint appointments and pathways to encourage graduates to consider an academic career. CCCU have also invested significantly in several strategic posts across the school,

including a new executive dean and head of school. (34-38, 80, 146, 166)

Our findings conclude that CCCU, together with their PLPs/EPs, are unable to ensure all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, PUSCs, students and all other stakeholders. We're not assured that CCCU appoint appropriately qualified and experienced people for programme delivery, and vacancies in mental health nursing are impacting on programme delivery.

Outcome: NOT MET

Comments:

SFNME requirement 2.2 is not met for nursing.

We're not assured that the four-year nursing with foundation year is mapped to NMC standards or approved by regulator.

SFNME requirement 2.5 is not met for nursing and NA.

We find that lines of communication between programme teams at CCCU and students on the nursing and NA programmes aren't effective or consistent.

SFNME requirement 2.19 is not met nursing.

We find CCCU is unable to appoint sufficient numbers of mental health nursing lecturers for programme delivery.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- Geographical placement allocation of students. (Related to SFNME requirement 2.6)
- Engagement of relevant stakeholders for recruitment of apprentices. (Related to SFNME requirement 2.7)
- Ensure the SSSA is applied to all education outside the UK. (Related to SFNME requirement 2.16)
- Strategies to enhance quality and manage risk. (Related to SFNME requirement 2.17)
- Ensure sufficient numbers of the NA programme team. (Related to SFNME requirement 2.19)

Findings against themes
Theme three: Student empowerment
<p>Risk indicator 3.1 – The AEI, together with their practice learning partners are unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in The Code (NMC, 2018).</p> <p>Requirements – 3.1, 3.2, 3.4, 3.7, 3.8, 3.10, 3.15, 3.16</p>
What we found before the review
<p>There's documentary evidence that students on the nursing and NA programmes have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role. Documentary evidence indicates that students have access to Oxford medical simulation, virtual reality applications and simulation facilities. CCCU have recently upgraded their simulation facilities on both the Canterbury and Medway campuses. CCCU have a new institutional learning, teaching and assessment strategy and digital aims for all students. Students can access online and in person academic support services including the learning skills hub and library services. Students can access a range of online programme resources including the VLE Blackboard, PebblePad and online guides for the PAD. Students submit assessments through 'Turnitin'. CCCU has several digital initiatives focused on improving students' digital capabilities, upgrading the VLE, developing policies and procedures and finding out about students' digital capabilities. There's evidence that students are supported to develop digital skills. There's a range of wellbeing services including the student disability service, mental wellbeing service and student support service. (1, 80, 101, 139, 149, 183-184)</p> <p>There's some evidence that CCCU and their PLPs/EPs provide students with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme. Evidence within the ASR identifies that students on both programmes report lower rates of satisfaction in the NSS in relation to organisation and management; responses range from between 28-68 percent, with children's and mental health nursing students being least satisfied. Evidence from the CCCU listening event held in December 2022 (pre-registration midwifery) identifies that students at CCCU highlight inconsistencies with receiving timely and accurate information. We see no evidence of postgraduate survey data prior to the monitoring visit. (3, 7, 125, 148)</p> <p>There's documentary evidence that students on the nursing and NA programmes at CCCU are enabled to learn and are assessed using a range of methods, including</p>

technology enhanced and simulation learning opportunities appropriate for their programme as necessary for safe and effective practice. Programme documentation and the CCCU 2021-2022 ASR states that there are 300 hours of simulated practice learning delivered on the direct entry BSc (Hons) adult nursing route, 412.5 hours on the BSc (Hons) child nursing route and 120 hours on the BSc (Hons) mental health nursing route. CCCU report 75 hours maximum of simulated practice learning for their NA apprenticeship route. CCCU within their ASR stipulate that there are no simulated practice learning hours assigned to the MSc or NDA routes. The programme specification documents outline simulated practice as a learning and teaching method and CCCU have simulation facilities at both campuses. Documentary evidence shows that virtual and augmented reality are used within the faculty. A simulation team deliver simulated learning and there's evidence of the team activity through meeting notes and innovative projects, including a hospital admission from a learning disabilities and autism learning perspective. The monitoring team explore the actual number of simulated practice learning hours, how these are being utilised within the programmes and across fields within the pre-registration nursing programme and how the SSSA requirements are being applied during these activities at the visit. (3, 7, 125, 139, 184)

There's documentary evidence that CCCU and their PLPs/EPs have an expectation that nursing and NA students are allocated and can make use of supported learning time when in practice. The expectations of students receiving supported learning time, protected learning time for NAs and supernumerary status for nursing is detailed within the students' programme specification and is also detailed in the pan-London nursing PAD and in the national PAD for the NA programme. Evidence from the CCCU listening event for pre-registration midwifery identifies that students aren't always supernumerary, and this was dependent on staffing levels. CCCU provide several placement summary reports which provide high level feedback from students. There's some feedback that suggests that staff are moved from units and areas when students are on duty, and this results in students being counted as part of the staffing establishment. (102, 149, 175)

There's documentary evidence in the programme specifications and practice learning handbooks that students are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements. Students are allocated to a nominated academic assessor for each part of the education programme. There's limited evidence in relation to how academic assessors are allocated. CCCU provide overarching narrative that this activity is undertaken as part of the workload allocation model. There's evidence that there are enough academic assessors to undertake this role. CCCU, in their documentation, use the term academic assessor and PAT interchangeably and it isn't clear from the documentary evidence how CCCU prepare academic assessors for their role. The visit team explore how academic assessors engage with practice assessors and practice supervisors, and the students' understanding of the role of the academic assessor, at the visit. (23, 44-45, 53, 144, 149, 207-208)

There's documentary evidence that CCCU provides information to students regarding entry to the NMC register and annotation of their award. However, the information isn't explicit that students may need to undertake additional education in order to satisfy the requirements of registration should they not register with the NMC within the regulated timeframe. (84, 194)

CCCU provide documentary evidence that students are prepared for learning in theory and practice having received relevant inductions. Students receive an induction period to their programme as well as prior to each period of practice learning. CCCU provide examples of PebblePad activities and welcome week presentations. The summary of placement evaluations identifies that most students feel prepared for practice and that when they commence placements most are welcoming to students. The placement summary reports do highlight some incidences of students reporting staff being unwelcoming or communication issues prior to commencing their periods of practice learning. (27, 149, 175, 195-197, 206)

CCCU and their PLPs/EPs provide some evidence of opportunities for students throughout their programme to collaborate and learn with and from other professionals, from peers and to develop supervision and leadership skills. CCCU provide an IPE strategy and evidence of working groups to oversee the implementation of IPE activities. IPL events are structured throughout the programme and provide opportunities for students to learn with, from and about one another. (102, 148, 150)

What we found at the review

Documentary evidence and triangulation at the visit confirm that CCCU along with their PLPs/EPs ensure that students on the pre-registration nursing and NA programmes have access to adequate resources. (1, 32, 34, 36-37, 48, 57-59, 80, 82-83, 101, 121, 124, 136, 139, 142, 149, 160, 163, 169, 183-187, 212-216)

For pre-registration nursing we find there's conflicting and inconsistent information about the programme across the fields. Adult and mental health field students complete 40 hours of practice learning per week of which two and a half hours is RLT. Child field students complete 37.5 hours of practice learning per week with no RLT hours included. Students provide varying explanations of how these hours can be utilised and recorded, with some not using the hours at all. Students tell us they feel their records don't tally with those issued by CCCU and they feel their concerns aren't being responded to in a timely manner. CCCU programme teams and senior AEI representatives tell us that they've addressed the issue of miscalculation of RLT and that this has resulted in some anxiety across student groups. Senior nurses, practice assessors and practice supervisors tell us that they're aware of the issue with the miscalculation of hours and are working with CCCU to ensure students have practice learning opportunities to ensure fulfilment of 2300 hours of practice learning. (3, 7, 32, 34, 36-37, 48, 57-59, 82-83, 121, 124-125, 136, 142, 148, 160, 163, 169, 185-187, 198, 212-216)

PLPs/EPs tell us of late communication of allocation of placements which can mean the practice learning setting isn't prepared for the student. This impacts on the allocation of a practice assessor. Students tell us that some have had practice assessors and practice supervisors allocated who haven't completed their SSSA training or haven't updated. (142, 160, 163, 214)

CCCU tell us that the university has invested in clinical skills and simulation facilities. Students tell us that they've access to the facilities that they need, however a very small number tell us that there's inequitable access to the facilities depending on which campus they're undertaking their programme of study at. The visit team triangulate this theme during the monitoring visit and this view isn't widespread across the student population. Students on the NA programme tell us that their assessments are all very similar and that they can't see the relevance of some assessments to their role. Several students cite the research critique as one assessment that they understand the importance of but can't see how it relates to their role. Some assessments such as the narrated PowerPoint presentation are problematic as students need to use a different system to upload the presentation. Students tell us they'd like assessments more aligned to their role such as more practical assessments. The team tell us of plans to revise and review the assessments and include assessments such as objective structured clinical examinations to address the differing learning styles of students and to better align to the NA role. We see documentary evidence, including module and programme handbooks. We're satisfied that a range of methods exists and identify this as an area for future monitoring given that the programme team are reviewing assessments and are intending on modifying the programme in the future. (3, 7, 32, 34, 36-37, 48, 57-59, 82-83, 121, 124-125, 136, 139, 142, 160, 163, 169, 184-187, 213-216)

Most nursing students at Canterbury and Medway campuses (all fields and routes) confirm that they've supernumerary status in practice learning. Nursing students tell us of isolated instances, for example staff sickness, that can sometimes impact on their supernumerary working. Students tell us that team working doesn't hinder learning experiences when undertaking essential nursing care. Students tell us that there are posters about supernumerary requirements in some adult placement areas. Practice assessors tell us that they're aware of the requirements and confirm that supernumerary status is supported in practice. MTW 'in house' evaluations identify only one minor negative comment across 55 evaluations in adult and child nursing for 2023. We triangulate this area during the monitoring visit and find that most nursing students, their practice assessors and practice supervisors are aware of the need for students to be supernumerary and act to correct this if this isn't being upheld. We're therefore assured and recommend that this is an area for future monitoring. (48, 57, 102, 124, 136, 142, 149, 175, 185, 212-213)

NA students tell us that protected learning time in their base or workplace is hard to achieve. Students tell us that their EP doesn't always allow them to leave their base to

take advantage of learning opportunities during their protected learning time. They tell us it can be challenging to get access to opportunities to undertake some skills such as venepuncture or take part in medicines rounds. They tell us that leaving their base placement to access opportunities such as attending theatre or watching an investigation is very difficult, and that they're often told that they're there to work as a clinical support worker and not leave their base. (58-59, 102, 149, 175)

Practice assessors tell us that they're developing a better understanding of protected learning time, particularly when NAs are on practice placement within their place of employment. Practice assessors tell us that protected learning time is a challenge and administered in different ways but they're striving to ensure an improved experience for NA students. (212)

We find that practice assessors and practice supervisors are adequately prepared for their role. KMPT and EKHUFT have a red, amber, green rating process in place to support preparation. Each practice assessor is emailed three months before they're required to update. Practice assessors whose updates are overdue are red rated. This information is shared with the PDNs or workforce development leads who work with the ward manager to ensure students are allocated to updated and current practice assessors. If required, PDNs undertake bespoke updates to ensure staff are up to date and able to be allocated students. (163, 214)

A small number of students tell us of situations where practice assessors have been allocated that haven't completed the preparation programme or haven't recently updated. Students, practice assessors, practice supervisors and academic assessors tell us that, where issues of staff not having completed updates are highlighted, practice areas are responsive to ensure students are allocated to suitably trained professionals to undertake this role. Students tell us that they're allocated to an academic assessor and that this individual isn't the same person for subsequent parts of the students' programme. Students tell us that they know who their academic assessor is. Most students are aware of the role of the academic assessor and how they contribute to progression decisions. We triangulate throughout the visit if students consistently raise concerns regarding practice supervisor/practice assessor training. We find this isn't endemic and therefore suggest this is an area for future monitoring. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-187, 213-216)

CCCU student facing documentation confirms that information is given to students regarding entry to the NMC register and annotation of their award. Students tell us that they're aware of this information. (48, 57-59, 82-84, 121, 124, 136, 142, 160, 163, 169, 185, 194, 213-215)

Students, CCCU academic staff, practice assessors and practice supervisors tell us that students have inductions in practice learning settings which includes information and guidance about local and national policies. Students confirm that they're well prepared for practice learning and that they must attend and complete mandatory

sessions before they're able to attend practice. We see evidence of readiness to practice certificates that demonstrate students have undertaken requisite activities prior to undertaking periods of practice learning. (27, 32, 34, 36-37, 48, 57-59, 82-83, 102, 121, 124, 136, 142, 148-150, 153, 160, 163, 169, 175, 185-187, 195-197, 206, 213-216)

Students tell us that they've opportunities to work with other professionals during practice learning and develop leadership skills, however this only occurs within the practice learning environments. Students tell us that there are no designated IPL activities where students have the opportunity to learn with, from and about one another when undertaking theoretical learning. The NA programme has field specific simulation days for children, learning disabilities and mental health learning, but there's no shared learning with other professional groups in the AEI. The programme teams confirm this and identify that there are plans to implement IPE across the nursing and NA programmes in the future. Nursing and NA students confirm they've a sufficient variety of placements to help support achievement of the proficiencies related to supervision, teamworking and leadership skills. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 153, 160, 163, 169, 185-187, 213-216)

Our findings conclude that CCCU, together with their PLPs/EPs are unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the NMC Code. We're not assured that nursing students are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme. We're not assured that students on the NA programme are allocated and can make use of supported learning time when in practice. While we see that nursing and NA students can work with professionals when undertaking periods of practice learning, we see no evidence of IPL when undertaking theoretical learning.

Risk indicator 3.2 – The AEI, together with their practice learning partners is unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.

Requirements – 3.3, 3.5, 3.6, 3.9, 3.11, 3.12, 3.13, 3.14, 3.17, 3.18

What we found before the review

There's documentary evidence that CCCU and PLPs/EPs provide opportunities for students to work with, and learn from, a range of people in a variety of practice placements. This includes Schwartz round opportunities and preparing them to provide care to people with diverse needs. CCCU present documentary evaluation of a hospital admission for a person with learning disabilities simulation scenario which is designed

for use across programmes. While CCCU have sufficient PLPs/EPs to ensure students get direct care opportunities from a range of people throughout their educational programmes, there's evidence that capacity issues for some fields exist and this is particularly acute in mental health services. There's documentary evidence that students are required to demonstrate how they work with a range of people, preparing them to provide care to people with diverse needs. (3, 7, 84, 102, 124, 139, 166)

CCCU provide documentary evidence to show how they work with PLPs/EPs to ensure students are supervised and supported in practice learning in accordance with the SSSA, and that they have academic roles supporting practice learning. (62, 143, 149, 155)

There's documentary evidence in relation to how students are supervised according to their individual learning needs, proficiency and confidence. The students' PAD facilitates an initial, mid-point and final interview process for the assessment of practice learning. The PAD highlights that students should identify their individual learning development needs and share any specific learning needs that they may have where reasonable adjustments need to be considered. CCCU have a policy which suggests all students are allocated a PAT for the entirety of their programme who supports the student's learning and development needs. Programme documentation states that students are supported in practice learning by practice supervisors and practice assessors. CCCU provide examples of preparation for these roles, and preparation is primarily undertaken online/virtually. CCCU utilise the PLPLG e-learning resources, and preparation includes understanding the scope of practice and learning needs of students. CCCU provide evidence of preparation for practice supervisors, practice assessors and academic assessors around neurodiversity through a training presentation for practice assessors. (143)

There's evidence to demonstrate how CCCU and their PLPs/EPs ensure students have the necessary support and information to manage any interruptions to study for any reason. CCCU have undertaken a project to explore the best ways of supporting students following a break in study. The outcomes of this study contribute to the NHSE WTE published report 'good practice guidance for higher education institutions supporting paused nursing students to return to programme'. CCCU have specific policies for managing and monitoring students who require an interruption to their studies. The policies also outline processes for student progression and transition arrangements. (149, 151-152)

CCCU provide documentary evidence that they've systems, processes and policies that support students who have their diverse needs respected and considered across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice. Evidence shows a range of web resources to help students access support, and CCCU has student support advisors to help and direct students on an individual basis. There's evidence that

reasonable adjustments for students are detailed in the learning support plan and/or practice learning support plan. (105, 113, 147, 153, 175)

There's documentary evidence that CCCU has policies in place to manage discrimination, harassment and other behaviour that undermines student performance and confidence. CCCU's 'report and support' process allow students and staff to report issues relating to bullying, harassment, discrimination, hate incidents, domestic abuse and sexual violence. There's an anti-bullying and harassment strategy called 'expect respect'. Findings of CQC inspection visits to EKHUFT WHH, QEMH, KCH and MTW identify varying incidences of bullying and/or harassment of staff by either the public or colleagues. CQC reports from the PLPs/EPs also highlight several concerns including poor take up of mandatory training by practice staff and staff not always following guidance or procedures. There's some evidence that not all staff are accepting and understanding of students, with some unprofessional attitudes displayed such as speaking in a foreign language, not learning students' names and not including them during handovers. (43, 70, 105, 113, 175, 199, 219-222)

There's documentary evidence that CCCU provides students with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing. Students are encouraged to self-refer for further support with their physical or mental health and wellbeing as needed. There's documentary evidence to indicate that CCCU adopts a compassionate pedagogy approach to encourage students to develop self-resilience. Students are informed about FtP and study requirements in student handbooks and CCCU's online policy zone. There's evidence of CCCU internal listening events, including student staff liaison meetings and board of studies, and how CCCU respond to student issues and concerns. (30, 95, 103, 191, 207-208)

CCCU provide evidence that students on the nursing and NA programmes are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. This support can be accessed online or face to face. Programme and module outcomes include reference to reflective practice and this is also articulated within the students' PAD. There's evidence that students can access online and in person academic and wellbeing support services including disability support and financial advice. The school has an established PAT policy for students on the nursing and NA programmes. Activities within the simulation and specialist health suites provide support for students in developing their proficiencies and confidence. CCCU ASR and programme documentation identify that two and a half hours of RLT contributes to practice learning per week for the pre-registration direct entry adult nursing route. CCCU provide evidence of how practice assessors and practice supervisors engage with this activity in their ASR. It's less clear how the academic assessor engages with this activity and the visit team explore this at the monitoring visit. (3, 7, 13, 84, 102-103, 125, 148, 154, 200-201)

CCCU provides documentary evidence that demonstrates that there are systems and processes to provide students with constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning. CCCU also provide documentary evidence that students have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice through module and practice evaluations. Kent and Medway ICB have student council committees to work on issues collaboratively with students from all AEs throughout the region. There's evidence that formative assessment occurs which provides students with feedback. Programme specifications state that students are encouraged to keep reflective logs to aid their reflective skills. Programme documentation states that students receive written feedback through 'Turnitin' for academic work. Students receive feedback from practice supervisors, practice assessors and PUSCs in practice. Feedback is provided through the PAD. CCCU's documentary evidence identifies that there are some issues with practice staff not being confident with the use of the e-PAD and this impacts on the student experience. Evidence within the CCCU ASR identifies that students have low satisfaction scores in the NSS in relation to how their feedback is acted upon, with scores below 50 percent on all programmes. Mental health nursing students report less satisfaction (31 percent) when compared to adult nursing students (48 percent) and children's nursing students (50 percent). Board of studies minutes identifies that PUSCs are engaging with students (including feedback) across the range of programmes, and students find this activity useful. There's limited evidence in relation to how academic assessors engage with students and practice assessors/practice supervisors while in practice. CCCU provide a 'closing the loop' tracker and this includes information about specific PLPs/EPs and other stakeholders (5-6, 11-12, 30, 43, 60, 86, 113, 148-149, 155, 175, 191)

What we found at the review

Documentary evidence of mapping of programmes to the FN:SPRN and SPNA and meetings with CCCU, senior nurses from PLPs/EPs, practice supervisors, practice assessors and academic assessors confirm that students have opportunities throughout the programme to work with, and learn from, a range of people across placements and people with diverse needs. Nursing and NA students we meet tell us that they're exposed to a range of learning environments throughout the programme in both theory and practice learning. Nursing students tell us that they've opportunities to learn about other fields of nursing practice through supplemented learning such as a simulated hospital admission involving PUSCs with learning disabilities and autism. NA students tell us that they've a range of learning opportunities. Senior nurses from PLPs/EPs highlight the diverse number of placements across a wide geographical location available to students as a strength, offering opportunities for students to work with people from different demographics. Practice supervisors and practice assessors confirm that students are allocated to a range of placements. The programme teams and nursing students tell us that there are capacity issues for mental health nursing which presents challenges. Mental health nursing students tell us that spoke visits

away from the placement are organised to facilitate learning opportunities particularly when placement allocations have been predominantly in physical healthcare settings. Nursing and NA students we meet tell us they're enjoying their placements and consider that they're varied enough to support achievement of the FN:SPRN and SPNA. (3, 7, 32, 34, 36-37, 48, 57-59, 82-84, 102, 121, 124, 136, 139, 142, 153, 160, 163, 166, 169, 185-187, 213-216)

CCCU, senior PLP/EP representatives, practice educators, practice assessors and practice supervisors tell us that students are supervised and assessed in practice learning in accordance with the SSSA. Most of the nursing and NA students tell us that they're assigned a practice assessor when undertaking practice learning opportunities. They tell us that where they're assigned to a practice assessor/practice supervisor who hasn't had an update, academic assessors and practice education staff remedy this promptly. Students tell us that they've an initial, mid-point and final interview and that they identify their specific goals, objectives and learning needs with their practice supervisors and practice assessors. Practice supervisors and practice assessors tell us that they receive training and education to undertake their role and that they use the students' e-PAD (or PAD for the NA programme) to support the student to develop in accordance with their learning needs, proficiency and confidence. Practice assessors and practice supervisors tell us that supportive action plans are devised for students in accordance with their learning needs if there are concerns in relation to a student's performance and in discussion with the students' academic assessor. (32, 34, 36-37, 48, 57-59, 62, 82-83, 121, 124, 136, 142-143, 149, 153, 155, 160, 163, 169, 185-187, 213-216)

Documentary evidence and nursing and NA students confirm that their diverse needs are respected and considered across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice. They provide examples of support from PATs when adjustments are required because of individual learning needs. Some nursing and NA students tell us that practice assessors and practice supervisors are supportive when they're aware students require reasonable adjustments. A small number of students tell us that practice supervisors and practice assessors could be more supportive in relation to reasonable adjustments in practice. Senior PLP/EP representatives, practice supervisors and practice assessors tell us that they support students in practice learning environments who require a reasonable adjustment. They identify that the students may choose not to share this information with them, and this can make supporting them more challenging if they're unaware the student may have individual learning needs. Learning support plans and practice learning support plans are mostly enacted, although students tell us of situations where they've been unable to access individual support for dyslexia as they don't meet eligibility criteria for an assessment. (32, 34, 36-37, 48, 57-59, 82-83, 105, 113, 121, 124, 136, 142-143, 147, 153, 160, 163, 169, 175, 185-187, 213-216)

In relation to CCCU and their PLPs/EPs responding to individual needs such as

childcare or transport issues, students tell us this is mixed. Examples are provided where students have asked for changes to practice learning allocations because of two-hour long journeys to get to and from placement, where students have no access to early start childcare or where the public transport doesn't get them to the shift on time. Some students report a lack of understanding from the practice learning unit staff of these individual requirements and that some CCCU academic staff aren't very helpful in supporting students in these situations. The accommodating of individual diverse needs such as travel and childcare is an area for future monitoring. (48, 57-59, 82-83, 121, 124, 136, 142-143, 160, 163, 169, 185, 213-215)

Students tell us that they're aware of how to seek out interruptions from their programmes and that the student's academic assessor and/or PAT support this process. Students tell us how they've interrupted and successfully returned to programme. We see documentary evidence that outlines the process, and programme teams tell us that students are required to undertake DBS and occupational health declarations following a period of interruption from programme. (32, 34, 36-38, 48, 57-59, 82-83, 121, 124, 136, 142, 149, 151-152, 160, 163, 169, 185-187, 213-216)

We find that although CCCU and PLPs/EPs have policies in place to manage discrimination, harassment and other behaviour that undermines student performance and confidence, some pre-registration nursing students are reluctant to report incidences of bullying, harassment and discrimination. Students are aware of the ALERT process, but a small number tell us that they fear reporting these incidents as they're concerned it will affect their continuation on the programme, their practice assessment or their future career. Students tell us of examples of unprofessional and discriminatory behaviour, including speaking in a foreign language, use of unprofessional and derogatory language, students excluded from participating in care or ignoring them and being made to feel they're a burden to practice supervisors or practice assessors. A small number of students tell us of examples of intimidation and bullying behaviour by practice learning staff in KMPT that wasn't reported at the time as they didn't feel safe to do so. Some students tell us that they purposefully try to request their off duty to avoid working with some nurses as they're unsupportive. The visit team tell CCCU senior representatives about this feedback from students during the visit to ensure the AEI can explore this concern with KMPT. (43, 48, 57-59, 70, 82-83, 105, 113, 121, 124, 136, 142, 160, 163, 169, 175, 185, 199, 213-215, 219-222)

Documentary evidence and meetings at the visit confirm that CCCU and PLPs/EPs provide information and support which encourages students to take responsibility for their own mental and physical health and wellbeing, and that students are provided with learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. Students provide some examples where PATs often offer support. Students tell us that they're aware of how to access wellbeing resources and support through CCCU student services and the AEI's website. (30, 48, 57-59, 82-83, 95, 103, 121, 124, 136, 142, 160, 163, 169, 185, 191, 213-215)

There are ample opportunities for students to feedback on their modules and practice learning experiences, although the numbers of students feeding back is relatively low. Students tell us this is because they don't always know what changes are made because of their feedback. We see evidence and programme teams provide examples of where they've responded to student feedback. Examples cited include changes to shared delivery of modules, moving teaching into different classrooms and responding to feedback in board of studies and staff student committees. We see evidence during the monitoring visit of how CCCU engages with student data across various levels within the AEI, faculty and school, and how they've recognised committees and subgroups to enhance the student experience. We recommend student engagement with feedback as an area of future monitoring. (5-6, 11-12, 30, 32, 34, 36-37, 43, 48, 57-59, 60, 82-83, 86, 113, 121, 124, 136, 142, 148-149, 155, 160, 163, 169, 175, 185-187, 191, 216, 213-215)

The nursing and NA programme teams tell us that they meet with student representatives regularly and any feedback is delivered to students through the student representative system. This can be through WhatsApp groups which the team tell us are very active. (32, 34, 36-37, 186-187, 216)

We find that CCCU, together with their PLPs/EPs are unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams. We're not assured that nursing students are protected from discrimination, harassment and other behaviour that undermines their performance or confidence.

Outcome: NOT MET

Comments:

SFNME requirement 3.2 is not met for nursing.

We find that nursing students receive conflicting and inconsistent information regarding their programme. PLPs/EPs tell us of late communication of allocation of placements.

SFNME requirement 3.7 is not met for NA.

We find that NA students aren't consistently receiving protected learning time when learning in practice. NA apprentices report challenges in staff awareness of protected learning time when in their base placement.

SFNME requirement 3.12 is not met for nursing.

We find nursing students telling us about negative experiences that indicate unwelcoming, unsupportive and discriminative environments that impact on their learning, performance and confidence to raise concerns about their experience.

SFNME requirement 3.16 is not met for nursing and NA.

We find no evidence of IPL for both the nursing and NA programmes during theoretical components of the students' studies.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- Ensure a range of assessment methods for NA programme. (Related to SFNME requirement 3.4)
- Understanding of supernumerary status (nursing) and protected learning time (NA apprentices) with all stakeholders. (Related to SFNME requirement 3.7)
- Allocation of suitably prepared and trained practice assessors across all programmes. (Related to SFNME requirement 3.8)
- Accommodation of students' diverse needs (for example student travel/childcare). (Related to SFNME requirement 3.11)
- Student engagement with feedback opportunities. (Related to SFNME requirement 3.18)

Findings against themes

Theme four: Educators and assessors

Risk indicator 4.1 – The AEI, together with their practice learning partners is unable to ensure theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.

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

What we found before the review

CCCU provide documentary evidence of how they're compliant with standards and requirements in the NMC standards for education and training. CCCU report in their ASR that there's been errors in the calculation of hours for their pre-registration nursing programme and that they've systems and processes for correcting these. Programme specification documentation outlines the content and professional requirements of the programmes in relation to the SPNP and SPNAP. (3, 7, 84, 125, 143-144, 161)

CCCU provide documentary evidence that educators and assessors involved with the nursing and NA programmes always act as professional role models and have systems, policies and processes in place to support staff in their roles. Evidence includes undertaking annual peer observation and review, continuing development activity and collaborative working with other AEIs. Evidence suggests that all staff with NMC registration act in accordance with the NMC Code. (3, 7, 31, 43, 80, 125, 140, 146, 202-203)

The evidence provided by CCCU demonstrates that CCCU and their PLPs/EPs, practice facilitators/educators, practice assessors and practice supervisors receive relevant induction, ongoing support and access to education and training relating to their roles, including training in EDI (staff learn inclusion programmes). Staff training resources are provided including raising and escalating concerns, practice assessor full day workshops, closing the gap forums for practice educators, coaching forums and guides to using the PAD. CCCU has a range of online resources for staff, including those in their probationary period. (80, 114, 143, 176, 203-204)

CCCU provide documentary evidence that educators and assessors have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities. CCCU has a staff development policy, academic workload plan and a positive performance toolkit which provides CCCU educators with time and resources to enable them to fulfil their roles in addition to their other professional responsibilities. (203, 205)

CCCU provide documentary evidence prior to the monitoring visit that educators respond to the learning needs of individuals in all learning environments, and this includes webpages detailing processes to support students across a range of NMC programmes. There's some evidence that students report that feedback isn't always as timely and consistent as they'd like and NSS scores for feedback are below sector benchmark. (3, 5-7, 25, 30, 103, 125, 143, 175, 191)

CCCU provide documentary evidence that most educators are supportive and objective in their approach to student supervision and assessment. There's some evidence supplied in the school placement evaluation report that students aren't always satisfied with their experiences in Medway NHS Foundation Trust (MFT). Students also identify in evaluations that some areas aren't always supportive and welcoming for students. Policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment. Evidence supplied in the ASR identifies that student satisfaction scores for assessment and feedback being fair, criteria being clear and feedback being timely are rated as amber or green with the exception of question 10 for mental health nursing students which is scored below benchmark at 47 percent. Qualitative comments provided by students in board of studies minutes are generally positive about the student experience. (3, 5-7, 25, 30, 60, 80, 125, 175, 191)

CCCU provide documentary evidence as to how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. CCCU are part of the PLPLG, working collaboratively on PADs and resources to prepare and support practice assessment and supervision. CCCU provide minutes from strategic contract quality review meetings and other networking events with PLPs/EPs, which are held with CCCU and one partner organisation at a time. Evidence suggests that there's moderation of the PADs. There's documentary evidence that identifies there are some issues with DBS and occupational health clearances being undertaken in time, and this is impacting on delays to students' practice learning opportunities. (30, 94-95)

Documentary evidence demonstrates that CCCU respond to concerns and complaints about public protection and student performance in all learning environments. CCCU has a process of reporting called ALERT, and evidence presented shows examples of how practice supervisors and practice assessors have raised a concern relating to student performance, escalated this to the senior lecturer for practice learning and the resulting actions on the tracker. There's evidence that CCCU produce annual reports and action plans to monitor issues raised. Evidence in the ASR identifies that student satisfaction in the NSS in relation to how feedback is responded to remains below national benchmark. CCCU provide documentary evidence of how they monitor feedback loops to students. (3, 7, 30, 40, 43, 86, 125, 143, 165)

CCCU have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation, practice evaluation and internal student voice listening events such as staff student committees and board of studies. Evidence within minutes identifies that some students report practice assessors and practice supervisors in some PLPs/EPs aren't consistently aware of the students' scope of practice, level of proficiency or what competencies they can or can't undertake. The visitors explore at the monitoring visit communication between the AEI and PLPs/EPs in relation to students undertaking the full range of proficiencies in relation to their programme standards. (5-6, 11, 30, 175)

CCCU provide evidence of sharing effective practice and learning from others and that they engage in several networks, including a practice learning conference, research networks and membership of the regional PLPLG and NHSE WTE groups. CCCU provide narrative about how they share and use evidence to make decisions on student assessment and progression. CCCU general and special regulations provide the governance structure in relation to confirmation of student assessment and progression at CCCU. (24, 126, 135, 162, 201-202)

What we found at the review

There's evidence from students that educators and assessors in some learning environments don't always act as professional role models. In relation to the pre-registration nursing programme, students provide examples of where practice

assessors have been allocated to them but express disinterest in their role. Students tell us there's been occasions where practice assessors have found completing the e-PAD challenging, resulting in students instructing the practice assessor how to complete it. Students also tell us that practice assessors have asked students to complete the final summary and then the practice assessor will sign the e-PAD as they're unfamiliar with the platform. Other examples provided by pre-registration nursing students we meet include a practice assessor editing a reflective account in the students e-PAD as the reflection on end of life care questioned decision making of the medical staff. The student tells us the practice assessor insinuated the reflection didn't demonstrate teamwork and needed to be amended. Other examples include a student reporting a practice supervisor using inappropriate language when they were asked to take a patient to theatre when it was against hospital policy. We're told by the student that a healthcare support worker spoke up on the student's behalf. Students tell us that generally the younger, more recently qualified staff are most approachable and act as excellent role models. (3, 7, 31, 43, 48, 57-59, 80, 82-84, 121, 124-125, 136, 140, 142, 144, 146, 160-161, 163, 169, 185, 202-203, 213-215)

There's documentary evidence and educators and assessors tell us at the visit that they receive relevant induction, ongoing support and access to education and training. This includes advance higher education fellowships, a postgraduate certificate in education and support to undertake further studies including higher and research degrees. CCCU senior academic staff tell us that there are systems and processes in place to ensure that staff are developed and supported through ongoing training and education. Practice assessors and practice supervisors tell us that they've access to training and education to undertake their role. All educators tell us, and documentary evidence supports, that all staff undertake relevant EDI training. (32, 34, 36-37, 80, 114, 143, 176, 186-187, 203-204, 216)

Practice supervisors, practice assessors and nurses working within practice education teams across most PLPs/EPs tell us that there are no formalised processes to facilitate supported time and resources to enable them to fulfil their roles. Some practice assessors tell us that night duty is quieter, so they often use this time to teach students and review their progress. Some practice assessors tell us that getting the midpoint review completed on time can be a challenge, particularly if the placement is a short placement. Practice assessors and practice supervisors do however tell us that their roles are valued by their employing organisations. Practice educators working within primary care areas and those working within community teams are the most positive in relation to having time to undertake their roles in student assessment. We see some examples of managers enabling practice assessors and practice supervisors to use 'management days' to engage with students' assessment of practice learning. Practice assessors and practice supervisors tell us that they make time for their role and understand the professional responsibilities in assessing students. Senior nurses of PLPs/EPs tell us that they recognise the challenging environment and recognise the important role practice assessors and practice supervisors play in the assessment of students. Some students tell us of delays in practice assessors completing practice

documentation. We find there's assurance at a threshold level that practice education staff can undertake their role. We recommend that this is an area of future monitoring in relation to practice assessors and practice supervisors having supported time to undertake their role in the assessment and supervision of students in practice. (38, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185, 203, 205, 212-215)

We find that academic staff at CCCU respond to the learning needs of individuals and provide pastoral support and guidance to students. Students tell us that they feel supported by the CCCU academic team. Students with reasonable adjustments tell us that they're supported by the wider AEI support services such as the disability team. Practice assessors and practice supervisors tell us that they support students in practice who require reasonable adjustments. They tell us that students don't always disclose a disability, and this can make supporting students challenging. We triangulate this area across the student population and are assured this isn't common amongst students. We do however recommend this is an area for future monitoring. (3, 5-7, 25, 30, 48, 57-59, 82-83, 103, 121, 124-125, 136, 142-143, 160, 163, 169, 175, 185, 191, 212-215)

Students tell us that practice assessors, practice supervisors and PATs overall are supportive and objective in their approach to student supervision and assessment. Students provide examples of where academic and practice staff have supported student learning. CCCU and PLP/EP policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment. Senior academic staff at CCCU acknowledge that student responses in the NSS, particularly in mental health nursing in relation to assessment and feedback, are below benchmark, and this is also evidenced in the AEI's ASR. (3, 5-7, 25, 30, 32, 34, 36-37, 48, 57-60, 80, 82-83, 121, 124-125, 136, 142, 160, 163, 169, 185, 175, 191, 213-215)

CCCU, senior nurses, practice assessors and practice supervisors tell us how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. CCCU provide additional documentary evidence in the form of strategic sub-board minutes and working group minutes at the initial visit meeting that confirms this partnership working across multiple PLPs/EPs. CCCU tell us of enhancements that they've made in relation to collaboration with PLPs/EPs including subgroups and increased visibility of academics in PLPs/EPs. We find this is met at a threshold level and recommend collaboration, particularly between the practice assessor and academic assessor, as an area of future monitoring. (30, 34, 36-38, 94-95, 230-231)

CCCU, senior nurses, practice assessors and practice supervisors confirm that they've systems and processes that enable escalating concerns and complaints in all learning environments including system regulator reports. Senior nurses tell us that CCCU responds promptly and effectively to concerns and/or complaints about students. A small number of nursing students tell us that they don't always raise a concern. Most students can tell us how they'd escalate a concern, provide examples of how they've

used the ALERT system and how these concerns have been addressed. The programme teams tell us that they're working hard to improve student satisfaction in relation to the student voice. We see evidence of a 'closing the loop' tracker that outlines how the AEI monitors and evaluates concerns and risks. (3, 7, 30, 32, 34, 36-38, 40, 43, 48, 57-59, 82-83, 86, 121, 124-125, 142-143, 163, 165, 169, 185-187, 213-216)

CCCU have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation, practice evaluation and listening events such as staff student liaison committees and course feedback forums. Practice assessors and practice supervisors tell us that they receive feedback from students' practice evaluations and that these are also explored at a local level and in collaboration with the AEI. (5-6, 11, 30, 32, 34, 36-37, 163, 175, 186-187, 212, 214, 216)

CCCU tell us and documentary evidence confirms that there's sharing of practice and learning from others and that the AEI engage in several networks locally, regionally and nationally. Practice assessors and students tell us that information regarding progression decisions is discussed with the student's nominated academic assessor. Academic assessors confirm this. (24, 48, 57-59, 82-83, 121, 124, 126, 135-136, 160, 162-163, 169, 185-187, 201-202, 213-215)

We find that CCCU, together with their PLPs/EPs are unable to ensure that theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles. We're not assured that all educators and assessors always act as professional role models.

Outcome: NOT MET

Comments:

SFNME requirement 4.1 is not met for nursing and NA.

We find that this requirement can't be met as requirement 4.2 is not met.

SFNME requirement 4.2 is not met for nursing and NA.

We find that some nursing and NA students report experiences in placement that demonstrate behaviour and communication that's inconsistent with the expectations of professional conduct.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- Time for practice assessors to undertake their role. (Related to SFNME requirement 4.4)
- Enactment of learning support plans in practice. (Related to SFNME requirement 4.5)
- Monitor collaboration of practice assessor and academic assessor. (Related to SFNME requirement 4.7)

Findings against themes

Theme five: Curricula and assessment

Risk indicator 5.1 – The AEI, together with their practice learning partners is unable to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

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

NB: 5.1 – NMC Standards of proficiency

What we found before the review

CCCU provide documentary evidence that the nursing and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes. However, some students have reported that they feel practice assessors and practice supervisors aren't always familiar with proficiencies that students should be undertaking at different levels of study. This is followed up at the visit. Programme specifications and proficiency mapping documents provide relevant outcomes, including indicative content with field specificity for the nursing programme. The programme outcomes for the NA programme address the SPNAP; the proficiency mapping for the NA programme is contained within the programme specification document. There's evidence that the curricula for the nursing and NA programme are contemporary and reflect the wider health and social care agenda. (2, 5-6, 11, 30, 84, 146, 157, 159, 165, 175, 191, 193)

CCCU provide documentary evidence (programme specifications and example timetables) that demonstrates how the nursing and NA programmes provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity as well as enabling students to manage their theory and practice learning experience effectively. There's documentary evidence that theory and practice

are weighed appropriately in both the pre-registration nursing and NA programmes. CCCU identify in their ASR that NSS student satisfaction scores in relation to the organisation and management of their programmes is below sector benchmark. CCCU provide evidence that curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. Programme specification documents outline relevant programme outcomes. There's evidence that CCCU has governance and QA processes to review curricula and manage change. This includes module reviews and module leader reports to consider student feedback. There's evidence that CCCU has performance reporting and governance structures in place including a programme performance process and a portfolio performance committee. These structures include use of a data-driven approach to ongoing monitoring and performance of programmes. (3, 7, 9, 80, 84, 122-123, 125, 131-132, 146, 193, 209)

CCCU provide documentary evidence that demonstrates that assessment is fair, reliable and valid to enable students to demonstrate they've achieved the proficiencies for their nursing or NA programme. The assessment process is governed by CCCU academic regulations and documentary evidence of special regulations relating to the programmes is provided. There's some documentary evidence to show that subject external examiners are involved with the assessment process in all learning environments. Students' assessment of practice is documented in the relevant PAD for their programme. There's evidence that practice assessors, practice supervisors and academic assessors receive training and education to undertake their role. Evidence suggests that there's moderation of PADs. Documentary evidence identifies that between 72-79 percent of students on the pre-registration nursing programme are satisfied that assessment is fair. (3, 7, 73, 125, 143, 159)

CCCU provides documentary evidence of institutional policy to ensure adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice. (101, 130)

CCCU provide documentary evidence to demonstrate that students undertaking the nursing and NA programmes are assessed across practice settings and learning environments as required by their programme. Assessment is mapped to the curricula and facilitated by appropriate methods. PADs facilitate the recording of students' achievement against the relevant proficiencies for the nursing or NA programme and facilitate students' self-reflections and PUSCs' opportunity to contribute to assessments. CCCU outline their intention in the PUSC strategy to grow PUSC activity in recruitment, delivery and assessment of students on the nursing and NA programmes. CCCU tell us in the initial meeting that they'll provide a record of PUSC activity in recruitment and selection activity at the monitoring visit. (23-24, 29, 134)

CCCU provide examples of how assessment is mapped to the curriculum and occurs throughout the programme to determine student progression. Programme specifications and module documents outline the specific assessment weightings and

types of assessments that students undertake. CCCU provide an Ofsted inspection report which identifies that the curriculum is planned well. Ofsted didn't identify any significant issues with assessment and/or progression of apprentices on the nursing or NA programmes. (52, 84, 143-144, 211, 217)

CCCU provide documentary evidence that they utilise the pan-London nursing PAD and the national PAD for NA. The PADs demonstrate how practice assessment is facilitated in the nursing and NA programmes, including how practice assessors and practice supervisors evidence observations and other appropriate methods to assess student proficiency. There's documentary evidence that practice assessors, practice supervisors and academic assessors receive training and education to undertake their role. CCCU use the term PAT and academic assessor interchangeably throughout the evidence provided and this can make it challenging at times to differentiate between the two distinctive roles. They do however stipulate the academic assessor isn't the same person for consecutive parts of the students' programme. CCCU in their ASR identify that students have said it's challenging to differentiate between staff roles. There's evidence of progression documentation that academic assessors complete prior to students moving from one part of the programme to the next and prior to being put forward for registration with the NMC. (3, 7, 125, 210)

CCCU provide documentary evidence in relation to how students' self-reflections contribute to, and are evidenced in, assessments. Module handbooks and assessment briefs detail where in the nursing and NA programmes these elements are delivered and assessed. PADs facilitate the recording of students' achievement against the relevant proficiencies for the nursing or NA programme and facilitate students' self-reflections. (155, 207-208)

CCCU provide documentary evidence in relation to how a range of people including PUSCs contribute to student assessment in all learning environments. The pan-London nursing PAD and the national PAD for NAs facilitate feedback from PUSCs during practice learning opportunities. CCCU provide a PUSC strategy, workstream project brief and an implementation plan that identifies where PUSCs are involved and CCCU's intention of increasing PUSC activity on the nursing and NA programmes. (119, 165, 172)

CCCU provide documentation which demonstrates that assessment of practice and theory is weighted appropriately to the programme and there's no compensation in assessments across theory and practice. (63-68, 84)

What we found at the review

Documentary evidence and meetings at the visit confirm that CCCU's pre-registration nursing and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes and that their programmes remain relevant in respect of the contemporary health and

social care agenda. (2, 5-6, 11, 30, 32, 34, 36-38, 48, 57-59, 82-84, 121, 124, 136, 142, 146, 157, 159-160, 163, 165, 169, 175, 185-187, 191, 193, 212-216)

CCCU present documentary evidence that pre-registration nursing and NA curricula are developed and evaluated by suitably experienced and qualified educators and practitioners. The nursing and NA programmes have relevant programme outcomes that reflect a field or fields of nursing practice or reflect NA practice. We meet with educators and assessors with the relevant qualifications and experience who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. However, we identify that there are some challenges with recruitment to academic posts particularly in mental health nursing. CCCU academic staff, practice assessors and practice supervisors provide examples of how the programmes meet relevant programme standards and proficiencies. CCCU provide relevant examples of mapping documentation for their nursing and NA programmes. 'Sprint' event days at CCCU to review and develop new curricula are attended by senior PLPs/EPs and PUSCs. (32, 34, 36-38, 84, 142, 163, 186-188, 216)

Documentary evidence confirms that the pre-registration nursing and NA programmes provide appropriate structure and sequencing that integrates theory and practice. PLPs/EPs, practice supervisors, practice assessors and students tell us that the programmes increase with complexity and that, as students progress through the programme, they become increasingly independent to manage their theory and practice learning experience effectively. Final year/part students at CCCU nearing completion of their programmes tell us that there's opportunities to demonstrate and develop leadership skills and that they're aware of preceptorship programmes across the organisations where they intend to work once registered with the NMC. They tell us that five clinical supervision days are timetabled as compulsory attendance while they're out in practice. Students are told that these days don't count towards practice learning hours. However, students tell us they've fed back their concerns about the limited choice of days and further dates are scheduled giving them more options. They report that this enhanced the planning and sequencing of these activities. The programme plans for the nursing and NA programmes detail the equal split between theory-based and practice-based hours. There's a balance between theory-based and practice-based assessment. We find that achievement of theory hours and practice hours are confirmed at module assessment boards for each module, followed by confirmation at the progression and award board. There's a theory hours delivery and monitoring policy. Students who miss theory hours are required to engage and provide evidence of relevant learning, for example through a mind map, which is then signed off by the module lead. We triangulate the concerns that students raise with regards to issues with sequencing of the clinical supervision days and we don't find the sequencing of the programmes as a widespread area of concern. We therefore suggest this is an area for future monitoring as we're assured standards are met at a threshold level. (3, 7, 9, 32, 34, 36-38, 48, 57-59, 80, 82-84, 121-125, 131-132, 136, 142, 146, 160, 163, 169, 185-187, 193, 209, 212-216)

We see evidence and discussion at the monitoring visit confirms that assessment is fair, reliable and valid to enable students to demonstrate that they've achieved the proficiencies for their pre-registration nursing or NA programme in all learning environments. There's evidence of systems, processes and policies that govern student assessment. We review external examiner reports and confirm that they're involved with the assessment process in all learning environments. (3, 7, 32, 34, 36-37, 73, 125, 143, 159, 186-187, 216, 225)

Documentary evidence and nursing and NA students confirm that adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice. Most students confirm that their diverse needs are respected and considered across all learning environments. They provide examples of support from the AEI when adjustments are required and this includes staggered assessment dates, modified modes of assessment and extra time for examinations. Students tell us that practice assessors and practice supervisors are mostly supportive when they're aware that students require reasonable adjustments in practice. Practice assessors and practice supervisors tell us that it can be challenging to put support in place for students if students don't share individual learning needs with them. (48, 57-59, 82-83, 101, 121, 124, 130, 136, 142, 160, 163, 169, 185, 213-215)

CCCU, PLPs/EPs, practice assessors, practice supervisors and academic assessors tell us that students undertaking the pre-registration nursing and NA programmes are assessed across practice settings and learning environments as required by their programme. There's documentary evidence that supports this. The e-PAD (and PAD for NAs) as well as the ongoing achievement record are used to record and monitor the students' achievement against the relevant proficiencies for the pre-registration nursing or NA programme. Students tell us that they undertake a range of assessments in theory and practice including their PAD. (23-24, 29, 32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 134, 136, 142, 160, 163, 169, 185-187, 212-216)

CCCU provide detailed documentation that maps where assessment is undertaken throughout the pre-registration nursing and NA programmes. There's clear progression criteria for each part of the nursing and NA programmes. Students tell us that they're aware of where progression points are within their programme. Practice assessors, practice supervisors and academic assessors tell us that they're involved with progression decisions. Students tell us that practice assessors and academic assessors discuss progression issues when they arise. Students don't indicate that practice supervisors and practice assessors aren't familiar with proficiencies that students should be undertaking at different levels of study. Therefore, the reports of this highlighted by students pre-visit aren't considered a theme and the team are assured practice assessment meets the relevant standards. (32, 34, 36-37, 48, 52, 57-59, 82-84, 212, 124, 136, 142-144, 160, 163, 169, 185-187, 211-217)

CCCU, practice assessors, practice supervisors and students tell us and provide documentary evidence that they utilise an e-PAD that incorporates the pan-London

nursing PAD and a paper national PAD for NAs. The PADs detail observations made by the practice assessor and practice supervisors and other key stakeholders who are involved in the assessment process, including other members of the multidisciplinary team. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 156, 160, 163, 169, 185-187, 210, 212-216)

Practice assessors, practice supervisors, students and academic assessors at CCCU tell us that students' self-reflections contribute to and are evidenced in, theory and practice assessments. Documentary evidence provided by CCCU confirms where in the pre-registration nursing and NA programmes self-reflections and reflective practice are delivered and assessed. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 155, 160, 163, 169, 185-187, 212- 216)

Practice assessors and practice supervisors confirm that a range of people, including PUSCs, contribute to student assessments in theory and practice learning settings. Students tell us that they receive education that's co-facilitated by PUSCs. PUSCs tell us that they contribute to teaching in seminars and that they also contribute to clinical skills sessions. (32, 34, 36-37, 48, 57-59, 82-83, 121, 124, 136, 142, 160, 163, 169, 185-188, 212- 216)

Documentary evidence presented by CCCU indicates that there's no compensation between theory and practice. (63-68, 84)

We find that CCCU, together with their PLPs/EPs, are able to ensure that curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Outcome: MET

Comments:

None identified.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

- Sequencing of nursing curricula to support integration of theory and practice. (Related to SFNME requirement 5.7)

Evidence/Reference Source

1. CCCU, practice handbooks x five, various dates
2. CCCU, module leader report professionalism relationships and fundamental skills, March 2024
3. NMC, CCCU ASR, 26 January 2024
4. CCCU, registered NDA, practice placement learning handbook, 2023-2024
5. CCCU, registered NDA, module leader evaluation, practice learning two, level five, September 2022-April 2024
6. CCCU, registered NDA, module leader evaluation, practice learning two, level five, September 2021-April 2023
7. NMC, CCCU ASR, 27 January 2023
8. NMC, CCCU documentary review, 20 October 2023
9. CCCU, external examiner feedback form BSc (Hons) child nursing practice learning, August 2023
10. NMC, CCCU monitoring visit briefing document, 14 May 2024
11. CCCU, module leader evaluation, care of child and young person with lifelong health needs, 23 February 2023
12. CCCU, module leader evaluation, care of child and young person with lifelong health needs, January 2024
13. CCCU, BSc (Hons) child nursing placement handbook, April 2024
14. CCCU, faculty of medicine, health and social care, PUSC partnership strategy, October 2022
15. CCCU, example risk assessment for PUSCs, experts by experience, quality improvement workstream, 4 September 2023
16. CCCU, example role description, experts by experience, 26 September 2023
17. CCCU, experts by experience, health remote interviews process and responsibilities, undated
18. NMC, CCCU student listening event report, midwifery, 12 December 2022
19. CCCU, raising and escalating concerns, sustainable self-reflective workshop, 17 January 2023
20. CCCU, apprentice employer list, NA, undated
21. CCCU, apprentice employer list, nursing, undated
22. NMC, CCCU monitoring visit plan, undated
23. CCCU, academic assessor allocation process, April 2024
24. CCCU, academic assessor first contact with practice assessor email template, 15 March 2023
25. CCCU, postgraduate certificate in academic practice course handbook, September 2023
26. CCCU, narrative document, May 2024

27. CCCU, registered NDA, year three welcome week presentation, September 2023
28. CCCU, evidence directory, May 2024
29. CCCU, initial meeting, 17 June 2024
30. CCCU, faculty of medicine, health and social care, board of studies minutes, 20 March 2024
31. CCCU, educational audit cycle, 2023-2024
32. Formal presentation by AEI in partnership with relevant PLPs/EPs, 2 July 2024
33. CCCU, staff development policy, October 2009
34. Meeting with AEI nursing programme team, 2 July 2024
35. CCCU, vision 2030, January 2023
36. Meeting with AEI NA programme team, 2 July 2024
37. Group meeting with senior representatives of AEI, 2 July 2024
38. Group meeting with senior representatives of PLPs/EPs, 2 July 2024
39. CCCU, faculty work-based placement and practice learning sub-committee, terms of reference, May 2024
40. CCCU, example of completed ALERT report, 20 February 2024
41. CCCU, faculty health and safety group agenda, 15 April 2024
42. CCCU, faculty health and safety group terms of reference, undated
43. CCCU, faculty medicine, health and social care, raising and escalating complaints and concerns within practice placements, October 2022
44. CCCU, MFT practice learning environment audit, nelson ward, 8 February 2024
45. CCCU, Canterbury South primary care network, New Dover Road Surgery practice learning environment audit, 21 March 2024
46. CCCU, FdSc NA, placement preparation, year one, undated
47. CCCU, FdSc NA, placement preparation, year two, undated
48. Student online meeting with adult nursing students, Canterbury campus, MSc programme, 2 July 2024
49. CCCU, university health and safety statement, 2 November 2023
50. CCCU, rainbow ward evidence folder x eight, various dates
51. CCCU, e-PAD improvement work update, March 2024
52. CCCU, e-PAD support sessions poster, undated
53. CCCU, screenshot from course handbook showing how students know who their academic assessor is, 2022-2023
54. CCCU, research conference call for contributions email, 24 April 2024
55. CCCU, school of nursing research conference programme, 21 June 2024
56. CCCU, university academic board committee structure diagram, December 2023
57. Student online meeting with mental health nursing students, Canterbury campus, MSc programme, 2 July 2024
58. Student online meeting with NA students, direct entry and apprentices, Canterbury campus, 2 July 2024

59. Student face to face meeting with NA students, Medway campus, 2 July 2024
60. CCCU, school of nursing placement evaluation report, November 2023-April 2024
61. CCCU, good health good character Microsoft Forms template, 7 May 2024
62. CCCU, PAD audit, October 2023
63. CCCU, QA approach to managing PSRBs, 8 March 2023
64. CCCU, FdSc NA, special regulations, 30 March 2020
65. CCCU, BSc (Hons) adult nursing, special regulations, 14 June 2019
66. CCCU, MSc nursing, special regulations, 14 June 2019
67. CCCU, BSc (Hons) child nursing, special regulations, 14 June 2019
68. CCCU, BSc (Hons) mental health nursing, special regulations, 14 June 2019
69. CCCU, registered NDA, sustainability and clinical supervision workshops, 2023-2024
70. CQC, EKHUFT inspection report, 20 December 2023
71. CQC, KMPT inspection report, 24 February 2022
72. CQC, MTW inspection report, 31 August 2023
73. CCCU, academic assessors' engagement with placement preparation for academic staff training compliance, undated
74. NMC, CCCU, approval letter, nursing, 4 June 2019
75. NMC, CCCU, approval report, nursing, 22 May 2019
76. NMC, CCCU, modification letter, NA, 29 August 2019
77. NMC, CCCU, modification letter, nursing, 3 September 2019
78. NMC, CCCU, programme approval report, NA, 19 August 2019
79. NMC, CCCU, programme approval report, nursing, 21 August 2019
80. CCCU, school of nursing academic staff information, 30 April 2024
81. CCCU, faculty of medicine health and social care, work-based, placement and practice learning sub-committee terms of reference, May 2024
82. Student online meeting with mental health nursing students, Canterbury campus, BSc (Hons) programme and BSc (Hons) with foundation year, 3 July 2024
83. Student online meeting with mental health nursing students, Medway campus, BSc (Hons) programme and BSc (Hons) with foundation year, 3 July 2024
84. CCCU, course specification documents x six, February 2024
85. CCCU, strategic partnership sub board minutes 30 April 2024
86. CCCU, closing the loop tracker redacted example, 2023-2024
87. CCCU, transforming future education workshop agenda, April 2024
88. CCCU, external examiner report, BSc (Hons) children's nursing, 10 August 2023
89. CCCU, external examiner report, MSc adult and mental health nursing, 24 August 2023
90. CCCU, low level concerns FtP policy, 1 September 2022
91. CCCU, low level concerns and FtP procedure, 1 September 2022
92. CCCU, low level concerns FtP flow chart, undated

93. CCCU, PSRB policy, 2023-2024
94. CCCU, strategic partnership sub board terms of reference, 17 October 2023
95. CCCU, example of strategic partnership sub board agenda, undated
96. CCCU, statement of safeguarding of students and staff, 5 September 2022
97. CCCU, faculty ethics panel minutes, 14 June 2023
98. CCCU, risk assessment statement, 6 March 2024
99. CCCU, health and safety monitoring policy, 5 July 2023
100. CCCU, incident reporting and investigation policy, 6 March 2024
101. CCCU, student support services, undated
102. CCCU, introducing Schwartz rounds presentation to students with audio, 2023
103. CCCU, health and wellbeing framework, undated
104. CCCU, NMC exceptional reporting process, February 2024
105. CCCU, expect respect pledge, undated
106. CCCU, expected behaviours of students, undated
107. CCCU, student prevention of harassment and sexual misconduct policy, 1 August 2023
108. CCCU, school of nursing link lecturer roles and responsibilities, March 2024
109. CCCU, talk to us feedback contact form, undated
110. CCCU, students' complaint procedure, 1 August 2023
111. CCCU, grievance procedure for staff, 4 July 2016
112. CCCU, link lecturer staff student surgeries, 2024
113. CCCU, report and support service webpages, undated
114. CCCU, staff learn inclusion programmes, undated
115. CCCU, decolonising the curriculum, a health check, undated
116. CCCU, faculty of medicine health and social care, research strategy portfolio plan, 2022-2025
117. CCCU, research excellence framework 2021 results, undated
118. CCCU, unit of assessment three, case study, singing and creative arts for health and wellbeing, 2011-2020
119. CCCU, unit of assessment three, case study, enhancing the care and role of PUSCs in mental health settings, 2012-2019
120. CCCU, diabetes and wellbeing evidence x four, various dates
121. Student face to face meeting with adult nursing students, Canterbury campus, BSc (Hons) programme and BSc (Hons) with foundation year, September 2022 cohort, 3 July 2024
122. CCCU, university quality manual webpage, undated
123. CCCU, university approach to robust QA and monitoring oversight, undated

124. Student on-line meeting, adult nursing, Canterbury campus, BSc (Hons) programme and BSc (Hons) with foundation year, September 2020 and September 2021 cohorts, 3 July 2024
125. CCCU, NMC ASR, uploaded by AEI, 2023-2023, 26 January 2024
126. CCCU, strategic contract and quality review meetings (SCQR) x 18, various dates
127. CCCU, health and care engagement team presentation, 2022-2023
128. CCCU, screenshot of details of open days dates on webpages, June 2024
129. CCCU, nursing recruitment training update, 2023-2024
130. CCCU, marketing statement illustrating polar four quintiles, age, sex and geographical location for students admitted academic year 2022-2023, undated
131. CCCU, RPL evidence x 17, various dates
132. CCCU, RPL, mapping template and portfolios x three, various dates
133. CCCU, marking procedures, 1 August 2023
134. CCCU, quality manual, external examiners, undated
135. CCCU, regulations for taught awards, 1 August 2023
136. Student online meeting, adult nursing, Canterbury campus, BSc (Hons) programme, 3 July 2024
137. CCCU, faculty of medicine health and social care, business plan, 2023-2024
138. CCCU, placement capacity mapping process, March 2018
139. CCCU, information regarding verena holmes simulation and clinical teaching facilities, undated
140. CCCU, faculty audit guidance and resources documents x four, various dates
141. CCCU, CPPs guidance documents x four, various dates
142. Visit St Martins Hospital and Little Brook Hospital, KMPT, 3 July 2024
143. CCCU, practice assessor and practice supervisor resources x eight, various dates
144. CCCU, academic assessor training programme overview, undated
145. CCCU, faculty of medicine health and social care, alternative placement handbook, September 2021
146. CCCU, academic staff CVs, undated
147. CCCU, new learning support plan and practice learning support plan best practice guide, 2023
148. CCCU, module handbooks, all routes and programmes x 13, various dates
149. CCCU, student evaluation form questions, undated
150. CCCU, school IPL strategy, 2022-2025, February 2023
151. CCCU, interruptions policy, 1 September 2021
152. NHSE WTE, guide for supporting paused nursing students, undated

153. CCCU readiness to practice certificate, evidence of mandatory training, 25 August 2024
154. CCCU, PAT policy, October 2020
155. CCCU, practice handbooks, all routes and programmes x five, various dates
156. Review of PADs, NA and nursing programmes, 3 July 2024
157. CCCU, teaching excellence framework evidence x three, various dates
158. CCCU, review of audit documentation, 3 July 2024
159. CCCU, external examiner reports, 2021-2023 x seven, various dates
160. Student online meeting, adult nursing, Medway campus, BSc (Hons) programme, September 2023 cohort, 3 July 2024
161. CCCU, NMC communication process, February 2024
162. CCCU, practice learning conference on inclusivity, diversity and wellbeing, 21 June 2023
163. Visits to Maidstone Hospital, MTW, 3 July 2024
164. CCCU, redacted learning and support plan, SharePoint screenshot, undated
165. CCCU, CPPs, all routes and programmes x six, various dates
166. CCCU, learning disabilities and autism simulated hospital admission evaluation, September 2023
167. CCCU, placement area activity record, undated
168. CCCU, staff clinical supervision activities, evidence and emails x eight, various dates
169. Student online meeting with adult nursing, Medway campus, BSc (Hons) programme and BSc (Hons) with foundation year, September 2021 cohort, 4 July 2024
170. CCCU, principles of child's nursing module handbook, July 2023
171. CCCU, foundations of nursing handbook, July 2023
172. CCCU, faculty PUSC partnership strategy, 2022-2025
173. CCCU, induction presentation, child nursing, September 2023
174. CCCU, induction presentation, MSc nursing modules and assessments, undated
175. CCCU, examples of student placement evaluations, range of NHS trusts x seven, various dates
176. CCCU, senior lecturer practice learning examples of training delivered to PLPs x four, various dates
177. CCCU, verification spreadsheet, child nursing, September 2023 cohort, 2023-2024
178. CCCU, managing complaints and concerns staff workshops evidence x four, various dates
179. CCCU, examples of student meeting notes x 10, various dates
180. CCCU, faculty quality committee evidence x three, 28 September 2023

181. CCCU, faculty portfolio planning executive meeting evidence x two, 29 February 2024
182. CCCU, CPP updates post board of studies, May 2024
183. CCCU, learning skills hub webpage, undated
184. CCCU, faculty specific learning skills team, webpage, undated
185. Student on-line meeting, adult nursing, Medway campus, BSc (Hons) programme and BSc (Hons) with foundation year, September 2022 cohort, 4 July 2024
186. Follow up meeting with nursing programme team, 4 July 2024
187. Follow up meeting with NA programme team, 4 July 2024
188. Focus group with PUSC, 4 July 2024
189. CCCU, ALERT data spreadsheet, 2022-2024
190. CCCU, QA framework work-based learning, 24 March 2023
191. CCCU, student staff liaison meeting record, 9 April 2024
192. CCCU, quality monitoring and review subcommittee minutes, 28 February 2024
193. CCCU, faculty of health medicine and social care, theory hours delivery and monitoring policy, nursing, September 2023
194. CCCU, careers and enterprise hub web page, undated
195. CCCU, A to Z of course essentials screenshot, undated
196. CCCU, readiness to practice flow chart, undated
197. CCCU, PebblePad, information for students, undated
198. CCCU, master overview of placement planning, 2023-2024
199. CCCU, closing our gap forum, undated
200. CCCU, apprentice employer and CCCU six monthly contract review meetings x seven, various dates
201. CCCU, nursing apprenticeship formal review, redacted version for NMC, 29 April 2024
202. CCCU, staff peer observation of teaching record form x 10, various dates
203. CCCU, a managers guide to positive performance conversations, undated
204. CCCU, school meeting minutes and agendas x eight, various dates
205. CCCU, academic workload framework, detailed guidance documents x two, various dates
206. CCCU, 'you said we did' folder, undated
207. CCCU, FdSc NA, module handbook, year one, September 2023
208. CCCU, FdSc NA, module handbook, year two, September 2023
209. CCCU, social justice module evaluations folder, 2021-2023
210. CCCU, completed practice assessment with action plan x four, various dates
211. CCCU, Ofsted report, 24 February 2022

- 212. Focus group with practice supervisors and practice assessors, 4 July 2024
- 213. Student face to face and online meeting with child nursing, Canterbury campus, BSc (Hons) programme and BSc (Hons) with foundation year, 4 July 2024
- 214. Visits to Queen Elizabeth Queen Mother Hospital, Margate, EKHUFT, 4 July 2024
- 215. Student on-line meeting with child nursing, Medway campus, BSc (Hons) programme and BSc (Hons) with foundation year, 4 July 2024
- 216. Meeting to provide feedback to AEI, 5 July 2025
- 217. CCCU, Ofsted monitoring report, May 2023
- 218. CCCU, ICB meeting minutes, 11 January 2024
- 219. CQC WHH, inspection report, 26 May 2023
- 220. CQC QEMH, inspection report, 26 May 2023
- 221. CQC KCH, inspection report, 5 August 2021
- 222. CQC MTW, inspection report, 31 August 2023

Additional evidence requested at remote initial visit:

- 223. CCCU, co-design evidence x five, various dates
- 224. CCCU, experts by experience remote interviews process and responsibilities document, 15 November 2023
- 225. CCCU, external examiner reports and responses documents x 10, 2022-2023
- 226. CCCU, recruitment cycle and action plan, June 2024
- 227. CCCU, mental health nursing operational and improvement plan, May 2024
- 228. CCCU, practice placement hours PowerPoint document, May 2024
- 229. CCCU, clinical link information x two, undated
- 230. CCCU, strategic partnership sub-board minutes x nine, various dates
- 231. CCCU, working group minutes x nine, various dates

Additional information requested during the visit:

- 232. CCCU, cherrywood report, 3 July 2024
- 233. CCCU, email to MSc part three students, 3 July 2024
- 234. CCCU, welfare check evidence Littlebrook unit, 3 July 2024
- 235. CCCU, evidence of recruitment materials for open days and selection events x 10, various dates
- 236. CCCU, placement mapping documents, evidence of makeup hours x four, 4 July 2024
- 237. CCCU, rotary ward placement evaluation report, WHH, 4 July 2024
- 238. CCCU, student communications regarding RLT x three, 4 July 2024

- 239. CCCU, higher education statistics agency (HESA), nursing attrition data, 2020-2022
- 240. CCCU, HESA nursing attrition data, 2023-2024
- 241. CCCU, link lecturer/academic assessor placement activity record, 4 July 2024
- 242. CCCU, foundation year entry criteria document, 5 July 2024
- 243. CCCU, extracurricular simulation and IPE plan, 5 July 2024
- 244. CCCU, email regarding dolphin ward, student feedback and CCCU response, 5 July 2024
- 245. CCCU, screenshot of update regarding foundation year website information, 3 June 2024
- 246. CCCU, information regarding retrieval of practice hours x seven, various dates

Personnel supporting education monitoring review	
Prior to the monitoring visit:	
Meetings with:	
Pro vice-chancellor and dean of the faculty of medicine, health and social care Head of school of nursing Faculty director of quality and compliance	
At the monitoring visit:	
Meetings with:	
Practice supervisors/practice assessors	56
Academic assessors	23
People who use services and carers	Three
Senior managers of the AEI	Pro-vice chancellor and dean Faculty director of quality and compliance Head of school of nursing Director for nursing and healthcare education Director for mental health nursing Deputy vice-chancellor Faculty director for learning and teaching

Senior managers from associated practice learning partners	MTW, head of nursing for safer staffing KMPT, deputy chief nursing officer EKHUFT, chief nursing and midwifery officer EKHUFT, interim deputy chief nursing officer KIMS, deputy chief nurse
Director/manager nursing	KMPT, head of clinical education KMPT, head of nursing KMPT, matron EKHUFT, matron for workforce development Medway Community Healthcare, head of clinical education MFT, head of clinical education MFT, clinical education manager KCHFT, director of research and clinical development Dartford and Gravesham NHS Trust, international nurse lead ICB, senior primary care workforce ICB, primary care workforce lead
Director/head of midwifery	N/A
Education commissioners or equivalent	N/A
Practice education facilitator or equivalent	Seven
Other:	N/A

Meetings with students:	
Programme	Number met
MSc nursing (adult)	Year 1: two Year 2: five
MSc nursing (mental health)	Year 1: two Year 2: 19
BSc (Hons) nursing (adult)	Year 1: 42

	Year 2: 36 Year 3: 19
BSc (Hons) nursing (child)	Year 1: four Year 2: 13 Year 3: 13
BSc (Hons) nursing (mental health)	Year 1: three Year 2: one Year 3: 15
BSc (Hons) nursing (adult) (NDA)	Year 1: 14 Year 2: 12 Year 3: five
BSc (Hons) nursing (mental health) (NDA)	Year 1: one Year 2: one Year 3: 0
FdSc NA	Year 1: two Year 2: two
FdSc NA (apprenticeship)	Year 1: one Year 2: 35

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Issue record

Final Report

Author	Ronnie Meechan	Date	24 July 2024
Checked by	Ian Felstead-Watts	Date	26 July 2024
Submitted by	Amy Young	Date	15 August 2024
Approved by	Natasha Thompson	Date	5 September 2024