



Nursing and Midwifery Council Extraordinary Review Assessment

**Pre-registration nursing associate qualification
leading to:
Nursing Associate**

**Pre-registration nurse qualification leading to:
Pre-registration nursing – Adult
Pre-registration nursing – Mental Health**

Southampton Solent University

February 2025

Contents

Key institutional and programme details	3
Executive summary	4
Context for the Extraordinary Review Assessment.....	5
Key findings	6
Outcomes	7
1. Learning culture	10
2. Educational governance and quality	13
3. Student empowerment	22
4. Educators and assessors	27
5. Curricula and assessment.....	29
Annexe 1: Explanation of findings for the NMC Part 3 Standards for pre-registration nursing associate programmes and the Part 3 Standards for pre-registration nursing programmes	32
Part 3: Standards for pre-registration nursing associate programmes	32
Part 3: Standards for pre-registration nursing programmes.....	32

Key institutional and programme details

Name and location of Approved Education Institution (AEI)		Southampton Solent University East Park Terrace Southampton SO14 0YN			
AEI Institution Identifier		10006022			
Name of employer partners for apprenticeships		Solent NHS Trust (now Hampshire and IOW ICB) Lords Hill Health centre (now Hampshire and IOW ICB) Trafalgar Medical Practice (now Hampshire and IOW ICB) Hampshire County Council – Hawthorn Court University Hospital Dorset Foundation Trust Dorchester County Hospital NHS Foundation Trust Dorset Health care University NHS Foundation Trust Oxleas NHS Trust for HMP The Verne Dorset Westbourne Medical centre – Bournemouth Abbey House Nursing Home – Southampton Drayton Surgery – Portsmouth Royal South Hampshire Hospital – formerly Southern Health (Now Hampshire and IOW ICB) Alexander House surgery – Farnborough Alverstoke House Nursing Home – Gosport Homewell Practice - Havant. Vine Medical Group – Waterlooville Twyford Surgery – Winchester			
Name of programmes undergoing assessment					
NMC programme title	AEI programme title (in full)	Academic level(s)	Apprenticeship	Full-time	Part-time
Nursing Associate	FdSc Health & Social Care (Nursing Associate)	England, ☒ Level 5		☒	☐
Nursing Associate	FdSc Health & Social Care (Nursing Associate) (Apprenticeship)	England, ☒ Level 5	☒	☐	☒
Pre-registration nursing – Adult	BSc (Hons) Adult Nursing (apprenticeship route)	England ☒ Level 6 ☐ Level 7		☒	☐
Pre-registration nursing – Adult	BSc (Hons) Adult Nursing Practice	England, ☒ Level 6 ☐ Level 7	☐	☒	☐
Pre-registration nursing – Mental Health	BSc (Hons) Mental Health Nursing (Direct entry)	England, ☒ Level 6 ☐ Level 7		☒	☐

Pre-registration nursing – Mental Health	BSc (Hons) Mental Health Nursing (Apprenticeship route)	England, ☒ Level 6 ☐ Level 7	☒	☐	☒
--	---	---	-------------------------------------	--------------------------	-------------------------------------

Scope of Extraordinary Review Assessment	
Standard(s) under assessment	☒ Part 1: Standards for nursing and midwifery education
Date of visit	24-27 February 2025 - onsite
Visitor team	Registrant Visitors: Mrs Joanna Dunn Mrs Lorna Hollowood Dr Joanne Lidster Dr Sarah Traill Lay Visitor: Prof. Dr Richard Tong

Executive summary

The Nursing and Midwifery Council (NMC) referred the programmes identified above to the Quality Assurance Agency for Higher Education (QAA) for an assessment. The NMC refers to this process as an extraordinary review assessment - for the purposes of this document it will be described as an 'extraordinary review assessment'¹. The NMC directs QAA to perform an extraordinary review assessment when a concern is raised, a serious incident takes place, or its intelligence suggests a programme is no longer meeting NMC standards and requirements.

Quality Assurance (QA) is the process the NMC follows to ensure that education and training of nursing, midwifery and nursing associate students enable them to develop the proficiencies to join the NMC register.

The Nursing and Midwifery Order 2001 (the Order) established the NMC and sets out its primary purpose of protecting the public, its functions, and activities. The Order sets out its powers in relation to QA. This ensures that nurses, midwives, and nursing associates are educated to consistently deliver high quality care.

The Quality Assurance Agency for Higher Education (QAA) is the NMC's appointed QA service provider and carries out activity on the NMC's behalf. QAA delivers quality assurance processes under contract to the NMC, including programme approval, modification and monitoring activities across the UK.

The objective of this extraordinary review assessment is:

- a. to provide findings to the NMC regarding the compliance of the programmes with the NMC Standards for education and training

¹ QAA's External Quality Assurance Activity Policy sets out that to be referred to as a 'review' a method must be developed to be compliant with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). The NMC is not bound by these arrangements. As a one-off assessment, this process is not aligned with the ESG.

- b. to identify any areas of non-compliance with the standards need to be managed by an ongoing action plan and ongoing monitoring, as recommended by the independent visitors

To meet these objectives, the visitor team conducted an assessment of the programmes outlined above and produced this report which is focused on Part 1 of the Standards for education and training: the Standards framework for nursing and midwifery education. The narrative of this report also highlights specific areas, as appropriate, within Parts 2 and 3 of the Standards for education and training where there are areas of non-compliance by the AEI. The report also highlights any areas of good practice identified by the visitors in the AEI's approach to meeting the Standards of education and training.

The extraordinary review assessment was conducted in line with an Assessment Specification that was stated by the NMC and shared with the AEI.

Context for the Extraordinary Review Assessment

Southampton Solent University (SSU) offers nursing associate and pre-registration nursing programmes through direct entry and apprenticeship routes. SSU has students on the following programmes: FdSc Health & Social Care (Nursing Associate); FdSc Health & Social Care (Nursing Associate) (Apprenticeship); BSc (Hons) Adult Nursing Practice; BSc (Hons) Adult Nursing Practice – apprenticeship; BSc (Hons) Mental Health Nursing (Direct entry); BSc (Hons) Mental Health Nursing (Apprenticeship route). There are two NMC approved programmes that are not currently being offered: BSc (Hons) Adult Nursing (Direct entry) and the BSc (Hons) Adult Nursing (apprenticeship route).

The NMC referred the programmes to QAA for an assessment. The NMC's lines of enquiry related to the delivery of an unapproved route into the pre-registration nursing programmes, including the use of a bridging module and the need for assurance of whether the BSc Nursing programme was being delivered in accordance with the Standards framework for nursing and midwifery education. Additional lines of enquiry identified by the QAA visitor team, following the initial submission of evidence, included the approach/strategy to co-production, co-design, co-delivery and evaluation within the pre-registration nursing and nursing associate programmes and the monitoring of student/apprentice progress. A specific focus was also placed on the use of supernumerary status and protected learning time, allocation of appropriately qualified personnel to support and assess students/apprentices and the arrangements for managing any concerns raised. The visitor team also considered the arrangements for international students and, at a modular level, the teaching of medicines management within the programmes.

Key findings

Part 1: Standards framework for nursing and midwifery education	Met/Not Met
1.1 The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld.	Met
1.2 Education and training is valued in all learning environments.	Met
2.1 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, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.	Not met
2.2 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 (PSCs), students and all other stakeholders.	Met
3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code.	Met
3.2 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.	Met
4.1 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.	Not met
5.1 Curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.	Not met

The **key findings** made by the visitor team to the NMC is as follows:

The programmes do not comply with all standards. The programmes in scope of the assessment do not meet all the NMC standards for education and training.

Outcomes

Outcomes No.	Specific standards linked to requirements not met	Outcomes details for ongoing action planning	Specific Programme
O1	SFNME 2.1, Requirement 2.1; 2.9; 4.1 SFNME 2.1, Requirement 2.3; Standards for Pre-registration Nursing Programmes 1.5 and 1.6; Standards for pre-registration nursing associate programmes 1.5	The visitor team was not assured that the programmes covered in this assessment meet the relevant programme standards with respect to recognition of prior learning (RPL). The visitor team identified the current University RPL policy for students to 'transfer credit up to two thirds of the credit volume of the award', which does not meet the NMC's standard that permits recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes up to a maximum of 50% of the programme. Those students accessing the bridging module to enter the BSc programme were permitted RPL of two-thirds credit into the degree.	Nursing Associate Pre-registration Nursing
O2	SFNME 2.1, Requirement 2.2; 2.12; 5.1 SFNME 2.1, Requirement 2.3, Part 3 Standards for pre-registration nursing programmes 2.1, 2.3 and 2.6	The visitor team concluded the pre-registration nursing provision had not been submitted for NMC approval as per NMC quality assurance processes for major modification and was not delivering all the standards of proficiency within the programmes. The visitor team identified that the proficiencies were not consistently reflected across the course documentation.	Pre-registration Nursing
O3	SFNME 2.1, Requirement 2.3; Part 3 Standards for Pre-registration Nursing Programmes 2.9 and 2.12 SFNME 5.1, Requirement 5.3, 5.7	The visitor team was not assured that pre-registration nursing provision met the required programme length of 4,600 hours. The visitor team identified a deficit in the 2,300 required theory hours for the pre-registration adult and mental health fields.	Pre-registration Nursing

O4	SFNME 2.1, Requirement 2.6. SFNME 2.1, Requirement 2.3, Part 3 standards for pre-registration nursing programmes 1.1	The visitor team identified that students/apprentices admitted to the pre-registration adult nursing provision via the unapproved bridging module, did not consistently follow the formal admissions process that would normally take place for admission to the BSc. Therefore, the visitor team could not be assured that appropriate arrangements were consistently in place for entry to the programme.	Pre-registration nursing
O5	SFNME 2.1, Requirement 2.13	The visitor team identified that SSU had not followed NMC quality assurances processes for approval of the bridging module for entry to year three of the BSc Nursing Programme. Therefore, the visitor team could not be assured that SSU would follow appropriate quality assurances processes for the approval/modification of NMC programmes.	Pre-registration Nursing
O6	SFNME 2.1, Requirement 2.15	The visitor team identified a deficit in theory hours and missing standards of proficiency within the BSc Nursing programmes. Therefore, while capacity and resourcing are sufficient for the current delivery model, the visitor team was not able to assure this would be sufficient if the course delivered all theory hours and all standards of proficiency.	Pre-registration Nursing
O7	SFNME 2.1, Requirement 2.18	The visitor team was not assured that pre-registration nursing provision reflects the conditions outlined in the initial approval of the programme or the specification outlined in the approval of the programme (12 November 2019). Due to the missing theory hours and gaps in delivery of standards of proficiency, the visitor team was not assured that there are processes in place to proactively identify and act on areas for improvement and regularly measure programme performance and outcomes against the NMC standards and requirements, and other recognised quality frameworks in education.	Pre-registration nursing.

O8	SFNME 2.1, Requirement 2.21 SFNME 5.1, Requirement 5.8	The visitor team was not assured that external examiners consistently have oversight across the provision. The visitor team identified specifically that external examiners are not consistently involved in RPL claims and there was no assurance of any external examiner oversight of the unapproved bridging module.	Nursing Associate Pre-registration Nursing
O9	SFNME 5.1, Requirement 5.11	The visitor team was not assured that those apprentices completing the accelerated route to the Adult Nursing Practice programme, using the unapproved bridging module, had undertaken appropriate assessment at the correct academic level to be able to determine progression. The visitor team was not assured that the bridging module was covered in SSU's internal quality assurance processes, including receiving scrutiny from an external examiner.	Pre-registration Nursing

1. Learning culture

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

Requirements

Approved education institutions, together with practice learning partners, must:

Nursing
Associate
Met/Not Met

Nursing
Met/Not Met

1.1	demonstrate that the safety of people is a primary consideration in all learning environments.	Met	Met
1.2	prioritise the wellbeing of people promoting critical self-reflection and safe practice in accordance with the Code.	Met	Met
1.3	ensure people have the opportunity to give and if required, withdraw, their informed consent to students being involved in their care.	Met	Met
1.4	ensure educators and others involved in supervision, learning and assessment understand their role in preserving public safety.	Met	Met
1.5	ensure students and educators understand how to raise concerns or complaints and are encouraged and supported to do so in line with local and national policies without fear of adverse consequences.	Met	Met
1.6	ensure any concerns or complaints are investigated and dealt with effectively.	Met	Met
1.7	ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively.	Met	Met
1.8	ensure mistakes and incidents are fully investigated and learning reflections and actions are recorded and disseminated.	Met	Met
1.9	ensure students are supported and supervised in being open and honest with people in accordance with the professional duty of candour.	Met	Met

Outcome for Standard 1.1 The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld

Met



Not Met



Standard 1.2 Education and training is valued in all learning environments.

Requirements

Approved education institutions, together with practice learning partners, must:

Nursing
Associate
Met/Not Met

Nursing
Met/Not Met

1.10	ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with equalities and human rights legislation.	Met	Met
1.11	promote programme improvement and advance equality of opportunity through effective use of information and data.	Met	Met

1.12	ensure programmes are designed, developed, delivered, evaluated and co-produced with people who use services and other stakeholders.	Met	Met
1.13	work with service providers to demonstrate and promote inter-professional learning and working.	Met	Met
1.14	support opportunities for research collaboration and evidence-based improvement in education and service provision.	Met	Met
Outcome for Standard 1.2 Education and training is valued in all learning environments.			
Met		Not Met	
☒		☐	

Findings

1. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nursing associate and pre-registration nursing programmes. Evidence included SSU's policy documents, course handbooks, module descriptors, practice assessment documents and meeting minutes. To triangulate the documentary evidence provided, the visitor team gathered information at the onsite visit through meetings with the programme team and senior managers, representatives from senior practice learning partners, employing partners and practice education facilitators, practice supervisors and practice assessors. The visitor team also met with students and representatives from people who use services and their carers (PSCs) who are involved with the programmes.
2. In considering Standard 1.1, the visitor team assessed Requirements 1.1-1.9 including the safety and wellbeing of people, safe practice in accordance with the Code and processes for identifying, investigating and responding to any concerns or complaints. SSU has clear policies and procedures in place for safeguarding and risk assessment and ensuring safety in learning environments. SSU staff, academic assessors (AAs), practice assessors (PAs) and practice supervisors (PSs) and others involved in supervision, learning and assessment understand their roles in preserving public safety, as evidenced within the Fitness to Practise policy. Students/apprentices are encouraged to regularly reflect on any learning needs and the proficiencies they are working towards within learning logs and to discuss these with their PS/PA. The visitor team considered the approaches to identifying and responding to concerns or complaints, and the lessons learned from a previously reported incident regarding practice supervision not meeting the NMC Standards for student supervision and assessment (SSSA) in regard to the suitability of PAs/PSs. In this case, an additional three-monthly meeting with the associated primary care hub was introduced. Students/apprentices provided examples of where they had shared concerns with the programme team through student voice mechanisms that had been acted upon effectively. Based on the information made available, the visitor team considers that SSU has in place appropriate arrangements for Standard 1.1 to be met, as the learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld.

3. In assessing Standard 1.2, the visitor team ascertained that requirements 1.10-1.14 were met, with SSU embedding fair, inclusive and research-driven education in all learning environments, ensuring that education and training are valued through structured support services, inter-professional collaboration, stakeholder engagement, evidence-based practice and continuous programme improvement. SSU works collaboratively with practice learning/employer partners who meet regularly with the programme team and have the opportunity to effectively use information and data regarding equality of opportunity. The visitor team acknowledges the positive and consistent feedback from students and PSCs in relation to the collaborative delivery of simulated practice learning. The visitor team was also provided with positive examples of research linked to the support for apprentices. Based on the information provided, the visitor team considers that SSU has in place appropriate arrangements for Standard 1.2 to be met, with education and training valued in all learning environments.
4. Based on the findings of the assessment and the information made available, the visitor team considers that SSU has in place the appropriate arrangements for Part 1: Standard 1: Learning culture to enable the NMC standards and requirements to be met.

2. Educational governance and quality

Standard 2.1 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, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.

Requirements		Nursing Associate Met/Not Met	Nursing Met/Not Met
Approved education institutions, together with practice learning partners, must:			
2.1	comply with all relevant legal, regulatory, professional and educational requirements.	Not met	Not met
2.2	ensure programmes are designed to meet proficiencies and outcomes relevant to the programme.	Met	Not met
2.3	comply with NMC programme standards specific to the programme being delivered.	Not met	Not met
2.5	adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes	Met	Met
2.6	ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation.	Met	Not met
2.8	ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures and any necessary programme adjustments are in place to support them and the people in their care.	Met	Met
2.9	demonstrate a robust process for recognition of prior learning and how it has been mapped to the programme learning outcomes and proficiencies.	Not met	Not met
2.10	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.	Met	Met
2.12	confirm that students meet the required proficiencies and programme outcomes in full, demonstrating their fitness for practice and eligibility for academic and professional award.	Met	Not met
2.13	provide all information and evidence required by regulators.	Met	Not met
2.15	have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes.	Met	Not met
2.17	improve quality, manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data.	Met	Met
2.18	proactively 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	Met	Not met
2.20	identify programme leaders to confirm that all proficiencies have been met by each student by the end of their programme, and	Met	Met

2.21	ensure appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning.	Not met	Not met
Outcome for Standard 2.1 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, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.			
Met		Not Met	
☐		☒	
Standard 2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.			
Requirements		Nursing Associate	Nursing
Approved education institutions, together with practice learning partners, must:		Met/Not Met	Met/Not Met
2.4	comply with NMC Standards for student supervision and assessment.	Met	Met
2.7	ensure that people who use services and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection	Met	Met
2.11	have robust, effective, fair, impartial and lawful fitness to practise procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection	Met	Met
2.14	regularly review all learning environments and provide assurance that they are safe and effective	Met	Met
2.16	be compliant with the NMC standards for education and training ³ for all periods of learning undertaken outside the UK	Met	Met
2.19	appoint appropriately qualified and experienced people for programme delivery	Met	Met
Outcome for Standard 2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.			
Met		Not Met	
☒		☐	

Findings

5. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nursing associate and pre-registration nursing programmes. Evidence included SSU's policy documents and the associated processes, along with meeting minutes. As part of the triangulation process, the visitor team also met with key stakeholders at the onsite visit including the programme team and senior managers, representatives from senior practice learning partners, employing partners, PSC representatives and students/apprentices.
6. In considering Standard 2.1, the visitor team assessed requirements 2.1-2.3, 2.5, 2.6, 2.8-2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21 in relation to the nursing associate and pre-registration nursing programmes. The visitor team determined that Requirements 2.1, 2.2, 2.3, 2.6, 2.9, 2.12, 2.13, 2.15, 2.18 and 2.21 were not met overall, though in some instances the outcomes differed at programme level. The paragraphs in this section of the report include the visitor team's findings for the 'not met' requirements in relation to the nursing associate and pre-registration nursing programmes.
7. In assessing Requirement 2.1, the visitor team considered SSU's policy documents, including the overarching recognition of prior learning (RPL) policy. The visitor team also noted the inclusion of a condition relating to the RPL process as part of the previous (12 November 2019) programme approval for pre-registration nursing. The documentary evidence provided by SSU in relation to RPL, and the exploration of arrangements for this during meetings with key stakeholders at the onsite visit did not provide assurance that the NMC requirements for RPL are met. SSU's overarching RPL process enables a student wishing to transfer between awards to 'transfer credit up to two thirds of the credit volume of the award' which does not meet the NMC's requirement for a robust process being in place for up to a maximum of 50% of the programme for nursing associate and pre-registration nursing. The visitor team did not find any current evidence of RPL being used in relation to students/apprentices on the Nursing Associate programmes. However, for the pre-registration nursing programmes, the use of a bridging module allows 240 credits to be recognised as prior learning from the Nursing Associate programme, and to date this has been used to provide an accelerated route into the BSc (Hons) Adult Nursing Practice programme for apprentices. The visitor team was not assured that there was a robust RPL process for the mapping of standards of proficiency as this mapping to proficiencies was not covered by the overarching SSU policy. The examples provided of where RPL has been applied demonstrated gaps in the mapping of proficiencies and there was no evidence of external scrutiny of the RPL process. For both the nursing associate and pre-registration nursing provision, the visitor team was not assured, during the onsite visit or through additional documentary evidence, that the programmes meet the relevant programme standards with respect to the use (or potential use) of RPL. The RPL Policy sets out the general principles including a maximum of two-thirds of a course, this document does not detail course-specific exemptions. Within the policy it states that 'In addition to its own awards, the University prepares and may assess students for awards made by accredited or other bodies. In such cases, exemptions from this Policy must be approved by the

Learning, Teaching and Student Success Committee (LTSSC) and stated in the Course Specification and essential course information'. The visitor team therefore concluded that Requirement 2.1 is not met for the nursing associate and pre-registration nursing programmes and that the University does not meet NMC standards for RPL and notes that this was a condition of previous approval. The lack of reference to RPL requirements for NMC approved programmes within the University policy and the evidence of those students on the bridging module claiming RPL for up to two-thirds of the credit into the degree means that Requirement 2.1 is not met resulting in Outcome 1 (O1).

8. In the assessment of Requirement 2.2, the visitor team explored the inclusion of the required proficiencies and outcomes for the nursing associate and pre-registration nursing provision. The visitor team was satisfied that the nursing associate programmes were designed to ensure that students/apprentices could meet the appropriate proficiencies and outcomes. In its assessment of both fields and delivery routes for the pre-registration nursing provision, and the unapproved bridging module, the visitor team was not assured, through documentary evidence including additional mapping of the proficiencies, or through meetings during the onsite visit, that the pre-registration nursing provision is consistently documenting and delivering the standards of proficiency for both adult nursing practice and mental health nursing programmes. The lack of assurance in relation to the standards of proficiency being documented and met in the pre-registration nursing provision has resulted in Outcome 2 (O2). The visitor team was not assured through documentary evidence or through meetings during the onsite visit that the design of the pre-registration nursing provision fully enables proficiencies and outcomes to be met. Further detail regarding the documentation and delivery of the standards of proficiency can be found in Annexe 1.
9. In assessing Requirement 2.3, the visitor team considered the NMC Standards for pre-registration nursing associate programmes and the Standards for pre-registration nursing programmes. The visitor team reviewed SSU's documents including the admissions policy, course handbooks and met with key stakeholders during the visit. The visitor team determined that Requirement 2.3 is not met for both the nursing associate and pre-registration nursing programmes as a result of some not met Part 3 Standards. Further details relating to the specific programme standards that are deemed as not met are available in Annexe 1.
10. In its assessment of Requirement 2.3, the visitor team was also not assured that the pre-registration nursing provision meets the required programme length of 4,600 hours as specified in the Standards for pre-registration nursing programmes (2.12). The visitor team specifically identified a deficit in relation to the required 50% theory hours (2,300) for the pre-registration adult and mental health fields, and in relation to both the direct entry and apprenticeship routes. Adult nursing students have theoretical learning one day per week during theory blocks, with blocks of study time prior to assessment submission. Apprentices are employed in their workplace role for the remaining theory time and, in some cases, take annual leave to complete assessments. Mental health students have theoretical learning three days a week in year one and two days a week in years two and three. The visitor team reviewed

programme plans for both direct entry students and apprentice students for both the adult and mental health fields. The mental health plan for apprentices and direct entry students detailed forty weeks of university study across the three years of the programme, it was not stated how many hours were allocated to study time in the forty weeks. The visitor team were not assured on review if this documentation that the programme met the required NMC hours. The visitor team also noted that the University website advertises 'teaching on campus takes place one day a week so you can earn and learn' which supports the students' view of the free time for the remainder of theory weeks. For those students on the bridging module due to the RPL process not meeting NMC standards, the visitor team was unable to assure that students completed the required hours for the programme as per NMC standards. Overall, the visitor team could not be assured of the arrangements for the pre-registration nursing provision in relation to the design of the programmes and the associated proficiencies and outcomes. The visitor team therefore concluded that Requirement 2.3 is met for the nursing associate provision but not met for the pre-registration nursing programmes, resulting in Outcome 3 (O3).

11. In considering Requirement 2.6, the visitor team reviewed SSU's documentation in relation to recruitment, admissions and widening participation. The visitor team was satisfied with the arrangements for admission to the nursing associate programmes which are therefore considered to meet Requirement 2.6. However, the visitor team was not assured that the process for admissions to the BSc (Hons) Adult Nursing Practice programme, via the bridging module route, consistently followed the standard admissions process. Through triangulation at the visit, the team heard that the admissions process does not appear to be consistently applied as the students advised that for admission to the BSc via the bridging module, the process consisted of an informal conversation with a member of the programme team. Therefore, the visitor team cannot be assured that recruitment and selection of students/apprentices via this route is open, fair and transparent. Further details are provided in Annexe 1, linked to Standard 1.1 of the Standards for pre-registration nursing programmes. Therefore, Requirement 2.6 is deemed to be not met for the pre-registration nursing programmes, resulting in Outcome 4 (O4).
12. In relation to Requirement 2.9, the visitor team considered the arrangements for RPL and mapping to the programme learning outcomes and proficiencies. As previously noted, the overarching approach to RPL does not provide assurance that the NMC's requirements would be met for either the nursing associate or pre-registration nursing programmes. In the previous programme approval for the BSc (Hons) Adult Nursing Practice (12 November 2019) a condition was set with respect to RPL claims and the Standards of proficiency for registered nurses. While a specific RPL policy for nursing and nursing associate learners was presented to meet the condition, the visitor team was unable to confirm that this policy is in place for the current programmes, with evidence assessed during documentary analysis and at the visit indicating that the default position is the use of the overarching SSU policy for RPL which does not cover RPL processes for NMC programmes. The use of the bridging module route, currently used for apprentices to have accelerated access to the BSc (Hons) Adult Nursing Practice programme, means that apprentices have been admitted onto the programme with more than 50% of RPL. The examples of RPL linked to the bridging

module that are not in line with the NMC's requirements, and the absence of a specific RPL policy for the nursing associate and pre-registration nursing provision, means that the visitor team regards Requirement 2.9 as not met, resulting in Outcome 1 (O1).

13. In considering Requirement 2.12, the visitor team reviewed the mapping of the required standards of proficiency for nursing associate and pre-registration nursing programmes, and the associated programme outcomes. As outlined in relation to Requirement 2.2, the visitor team was satisfied that the nursing associate programmes were designed to ensure that students/apprentices could meet the appropriate proficiencies and outcomes, and this was confirmed through documentary evidence and feedback from stakeholders. However, the visitor team was not assured, through documentary evidence or feedback at meetings during the onsite visit, that the required standards of proficiency are consistently included in programme documentation for the pre-registration nursing provision, including the bridging module route. While other evidence of the inclusion of standards of proficiency was presented during the onsite visit for the adult nursing practice programme, this did not include assurance relating to the bridging module. Therefore, the visitor team is not able to confirm that students/apprentices are meeting the required proficiencies and programme outcomes in full, demonstrating their fitness to practise and eligibility for academic and professional award. Requirement 2.12 is therefore not met for the pre-registration nursing provision, resulting in Outcome 2 (O2).
14. In assessing Requirement 2.13, the visitor team considered SSU's current nursing associate and pre-registration nursing provision, and the arrangements in place to ensure appropriate and timely communication with the NMC as the professional, statutory and regulatory body for the nursing profession. The visitor team was satisfied that SSU has provided the information and evidence required by regulators in relation to the nursing associate programmes. While the visitor team identified that some of the NMC standards/requirements are deemed as not met in relation to the nursing associate provision, these are more appropriately associated within other Part 1 Standards/Requirements, and therefore Requirement 2.13 is considered to be met. In relation to SSU's pre-registration nursing provision, the visitor team assessed the current programmes, including the use of the bridging module as an accelerated route into the BSc (Hons) Adult Nursing Practice degree, for previous graduates of the nursing associate programmes. The bridging module route to the BSc (Hons) Adult Nursing Practice degree has been accessed by apprentices to date. The visitor team was not assured that SSU followed the NMC quality assurance process to gain approval for the design and delivery of an accelerated route into the adult nursing practice programmes using a bridging module. The visitor team was informed at the visit of the process that SSU had undertaken for the design and delivery of the bridging module as an accelerated route into the BSc (Hons) Adult Nursing Practice degree. The team saw no evidence that this route had been approved as an NMC approved route leading to registration. Therefore, Requirement 2.13 for SSU to provide all information and evidence required by regulators is not met as a result of the arrangements linked to the pre-registration nursing provision, resulting in Outcome 5 (O5).

15. In considering Requirement 2.15, the visitor team assessed the capacity and resources available to enable SSU to deliver safe and effective learning opportunities and practical experiences for students/apprentices, as required by their programme learning outcomes. Following a review of documentary evidence and triangulation at the onsite visit with feedback from key stakeholders, including students and apprentices, the visitor team was satisfied with the design, resourcing and delivery of the nursing associate programmes. The current delivery arrangements for the pre-registration nursing provision are considered to be resourced sufficiently, with students/apprentices confirming the quality of the facilities and the support available from staff members. However, at the visit the team identified through documentary analysis and triangulation that there is a deficit in theory hours and delivery of content necessary to meet standards of proficiency. The course mapping documents for both programmes had some standards of proficiency missing, meaning that the visitor team could not be assured that all proficiencies could be met through the programmes. At the visit the team heard from the mental health programme team that there have been changes to the delivery of content meaning that it is not always being delivered as per the approved module descriptors set out. Therefore, while capacity and resourcing is sufficient for the current delivery model, the visitor team was not able to assure the appropriateness of this in relation to the requirements of the NMC standards (specifically in line with the required theory hours and coverage of the proficiencies). Therefore, Requirement 2.15 is not met and the resourcing of a programme that meets all the required theory hours and delivers all standards of proficiency would require further scrutiny, resulting in Outcome 6 (O6).
16. In assessing whether SSU meets Requirement 2.18, the visitor team considered the current provision and the arrangements for keeping programmes under review to ensure ongoing alignment with the NMC standards and requirements, and other recognised quality frameworks in education. The visitor team was satisfied that, overall, the nursing associate provision is evaluated, with areas for improvement identified and action taken. While the visitor team has identified an area for attention in relation to the nursing associate provision linked to RPL, this has been included in the outcomes for Standards/Requirements that apply more specifically to RPL, therefore Requirement 2.18 is met for the nursing associate provision.
17. The identification of issues and reporting via the NMC's exceptional reporting process also confirms that SSU takes steps to report and address identified issues. While there is evidence that SSU does take appropriate steps to identify and act upon areas for improvement, in relation to the pre-registration nursing provision there are areas requiring attention that have not been identified and/or acted upon appropriately. Specifically, the visitor team's findings in relation to the deficit in theory hours also apply to Requirement 2.18, as these could indicate that the pre-registration nursing programmes currently being delivered differ from those previously approved. As previously noted in relation to Requirement 2.9, the current arrangements for RPL are not in line with the NMC's requirements and appear to differ from the steps taken to respond to a previous condition applied to the approval of the BSc (Hons) Adult Nursing Practice programme. In addition, the visitor team identified deficits in theory hours, inconsistencies in relation to the delivery of content related to the standards of proficiency and the use of the bridging module which had

not been approved via NMC quality assurance processes. The visitor team therefore considers that Requirement 2.18 is not met in relation to the pre-registration nursing provision as there is not consistent evidence of SSU proactively identifying and acting on areas for improvement, regularly measuring programme performance and outcomes against the NMC standards and requirements, and other recognised quality frameworks in education, resulting in Outcome 7 (O7).

18. The visitor team explored the background and qualifications of external examiners and their role in the nursing associate and pre-registration nursing provision at SSU, in relation to Requirement 2.21. The visitor team confirmed, through the review of CVs and examples of external examiner reports, that all external examiners involved in reporting on the quality of theory and practice learning are suitably experienced and qualified. However, through the review of documentary evidence and meetings at the onsite visit, the visitor team was not assured that external examiners are appropriately and consistently involved in reporting on the quality of all theory and practice learning. An overarching finding is that no evidence was produced that external examiners are involved in RPL claims for either the nursing associate or the pre-registration nursing provision. In relation to the pre-registration nursing, BSc (Hons) Adult Nursing Practice programme, the visitor team also cannot be assured of any external examiner oversight of the bridging module. Therefore, Requirement 2.21 is not met in either the nursing associate or pre-registration nursing provision, resulting in Outcome 8 (O8).
19. Based on the information made available, the visitor team considers that SSU does not consistently have effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments. Therefore, Standard 2.1 is not met.
20. In considering Standard 2.2 the visitor team assessed requirements 2.4, 2.7, 2.11, 2.14, 2.16 and 2.19 in relation to both the nursing associate and pre-registration nursing programmes. For Requirement 2.16, the programme teams confirmed that no periods of learning are undertaken outside the UK. In assessing the other associated Requirements, the visitor team confirmed that arrangements at SSU comply with the NMC Standards for student supervision and assessment (SSSA). Students/apprentices are allocated to PSs, PAs and AAs in line with the SSSA. SSU actively manages the audit of learning environments, and practice learning partners work closely with SSU to ensure compliance with the SSSA. Students/apprentices and practice learning partners also noted the support and responsiveness of AAs. PSCs, practice learning partners and students/apprentices confirmed that a partnership approach is used for student recruitment and selection for the NMC approved programmes. SSU has a Fitness to Practise policy, and though this was due for review in July 2024, it includes arrangements to swiftly address concerns about the conduct of students/apprentices that might compromise public safety and protection.
21. During the onsite visit, the senior management team articulated plans for the recruitment of a 'Clinical Placement Tutor' who will manage the audit process and

ensure that all placement areas are reviewed to provide assurance that they are safe and effective. Due to recent Trust mergers and changes, some areas are requiring additional audits due to changes in the clinical learning environment and staff are currently undertaking these as required. SSU also has arrangements in place to appoint appropriately qualified and experienced staff for programme delivery, which includes the Human Resources department checking staff PINs for NMC accreditation. Based on the information made available, the visitor team considers that SSU has in place appropriate arrangements for Standard 2.2 to be met, as all learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, PSCs, students and all other stakeholders.

22. Based on the findings of the assessment and the information made available, the visitor team considers that SSU does not have in place the appropriate arrangements for Part 1: Standard 2: Educational governance and quality to enable the NMC standards and requirements to be met and is subject to action planning related to Outcomes O1-O8.

3. Student empowerment

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

Requirements Approved education institutions, together with practice learning partners, must:		Nursing Associate Met/Not Met	Nursing Met/Not Met
3.1	have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role.	Met	Met
3.2	are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.	Met	Met
3.4	are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation learning appropriate for their programme as necessary for safe and effective practice	Met	Met
3.7	are allocated and can make use of supported learning time when in practice	Met	Met
3.8	are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements in addition to a nominated academic assessor for each part of the education programme, in accordance with the NMC Standards for student supervision and assessment	Met	Met
3.10	are provided with timely and accurate information regarding entry to NMC registration or annotation of their award	Met	Met
3.15	are well prepared for learning in theory and practice having received relevant inductions	Met	Met
3.16	have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills	Met	Met
Outcome for Standard 3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code.			
Met		Not Met	
☒		☐	

Standard 3.2 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 Approved education institutions, together with practice learning partners, must:		Nursing Associate Met/Not Met	Nursing Met/Not Met
3.3	have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs	Met	Met
3.5	are supervised and supported in practice learning in accordance with the NMC Standards for student supervision and assessment	Met	Met

3.6	are supervised according to their individual learning needs, proficiency and confidence	Met	Met
3.9	have the necessary support and information to manage any interruptions to the study of programmes for any reason	Met	Met
3.11	have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice	Met	Met
3.12	are protected from discrimination, harassment and other behaviour that undermines their performance or confidence	Met	Met
3.13	are provided with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing	Met	Met
3.14	are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice	Met	Met
3.17	receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning, and	Met	Met
3.18	have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.	Met	Met
Outcome for Standard 3.2 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			
Met		Not Met	
☒		☐	

Findings

23. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nursing associate and pre-registration nursing programmes. Evidence included course handbooks, practice assessment documents and the team also viewed campus facilities. As part of the triangulation process, the visitor team also met with key stakeholders including the programme team and senior managers, representatives from senior practice learning partners, employing partners, PSC representatives and students/apprentices.
24. The visitor team considered all the Requirements associated with Standard 3.1 in relation to the nursing associate and pre-registration nursing provision.
25. Students/apprentices on the nursing and nursing associate programmes confirmed to the visitor team that they are provided with the resources to meet their programme outcomes. Students/apprentices also confirmed the provision of timely and accurate information about the curriculum, assessments, supervision and placements and provided positive feedback on the responsiveness and helpfulness of the academic teams. The inclusion of simulated practice learning (SPL) was well received by students who observed that this prepared them well for placement learning and they self-reported a better range of clinical skills and confidence (in their opinion) than

students from other universities who had not undertaken SPL.

26. The visitor team's tour of the skills facilities during the onsite visit provided assurance that students/apprentices have access to a range of facilities to achieve the proficiencies and programme outcomes required for their professional role. Students/apprentices have access to a nominated PA and AA for each part of the education programme. As previously noted in relation to Requirement 2.18, the visitor team explored the issue that occurred within the nursing associate programme and the action taken following the instance, which includes a three-monthly meeting being introduced with the associated primary care hub. While the visitor team has identified some 'not met' standards and requirements in relation to the design of programmes to ensure that students/apprentices meet all the required proficiencies, these issues have been linked to other areas within the NMC standards for nursing and midwifery education. Based on the information made available, the visitor team therefore considers that SSU has in place appropriate arrangements for Standard 3.1 to be met, as students/apprentices 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.
27. When assessing Standard 3.2, the visitor team reviewed SSU documentation including the Equality, Diversity and Inclusion Policy, course and module information and meeting minutes. The visitor team also triangulated the documentary evidence through meetings with stakeholders at the visit. Students/apprentices at SSU work with PSCs from different backgrounds and with specific health conditions, including those with long-term conditions, disabilities, and palliative care needs, which enhances students' and apprentices' abilities to provide inclusive and person-centred care. Students/apprentices also engage in community-based initiatives and public health events, gaining experience in a range of healthcare settings and with diverse populations.
28. SSU uses the practice learning approval tool to ensure that all practice learning partners meet the Health Education Quality Framework, and student/apprentice progress is monitored by SSU. Students/apprentices are supervised according to their individual learning needs, proficiency and confidence through a range of processes. For example, the Public Health Simulated Practice Learning programme includes pre and post-evaluation assessments to measure student/apprentice proficiency, ensuring supervision is adjusted to their competency level. Students/apprentices work directly with PSCs under the guidance their practice supervisors and practice assessors, allowing real-time supervision and feedback to align with their confidence and skill level.
29. Course handbooks outline SSU's policies on interruptions to studies, and provide key contact details and signposting, ensuring students/apprentices understand the process when facing study disruptions, and this approach was confirmed during meetings at the onsite visit. SSU's effective implementation of equality and diversity policies demonstrates a commitment to ensuring that all learning environments are inclusive. Students/apprentices with diverse needs have access to the appropriate resources and adjustments required for learning, such as assistive technologies,

accessible study materials or tailored assessment formats. SSU also provides specialist support teams, such as disability services, mental health counselling and academic support, ensuring students/apprentices receive individualised support based on their needs. Students and apprentices gave examples of reasonable adjustments being implemented in practice and this supports SSU's commitment to widening participation. Students/apprentices are protected from discrimination, harassment and other behaviour that undermines their performance or confidence. Wellbeing support is provided in the curriculum with modules including sessions with PSCs and health professionals discussing self-care, stress management, and mental health strategies, developing students'/apprentices' awareness of their wellbeing.

30. Students/apprentices are assigned academic tutors who provide one-on-one support, career advice, and assistance with managing academic pressures. Students/apprentices also engage in reflective learning sessions, supported by staff empowering them to take responsibility for their wellbeing and to develop professional resilience. Students/apprentices receive constructive feedback from practice assessor's and practice supervisor's helping them understand their strengths and areas for improvement. This feedback is incorporated into one-to-one reviews where students/apprentices reflect on their progress and discuss development plans. Students/apprentices also participate in sessions where PSCs and alumni provide feedback on their communication, professionalism and readiness for practice. This feedback is used to enhance student/apprentice learning, particularly in reflective practice modules.
31. SSU provides students/apprentices with opportunities to give feedback on the quality of all aspects of their support and supervision in both theory and practice throughout their programmes. Mechanisms for feedback include Your Voice, the National Student Survey, module evaluations, informal feedback during scheduled sessions and student/apprentice representatives sharing feedback in course committees. Students/apprentices complete evaluations after each placement, providing insights on supervision quality, learning opportunities, and clinical support. This feedback informs practice educators, academic teams, and placement providers, ensuring continuous improvement in placement experiences. Students/apprentices also receive feedback on their care provision directly from PSCs, which is gathered in reflective logs and practice assessment documents. This allows students/apprentices to engage in self-reflection and improve their practice based on real-world patient experiences. Apprentices take part in regular review meetings with academic mentors and workplace supervisors, and these provide opportunities for the apprentices to voice concerns, discuss supervision quality, and propose programme improvements. Based on the information made available, the visitor team considers that SSU meets Standard 3.2, ensuring that students are empowered and supported to become resilient, caring, reflective and lifelong learners who can work in inter-professional and inter-agency teams.
32. Based on the findings of the assessment and the information made available, the visitor team considers that SSU has in place the appropriate arrangements for Part 1: Standard 3: Student empowerment to enable the NMC standards and requirements

to be met.

4. Educators and assessors

Standard 4.1 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		Nursing Associate Met/Not Met	Nursing Met/Not Met
Approved education institutions, together with practice learning partners, must:			
4.1	comply with all standards and requirements in the NMC standards for education and training.	Not Met	Not met
4.2	act as professional role models at all times.	Met	Met
4.3	receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity.	Met	Met
4.4	have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities.	Met	Met
4.5	respond effectively to the learning needs of individuals.	Met	Met
4.6	are supportive and objective in their approach to student supervision and assessment.	Met	Met
4.7	liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment.	Met	Met
4.8	are expected to respond effectively to concerns and complaints about public protection and student performance in learning environments and are supported in doing so.	Met	Met
4.9	receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment.	Met	Met
4.10	share effective practice and learn from others, and	Met	Met
4.11	appropriately share and use evidence to make decisions on student assessment and progression.	Met	Met
Outcome for Standard 4.1 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.			
Met		Not Met	
☐		☒	

Findings

33. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nursing associate and pre-registration nursing programmes. As part of the triangulation process, the visitor team also met with key stakeholders at the onsite visit including the programme team and senior managers, representatives from senior practice learning partners, employing partners, PSC representatives and students/apprentices.
34. In considering Standard 4.1, the visitor team assessed Requirements 4.1-4.11 in relation to the nursing associate and pre-registration nursing programmes. The team reviewed documentary evidence and explored the implementation of arrangements in practice through meetings with stakeholders during the visit. As previously noted, the team could not be assured that arrangements for RPL across the provision meet the required NMC standards for education and training. The visitor team therefore determined that Requirement 4.1 is not met in either the nursing associate or pre-registration nursing provision, resulting in Outcome 1 (O1).
35. The visitor team confirmed that educators and assessors are appropriately qualified and experienced professionals and there are effective working relationships between SSU and practice learning partners to address any concerns in practice. Stakeholder meeting minutes show evidence of this partnership working and there is also evidence of SSU providing feedback to students/apprentices in response to module evaluations. Practice evaluations are now mandatory, with data available on the e-platform for both practice learning partners and SSU staff to see, although there are no formal systems for monitoring this. Practice learning partners reported downloading the placement evaluation data quarterly, but do not formally involve SSU in reviewing this. Practice learning/employer partners and the programme teams highlighted the use of meetings to discuss student/apprentice progression. Programme leaders also undertake checks to ensure that students/apprentices are progressed accurately at the end of their programmes. To support effective practice, SSU staff members are committed to their continued professional development and, during the meeting with senior managers, leaders shared examples of regional NHS England networks and working groups they were part of, as well as wider professional networks.
36. Based on the information made available in relation to Requirement 4.1, the visitor team considers that SSU does not have the appropriate arrangements in place for RPL for NMC approved programmes to comply with all Standards and Requirements in the NMC Standards for education and training, and this means that, overall, Standard 4.1 is not met.
37. Based on the findings of the assessment and the information made available the visitor team considers that SSU does not have in place the appropriate arrangements for Part 1: Standard 4: Educators and assessors to enable the NMC standards and requirements to be met and is subject to action planning related to Outcome O1, as outlined in Standard 2. Educational governance and quality.

5. Curricula and assessment

Standard 5.1 Curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Requirements		Nursing Associate Met/Not Met	Nursing Met/Not Met
Approved education institutions, together with practice learning partners, must:			
5.1	curricula fulfil NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes.	Met	Not met
5.2	curricula remain relevant in respect of the contemporary health and social care agenda.	Met	Met
5.3	curricula weigh theory and practice learning appropriately to the programme.	Met	Not met
5.4	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.	Met	Met
5.5	curricula are co-produced with stakeholders who have experience relevant to the programme.	Met	Met
5.6	curricula provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity	Met	Met
5.7	curricula are structured and sequenced to enable students to manage their theory and practice learning experience effectively.	Met	Not met
5.8	assessment is fair, reliable and valid to enable students to demonstrate they have achieved the proficiencies for their programme.	Met	Not met
5.9	adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice.	Met	Met
5.10	students are assessed across practice settings and learning environments as required by their programme.	Met	Met
5.11	assessment is mapped to the curriculum and occurs throughout the programme to determine student progression.	Met	Not met
5.12	practice assessment is facilitated and evidenced by observations and other appropriate methods.	Met	Met
5.13	students' self-reflections contribute to, and are evidenced in, assessments.	Met	Met
5.14	a range of people including people who use services contribute to student assessment.	Met	Met
5.15	assessment of practice and theory is weighted appropriately to the programme, and	Met	Met
5.16	there is no compensation in assessments across theory and practice.	Met	Met

Outcome for Standard 5.1 Curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.

Met	Not Met
☐	☒

Findings

38. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nursing associate and pre-registration nursing programmes. Evidence included course and assessment documentation and the associated mapping to standards of proficiency. As part of the triangulation process, the visitor team also met with key stakeholders at the visit including the programme team and senior managers, representatives from senior practice learning partners, employing partners, PSC representatives and students/apprentices.
39. The visitor team considered Requirements 5.1-5.16 when assessing Standard 5.1 in relation to the nursing associate and pre-registration nursing programmes. In relation to Requirement 5.1, documentary evidence shows the curricula fulfil programme standards and provide learning opportunities linked to standards of proficiency for nursing associates and the programme outcomes listed. Module descriptors on the FdSc Health and Social Care (Nursing Associate) and BSc (Hons) Adult Nursing Practice and BSc (Hons) Mental Health Nursing programmes are appropriate for their respective programme standards. Standards of proficiency are included in the practice assessment documents for nursing associate and pre-registration nursing programmes. Standards of proficiency for nursing associates have been mapped appropriately against the modules on the FdSc Health and Social Care (Nursing Associate). The NMC standards of proficiency for registered nurses and the associated Annexes have been mapped against the modules on the BSc (Hons) Adult Nursing Practice and BSc (Hons) Mental Health Nursing programmes. However, the mapping documentation provided by SSU, and confirmed during the onsite visit, does not include a complete mapping for all the required standards of proficiency for the pre-registration nursing provision. While other evidence of the inclusion of standards of proficiency was presented during the onsite visit for the adult nursing practice programme, this did not include assurance relating to the bridging module. Overall, the visitor team was satisfied with the arrangements in place for the nursing associate programmes but was not assured by the coverage of the standards of proficiency for the pre-registration nursing programme, including the bridging module route. The visitor team was also not assured that the theory hours requirement is met for the pre-registration nursing programmes and therefore Requirement 5.1 is not met, resulting in **Outcome 2 (O2)**.
40. The visitor team considered the weighting of theory and practice learning in the nursing associate and pre-registration nursing programmes, when assessing Requirements 5.3 and 5.7. As noted in previous requirements, such as 2.12 and within the programme standards ([Annexe 1](#)), the visitor team was assured of the appropriate curricula weighting, structure and sequencing of theory and practice for the nursing associate programmes. However, the team was not assured of the appropriate number of theoretical hours being undertaken within the pre-registration nursing programmes, which would create the imbalance between theory and practice. Therefore, Requirements 5.3 and 5.7 are not met, resulting in **Outcome 3**

(O3).

41. In considering Requirement 5.8, the visitor team reviewed the arrangements in place to ensure that assessment is fair, reliable and valid to enable students/apprentices to demonstrate they have achieved the proficiencies for their programmes. Modules in the FdSc Health and Social Care (Nursing Associate), BSc (Hons) Adult Nursing Practice and BSc (Hons) Mental Health Nursing programmes are assessed in line with academic regulations, and there is evidence of external examiner oversight. There are clear assessment guidelines and marking rubrics are used. However, the fairness, reliability and validity of the bridging module (NCB 160 Enhancing professional practice) currently used for the Adult Nursing Practice programme, apprenticeship accelerated route, is not currently assured. As noted previously, this bridging module lacks external examiner oversight (Requirement 2.21) and there is a lack of assurance relating to coverage of the required standards of proficiency or the appropriate use of RPL. Therefore, while arrangements satisfy Requirement 5.8 in relation to the nursing associate provision, the visitor team considers that the Requirement is not met overall, due to the arrangements associated with the bridging module in the pre-registration nursing provision, resulting in **Outcome 8 (O8)**.
42. The visitor team considered the mapping of assessment to the curriculum in relation to Requirement 5.11. Documentary evidence shows the mapping of assessments to determine student/apprentice progression across the nursing associate and pre-registration nursing programmes. However, the visitor team cannot be assured from documentary evidence or discussions at meetings during the onsite visit that the non-credit bearing bridging module, currently used as an accelerated route to the Adult Nursing Practice programme for apprentices, is assessed at an appropriate academic level to determine student/apprentice progression. Therefore, overall, the visitor team considers that Requirement 5.11 is not met, resulting in **Outcome 9 (O9)**.
43. Based on the findings of the assessment and the information made available, the visitor team considers that SSU does not have in place the appropriate arrangements for Part 1: Standard 5: Curricula and assessment to enable the NMC standards and requirements to be met and is subject to action planning related to **Outcomes 02, 03, and 08**, as outlined in Standard 2: Educational governance and quality and **O9**, as outlined below.

Annexe 1: Explanation of findings for the NMC Part 3 Standards for pre-registration nursing associate programmes and the Part 3 Standards for pre-registration nursing programmes

Findings

44. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nursing associate and pre-registration nursing programmes. Evidence included the policies linked to admissions and recognition of prior learning, along with course documentation relating to the nursing associate and pre-registration nursing programmes. As part of the triangulation process, the visitor team also met with key stakeholders and reviewed facilities as part of the onsite visit. The following text links specifically to the NMC Standards for pre-registration nursing associate programmes and the Standards for pre-registration nursing programmes that the visitor team considers are not met.

Part 3: Standards for pre-registration nursing associate programmes

45. For the nursing associate programmes, the visitor team determined that all standards were met apart from Standard 1.5 relating to RPL, as also outlined in relation to Standard 2.1 (Requirement 2.1) which links to ensuring that programmes comply with the NMC Standards framework for nursing and midwifery education. The visitor team was not assured, during the onsite visit or through additional documentary evidence, that the programmes meet the relevant programme standards with respect to the use (or potential use) of RPL, due to a lack of reference to RPL requirements for NMC approved programmes within the University policy and the evidence of those students on the bridging module claiming RPL for up to two-thirds of the credit into the degree. Due to this, Standard 1.5 - Permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes up to a maximum of 50% of the programme - is considered not met, resulting in **Outcome 1 (O1)**.

Part 3: Standards for pre-registration nursing programmes

46. For the pre-registration nursing programmes, in relation to Selection, admission and progression, the visitor team determined that Standards 1.1, 1.5 and 1.6 are not met.
47. For Standard 1.1, the visitor team reviewed documentation linked to recruitment, course handbooks, module descriptors and assessment information. The visitor team found that while there was a clear approach to admissions for the programmes, apprentices who accessed the adult nursing practice programme through the bridging module did not undertake the admissions process presented. There were examples of the admissions process for prospective apprentices, who had previously completed the nursing associate qualification at SSU, being based on a less robust approach, comprising an informal conversation with a single member of staff.

Therefore, the visitor team was unable to assure that Standard 1.1 was met, resulting in **Outcome 4 (O4)**.

48. SSU's approach to RPL, as outlined in relation to Standard 2.1 (Requirement 2.1) was the reason for the visitor team's decision of 'not met' for Standard 1.5, which relates to permitted RPL that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes, up to a maximum of 50% of the programme, resulting in **Outcome 1 (O1)**. Similarly, the evidence presented by SSU did not provide assurance that the NMC's RPL requirements would be met in relation to Standard 1.6. The visitor team therefore also determined that Standard 1.6 is not met resulting in **Outcome 1 (O1)**.
49. For the pre-registration nursing programmes, in relation to the Curriculum standards, the visitor team determined that Standards 2.1, 2.3, 2.6, 2.9 and 2.12 were not met.
50. Standard 2.1 links to ensuring that programmes comply with the NMC Standards framework for nursing and midwifery education, and this was considered not met as a result of the RPL process, the use of the bridging module and the deficit in theory hours. The lack of assurance in relation to the required proficiencies and programme outcomes is also related to Standard 2.1 and Standard 2.3 (Part 3: Standards for pre-registration nursing programmes - Ensure that programme learning outcomes reflect the Standards of proficiency for registered nurses and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing). Following a review of documentary evidence, including the mapping of the standards of proficiency, and meetings with key stakeholders during the onsite visit, the visitor team was not assured that the standards of proficiency are being consistently documented and met, resulting in **Outcome 2 (O2)**. This conclusion relates to the standard pre-registration nursing programmes being offered and to the use of the bridging module.
51. In relation to Standard 2.6 during documentary analysis the visitor team identified gaps within the mapping of programme content to the standards of proficiency in the adult nursing practice and mental health nursing programmes. During the onsite visit the adult nursing practice programme team provided evidence of where the missing standards of proficiency were included in the programmes; however, the visitor team was not assured that Standard 2.6 is met as standards of proficiency are not consistently reflected in the programme documentation. The mapping provided for the 'bridging module' also does not provide assurance that the standards of proficiency are met. During the meeting with the mental health nursing programme team, it became apparent that the mental health mapping document provided did not reflect the modules and should be amended. The Annexe B procedures were noted as being covered in skills sessions, rather than in the modules where they are currently indicated on the mapping document. However, the content of the mental health skills sessions includes many clinical skills but not all of the Annexe B Nursing procedures. For example, chest auscultation is not included, and while the placing of an electrocardiogram (ECG) lead is listed there is no evidence that students/apprentices cover the interpretation of normal and commonly encountered abnormal traces as required. For the mental health programme where content was covered in the originally approved modules, members of the programme team were

transparent and informed the visitor team that there had been changes to the delivery content that differs from the original approved documentation. For those students on the adult programme that have completed the bridging module, from the documentation provided and due to SSU not meeting NMC standards in relation to RPL, the visitor team was unable to assure that standards of proficiency were mapped from the nursing associate programme to the adult nursing programme. Therefore, due to errors and/or a lack of consistency in the mapping provided, and the discussions with the programme team at the visit, the visitor team was not assured that the general and professional content necessary to meet all standards of proficiency are consistently documented and delivered resulting in **Outcome 2 (O2)**.

52. Standards 2.9 (Ensure the curriculum provides an equal balance of 50% theory and 50% practice learning using a range of learning and teaching strategies) and 2.12 (Ensure that all pre-registration nursing programmes meet the equivalent of minimum length of three (academic) years for full-time programmes, which consist of a minimum of 4,600 hours) were identified by the visitor team as not being met due to a lack of assurance relating to the required theory hours, resulting in **Outcome 3 (O3)**, as outlined in the Standards framework for nursing and midwifery education, Standard 2.1.

QAA2902 – R14885 – April 25

© The Quality Assurance Agency for Higher Education 2025
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Tel: 01452 557050
Web: www.qaa.ac.uk/nmc