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

Approved education institution	University of Brighton
Programmes reviewed	BSc (Hons) Nursing Adult BSc (Hons) Nursing Mental Health BSc (Hons) Nursing Child BSc (Hons) Midwifery Registered Nurse Degree Apprenticeship (Adult) Registered Nurse Degree Apprenticeship (Mental Health) Registered Nurse Degree Apprenticeship (Child) FdSc in Health and Social Care (Nursing Associate) Apprenticeship
Date of extraordinary review	19-22 March 2024
Lead QA visitor	Ronnie Meechan
Lay visitor(s)	Jane Suppiah Mary Rooke Sandra Stephenson
Registrant visitor(s)	Suzanne Crozier Joanne Lidster Sarah Traill
Observer(s)	Pamela Page (Mott MacDonald) Caroline Dobson (NMC) Karen Harrison-White (NHS England (NHSE)) workforce, training and education (WTE))
Practice learning partner / employer partner organisation visits undertaken during the review	Royal Sussex County Hospital (RSCH), maternity services RSCH, A8 east, C10 Royal Alexandra Children's Hospital Sussex Partnership NHS Foundation Trust (SPFT) Meadowfield Hospital
Date of report	5 April 2024

Executive summary

Our findings conclude that the University of Brighton (UoB) has systems and processes in place to monitor and control the following 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

The UoB must identify and implement an action plan to address the key risks that aren't met to ensure the pre-registration nursing, midwifery 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 the UoB and their practice learning partners (PLPs)/employer partners (EPs), in order to protect the public. Standard 1.1 and 1.2 are met.

We find that the pre-registration nursing, midwifery and nursing associate (NA) programmes are designed and co-produced with relevant stakeholders, and this includes the UoB PLPs and EPs. UoB in partnership with their PLPs/EPs promote a professional duty of candour across the student population and students tell us how they'd raise and escalate concerns. Academic assessors, practice assessors and practice supervisors recognise the importance of their role in preserving public safety (437-488).

Programme learning outcomes for the nursing, midwifery and NA programmes, learning activities, systems and processes promote self-reflection and education that's underpinned by the NMC Code. We find there are good examples of inter-professional learning (IPL) opportunities in both theory and practice learning settings. PUSCs tell us they're involved with some of the IPL sessions. We reviewed practice documentation for students and see IPL activities are recorded. We see evidence of how UoB works with PLPs/EPs and students to facilitate and disseminate learning from these activities (437-468).

We find that students have opportunities to provide feedback in relation to their education in all learning environments. Students tell us that they've a range of feedback mechanisms available to them and know how to access these. (445-451, 458-459, 461, 464-465, 467-468).

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Safe, kind, effective care through quality
assurance of nursing, midwifery and
nursing associate education.

We see evidence that the UoB are expanding their people who use services and carers (PUSC) activity across the range of NMC programmes. PUSCs tell us they're involved with the recruitment and selection of students as well as contributing to the delivery of the nursing, midwifery and NA programmes. PUSCs tell us they also attend UoB committees and working groups (462, 469).

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 the UoB and their PLPs/EPs, in order to protect the public. Standards 2.1 and 2.2 are not met.

We find that the UoB and their PLPs/EPs work in partnership. PLPs/EPs tell us that they've an effective working relationship with the UoB. There's evidence that the programme teams work well with practice education staff across local and regional health systems. We see evidence that the executive level staff within the school work closely with the integrated care board (ICB) and NHSE WTE. Senior nurses and senior midwives tell us that they'd welcome more contact with the senior team at UoB; they tell us that their relationship with UoB is a positive one (437-444).

We see evidence of robust and effective fitness to practise (FtP) policies in place. UoB provide documentary evidence of FtP panels and outcomes from these prior to the visit. Academic assessors, practice assessors and practice supervisors are aware of the UoB policies and processes and know how to raise a concern about student conduct. Senior nurses and senior midwives tell us their staff contribute to FtP panels and Disclosure and Barring Service (DBS) decisions when this is relevant (26, 29-30, 32-33, 35, 37, 79, 131, 143, 145, 217, 220-225, 233, 245-246, 248, 297-302, 443-444).

There's evidence of a values-based recruitment process which includes confirmation of good health and character and understanding of the role of the nurse, midwife and NA. We see evidence of processes to ensure equality and diversity. Recruitment of nursing, midwifery and NA students includes healthcare professionals, and we also see evidence that PUSCs are involved with this activity. PUSCs tell us they're involved with the recruitment of students at the UoB. PLPs/EPs tell us their staff are involved in the recruitment of students (282-287, 443-451, 458-469, 491).

We find that the UoB is unable to demonstrate evidence that the SSSA is applied to all periods of practice learning. Nursing students receive up to six hours of reflective practice time (RPT) per week that contributes to the students' 2300 hours of practice learning. UoB are approved to also provide up to 150 hours of simulated practice learning (SPL) for students on the nursing programmes. We're not assured that practice assessors, practice supervisors or academic assessors have oversight of these activities in any meaningful way. We see evidence that midwifery students are allocated two and a half hours of RPT that contributes to their weekly practice learning hours. We're assured that the SSSA is applied to this learning activity (437-462, 463-468, 470).

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We find that external examiners aren't consistently enabled to consider and report on the quality of practice learning and reviewing the students' practice assessment documents (PAD) and midwifery ongoing record of achievement (MORA) (471).

Student empowerment: not met

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

The UoB and their PLPs/EPs provide opportunities for students to learn from a diverse range of people in theory and practice environments. The pre-registration nursing, midwifery and NA programmes have a range of learning and assessment activities that promote safe and effective practice (437-462, 463-468).

There's evidence that the UoB assign students to suitably trained academic assessors and practice assessors for each period of practice learning. Students tell us they're assigned to appropriately trained staff; they tell us they know who their academic assessor is for each part of the programme. UoB academic staff and students confirm academic assessors aren't the same for consecutive parts of a student's programme. We're not assured that the SSSA is applied to all periods of practice learning for the nursing programme; this relates to reflective learning time and SPL time for students undertaking the nursing programme (437-462, 463-468, 470).

NA students tell us that practice assessors and practice supervisors don't fully understand their scope of practice and this impacts on them not being supervised according to their learning needs, proficiency and confidence (445-446, 470).

Educators and assessors: not met

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

The UoB 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 the UoB as well as staff development and induction for new staff. Senior approved education institution (AEI) staff provide evidence of the staff student ratio for NMC programmes during the visit. They tell us that the school has the right skill mix of academic staff following a voluntary redundancy scheme. Academic staff at the UoB tell us they've the staffing resources they need to undertake their roles (437-442, 459-450, 478).

PLPs/EPs, practice assessors and practice supervisors tell us there's a collaborative approach to student assessment. Senior nurses, senior midwives and senior academic

staff tell us there's a collaborative approach to the education of nursing, midwifery and NA students on UoB programmes. The school has a lead midwife for education (LME) and the post holder has recently changed and we see evidence that there has been an adequate handover to the new person. We're not assured that the LME role is supported and enabled to fulfil their statutory responsibilities (437-443, 460, 463, 466, 468, 470).

The UoB nursing programme isn't fully compliant with all standards for education and training and this primarily relates to practice learning activity that doesn't have consistent application of the SSSA and therefore programme learning hours for practice cannot be fully verified (437-470).

The UoB adopt the practice educator and assessor preparation (PEAP) online programme. PLPs/EPs tell us this is augmented with individual practice assessor and practice supervisor training that's delivered by each PLP/EP. We're not assured that the UoB has any overarching quality assurance of the material that's being delivered (437-443, 450-460, 463, 466, 468, 470).

Curricula and assessment: met

We're assured that all risk indicators in relation to curricula and assessment are successfully managed by the UoB 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, midwifery 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 midwifery and NA programme. Senior nurses, senior midwives, practice assessors, practice supervisors, practice educators and students confirm that the UoB pre-registration nursing, midwifery and NA curricula are co-produced with stakeholders who've experience relevant to the programme (437-462, 464-469).

Practice assessors, practice supervisors, academic assessors and students tell us 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 feedback in the PAD/MORA), are involved in the assessment of students (437-469).

There's evidence that the AEI have QA processes that support fair and reliable assessment. There's no compensation between theory and practice on the pre-registration nursing, midwifery and NA programmes. Nursing, midwifery and NA students we meet tell us that they receive feedback that's mostly constructive and helpful to their learning. Students tell us PUSCs contribute to the delivery of their programme (437-469).

The executive AEI staff, the nursing, midwifery and NA programme teams, senior nurses, senior midwives, 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 (437-443, 453-455, 457, 459-460, 463, 466, 468).

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. Learning culture	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 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. Educational governance and quality	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. Student empowerment	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**

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the United Kingdom (UK) and 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 quality assurance (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 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 in order to meet NMC standards.

Education monitoring reviews

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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 monitoring visit or an extraordinary review in response to concerns identified regarding nursing, midwifery and/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 decide if the NMC Standards are met on the following basis:

Met: Triangulated evidence demonstrates that the AEI in collaboration with their PLPs/EPs is meeting the NMC requirements underpinning the Standard and has effective risk management strategies in place to maintain compliance.

Not met: Evidence does not provide assurance that the AEI in collaboration with their PLPs/EPs is meeting all the NMC requirements within the standard. Action is required to ensure the standard is met and can be continuously monitored.

It's important to note that the outcome awarded for each standard is determined by the lowest level of control within the identified requirements. The outcome doesn't reflect a balance of achievement across the requirements.

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

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

The extraordinary review visit to the University of Brighton (UoB)

The NMC received a series of concerns from UoB students regarding the support and training they receive to develop clinical skills and prepare for practice. Students tell us they're concerned that the SPL they undertake isn't in line with the supporting information provided on the NMC website.

In 2023, the NMC identified that the UoB had missed opportunities for exceptionally reporting risks that occur within their practice learning environments. The NMC brought this to the attention of the UoB during a meeting, and explained and clarified the exceptional reporting process for AEI staff. The NMC have since seen an increase in exceptional reporting from the UoB.

A review of all UoB programme approval and major modification reports indicates there's a consistent theme within the conditions being applied at the point of prospective approval. A condition has frequently been applied by QA visitors in relation to the involvement of PUSCs; this then becomes an area for future monitoring.

The NMC discussed these concerns with the UoB in September 2023 and November 2023 to ensure the university was aware these concerns require continued monitoring.

The NMC provided the UoB with the intended focus of the extraordinary review and a targeted review plan was shared with the AEI. The extraordinary 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 are 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 will scrutinise and triangulate evidence from findings during the visit (SFNME requirements highlighted in red in this report will not form part of the focus of this visit).

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

Introduction to AEI's programmes

The UoB is an AEI. The school of sport and health sciences (the school) is approved to deliver programmes leading to eligibility to apply for registration as a registered nurse (adult, mental health or child nursing) through degree apprenticeship and direct entry routes. The school also offer a health and social care NA apprenticeship programme. UoB offer a midwifery programme via direct entry route only. The school are also approved to offer return to practice, specialist community public health nursing, specialist practice qualifications and prescribing qualifications.

The focus of the extraordinary review visit is the UoB pre-registration nursing apprenticeship and direct entry programmes, NA apprenticeship programme and direct entry midwifery programme. The visit is conducted on 19-22 March 2024. A remote initial visit is undertaken on the 4 March 2024. During the initial visit the lead QA visitor asked the UoB to provide additional documentary evidence. The visit team also request additional evidence during the visit (436, 471-494).

The pre-registration nursing programme comprises of two routes: a three-year direct entry Bachelor of Science (Honours) (BSc (Hons)) nursing (adult, child or mental health) programme and a three-year registered nurse degree apprenticeship (NDA) (adult, child or mental health) programme. The BSc (Hons) nursing direct entry route is in approval since 2 July 2019. The UoB registered NDA programme was granted through a major modification and is in approval since 1 December 2020.

The three-year pre-registration midwifery programme is offered as a direct entry route only and is in approval since 3 July 2020.

The two-year NA programme is delivered as an apprenticeship route and is in approval since 18 September 2019.

With the exception of the registered NDA routes there are no other major modifications to programmes under review.

All programmes are approved under the SFNME and the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023). The BSc (Hons) and nursing routes are approved under the Standards for pre-registration nursing programmes (SPNP) (NMC 2018, updated 2023) and 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). The midwifery programmes are approved under the Standards for pre-registration midwifery programmes (SPMP) (NMC 2019, updated 2023) and the Standards of proficiency for midwives (SPM) (NMC, 2019).

The extraordinary review visit comprises a review of documentation presented against the SFNME by the UoB prior to the visit. During the visit, QA visitors meet with students from all years of the nursing, midwifery and NA programmes, including students who are undertaking apprenticeship (nursing and NA) and direct entry routes (nursing and midwifery). QA visitors also meet with a range of academic staff at the UoB, senior management at the UoB 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 the UoB. QA visitors also review educational audits, PADs and MORAs as part of this extraordinary review visit.

The UoB offer the following pre-registration programmes at the following sites:
- Falmer (nursing BSc (Hons) adult, child and mental health direct entry and apprenticeship and NA)
- Eastbourne (BSc (Hons) adult direct entry and apprenticeship and BSc (Hons) midwifery)

From 2024 all routes and programmes will be delivered at the Falmer campus only and there'll be no pre-registration provision delivered from the Eastbourne campus.

Across all the UoB delivery sites there's circa 930 pre-registration nursing (749) and NA (181) students. There are 113 pre-registration midwifery students currently on the programme.

The UoB work with PLPs and EPs covering a substantial geographical area, including several NHS trusts and a wide variety of private, voluntary and independent sector placements (23-24).

University Hospitals Sussex NHS Foundation Trust (UHSFT) which includes Worthing Hospital (WH), Royal Alexandra Children's Hospital (RACH), Princess Royal Hospital (PRH), RSCH, St Richards Hospital (SRH) and Southlands Hospital (SH); Sussex Community NHS Foundation Trust (SCFT) which includes Brighton General Hospital (BGH); East Sussex Healthcare NHST Trust (ESHT) which includes Eastbourne District General Hospital (EDGH) and Conquest Hospital (CH); Surrey and Sussex Healthcare NHS Trust (SASHT) which includes East Surrey Hospital (ESH); First Community Health and Care (FCC); Frimley Health NHS Foundation Trust (FHFT) which includes Frimley Park Hospital (FPH) and Wexham Park Hospital (WPH); Renovo Hollanden Park Limited (RHPL) which includes Hollanden Park Hospital (HPH); Maidstone and Tunbridge Wells NHS Trust and Partnerships in Care Limited (PCL) which includes Priory Hospital Burgess Hill (PHBH) are used to place students and apprentices on UoB programmes. A variety of private, voluntary and independent sector placements are also utilised.

UHSFT is a PLP/EP and works in partnership with UoB offering placements for students/apprentices for the direct entry nursing and midwifery programmes and NA apprentices. UHSFT provides clinical services to people in Brighton and Hove, parts of East Sussex and West Sussex. The trust came into existence as a result of an acquisition by Western Sussex Hospitals NHS Foundation Trust of Brighton and Sussex University Hospitals NHS Trust on 1 April 2021. The trust is now one of the largest organisations in the NHS employing nearly 20,000 staff and serving a population of around 1.8 million people in Sussex. The trust runs seven hospitals across Brighton and Hove, West and Mid Sussex and parts of East Sussex including WH, RACH, PRH, RSCH, SRH and SH. The trust provides 24-hour accident and emergency and maternity services on four hospital sites, with RSCH in Brighton being a centre for major trauma and tertiary specialist services. The trust also provides specialist services for patients from across the wider South East region. The trust's overall quality rating is requires improvement (1).

SCFT is a PLP/EP and offers placement learning opportunities for students/apprentices on the direct entry and apprenticeship routes for the direct entry nursing programmes and nursing and NA apprentices. SCFT provides NHS community health and care services across West Sussex, Brighton and Hove and the High Lewes Havens area of East Sussex. The trust works with a number of ICBs across the region in the delivery of care; coastal West Sussex, Mid Sussex and Horsham, Crawley, Brighton and Hove and High Weald Lewes Havens. They provide a wide range of medical, nursing and therapeutic care. They work to help people plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stay. The trust provides a range of clinical services via inpatient and outpatient locations to a population of more than 1.3 million people. An announced inspection of BGH in 2021 found no action was required in relation to the five inspection areas and the trust was rated as good in 2018 (2).

ESHT is a PLP/EP and the UoB place nursing and midwifery direct entry students and nursing and NA apprenticeship students within its services. ESHT is a provider of acute and specialist services that serves a population of 525,000 people across East Sussex. It provides a total of 833 beds in general and acute services at the two district general hospitals (EDGH and CH) and at local community hospitals. In addition, there are 45 maternity beds at CH, the midwifery led unit at EDGH and 19 critical care beds (11 at CH, eight at EDGH). The trust also provides a range of community services in the Hastings, Bexhill and Eastbourne areas from a number of community hospitals and clinics as well as at patients' homes. The services include community adults, community children and families, community inpatients, community end of life care and sexual health clinics. The trust is rated overall as good in 2020, with EDGH being rated as good in January 2023 (3, 7).

SASHT is a PLP/EP; the trust provides placements for direct entry midwifery and nursing students and NA apprentices. SASHT provides acute and complex services at ESH, Redhill alongside a range of outpatient, diagnostic and planned care at Caterham Dene Hospital, The Earlswood Centre, Oxted Health Centre in Surrey and at Horsham and Crawley Hospitals. Serving a growing population of 535,000, the trust provides care for people from East Surrey, north-east West Sussex and south Croydon, including the towns of Crawley, Horsham, Reigate and Redhill. ESH is the designated hospital for London Gatwick airport, as well as sections of the M25 and M23 motorways. ESH has 697 beds and 10 operating theatres along with four more theatres and a day surgery unit at Crawley Hospital. The trust is a major employer with a diverse workforce of over 4200 staff. The trust also holds a contract with NHSE for the provision of specialised services and secondary dental care. SASHT was rated overall by the Care Quality Commission (CQC) as outstanding in 2019, with ESH also rated as outstanding in a more recent inspection in 2023 with maternity services within the hospital being rated as requires improvement (4).

FCC is a PLP/EP. FCC are an EP for the nursing programme. FCC was established in 2011 as a social enterprise company to provide community healthcare services

predominantly in East Surrey and a small part of West Sussex. The provider employs around 500 staff. The core service provided by FCC includes community health services for adults, community health services for children, young people and families, community health for inpatients and community urgent care services. FCC provides one inpatient rehabilitation ward at Caterham Dene Hospital, mostly for patients who are stepping down from acute hospital admissions. It also provides a minor injuries unit at Caterham Dene Hospital. The community health service for adults comprises five district nurse teams and a series of specialist teams. Community health services for children, young people and families are made up of three 0-19 health visiting teams, school nursing, children's safeguarding services and a series of specialist clinics. FCC is rated as good by the CQC (5).

FHFT is a PLP. FHFT provides NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire. Services are commissioned principally by local ICBs. Services are also commissioned through NHSE Specialist Commissioning. The trust covers the local authority areas of Slough Borough Council, Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Surrey County Council and Hampshire County Council, and works with these organisations to provide services. The trust employs around 10,340 staff across three main hospitals, FPH in Frimley near Camberley, Heatherwood in Ascot and WPH near Slough. The trust also runs outpatient clinics and diagnostic services from Aldershot, Farnham, Fleet, Windsor, Maidenhead, Bracknell and Chalfont St Peter. In January 2017, the trust took over north-east Hampshire community services based at Fleet Hospital. The trust also hosts the Defence Medical Group (South East) at FPH with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties. FPH is rated as outstanding in September 2023 by the CQC; WPH is rated as good in the same inspection visit (6, 10).

HPH is a PLP. HPH is in Hildenborough, Kent and is part of the Renovo Care Group (RCG). The RCG is an independent specialist provider for the assessment, treatment and rehabilitation of adults with neurological conditions including acquired brain injury and progressive neurological disorders. It provides care for patients across the south of England. Patients are admitted to the hospital following defined care pathways: acute neurorehabilitation, acute neuro-behaviour, extended rehabilitation and complex care. The hospital could accommodate a total of 35 patients. Patients are cared for in one of four areas within the hospital site depending on their needs. These are Hardwick House, Rachel MacMillan Unit, St Michaels Court and Rafael Court. St Michaels Court and Raphael Court are flats and accommodate patients whose care needs are less than patients accommodated in Hardwick House and Rachel Macmillan Unit. HPH is registered to provide the following regulated activities: Treatment of disease, disorder or injury and assessment or medical treatment for persons detained under the Mental Health Act 1983. The CQC rate HPH as requires improvement in September 2022 (8).

MTWT is a PLP. MTWT 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 Kent and Canterbury Hospital in Canterbury. They also provide outpatient clinics across a wide range of locations in Kent and East Sussex. The trust was rated as well led in the CQC inspection in August 2023 (9).

PCL is a PLP and is part of the Priory Group. The PHBH is an independent hospital which provides inpatient mental health treatment to adults. PHBH was rated by the CQC as requires improvement in the inspection visit undertaken in October 2021 (11).

We visit PLP/EP learning environments including RSCH maternity unit and adult inpatient wards, the RACH inpatient areas and Meadowfield Hospital mental health services.

Relevant issues from external quality assurance reports

Office for Standards in Education, Children's Services and Skills (Ofsted):
Ofsted inspected the UoB in January 2019. The Ofsted report highlights areas where UoB need to improve:

- Leaders and managers need to challenge the senior leaders of the NHS trusts they work with to ensure that they all provide their apprentices with sufficient protected time at work to complete off-the-job training.
- Leaders, managers and teaching staff should set higher standards for the attendance of apprentices at taught sessions at the university.
- Tutors should have structured discussions with apprentices about further education opportunities and career options (446).

CQC:
In relation to system regulator reports, the CQC for UHSFT was published in March 2023. The CQC rated the trust as requires improvement with inadequate for 'are the services well led'. The CQC noted serious safety and leadership concerns in relation to some of the surgical services that resulted in the CQC imposing conditions of registration of the trust at the RSCH. In addition, the CQC also highlighted concerns in relation to the urgent care services at the RSCH. The CQC identified that staff didn't always feel they could raise concerns without fear of reprisal and that there were examples of bullying and harassment. Other areas of concerns include the care and welfare of mental health PUSCs (adults and children) awaiting acute mental health beds. They note UHSFT worked well with the local mental health trust and the integrated healthcare system. The CQC note in their inspection report that there were improvements in the maternity services and there had been improvements in maternity recruitment, however they note there are ongoing workforce pressures within maternity services (1).

In January 2023 the CQC inspected ESHT. In relation to EDGH and CH, the CQC find the maternity service didn't have enough staff to care for women and keep them safe, and not all of the staff had completed mandatory 'trust wide' training including safeguarding training. Some policies were out of date and staff appraisals were lower than the targets set by the trust at EDGH. The CQC informed ESHT that they must ensure there's a prioritisation score to safely risk assess women calling the triage line and on arrival in the day assessment unit and monitor wait times effectively to ensure women are seen within safe timeframes. The trust was also required to ensure that it improves 90 percent trust target staff compliance for basic life support, blood transfusion and mental capacity act training so that it meets trust targets (3, 7).

In September 2023 SASHT, ESH was inspected by the CQC and was rated as outstanding, the maternity services however received a rating of requires improvement. The CQC found in relation to maternity services that:

- Staffing levels didn't always match the planned numbers, which put the safety of women, birthing people and babies at risk.
- The service wasn't always visibly clean, and there were times when equipment checks weren't completed.
- Medicines weren't always managed well, and care records weren't always completed.
- Appraisal rates were low for midwifery staff, and junior doctors didn't always complete appropriate safeguarding training.
- Leaders didn't always implement improvements in a timely way once they'd been identified.
- Policies and guidelines weren't always in-date and this may have contributed to adverse incidents.

The CQC noted outstanding practice including that ESH had an inclusion midwife in post, and the service had a specific focus on promoting equality and diversity for staff and patients. SASHT had implemented a case for change with local stakeholders to enhance access to maternity care for disadvantaged parts of the population and the creation of outreach set up of new outreach clinics (4).

FCC received an overall rating of good, following the CQC inspection visit in March 2022. Each of the five domains were all rated as good by the CQC. Staff described an open, transparent and supportive culture that centred on what was best for patients and the wider healthcare system. Staff across the organisation worked hand in hand with partners working in the wider healthcare system, for other providers and for external agencies including the voluntary sector. However, the CQC note in their report that the provider needed to strengthen its work on equality, diversity and human rights. The board had recently received an annual equality report and the organisation didn't yet have a set of equality objectives and the quality of data needed to be improved. The provider recognised that it needed to develop its business intelligence function to better summarise and represent performance themes and trajectories (5).

In May 2023 FHFT were inspected by the CQC; both FPH and WPH were inspected. FPH received an overall rating as outstanding, WPH was rated as good. The CQC did identify some areas for improvement and these included staff not consistently undertaking mandatory training, infection and prevention and control measures not being consistently maintained and that medicines needed to be stored safely in all environments (6, 10).

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

UoB haven't had any approval or modification visits in the last year (12-22).

Specific issues to follow up from AEI self-report

There are several issues to follow up from the AEI's annual self-report (ASR). UoB report within their 2022-2023 ASR that issues had been identified within the NHSE national education and training survey and as a result of this listening events have been held with students, action planning has been undertaken and PLPs/EPs have been asked to undertake gap analysis against the NHSE education quality framework. The ASR doesn't detail outcomes or themes from listening events and/or action plans or provide information in respect of the issues highlighted from the national education and training survey (20-21).

The AEI's ASRs identify PUSC involvement in their pre-registration and post-registration programmes. The ASR identifies challenges in some areas to engage PUSCs consistently across the UoB NMC approved programmes. The ASR and documentary evidence submitted prior to the visit outlines a school PUSC policy. Approval reports and major modification reports identify conditions on approval and/or modifications to programmes include enhanced PUSC involvement. The NMC met with UoB on 8 September 2023 with regard to how the AEI is ensuring PUSCs are involved in the selection, co-design and delivery of programmes (14-22).

The UoB provide evidence that they've differential attainment and/or awarding gaps in good degrees in their pre-registration nursing and midwifery programmes. The AEI ASR does provide detail on the gaps in relation to levels of study and/or the programmes this relates to. UoB also identify there have been decreases in attainment in relation to black and Asian students and mature students (21).

The UoB identify in their ASR that up to five and a half hours of RPT (per practice week) can contribute towards the students' 2300 of practice learning hours for students undertaking the direct entry and apprenticeship routes of the pre-registration nursing programme. The AEI report within the ASR that breaks also contribute towards practice learning hours for students on the pre-registration nursing (direct entry and apprenticeship) routes as well as the pre-registration NA programme. There's limited

evidence within the ASR as to how the reflection time is monitored in line with the SSSA. There's no evidence supplied within the ASR if this applies to the midwifery programme (21).

UoB outline they use between 50-150 hours of SPL in their pre-registration direct entry and apprenticeship programmes. The AEI identifies that academic staff act in the capacity of practice supervisors and document achievement of proficiencies in the students' PAD. Intelligence gathered by the NMC from students undertaking pre-registration programmes at UoB have raised concerns that the application of the SSSA in relation to SPL and RPT isn't consistent (20, 22).

The UoB report in their ASR that there are a number of 'red' red-amber-green rated National Student Survey (NSS) scores that are below sector benchmark. The adult nursing programme has only one item rated as green, midwifery has two of the 27 items of the NSS rated as green, mental health nursing has four, with children's nursing reporting the highest levels of student satisfaction. Only 22.9 percent of respondents from the midwifery programme are satisfied that their programme is organised, with none of the programmes having a satisfaction score for organisation and management for question 17 higher than 41 percent (21-22).

The UoB identify within the 2022-2023 ASR that programmes currently being delivered from the Eastbourne campus will be transferred to the Falmer Campus. There'll be no provision of pre-registration nursing or midwifery programmes in Eastbourne from September 2024 (21).

The AEI report that there has been a number of academic staff who've taken voluntary redundancy across the nursing and midwifery programmes. The AEI report that there's no risk to NMC standards and all activity is being managed. The NMC met with the AEI on the 14 November 2023 regarding workload and availability of suitably qualified academic staff available to deliver the programme (22).

Summary of feedback from groups involved in the review

Academic team

The UoB academic team provide a presentation around their programme portfolio, including their pre-registration nursing, midwifery and NA provision. They provide oversight of how they manage risks and how they've responded to programme conditions in relation to enhancing PUSC involvement across their provision (437).

Programme teams and the senior UoB team tell us that they've responded to enhancing the involvement of PUSCs across the NMC portfolio of programmes and are committed to ensuring PUSCs are included in the co-production, design and delivery of the nursing, midwifery and NA programmes (442, 479).

UoB senior academic and programme staff tell us that they've systems and processes in place to ensure that recruitment of students follows a values-based approach. UoB staff involved with the recruitment process tell us that the QA of DBS and occupational health clearance is managed by the UoB and/or an EP for students on the apprenticeship routes of their nursing or NA programmes. UoB senior academic staff tell us that there are DBS and FtP panels and these are managed collaboratively with PLPs/EPs. Senior nurses and midwives tell us they're invited to attend FtP panels and that UoB involve them with DBS decisions (438-443, 459-460).

The nursing and NA academic teams confirm there are sufficient appropriately qualified and experienced staff to deliver the nursing and NA programmes. Academic assessors tell us they teach across both the nursing and NA programmes. They're currently reviewing the nursing programme and have been working with stakeholders to review proposal for a new curriculum. They say this has strengthened some of the partnership working. Academics use student staff forums to evaluate the programmes, along with module evaluations and an annual course review. Students are required to complete mandatory training and eLearn for Health which is counted as practice learning time along with 150 hours of SPL. The academic team tell us self-reflection is a key part of the programme; nursing programmes incorporate practice learning self-reflection time. Academics who are academic assessors meet students for facilitated reflection time during the placement block. They tell us they monitor engagement via attendance and activity on the virtual learning environment. Academics on the apprenticeship programmes meet with the students and EPs to monitor student progress via tripartite reviews (437-438, 440).

The midwifery academic team confirm there are sufficient staff to deliver the programme. We're told that the staffing changes which impacted the student experience last year have been resolved with the appointment of a new staff member and an experienced programme lead. The school has appointed a LME and we're told that the appointment is changed every two years. It's not evident that the LME role is enabled to take professional responsibility for midwifery within the school. Proposed changes to practice learning hours were not initially shared with the LME and opportunities to attend strategic meetings relevant to safe maternity care weren't supported. The academic team tell us that there's support for study and continuing professional development (CPD) within the school, and they're well supported by their line manager. We're told that the team have good links with practice colleagues and for example contribute to staff updates in the trusts (441, 460).

The senior academic team and the programme teams tell us that all the pre-registration nursing, midwifery and NA education will be delivered solely on the Falmer campus from September 2024. They tell us there's a significant investment in upgrading facilities and that the move will also enhance IPL activities (437-442, 459-460).

Partnership working:

There's evidence of partnership working to support the delivery of the nursing and NA programmes. PUSC involvement has enhanced in the last year following conditions and recommendations at recent approval visits. There are a range of fora that encourage students to provide feedback on programmes and contribute to curriculum development. PLPs/EPs say they work with the UoB in providing practice learning placement support and supervision. There's evidence of consultation with PLPs/EPs in the development and evaluation of the programme. This is especially strong in mental health, where PLPs meet monthly to discuss the development and philosophy of the programme. Partnership and governance in implementation of the SSSA is less clear and a shared understanding of the approach to reflective practice learning, joint delivery and oversight of the training for practice assessors and practice supervisors isn't clear (437-438, 440, 457, 468-469).

There's evidence of partnership working in support of the midwifery programme. All the staff we meet are able to describe the processes to contact the academic team if necessary and tell us that they're responsive. We hear how communication is further enhanced through academic staff visiting practice and contributing to education updates as part of mandatory training. The LME meets regularly with the heads of midwifery in practice. We're told that contact with other LMEs in the region occurs but isn't part of an established network. There's a faculty forum hosted at the RSCH and students and staff confirm this works effectively to support partnership in practice learning for student midwives (441, 453, 463).

Practice supervisors/practice assessors

Practice supervisors and practice assessors for the nursing and NA programmes tell us they're prepared and supported to provide supervision and assessment for students. We hear how communication between practice assessor and practice supervisor is robust and informs assessment and progression decisions. Practice assessors tell us that communication with the academic assessor is via the PAD. Practice assessors tell us they've good support from the academic assessor when they need support to develop action plans to support students to achieve. However, some practice assessors tell us they only see or speak to the academic assessor when there's a problem with student progression. They tell us the introduction of a shared clinical link tutor email has been helpful in generating a prompt response from the UoB. Practice assessors tell us they're sometimes challenged by the pressures in the workplace but have developed systems and practices that ensure students gain the experiences they need to develop their proficiencies. These include spoke experiences, practice simulation and the appointment of nurses whose focus is on supporting student learning. Practice assessors say they ensure nursing students are supernumerary and that NA students get their protected learning time (457, 468).

Midwifery practice supervisors and practice assessors confirm that they've been appropriately prepared for their role. All are able to describe the role of the practice assessor and practice supervisor and describe collaboration with the academic assessor as appropriate. We're told of good relationships with UoB and the benefit of

the link lecturer system in enhancing communication. Practice supervisors and practice assessors are well supported by the practice education facilitators who are central to the learning experience for students in practice. Some practice assessors can claim back time or payment for hours spent with students outside of contracted shifts. Practice assessors tell us they know who their students are and are able to use the MORA to plan and record meetings. We're told that there are plans to increase communication between practice assessors and academic assessors at the interim reviews each year. Practice supervisors are allocated students on the off duty although we hear there can be challenges in providing continuity of supervision. The introduction of individual placement 'lines' this year is designed to address this by managing placement capacity more effectively. We're also told of a student co-ordinator role within maternity at ESH. The role aims to increase continuity for students and make effective use of capacity reflecting the other students and AEIs who access the area. All practice staff can confirm the process for raising concerns about student behaviour or performance (449, 452-453, 461, 463).

Employers and senior PLP representatives

Employers and senior PLP/EP representatives tell us that there's collaborative working with the UoB across both strategic and operational levels, including senior academic staff, link lecturers and the students' academic assessor. They tell us that the AEI works collaboratively with the ICB and they've recently adopted a new capacity tool that has benefited the way the AEI allocates students to PLPs/EPs. However senior nurses and midwives tell us that there continue to be peaks and troughs in the allocation of students and they're working with all AEIs and NHSE WTE to enhance placement capacity. 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. They tell us there's sufficient capacity and numbers of suitably educated practice assessors and practice supervisors to support student learning. PLPs/EPs tell us there are fora as well as local and regional meetings to explore the governance of practice learning. PLPs/EPs tell us that the UoB has a consistent approach to QA infrastructure and that the feedback loop is closed with students when they feedback in relation to their practice learning experiences (443-444).

Senior midwifery PLP staff tell us there's effective partnership working with UoB for the midwifery programme. Practice staff confirm that students are prepared for placement and are ready for employment on graduation. When issues are raised, or a critical incident occurs, students are offered the same support as staff including access to a professional midwifery advocate (PMA). PLPs are responsible for preparing practice supervisors and practice assessors. We're told that staffing is sufficient for the number of students on placement. The head of midwifery and matrons confirm that line managers ensure all mandatory training is completed prior to staff working with students. Senior PLP staff confirm that they're involved in the use of the NHSE WTE tool for placement capacity planning and that this has been recently implemented (453, 463).

The UoB 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 the UoB as it provides them with a local workflow of staff and enables them to upskill their existing workforce. They tell us that students who are undertaking the pre-registration nursing apprenticeship programmes are supernumerary or receive protected learning time when undertaking practice learning opportunities for those undertaking the NA programme. 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 they engage in tripartite meetings for nursing, midwifery and NA students (443).

Senior nurses from PLPs confirm that students undertaking the direct entry and apprenticeship routes in the nursing programme have 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. Senior midwives tell us that students undertaking the midwifery programme have a sufficient range of learning opportunities that enable them to achieve the SPM (443-444).

Senior nurses and midwives tell us that there are systems and processes to alert the UoB to system regulator outcomes and that information is shared. PLPs/EPs tell us that action plans are shared and developed collaboratively. Senior nurses and midwives, 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. They tell us they've made significant improvements in ensuring practice assessors and practice supervisors are up to date with mandatory training and have responded to concerns in CQC reports (1-11, 443-444)

Students

Students on adult, mental health and child fields tell us they're well supported in terms of pastoral and learning support needs, and value the student support and guidance tutor role and their personal academic tutors (PAT). A shared concern across adult and child fields is the SPL time and the RPT. Students say RPT is between five and a half and six hours per week and is unsupervised. Most students say they do this outside working hours, with a minority using quiet periods at work to reflect. We hear a variety of approaches, including students using their own reflective journal, to students saying they don't document the time and some don't use it (445-448, 450-451, 455, 457-459, 464-467).

Students say they feel supported by their respective field leaders, and we hear a mix of opinions as to whether students feel they're being sufficiently prepared for their profession. Students tell us of recent improvements in communication, however organisation of the timetable and notification and location of placements is a key concern, with many navigating competing demands of family and work. Students say their concerns about travel have been exacerbated by increases in the cost of living.

Safe, kind, effective care through quality
assurance of nursing, midwifery and
nursing associate education.

Students tell us they've had a range of experiences with practice supervisors and practice assessors. Most students say they're well supported by practice assessors and practice supervisors, with a small number of students citing isolated incidences of practice assessors and practice supervisors who convey that they don't want students. Students say they recognise the challenge of busy practice learning environments and say they need to be assertive to make sure they achieve the learning they need to achieve proficiencies (445-448, 450-451, 455, 457-459, 464-467).

Students from all years of the midwifery programme confirm a good understanding of the NMC Code and expectations of students and midwives. The students value the midwifery academic team and the practice experience highly and would recommend the midwifery programme to others. They tell us they're looking forward to the move to the Falmer campus and express their dissatisfaction with the university resources available at the Eastbourne campus. Students tell us they're able to meet the requirements of the programme and describe a positive learning culture in placement areas. There's recognition, however, that the culture is impacted by the staff on duty, and that occasionally students don't feel valued. We're told that support is always available from the practice education facilitator or academic team. Reflective practice is supported by practice supervisors and the PMA and we hear examples of how students use reflection time to debrief following incidents or to undertake reading relevant to their proficiencies. We're told that the language in the MORA poses challenges for students with additional learning needs. We're also told however that support for students with additional needs or who require reasonable adjustments is provided and accessible. Students tell us they know the mechanisms to report concerns about their experience or public safety (449, 453, 461).

PUSCs

We hear from 13 PUSC representatives who contribute to the nursing, midwifery and NA programmes; they tell us that there's been recent developments to enhance PUSC involvement across the range of programmes. PUSCs say they're involved with teaching, curriculum design, recruitment and quality assurance of the programmes. They tell us they're well supported by the academic team and tend to align with their respective courses and fields. PUSC involvement is more established in the mental health nursing field, where PUSC representatives are involved in coproduction and delivery for over a decade. PUSCs say they're involved with exciting innovations where their 'expert by experience' insights are shared with students via video and podcasts and have contributed to simulation scenarios and activities. PUSCs tell us about recent developments to incorporate their voice at leadership and strategic levels (469).

We also meet with one PUSC in the antenatal ward. They tell us they've experience of being cared for by a student midwife and describe this as a positive experience. They're able to confirm that they're always asked for consent prior to student involvement in their care. We also meet with a group of PUSCs who contribute to the midwifery programme. They confirm that they've been involved in student recruitment but are unsure about the preparation that they received for this. We're told that they

contribute to the midwifery programme and receive support from the academic team to do so. The PUSCs we meet aren't able to describe involvement in the design or review of the programme (453, 462).

Summary of areas for future monitoring
- Application of the SSSA to all periods of practice learning, including reflective learning time and SPL for the nursing programme (SFNME R2.4, R3.5).   - Educators' and practice assessors' understanding of the scope of practice for NAs (SFNME R2.3)   - Ongoing diversification of the UoB PUSC group across all NMC provision (SFNME R1.12, R2.6)   - External examiners' involvement in scrutinising the quality of practice learning including review of PADs/MORAs (SFNME R2.21)   - Staffing resource across pre-registration provision (SFNME R2.19)   - Compliance with SSSA for all periods of learning undertaken outside the UK (SFNME R2.16)   - Introduction of the e-PAD and e-MORA from September 2024 (SFNME R5.8)

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 included – 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
The UoB provide documentary evidence of policies and procedures that exist between the AEI and their PLPs/EPs to promote the safety of people in all learning environments. There's some documentary evidence regarding systems and processes of how UoB and their PLPs/EPs ensure the safety of people (students and staff) in all learning environments, however further triangulation is needed at the visit. The AEI submitted exception reports to the NMC on 21 November 2022 in relation to safety concerns in the maternity unit in UHSFT. Further exception reports submitted to the NMC in relation to UHSFT included concerns around safeguarding on the Balcombe

ward that resulted in the area not being used to place students/apprentices (1, 22. 26-49).

There's documentary evidence prior to the extraordinary review visit that the pre-registration nursing, NA and midwifery programmes prioritise the wellbeing of people. UoB curricula documentation, including module specifications provided, demonstrates where aspects such as critical self-reflection are delivered and assessed in accordance with the NMC Code (26-30, 36-37, 43, 49-66, 234-243).

The PADs for the pre-registration nursing, midwifery (MORA) and NA programmes articulate that people have the opportunity to give and, if required withdraw their informed consent to students being involved in their care. The UoB provide documentary evidence prior to the visit including teaching and training materials for students, practice assessors and practice supervisors that explore the importance of consent (37, 67-80).

Evidence supplied by the UoB prior to the visit demonstrates that UoB educators, academic assessors, practice assessors, practice supervisors, the LME and others involved in supervision, learning and assessment understand their role in preserving public safety. This is evidenced within the UoB safety and wellbeing committee minutes, supporting learners in practice web pages and examples of student progression plans (27, 36-37, 74-78, 81-90).

There's documentary evidence that the UoB and their PLPs/EPs have policies and systems in place to support students and educators to understand how to raise concerns or complaints. The UoB provide some documentary examples (minutes, emails, evaluations, staff student forums) of how nursing, NA and midwifery students are encouraged and supported to do so in line with local and national policies without fear of adverse consequences. There's evidence that the AEI has enhanced its engagement with the exception reporting process, following a meeting with the NMC on 8 September 2023 (22, 27-33, 35, 37, 49, 51-52, 56, 67, 74, 81, 91-108).

There's documentary evidence that the UoB have systems and processes in place to ensure complaints or concerns raised by students are investigated, with individuals' wellbeing taken into consideration. The UoB provide narrative and some evidence in relation to how mistakes and incidents are investigated. UoB provide working examples of meeting notes where the head of practice has responded to managing a concern. This includes stage one complaint outcome minutes and email evidence of communication between the AEI and PLPs/EPs where placement concerns have been raised, examples of professional behaviour complaints, working examples of cause for concerns cases and minutes from the professional conduct committee. The NMC have received concerns from three students who raised issues with being adequately prepared by the UoB to undertake assessments, that staff sickness had impacted negatively on the quality of one module of study and some concerns regarding SPL hours and how these are consistently calculated. The NMC met with the AEI on 8 September 2023 and 14 November 2023 to raise and discuss some of these issues.

Prior to the visit there's evidence that UoB undertake the NMC ASR process and engage with the exceptional report process (19-22, 25, 27-28, 35-36, 51-52, 66, 90, 95, 109-138).

UoB documentary evidence includes information in relation to duty of candour and this is outlined within the handbooks for the pre-registration nursing, midwifery and NA programmes. The UoB provides evidence of teaching materials for students, practice assessors and practice supervisors as well as preparation for practice materials that outline how students are supported and the importance of being open and honest. The narrative provided by the UoB identifies that relevant content is provided within modules and is assessed within the professional values elements in the student PADs/MORA (27-28, 55-56, 67, 139-146).

What we found at the review

The UoB, PLPs (nursing and midwifery), EPs (nursing and NA) and other stakeholders during the extraordinary review visit confirm that the safety of people is a primary consideration in all learning environments. Students tell us that where they're asked to practise or are being asked to participate in care outside the scope of their proficiency, practice education teams, link lecturers and their PAT respond quickly and effectively. Senior nurses, midwives, academic assessors, practice assessors and practice supervisors understand the rationale for the extraordinary review visit and the importance of compliance with NMC standards. The UoB confirm that they meet with PLPs/EPs where issues relating to the QA of learning environments is discussed and this primarily occurs through the practice learning partnership meetings and other fora with programme teams. They tell us these meetings include discussion of system regulator reports including CQC, educational audits and learning through incidents. Senior nurses, midwives and academic assessors show us examples of data relating to staff undertaking mandatory training in response to previous CQC reviews and how they respond to enhancements in this area. This is confirmed with PLPs/EPs who tell us they meet regularly with the UoB to discuss partnership working with a focus on areas of risk. The LME tells us they provide opportunities for midwifery students to raise any issues or concerns (437-451, 452-453, 457-461, 463-468).

The UoB tell us there are opportunities for critical self-reflection within module assessment and throughout the nursing and NA PAD and the midwifery MORA. UoB tell us they're implementing an electronic PAD/MORA document in the coming academic year. The PAD and MORA provides students with opportunities to reflect on their practice in accordance with the NMC Code and in conjunction with practice supervisors and practice assessors as part of assessment in practice. Students and some PLPs/EPs tell us students are supported with their ongoing reflection on and in practice. These may incorporate discussion and reflection on a specific case, episodes of care, learning logs, use of scenarios or facilitate time for students to complete other reflective activity. Some PLPs/EPs for nursing and NA tell us they offer daily reflection opportunities called 'golden hours' when practice assessors and practice supervisors guide students with their reflection; the visit team note this is in addition to the reflective

learning time allocated to students on the nursing programme and explicitly applies the SSSA. Midwifery students tell us they've an allocated PMA and they value the opportunity to engage in restorative supervision and critical reflection on practice (437-441, 445-451, 453-455, 457-461, 463-468).

Nursing, midwifery and NA students tell us that they understand that PUSCs have the opportunity to give and withdraw their informed consent to students being involved in their care. Midwifery students tell us they seek consent from PUSCs prior to their involvement in their care and prior to obtaining feedback on their care as part of the MORA requirements. All nursing, midwifery and NA students are aware of the importance of consent, capacity and the right for PUSCs to withdraw consent. Students tell us the role that their practice assessor and practice supervisor play in gaining feedback from PUSCs in practice learning environments. Practice assessors and practice supervisors tell us that students are advised not to approach PUSCs directly for feedback (445-451, 453-455, 458-461, 463-468).

UoB academic assessors, senior academics, senior nurses, senior midwives, practice assessors and practice supervisors understand their role in preserving public safety. They're all confident to raise any issues with nurses or midwives working within practice education teams or link lecturers and describe effective support from both. PLPs/EPs for nursing and PLPs for midwifery tell us they meet with the UoB regularly. Senior nurses and midwives tell us that their practice education teams liaise with programme teams. Midwifery PLPs tell us of the work they've undertaken in response to safety concerns at RSCH. Academic assessors and the programme teams confirm they meet regularly with practice education leads, heads of nursing and midwifery and practice education facilitators and respond to any concerns impacting students promptly (437-444, 453-455, 457, 459-460, 463. 466, 468).

The UoB tell us that students are made aware of how to raise and escalate concerns in preparation for practice learning sessions as well as in other theory sessions and inductions to practice learning environments on their nursing, midwifery or NA programme. Students tell us that they feel supported in raising and escalating concerns (and provide examples of how they've done this) across the range of NMC approved programmes. All students we speak with identify they'd escalate a concern to either their practice assessor, practice supervisor, link lecturer or academic assessor or a member of the programme team. Student midwives tell us they're aware of the role of PMAs and understand they can also raise issues or concerns with them. Nursing and NA students tell us they're aware of freedom to speak up guardians and are aware of how to access them should they need to (438-441, 445-451, 458-461, 465-468).

The nursing, midwifery and NA programme teams, LME and PLPs/EPs assure us that any concerns or complaints are investigated and dealt with effectively. The process is detailed for students and PLPs/EPs in programme specific practice learning handbooks. We see examples of how the AEI responds to student complaints during the extraordinary review visit. Two students raise separate issues with us that we escalate to the programme teams during the visit. Students tell us that they're aware of

the complaints process. A small number of nursing and NA students highlight some dissatisfaction in relation to concerns they've raised about practice learning time and the range and location of placements. However, most nursing, midwifery and NA students say their concerns and complaints are dealt with effectively and resolved. (438-441, 445-451, 458-461, 463-468, 488-490, 492).

Nursing, midwifery and NA students at the UoB tell us they're supported and supervised in being open and honest with people in accordance with the professional duty of candour. They cite modules and sessions within their programmes where this content is delivered and assessed. This includes raising and escalating concerns and providing feedback about any issues with their programmes as they occur. The practice learning handbooks and PAD/MORA supports students in their understanding of professionalism, including the duty of candour. UoB academic assessors and programme teams tell us the nursing, midwifery and NA programme design and content focus on aspects of professional practice including professional duty of candour (48, 438-441, 445-452, 456, 458-461, 463-468, 488-490, 492).

Our findings conclude that the UoB prioritises 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 included – 1.10, 1.11, 1.12, 1.13, 1.14

What we found before the review

The UoB provide documentary evidence that the learning culture is fair, impartial, transparent and fosters relations between groups. Evidence includes an inclusive practice partnership project where students underpin work such as curriculum review through a recognised, paid role as an inclusive practice partner. They work across the university, bringing in life experiences, which support the development with students and staff of a fair, impartial and transparent ethical approach, working with teams to extensively review curricula and focus on changes which underpin inclusive practice. The AEI also provide minutes from the equality, diversity and inclusion (EDI) committee, examples of individual learning support plans and neurodivergence sessions delivered by PUSCs. UoB policies and procedures support the infrastructure to ensure the AEI and the pre-registration nursing, midwifery and NA programmes comply with relevant legislation (57, 143-144, 147-165).

The UoB provide some documentary evidence on how the school promotes programme improvement and advances equality of opportunity through effective use of information and data. Documentary evidence includes examples of academic quality assessment action plans for each programme of study, minutes of course programme reviews, examples of how the programme team have responded to changes in relation

to student feedback and external examiner reports. Further triangulation at the visit is required to explore how the programme teams use data to close loops on, for example, attainment and awarding gaps. The UoB identify in their ASR that there are awarding gaps across their nursing, midwifery and NA programmes (19-21, 37, 74, 81, 94, 99-105, 112, 118-120, 147, 154, 156, 158, 164, 166-184).

There's some evidence of involvement of PUSCs and other stakeholders related to how programmes are designed, developed, delivered, evaluated and co-produced. In September 2023, the NMC QA team met with the UoB following conditions and recommendations made at approval and major modification visits. The UoB report a database being created to bring PUSCs together along with a schedule of meetings. They also report that PUSCs are now involved in the admission process, there's an overarching school policy in place and they're looking at diversity within the PUSC group. The NMC discussed that it would be useful for UoB to share action plans they had in relation to staffing and PUSCs with the NMC education QA team. The AEI supply documentary minutes of PUSC partnership forums in November 2023 and February 2024, examples of PUSC involvement in the delivery of teaching and some evidence of PUSC involvement in recruitment and selection events during the academic period 2023-2024. Further triangulation at the extraordinary review visit is required to explore consistent and sustained PUSC activity across the programmes and routes under consideration (21-22, 41, 56, 60, 119-120, 140, 150, 159, 174-176, 185-197).

The UoB provide some examples of how they work with service providers to demonstrate and promote IPL and working. UoB provide IPL opportunities, including activities across nursing, midwifery, allied health students. Inter-professional education (IPE) conferences and Schwartz rounds are further examples of structured IPL. The students' PAD/MORA provides opportunities for IPL activities to be recorded. The UoB don't provide any IPL strategy documents prior to the extraordinary review visit, but they do provide a narrative document (48, 56, 70-73, 80, 147, 150-152, 166-167, 198-205, 373-375).

There's documentary evidence that the UoB support opportunities for research collaboration and evidence-based improvement in education and service provision. The AEI supply evidence prior to the visit that includes international collaborative publications and academic staff publications (55-56, 161, 185, 206-210).

What we found at the review

Documentary evidence and the extraordinary review visit assures us that the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups and is compliant with equalities and human rights legislation. Senior nurses and midwives from both PLPs and EPs identify that UoB practice link liaison lecturers are visible. The UoB tell us they've a dedicated team of staff who contribute to the role of practice link liaison staff and practice assessors and practice supervisors tell us that these individuals are supportive. The UoB confirm they work together with their

PLPs/EPs to ensure that education and training is valued in all learning environments. They tell us they've regular education and training governance meetings. PLPs/EPs confirm they meet regularly with AEIs in the region which provides an opportunity to effectively use information and data regarding equality of opportunity. They tell us that UoB aren't always represented at the meetings. Many students describe the practice learning component and support from their practice assessors and practice supervisors as the 'best part' of the programme. The UoB provide minutes of the practice learning partnership meetings and other partnership forums. The minutes, notes and action plans provided by UoB provide evidence of fostering good relations as well as how UoB and PLPs/EPs promote programme improvement and use of information and data (112, 118-119, 158, 262, 277, 309, 437-451, 453-453, 457-461, 463-468, 475-477, 491, 493).

Students tell us that the student support and guidance services are 'excellent' and respond quickly to requests for assistance. We hear from students who've required reasonable adjustments that this is managed well in both theory and practice. Students confirm how that their learning is supported in practice, and midwifery students highlight the role of the practice education facilitator as central to their positive experience (445-451, 453-455, 458, 461, 464-465, 467).

The UoB 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 (19-21, 437-441, 493).

The UoB confirm they've held consultation events with PLPs/EPs and we see evidence of activities that include PUSCs in selection/recruitment and curriculum activities; this includes the PUSCs being involved in the delivery of the nursing, midwifery and NA programmes. We see evidence that PUSCs are also represented at school level committees and working groups and that the UoB is actively working to diversify and grow PUSC membership. Senior AEI colleagues tell us there's a strategic commitment to ensuring that PUSCs are involved in NMC programmes. Students confirm PUSC involvement in their nursing, midwifery and NA programmes. Midwifery students cite examples of PUSC activity and this includes the maternity voice partnership. Some PUSCs describe being part of the UoB internal scrutiny committee where they contribute to approval events in the school. They tell us they've reviewed and contributed to the scenarios used for SPL and have been actors in simulation sessions with students. PUSCs tell us they've co-produced videos and podcasts, providing expert by experience accounts which are used on the nursing and NA programmes. PUSCs give examples of innovations they're involved with, including a pilot practice learning scheme where child field students are placed with a family. We see evidence of PUSC feedback in the nursing and NA students' PAD and the midwifery students' MORA. Senior nurses, midwives, practice assessors and practice supervisors tell us that they know some colleagues are involved in the recruitment and selection activities for UoB students (437-469, 479, 491).

![NMC Nursing & Midwifery Council]

Safe, kind, effective care through quality assurance of nursing, midwifery and nursing associate education.

![Mott MacDonald]

The programme teams tell us of IPL opportunities across the programmes, namely in skills rehearsal and simulated practice and through Schwartz rounds in practice Students tell us of IPL days and opportunities on campus to learn with, from and about students from the wider school. Students and staff highlight IPL as a strength of the midwifery programme. There are yearly workshops which focus on becoming a professional in year one, working in a team in year two and working with PUSCs in year three. Midwifery students also highly value the opportunity to work with paramedic students in a simulated home birth. They tell us how this has improved their understanding of other roles and their communication skills. Students tell us that they're actively involved with Schwartz rounds and find these valuable. There's documentary evidence and UoB, students, practice assessors and practice supervisors tell us that there are sufficient opportunities in all learning environments for IPL activities (437-451, 445-446, 458-461, 463-468).

The UoB tell us and we find at the extraordinary review visit that there are opportunities for research collaboration and evidence-based improvement in education and service provision across the range of NMC provision at the AEI, and that they engage with the research excellence framework. Practice and academic staff describe how evidence-based practice is signposted for students through teaching and assessment including in the PAD and MORA. Midwifery education staff tell us of opportunities for students to engage with the Royal College of Midwives knowledge sharing events at RSCH whilst in practice. Senior PLP staff confirm that practice staff have access to CPD and are able to role model lifelong learning. There's a research fellow in post at RSCH and we see evidence of research activities within the trust (437-457).

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

Outcome: MET
Comments: None identified.
Revised Outcome: MET/NOT MET Date:
Comments: N/A
Areas for future monitoring:

- Ongoing diversification of the UoB PUSC group across all NMC provision (R1.12, R2.6)

Findings against themes
Theme two: Educational governance and quality

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.

Requirements included – 2.1, 2.2, 2.3, 2.5, 2.6, 2.9, 2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21
Requirements not included – 2.8
NB: 2.3 – NMC Programme specific standards

What we found before the review

The UoB provide documentary evidence prior to the extraordinary review visit to demonstrate how they manage risk in relation to regulatory, professional and educational requirements. The governance structure at the UoB supports compliance with legal requirements and Office for Students (OfS) registration. In relation to professional and regulatory compliance, the NMC have held a number of meetings with the UoB and these include 26 July 2020 (a concern raised to the education QA team by the South East regional advisor), 1 September 2023 (to discuss student concerns that had been raised directly with the NMC), 8 September 2023 (discussion with the AEI in relation to low number of exception reports submitted to the regulator, whereas the AEI had reported significantly higher volumes of concern to NHSE WTE) and 14 November 2023 (concerns raised in relation to staffing capacity on the UoB midwifery programme). Information provided by the UoB as part of their ASR indicates that some programmes may not be fully compliant with programme standards for nursing and NA programmes and the SSSA in relation to the monitoring of reflective practice activities and how these contribute to practice learning hours (21-22, 27, 36-37, 46, 49, 87, 91, 97-98, 106, 141, 178-183, 211-244)

The UoB were notified by Ofsted that leaders and managers need to challenge the senior leaders of the NHS trusts they work with to ensure that they all provide their apprentices with sufficient protected time at work to complete off-the-job training (435).

The UoB provide documentary evidence that nursing, midwifery and NA programmes are designed to meet proficiencies and outcomes relevant to the programme and to a field of practice in the case of nursing. UoB documentary evidence indicates that they comply with programme specific standards in relation to the SPNP, SPMP, SPNAP, FN:SPRN, SPM and SPNA. Programme specifications and programme planners for their pre-registration nursing, midwifery and NA programmes outline the design of theory and practice and how this structures the students' education in achieving the FN:SPRN, SPM or SPNA. The UoB provide documentary evidence including internal mechanisms and structures to monitor and evaluate compliance with NMC programme standards specific to the programme being delivered. Working examples of school level action plans and school quality standards committee minutes explore how programmes are monitored and evaluated to ensure compliance with outcomes relevant to the programme (37, 91, 97-98, 106, 108, 178-183, 211, 216-217, 220, 232, 245-264).

There's some documentary evidence of how the UoB and their PLPs/EPs 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, QA and evaluation of the nursing, midwifery and NA programmes. The narrative provided by the UoB prior to the extraordinary review visit outlines a number of partnership meetings/fora and these include apprenticeship employer meetings and meetings with education teams within trusts. The UoB provide email evidence of communication between academic assessors and practice assessors. There's evidence of training material supplied by the UoB for practice assessors and practice supervisors that demonstrates QA aspects and evaluation of the programmes (35, 37, 41, 49, 75-79, 81, 90-91, 97-98, 100-106, 108, 155, 174, 177, 196, 213-215, 219, 232, 246-248, 259-261, 265-281).

The UoB provide documentary evidence that supports the recruitment and selection of students being open, fair and transparent. UoB webpages provide information about the nursing, midwifery and NA programmes and their individual requirements. Recognition of prior learning (RPL) information for the nursing and NA programme is available in the programme specifications. The information is presented in accessible formats. The UoB general examination and assessment regulations (GEAR) policy provides the overall AEI approach to governance of the recruitment process. The UoB OfS access and participation plan demonstrates the commitment to ensuring the AEI has measures to understand and address underrepresentation. The UoB ASR identifies some challenges with attainment gaps (21, 233, 282-287).

The UoB provide documentary evidence that they've systems and processes in place to ensure RPL meets NMC requirements. The UoB have a RPL policy that's applied across the AEI with derogations applied at a school/faculty level. There's evidence that clearly articulates that RPL can't be applied to midwifery programmes (288, 295).

The RPL policy and the GEAR regulations stipulate that for UoB programmes only a maximum of 50 percent can be applied to any of their programmes; the regulations do allow for more than 50 percent in line with NMC standards or programme derogation from the regulation for example, if they're a registered nurse seeking an additional qualification with no restrictions on their practice. The UoB provide an RPL application form and examples of RPL mapping documents and self-assessment RPL documents by candidates applying for apprenticeship routes. The UoB provide evidence for EPs and apprentices in relation to the admissions and RPL processes (288-296).

There's documentary evidence that demonstrates how the UoB 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. Programme documentation, PADs/MORA, preparation for practice evidence and documentation direct students to relevant local and national policies (26, 28-30, 37, 41, 55, 67, 130, 142, 151-152, 213, 215-216, 246, 297).

The UoB is an established AEI and has 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 (nursing, midwifery and NA). The UoB has an established FtP policy and this outlines the UoB approach for managing issues with nursing, midwifery and NA students' professional behaviour that's not meeting the required standard. The UoB provide documentary evidence as to how they provide information and evidence required by regulators and this includes the ASR process, exception reporting, OfS registration and compliance with Ofsted and NHSE (26, 29-30, 32-33, 35, 37, 79, 131, 143, 145, 217, 220-225, 233, 245-246, 248, 297, 298-302).

The UoB provides documentary evidence that they comply with and provide all information and evidence required by regulators. The UoB has enhanced its exception reporting process following a meeting with the NMC on 8 September 2023. The UoB provide documentary evidence of some examples of their exception reports to the visit team prior to the extraordinary review visit (20, 22, 303-304).

The UoB provide documentary evidence that they've 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. A simulation strategy outlines the strategic intention and growth of facilities and equipment across its pre-registration nursing, midwifery and NA programmes. The AEI provide evidence within their ASR that teaching will cease to be delivered at the Eastbourne campus and all delivery will be at the Falmer campus. UoB provide evidence of staffing resource, staffing mix across their provision as well as workload evidence. The UoB ASR and recent meetings with the NMC have identified that there's been a number of staff across the nursing and midwifery programme who've taken voluntary redundancies. UoB tell the NMC that they've sufficient staffing

resources in place and that there are no risks to programme delivery (21-22, 34, 74, 87-89, 94, 99-105, 112, 118-120, 197, 246, 277, 280, 305-308).

There's documentary evidence provided prior to the visit that the UoB and their PLPs/EPs have systems and processes to improve quality, manage risk and disseminate effective practice through sharing of information and data. Examples include the health and social care partnership meeting minutes, practice learning newsletters, practice learning partnership meetings as well as email evidence supplied between the UoB and PLPs/EPs to ensure the UoB and PLPs/EPs have lines of communication in place to monitor and evaluate risks. NSS scores for organisation and management across all programmes are below benchmark. Student satisfaction for the midwifery and adult nursing programmes are also below benchmark against a number of NSS indicators (27, 37, 46, 57, 74, 99-105, 111-112, 115, 118-122, 131-135, 148, 158, 178-181, 222-225, 233, 245-246, 250-251, 277, 309).

The UoB provide documentary evidence that they've systems and processes in place to ensure that programme leaders confirm that all proficiencies are met by each student and apprentice by the end of their programme. Appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning. There's documentary evidence that external examiners are appointed to the nursing, midwifery and NA programmes. The AEI provide examples of external examiner reports and upload further evidence following the initial meeting with the AEI. The UoB external examiner handbook provides an overview of the external examiners' duties. Reports identify that the external examiners don't consistently scrutinise all aspects of the student's programme and whilst there's evidence that external examiners scrutinise theory learning, there's limited evidence that external examiners scrutinise practice learning. Documentary evidence provided by the UoB states that external examiners review RPL claims. The AEI also provide email evidence of external examiners' involvement with progression decisions about students on NMC programmes (88-89, 117, 165, 220, 221-225, 233, 246, 250-251, 310-321).

What we found at the review

The UoB and their PLPs/EPs tell us they've systems and processes in place for monitoring system regulator reports and there's ongoing monitoring of this at strategic and operational levels. We see examples of how the UoB and PLPs/EPs respond to CQC and other system regulator outcomes. Senior nurses and midwives and senior practice educators tell us they've enhanced outcomes particularly in relation to mandatory training for staff (437-444, 481).

We find that the UoB doesn't consistently comply with all relevant legal, regulatory, professional, educational requirements and programme standards in the pre-registration nursing routes of their programme (direct entry and apprenticeship). During the extraordinary review visit the UoB tell us that students on the nursing programme

are allocated to six hours (five and half hours for final year students) per week of RPT that contributes to the students' 2300 practice learning hours. Students, practice assessors and practice supervisors tell us that there's no consistent oversight of the RPT and therefore the SSSA isn't consistently applied to this element of practice learning. We find PLPs/EPs lack clarity on the RPT, of what nursing students are expected to undertake during this time and their role in the supervision and assessment of this activity. We find that academic assessors and the programme team are unable to articulate their role in monitoring and evaluating students' RPT. We find the midwifery programme and the NA programme are compliant with all relevant legal, regulatory, professional, educational requirements and programme standards (437-451, 453-455, 458-461, 463-468).

The UoB and PLP/EPs tell us the programme is designed so students have sufficient opportunities to meet proficiencies in practice. PLPs/EPs from nursing, midwifery and NA practice visits in Meadowfield Hospital, RSCH and the RACH tell us they ensure students cover a range of practice learning environments. Practice assessors and practice supervisors who support nursing and NA students tell us they also support students by providing spoke placements to areas where key proficiencies can be achieved. PLPs/EPs in the Eastbourne locality say they provide some SPL days where practice assessors and practice supervisors support students to develop proficiencies. Midwifery PLPs tell us there are opportunities for students to achieve the SPM in practice across a range of areas (437-444, 453-455, 457, 459-460, 463, 466, 468).

During the extraordinary review visit the UoB and PLPs/EPs confirm they adopt a partnership approach, with shared responsibility for theory and practice supervision and assessment. Senior nurses and midwives we meet tell us programme teams are responsive and that they've a positive working relationship with the UoB; they tell us they'd welcome more regular contact with the senior team at the UoB. Senior staff from the ICB tell us that the UoB's vice chancellor sits on a number of strategic forums and works closely with key stakeholders across the local and regional health and social care economies. The UoB outline a range of shared governance meetings with PLPs/EPs. PLPs/EPs for nursing and NA tell us they communicate with the AEI via the practice learning leads in their area of practice. PLPs tell us during the practice visit to Meadowfield Hospital that they've a positive relationship with the programme teams delivering the mental health nursing field and the NA programme. They meet the mental health nursing programme team and apprenticeship programme teams monthly. Some practice assessors tell us across the Eastbourne locality that academic assessors don't routinely get in contact with them to discuss progression issues but are available if there's a problem. The majority of practice assessors for the nursing and NA programmes tell us that communication about progression issues is via written communication in the students' PAD (437-444, 453-455, 457, 459-460, 463, 466, 468).

There's evidence of a partnership approach to learning in theory and practice in relation to the midwifery programme. Senior midwifery PLP staff articulate the relationships and responsibilities that they have to enable student achievement of programme outcomes. Midwifery academic assessors confirm that students meet the

requirements of the SPM, and students tell us that their placement experience and practice hours are managed to facilitate this. We're assured there are processes in place to manage any concerns and escalate to the NMC if required (437-444, 453-455, 457, 459-460, 463, 466, 468).

The UoB tell us that their recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation. They tell us that they're a widening participation organisation and recruit students from a diverse range of backgrounds. UoB senior academic staff and programme teams tell us they select and interview with PLPs/EPs for students undertaking direct entry and apprenticeship routes. Senior nurses and midwives tell us that their staff are involved with the recruitment and selection of students across the nursing, midwifery and NA programmes and that they support staff to undertake this activity. Students we meet tell us that they were interviewed with a member of UoB academic staff and some students tell us this also involved a registered nurse and or midwife and/or a PUSC. Senior UoB staff tell us they're committed to ensuring key stakeholders are involved with recruitment of UoB students and they recognise their importance in this activity (437-444, 459-460).

The UoB confirm the process for ensuring that all students fulfil health and character requirements. UoB senior academic staff, UoB senior leaders and PLP/EP senior nurses and midwives tell us that selection decisions following issues arising from a self-declaration, DBS or occupational health reviews are always agreed in partnership. They tell us there's a process for confirming DBS and health clearance prior to placement commencement. Senior nurses and midwives identified that they or their colleagues are involved in DBS decisions where appropriate. 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 (437-451, 458-461, 464-467).

The UoB provide evidence of their RPL process including examples of how prior learning is mapped to the programme learning outcomes/proficiencies and external examiner involvement in confirming RPL outcomes. The UoB confirm that their regulations allow RPL for more than 50 percent for registered nurses. The UoB confirm that RPL applies only to the nursing and NA programmes. Registered NAs who are undertaking the nurse degree apprenticeship programme tell us that they engage with the RPL process. They describe how they evidence prior learning, including skills assessment and completion of a mapping document, and how this was applied to their recruitment and selection prior to commencing the programme. Students who have RPL'd into year two of the programme have relevant health and social care experience and explain the RPL process and how this is applied to their individual circumstances, experience and qualifications (438, 450, 458, 465).

Nursing, midwifery and NA students confirm that they're provided with the information and support they require in the practice learning environments to enable them to understand and comply with relevant local and national governance processes and

policies. Students and apprentices tell us how the UoB prepares them for placement and confirm they've trust inductions and orientations for each placement area; they also provide examples to demonstrate their awareness of these, including the role of freedom to speak up guardians. PLPs/EPs tell us that local inductions in practice learning settings together with mandatory training give students the information necessary to understand and comply with local and national governance processes and policies (438, 440-441, 445-451, 453-456, 457-462, 463-468).

Documentary evidence and meetings at the extraordinary review visit don't assure us that the UoB have systems, processes and procedures in place in relation to confirmation of proficiencies and programme outcomes in full (for the nursing programme), demonstrating student FtP as well as their eligibility for academic and professional award. UoB tell us they've systems and processes in place to ensure students meet the required proficiencies and programme outcomes for award. There are processes for confirming assessment completion and clear processes for ensuring students are of good health and good character. However, given the lack of assurance that the SSSA is applied to nursing students' RPT consistently we're not assured practice assessors, practice supervisors and academic assessors can account for 2300 hours of practice learning that's required for award. We're assured by evidence that we review and what we hear at the extraordinary review visit that the midwifery and NA programmes do 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 (437-461, 463-468).

The programme teams and senior PLP/EP nurses and midwives confirm that capacity, facilities and resources are in place to deliver safe and effective learning opportunities and practical experiences for nursing, midwifery and NA students as required by their programme learning outcomes. Senior AEI academics and programme teams tell us the UoB have invested in new facilities at Falmer campus and plan to transfer all nursing and midwifery education to Falmer in the next academic year. Nursing, midwifery and NA students based at Falmer campus tell us there's sufficient resources and facilities for effective learning. Students at both the Falmer and Eastbourne campuses confirm that library resources are good and librarians are helpful in facilitating access to books across both campuses. Students tell us they're aware of recent investment in facilities in preparation for the Eastbourne campus to close and students to transfer to Falmer in the next academic year. Nursing students at the Eastbourne campus tell us that they've seen a decline in the quality of their facilities in the run up to the closure of that campus and provide examples of equipment not working. Students have study skills in each module and are supported to develop their academic skills throughout the programme. Academic assessors across the range of NMC programmes that we visit tell us there are sufficient academic staff to support them and there's a range of clinical skills equipment in the skills labs. PLPs and EPs tell us that they've sufficient resources and staff capacity to give students structured opportunities to learn and practice clinical skills in simulated settings. Students tell us that they've excellent support from student services and library services across the UoB campuses (437-461, 463-468).

Documentary evidence and meetings at the extraordinary review visit assure us that the UoB 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. The UoB have engaged with meetings with the NMC prior to the visit. The UoB engage with the annual evaluation process and have engaged more consistently with the exceptional reporting process following a meeting with the NMC on 8 September 2023. The school engages with university and faculty level committees and working groups. These include the quality standards committees, student experience committee and apprenticeship employer strategic forums and other student facing committees (19-22, 437-443, 459-460).

The UoB confirm that they've suitably qualified and experienced programme leads and managers in place. The UoB provide documentary evidence that they've appropriately qualified and experienced external examiners who consider and report on the quality of theory. We find that the UoB external examiner reports don't consistently demonstrate that external examiners are commenting upon or reviewing the practice component of nursing, midwifery and NA students learning, including regularly reviewing the nursing and NA students PADs or the midwifery students MORAs. We request additional external examiner reports during the extraordinary review visit and this includes reports for all programmes and all external examiners. Reports 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 (436-441, 471, 473).

Our findings conclude that the UoB, together with their PLPs/EPs, are unable to evidence there are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements. We're not assured that the SSSA is being applied to all periods and activities of practice learning. We're not assured that external examiners are considering and reporting on the quality of practice learning.

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 included – 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

The UoB provide some documentary evidence that they comply with the SSSA in practice. Further triangulation of how this is managed is undertaken during the extraordinary review visit (33, 37, 74, 76-78, 88, 213, 215, 272, 280-281, 307, 322-326).

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The UoB provide narrative and some evidence in relation to how PUSCs and representatives from relevant stakeholder groups are engaged in partnership in recruitment and selection. The UoB in their ASR identify that PUSCs are involved with recruitment and selection activity and note that there's some specific challenges engaging some groups of PUSCs across all the UoB provision. The UoB provide some evidence of PUSC engagement with recruitment activity, teaching activity and PUSC meetings. The evidence supplied by the UoB does show some improvements in activity, but this isn't over a sustained period of time. A thematic review of approval reports and major modification reports was completed for all pre-registration programmes at the UoB. We note in this review that the conditions raised in these reports focused on the AEI being consistently required to demonstrate stronger PUSC involvement with the nursing, midwifery and NA programmes (20-22, 186-195, 198, 266, 285-286, 327).

The UoB provide documentary evidence of effective, fair, impartial and lawful FtP procedures to swiftly address concerns about the conduct of students/apprentices that might compromise public safety and protection. The UoB have an overarching FtP policy that's supported by a cause for concerns database at a school level. The UoB also have other established policies, including a disciplinary policy. The UoB and their PLPs/EPs have an established raising and escalating concerns policy that's used within all practice learning environments. The student/apprentice PAD/MORA identifies their responsibility in raising and escalating a concern with a nominated person in the practice setting. The AEI provide redacted documentary minutes of conduct hearings as evidence of how FtP issues are managed and resolved (35, 49, 107, 111, 115, 121-122, 131-134, 136, 328).

There's documentary evidence that the UoB and their PLPs/EPs regularly review all learning environments. There's a QA process for placement provision as well as practice learning partnership meetings that suggest there are systems and processes for monitoring and evaluating all learning environments which aim to provide assurance that they're safe and effective, including the ongoing monitoring and evaluation of educational audits. Documentary evidence outlines that audits are undertaken regularly and the UoB provides evidence of how audits are revised and reviewed following CQC inspections (34, 37, 63, 79, 81, 87, 227-231, 329).

The UoB provide documentary evidence that they've appropriately qualified and experienced people for programme delivery across the pre-registration nursing, midwifery and NA programmes. The UoB provide details of the total number of academic staff who contribute to the delivery of NMC programmes prior to the extraordinary review visit. The UoB provide evidence of workload allocation as well as the process/database for monitoring academic staff registration requirements. The UoB provide evidence of the qualifications and experience of the LME (88-89, 153, 207-210, 307, 337).

What we found at the review

There's evidence that the SSSA roles are applied to practice learning for midwifery and NA students. Practice assessors and practice supervisors are prepared for their roles and senior staff in PLPs/EPs confirm the resources to support student learning. There are two and a half hours of reflection included in practice learning hours per practice week on the midwifery programme, and midwifery students tell us they're able to use this time to support practice learning. Midwifery PLPs confirm their understanding of reflection in practice. We're told how practice supervisors support midwifery students to reflect on practice and how this informs holistic assessment each year. We confirm at the visit that there's no RPT that contribute to practice learning hours for students undertaking the NA programme. The NA programme team, academic assessors, practice assessors and practice supervisors understand their roles in student supervision and assessment. NA students tell us they know who their academic assessor is, and we see evidence of communication between the academic assessor and the practice assessor in the students' PAD (437-461, 463-468).

There are issues with the consistency of the application of the SSSA to the practice learning activities and hours for students undertaking the nursing programme. Students in year one and two are allocated six hours of RPT and five and a half hours for students who are in the final year of their programme. These hours all contribute to the 2300 hours of practice learning. We review PAD/MORA documentation for all the NMC programmes at the visit; we find minor inconsistencies with the practice assessor and practice supervisor being the same person for students on the nursing programme. We also find one instance of the practice assessor of a NA student not holding due regard for that award. Some nursing students tell us their practice learning reflection time is unsupervised and not monitored. Students tell us their SPL isn't consistently supervised and assessed and instructional lectures and pre- and post-reading activity are incorporated into the SPL days and count towards practice hours. PLPs/EPs say they take responsibility for the practice assessor/practice supervisor preparation in their respective practice areas. They say they maintain a log of practice assessors/practice supervisors and provide annual practice assessor/practice supervisor training and updates. Practice supervisor training is included in the preceptorship period for newly qualified nurses. We find there's a variation of local SSSA training material and there's no UoB oversight of the governance of these materials to ensure the updates reflect the individual nature of UoB programmes in relation to the nursing and NA programme. We see evidence of an annual super educator conference hosted and facilitated by the UoB that's attended by practice assessors, practice supervisors and academic assessors (437-461, 463-468).

There's evidence that PLPs/EPs contribute to recruitment and selection. For example, senior nurses, midwives and practice education teams tell us they or their staff are invited to interview days and are keen to participate in the recruitment of nursing, midwifery and NA students. Some PUSCs that haven't yet participated in recruitment activities tell us they're aware of the opportunity and will participate in the future if possible. Students tell us that interviews involve representatives of PLPs/EPs and in some instances PUSCs. The UoB provide evidence that PUSCs are involved with the recruitment of students and that they're expanding the size of the PUSC group. Senior

AEI staff tell us they're committed to the involvement of PUSCs across the range of NMC provision (436-451, 453-455, 457-469, 479, 491).

UoB senior academic staff, academic assessors, senior nurses, senior midwives and the LME tell us they're involved with FtP panels and decisions surrounding a student's suitability to practise. Documentary evidence confirms that the UoB have robust, effective, fair, impartial and lawful FtP procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection. All students confirm that they understand the importance of FtP. Students on the nursing, midwifery and NA programmes tell us they make declarations of health and character annually and understand the rationale for this (36, 299, 424, 437-451, 457-461, 463-468).

Documentary evidence and the extraordinary review visit confirms that the nursing, midwifery and NA team in conjunction with their PLPs/EPs regularly review all learning environments and provide assurance that they're safe and effective. Examples of recent audits are provided during the visit and nurses and midwives working within practice education teams confirm the audit and reporting process occurs in line with UoB processes. We review the audit database as part of the visit and find audits are up to date and recorded in line with the UoB policy (438-443, 453-455, 463, 466, 468, 481).

Programme teams for nursing and midwifery and the LME confirm that any overseas placement is compliant with the NMC standards for education and training and the SSSA. During the extraordinary review visit we ask the UoB to provide additional evidence to demonstrate assurance of how the SSSA is applied during practice learning that occurs outside of the UK. The UoB initially present some conflicting documentary evidence (audits) that incorrectly stated the SSSA isn't applied to learning outside of the UK. We subsequently see evidence during the visit that the SSSA is applied and that practice learning opportunities contribute to the 2300 practice learning hours (37, 330-336, 438-441, 459-460, 494).

There's documentary evidence and the UoB tell us at the visit that there's appropriately qualified and experienced people for programme delivery across the pre-registration nursing, midwifery and NA programmes. The UoB acknowledge that some staff within the school chose to take voluntary redundancy, however, they maintain that staffing levels are adequate. Academic teams across the nursing, midwifery and NA programmes tell us they've sufficient academic staff. Senior AEI staff tell us they've sufficient numbers of academic staff and that the workload allocation model factors in activity, including the academic assessor role. The LME tells us there are enough midwifery academics to deliver the midwifery programme. We see evidence of the staff-student ratio across the UoB NMC provision during the visit, following an additional information request (438-442, 459-460, 478).

Our findings indicate that the UoB doesn't fully comply with the SSSA in relation to the nursing programme. We find that the SSSA isn't consistently applied to all periods of practice learning, namely RPT and SPL time.

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Outcome: NOT MET

Comments:

SFNME requirement 2.1 is not met.

We find the UoB nursing programme doesn't comply with all relevant legal, regulatory, professional and educational requirements as the UoB isn't able to demonstrate consistent application of the SSSA to all practice learning hours.

SFNME requirement 2.3 is not met.

We find the UoB nursing programmes don't comply with NMC programme standards specific to the programme being delivered, namely that the UoB is unable to evidence consistent application of the SSSA to all periods of practice learning.

SFNME requirement 2.4 is not met.

We find that the SSSA isn't consistently applied to all periods of practice learning. This includes the nursing students' RPT and how the SSSA is applied to SPL for students on the nursing programme.

SFNME requirement 2.12 is not met.

We find the UoB is unable to confirm that students on the nursing programmes meet the required proficiencies and programme outcomes in full, demonstrating their fitness for practise and eligibility for academic and professional award. The issues with the consistent application of the SSSA to all periods of practice impacts on confirmation that proficiencies and outcomes are met in full.

SFNME requirement 2.21 is not met.

We find that external examiners aren't engaged in scrutinising learning in all learning environments and that external examiners aren't consistently reviewing the quality of practice learning.

Revised Outcome: MET/NOT MET
Date:

Comments:

N/A

Areas for future monitoring:

- Staffing resource across pre-registration provision (SFNME R2.19)
- Compliance with SSSA for all periods of learning undertaken outside the UK (SFNME R2.16)
- Application of the SSSA to all periods of practice learning, including reflective learning time and SPL for the nursing programme (SFNME R2.4, R3.5).
- Educators' and practice assessors' understanding of the scope of practice for NAs (SFNME R2.3)
- Ongoing diversification of the UoB PUSC group across all NMC provision (SFNME R1.12, R2.6)
- External examiners' involvement in scrutinising the quality of practice learning including review of PADs/MORAs (SFNME R2.21)

Findings against themes
Theme three: Student empowerment
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). **Requirements included – 3.1, 3.2, 3.4, 3.7, 3.8, 3.10, 3.15, 3.16**
What we found before the review
There's some documentary evidence that the UoB along with their PLPs/EPs ensure that students on the pre-registration nursing, midwifery and NA programmes have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role. The UoB provide examples of online resources, clinical skills equipment and the UoB skills hub that supports the overall resources for students on the nursing, midwifery and NA programmes. Prior to the visit the UoB report within their ASR that UoB has undertaken a voluntary redundancy programme that has impacted on staffing across nursing and midwifery academic posts. The UoB tell the NMC in an exception report on 14 September 2023 and in meetings with the NMC on 8 September 2024 and 14 November 2023 that they've adequate numbers of staff to deliver the programme (21-22, 37, 79, 142, 153, 168, 218, 245, 310, 312, 338-345). There's some evidence that the UoB 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 all the programmes report lower

rates of satisfaction in the NSS in relation to organisation and management. All programmes are below 41 percent for question 17 (adult nursing, child and mental health) and below 50 percent for question 18. Responses to the NSS are outlined in the AEI's ASR, and NSS performance is noted within school education experience committee minutes and NSS action plans (21, 26, 29-30, 32, 37, 46, 51-52, 54, 60, 79, 91, 97-106, 108, 146, 176, 217, 232, 254-261, 278, 310, 338, 346-351).

There's documentary evidence that students on the pre-registration nursing, midwifery and NA programmes at the UoB are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation-based learning appropriate for their programme as necessary for safe and effective practice. The AEI provide a strategy for simulation and technology enhanced learning at the UoB and there's some evidence provided that PUSCs contribute to some SPL activity, although this isn't consistent through all programmes and routes. The midwifery programme approval report stipulates that simulation activities cannot contribute towards programme practice learning hours in line with the SPM. The UoB ASR identifies that the direct entry and apprenticeship nursing programme use up to 150 hours. We explore the use of SPL at the visit (153, 245, 308, 310, 352-357).

There's documentary evidence that the UoB and their PLPs/EPs have an expectation that nursing, midwifery 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 (NA) and supernumerary status (nursing and midwifery) is detailed within the student facing documentation and is also detailed in the nursing and midwifery PAD/MORA and in the national PAD for the NA programme. There's evidence from the Ofsted report published in 2019 that leaders and managers need to challenge the senior leaders of the NHS trusts they work with to ensure that they all provide their apprentices with sufficient protected time at work to complete off-the-job training. Protected learning time for apprentices and supernumerary status of students is a key line of enquiry during the extraordinary review visit (37, 48-49, 70-73, 79-80, 358-361, 435).

The UoB provide some evidence in relation to how students and apprentices on the pre-registration nursing, midwifery and NA programmes are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements. This is in addition to a nominated academic assessor for each part of the education programme, in accordance with the SSSA. The UoB provide overarching narrative that this activity is undertaken as part of the workload allocation model. Several system regulator CQC inspection reports have highlighted issues with staffing across both nursing and midwifery units. The AEI have exception reported several CQC inspection outcomes where trusts have been downgraded (1, 3-4, 21, 49, 79, 153, 362-364)

There's documentary evidence within the programme specifications, programme handbooks and examination board letters that the UoB provides information to students and apprentices regarding entry to the NMC register and annotation of their award. The

AEI provide documentary evidence that's provided to students who are completing their award of how to apply for registration with the NMC and implications if this isn't undertaken within a timely manner (91, 97-98, 106, 108, 233, 254-258, 365-369).

The UoB provide documentary evidence that students are prepared for learning in theory and practice having received relevant inductions to both modules and practice learning. Students and apprentices receive an induction period to their programme as well as prior to each period of practice learning. Examples of trust induction activities and other student events are provided by the AEI prior to the extraordinary review visit (54, 142, 213, 215-218, 259-261, 278, 346, 370-372).

The UoB and their PLPs/EPs provide some evidence of opportunities for nursing, midwifery and NA students/apprentices throughout their programme to collaborate and learn with and from other professionals. Activities include Schwartz rounds. In addition, there's documentary evidence that PUSCs contribute to activities including a pelvic and perineal health workshop for the midwifery programme and lived experience workshops on the mental health nursing programme. The AEI provide evidence of an IPE conference, examples of activities between nursing and midwifery students and allied health colleagues and student evaluations of IPE activities (56, 99-105, 198, 202, 204, 277, 297, 348, 350-351, 373-375).

What we found at the review

Documentary evidence and triangulation at the visit confirm that the UoB along with their PLPs/EPs ensure that students on the pre-registration nursing, midwifery and NA programmes have access to adequate resources. The AEI has invested in new facilities at the Falmer campus and plan to transfer all nursing and midwifery students to Falmer in the next academic year. Students say their teaching is face to face. Students tell us they're aware of recent investment in facilities in preparation for the Eastbourne campus to close and students to transfer to Falmer in the next academic year. Nursing and midwifery students at the Eastbourne campus tell us they've seen a decline in their facilities as the AEI gets ready to transfer delivery to updated facilities at Falmer. Students have study skills in each module and are supported to develop their academic skills throughout the programme. They say there are sufficient academic staff to support them and there's a range of clinical skills equipment in the skills labs (37, 79, 142, 153, 168, 218, 245, 310, 312, 338-343, 437-470, 473, 478-479).

There's documentary evidence that nursing, midwifery and NA students at the UoB are provided with timely information about their curriculum, approaches to teaching and supervision as illustrated in the programme handbooks, planners and PAD/MORA. Students say they're notified of practice learning placement allocation via the placement portal. Most students say they receive this notification four weeks in advance of commencement, however some students say this has been one week in advance. An electronic timetable details the times and location of theory sessions, some nursing students say there's been late changes to the timetabled sessions (26,

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29-30, 32, 37, 51-52, 54, 60, 79, 91, 97-106, 108, 146, 217, 232, 254-261, 278, 310, 338, 346-351, 438-461, 463-469).

Midwifery students tell us that they've information about their programme up to a year in advance. They understand the SPM and SSSA and how to use the MORA. We're told by students that activities to support the use of the MORA should be repeated nearer to placement weeks. There are also some frustrations with the volume of the document and language within the SPM. We're told that not all practice staff are familiar with the MORA, however the practice assessors and practice supervisors we meet tell us this is resolving. The programme team confirm the range of resources to support the use of the MORA. The programme team also tell us about challenges in achieving birth numbers. We review the MORA and see evidence that the necessary experience is being achieved by the end of the programme. The LME confirms that 40 births are required and that a deviation from this would be escalated as a risk to the NMC (342, 439, 449, 441, 452, 461, 487).

There's documentary evidence and meetings at the visit that confirm students on the pre-registration nursing and NA programmes at the UoB are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation-based learning appropriate for their programme as necessary for safe and effective practice. Nursing and NA students tell us they enjoy the clinical skills and simulation activities and tell us these contribute to practice hours. 150 hours of practice learning is allocated to simulation throughout the nursing students' programme. There are no allocated SPL hours allocated in the midwifery programme in line with the SPM. Nursing and NA students tell us they'd like more clinical skills teaching sessions at the UoB. Final year nursing students tell us they sometimes lack confidence with some of the annex B skills. Final year nursing students tell us that the programme team respond to feedback and provide drop-in sessions that students can book in for. PLPs/EPs tell us that they also offer clinical skills and SPL opportunities that augments the education delivered at the UoB (153, 245, 310, 352-357, 438-461, 463-469).

The nursing, midwifery and NA programmes teams, practice assessors and practice supervisors tell us that nursing and midwifery students are supernumerary when undertaking periods of practice learning and that NA students receive protected learning time. A small number of NA students tell us protected learning time can be challenging to achieve in their base practice setting, but when they raise this with the UoB this is generally addressed. Nursing and midwifery students tell us they're usually supernumerary during practice learning and share examples of this (437-461, 463-468).

Student midwives are supernumerary and this is confirmed by PLPs and students. We hear from students who were previously employed as healthcare assistants that their status as learners is protected. Students tell us that the maternity units they're placed in are often busy and short staffed but that concerns that they have about this are addressed promptly by the practice education facilitator and programme team. The most noted impact of staffing was on continuity of practice supervisor and we're told of

steps being taken to address this by, for example, having one person responsible for student allocation on the off duty. There's also an action plan to improve supervision following the national education and training survey of students. This has resulted in a supervision escalation policy in the trusts which we're told is codesigned with students (439, 441, 449, 453, 461, 463).

Nursing, midwifery and NA students, PLPs/EPs and the UoB tell us there's a nominated practice assessor and practice supervisor for practice learning when students undertake clinical placements. A review of PAD documentation at the extraordinary review visit show that students are allocated practice supervisors, practice assessors and academic assessors. However, we find that the UoB cannot evidence how practice supervisors, practice assessors and academic assessors have consistent oversight or involvement in the nursing students' SPL hours or their RPT. Practice assessors and practice supervisors tell us they're not clear on what's expected of them in relation to RPT. Nursing students tell us that they're allocated six or five and a half hours (depending on the students' year of study) of RPT each week when they're undertaking placements. They tell us they're not clear about how to use this time and that there's no consistent oversight and application of the SSSA to this activity. Students on the nursing, midwifery and NA programme tell us they know who their academic assessor is and that they're not allocated to the same academic assessor for consecutive parts of their programmes (437-461, 463-468).

UoB student facing documentation provides information to students regarding entry to the NMC register and annotation of their award. Students tell us that they're aware of this information. The LME confirms this for students undertaking midwifery programmes (91, 97-98, 106, 108, 438-441, 445-451, 458, 461, 463-468).

PLPs/EPs tell us that nursing and NA students are prepared for practice learning by providing an induction and initial orientation to the practice learning location, along with associated policies and procedures. During the visit we see examples of induction materials and student support information. Students tell us they attend preparation for placement sessions provided by the AEI which include sessions on basic life support and moving and handling. They complete eLearning for Health activities and attend trust induction; the programme team tell us that some of these online activities contribute to practice learning hours for the nursing programme. The nursing and NA programme teams tell us they provide an introduction to the programme and the modules; this is supported by documentary evidence. Students say they attend 'Belong at Brighton' weeks at the beginning of the programme and are orientated to each year of study and the associated modules. Midwifery PLPs confirm that students are prepared for practice learning and present with a high-level knowledge in relation to care needs of the local population. Induction days are provided by each trust and these are valued by students (91, 97-98, 108, 232, 437-438, 440-441, 447-449, 453, 456-457, 461, 467-468).

The AEI, PLPs/EPs and students tell us there are a range of opportunities to learn with and from other professionals. The students say the Schwartz rounds are valuable

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opportunities for IPL, however these sessions are optional. The AEI and students tell us the annual inter-professional conference is a further opportunity for IPL, and students say they learn alongside paramedic and social work students on issues such as safeguarding. They tell us this provides learning opportunities and different perspectives. PLPs/EPs, nursing, midwifery and NA students and the programme team tell us of multiple opportunities for IPL and the development of leadership skills via practice learning. Learning is evidenced in the PAD/MORA and ongoing achievement record (OAR). We're told that IPL is a strength of the midwifery programme and this is confirmed by students. They describe effective learning with paramedic students in a simulated home birth and value the opportunities to hear from PUSCs in the year three IPL days (56, 99-105, 198, 202, 204, 277, 297, 348, 350-351, 373-375, 437-438, 440-441, 447-449, 453, 456-457, 461, 467-468).

We're not assured that the AEI, together with their PLPs are able 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. We're not assured that practice assessors and academic assessors have oversight of the RPT and SPL activities.

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 included – 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 narrative and some evidence that the UoB and their PLPs/EPs provide nursing, midwifery and NA students/apprentices with opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs. The AEI provide examples of IPE activities between nursing, midwifery and allied health professionals, including student evaluations of these activities. The AEI provide placement planners for each programme of study and these identify where periods of practice learning are situated within the programme. The UoB have sufficient PLPs/EPs to ensure students/apprentices get direct care opportunities from a range of people throughout their educational programmes (56, 198-204, 215, 297, 376).

The UoB provide documentary evidence prior to the extraordinary review visit that students and apprentices are supervised and supported in practice learning in accordance with the SSSA. The visit team explore how the SSSA is applied to reflective practice activities that contribute to practice hours and how practice assessors and academic assessors contribute to the monitoring of these activities (37, 49, 74-79, 142, 153, 268-269).

The UoB provide some evidence in relation to how students are supervised according to their individual learning needs, proficiency and confidence. The students' PAD/MORA facilitates an initial, mid-point and final interview process to support the assessment of practice learning. The OAR documents the students' performance throughout their programme (26, 29-30, 37, 53, 79, 86, 156, 1184, 360).

There's evidence as to how the UoB and their PLPs/EPs ensure students have the necessary support and information to manage any interruptions in study for any reason. The UoB has specific policies for apprentices wishing to undertake a break in learning and they provide evidence of a break in learning database. The UoB has 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. The AEI provide evidence of change in status documentation, email evidence between the AEI and the student regarding ongoing support or bespoke learner support to enable students to interrupt or continue with their programme (26, 28, 216, 377-382).

The UoB provide documentary evidence that they've systems, processes and policies that support students to have their diverse needs respected and taken into account across all learning environments. These ensure that support and adjustments are provided in accordance with equalities and human rights legislation and good practice. Evidence shows a range of web resources to help students access support. The UoB provide narrative that outlines where reasonable adjustments are required in practice. These are recommended by the occupational health provider or the disability and dyslexia team who confirm agreement to these in writing to the student, in partnership with PLPs/EPs. The AEI provide examples of bespoke learner support documents and other student support documentation. Information on reasonable adjustments is provided in the student facing documentation (57, 144, 156, 184, 245, 355, 383-384).

There's documentary evidence that the UoB has policies in place to manage discrimination, harassment and other behaviour that undermines student performance and confidence. The UoB provide evidence of how issues of bullying and harassment are monitored, escalated and investigated. Findings of CQC inspection reports (UHSFT) identify varying levels of bullying and/or harassment of staff by either the public or colleagues. The UoB provide examples of exception reporting in relation to media reports of one PLP/EP (1, 20-21, 28, 57, 67, 148, 161, 349, 385-386).

There's documentary evidence that the UoB 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 raise issues with their educators and this occurs through staff student committees, academic assessor meetings and other student forums. The UoB student wellbeing webpages also direct students to support services (26, 28-29, 32, 55, 57, 142, 146, 148, 151, 161, 175, 219, 246, 346, 380-382, 387-388).

The UoB provide evidence that students on the nursing, midwifery and NA programmes are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. This support is accessed online or face to face. Programme and module outcomes within the programme and module specification documents include reference to reflective practice and this is also articulated within the students' PAD/MORA. 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, midwifery and NA programmes. The UoB cite in their ASR that nursing students are awarded up to six hours of RPT per week in relation to practice learning. There's evidence in the midwifery programme documentation that midwifery students are awarded two and a half hours of RPT per week that contribute to practice learning hours; the QA team at the visit explore this in greater depth (20-21, 26, 28-29, 32, 49, 54-55, 56, 79, 175, 202, 219, 246, 350-351, 383, 387-388).

The UoB 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. The UoB also provides 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. The UoB provide email evidence of how PUSCs contribute to feedback to students. The UoB PUSC webpage outlines activities where the public can become involved in the education of healthcare students and this includes feedback to students, feedback to learning and teaching activities and contributing to committees and working groups (70-73, 80, 99-105, 188-189, 277, 297, 389-390).

There's evidence that formative assessment occurs, which provides students with feedback. Programme documentation states that students receive written feedback for academic work. Students receive feedback from practice supervisors, practice assessors and PUSCs in practice. Feedback is provided through the PAD/MORA. Evidence within the UoB ASR identifies that students have low satisfaction scores in the NSS in relation to how their feedback is acted upon, with scores below 56 percent for midwifery, 52 percent for adult nursing and 44 percent for mental health nursing, with the exception of child nursing. Students on the child nursing programme are most positive about their student voice with 72 percent reporting they're satisfied the UoB acted on their feedback (46, 99-105, 149, 153, 158, 168, 174, 277, 309-310, 348-351, 391-394).

What we found at the review

Nursing, midwifery and NA students tell us they've opportunities throughout their programme to work with a range of people in practice learning environments. Nursing and NA students tell us they gain valuable insights through activities such as team

meetings, case discussions and group supervision sessions. Midwifery students tell us they're aware of equality and diversity concerns in maternity care. This is illustrated in the feedback they give to the team about the 'colour 'of manikins used in simulation. We're told student midwives have opportunities to work with other professions on placement. On the post-natal ward and neonatal unit students work with nurses and nursery nurses augmenting learning for example in relation to medicine management and neonatal care. Nursing, midwifery and NA students tell us they work with practice supervisors from a range of registered professional backgrounds. Students tell us they've a range of practice placements that help prepare them to care for people with diverse needs. However, a small number of nursing students tell us they've a limited range of placement learning experiences, have repeated similar placements and don't always feel sufficiently prepared. PLPs/EPs across the Eastbourne locality tell us they provide additional opportunities for students to experience a range of practice learning by using spoke placement and SPL sessions. The AEI tell us they've a placement allocation system to ensure students have a range of placements. We review the placement allocation system during the visit. A sample of PADs/MORAs and OARs show students record the range of placements and these are shared with subsequent practice assessors and academic assessors (437-439, 440-441, 449, 453, 456, 482, 447-448, 457, 482-483).

The UoB, senior nurses, senior midwives, practice educators, practice assessors and practice supervisors tell us that students are supervised and assessed in practice learning in accordance with the SSSA. Nursing, midwifery and NA students tell us that they're assigned a practice assessor when undertaking practice learning opportunities. They tell us that they identify their specific goals, objectives and learning needs with their practice supervisors and practice assessors. Practice supervisors tell us that they receive training and education to undertake their role and that they use the students' PAD or MORA 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. We review the nursing, midwifery and NA PADs/MORAs during the visit. The review of the documents confirms that students are allocated practice supervisors, a practice assessor and an academic assessor. However, we find practice assessors, practice supervisors and academic assessors don't have consistent oversight or engagement with RPT for the nursing programme. We also find the SSSA isn't applied clearly to SPL for the nursing programme (437-461, 463-468, 470).

We're told that two and a half hours of reflection are introduced this year as part of practice hours to the midwifery programme. First year midwifery students are clear about how reflection supports practice and provide examples from their first practice experience. The programme team, practice supervisors and practice assessors confirm that reflection is valued within the programme, and this is evidenced by all students being allocated to a PMA for restorative supervision and reflection. Students confirm this arrangement and give examples of how they've been contacted after difficult events and offered additional support. The recording of reflection within the MORA isn't

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always evident and the programme team intend to strengthen contact with practice assessors to ensure this occurs (441, 449, 452, 453, 463).

Nursing and midwifery students tell us they're usually supervised according to their individual learning needs, proficiency and confidence. They tell us the PAD/MORA, OAR and initial interview are used to share and explore needs. Practice assessors and practice supervisors confirm this. NA students tell us that they're often working with practice assessors and practice supervisors who aren't confident and knowledgeable about the NA scope of practice. They tell us they often receive inconsistent information about clinical skills and what they're able to undertake in their student role. They tell us that UoB staff aren't always able to provide clarity on role scope (444-451, 453-455, 457-461, 463-470).

Nursing, midwifery and NA students tell us they're given the necessary support and information to manage any interruptions to their study. Students who've had a previous interruption confirm they received support and guidance to interrupt and return to the programme. The programme teams, practice assessors and practice supervisors tell us there are processes that support students to take an interruption from their programmes and they support students during this time. The LME tells us they're able to confirm practice hours for students, including those who've interrupted, as the process is effectively manged by the PATs. (438-441, 444-451, 453-455, 457-461, 463-470).

Documentary evidence and nursing, midwifery 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. Students generally describe excellent support from central UoB services and their programme teams when adjustments are required because of complex personal circumstances. Senior nurses, senior midwives, practice assessors and practice supervisors tell us students having responsibility for sharing their plans leads to difficulty supporting them appropriately if they decide not to share with practice assessors and practice supervisors. The students PAD/MORA encourages students to share specific learning needs that they have with staff. The programme teams tell us that students are encouraged and supported to share specific learning needs in all learning environments (438-441, 444-451, 453-455, 457-461, 463-470).

Documentary evidence and the extraordinary review visit assures us that students are protected from discrimination, harassment and other behaviour that undermines their performance or confidence. None of the students we meet report any examples of harassment, bullying or discrimination. Students report that practice staff are good role models and act professionally. Programme teams tell us students are supported where they raise and escalate a concern in relation to discrimination (445-451, 453-455, 457-461, 463-468).

Documentary evidence and meetings at the visit confirm that the UoB 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. Nursing, midwifery and NA students provide examples where PATs offer excellent support. PLPs/EPs tell us if there's a major incident or distressing situation that practice supervisors and practice assessors contact the practice education facilitators and education leads within the PLP/EP to ensure students and staff involved are supported. Practice assessors share an example of an unexpected cardiac arrest resulting in a patient death. Students confirm practice staff offer debriefing, support and wellbeing checks during the period of practice learning. Nursing, midwifery and NA students tell us they're aware of how to access wellbeing resources and support through the online UoB resources (438-441, 445-451, 453-455, 457-461, 463-468).

Nursing, midwifery and NA students tell us about their experiences of feedback in both theory and practice. They generally feel feedback in placement is supportive of their learning and they're given up to six hours per week to reflect on their learning experiences for nursing and two and half hours per week for midwifery. Students also attend a reflective session during the middle of their placements where they meet with their academic assessor. We see evidence of reflections in the students' PAD or MORA. Students on the nursing, midwifery and NA programmes tell us they receive formative and summative assessment feedback support for theory-based assessments. External examiners don't raise any issues with regard to feedback to students and we review external examiner reports as part of the visit. Students undertaking apprenticeship routes tell us about the three-monthly progress reviews and these also provide opportunity to gain feedback on their progress across their programme. Students tell us they receive feedback from PUSCs when undertaking periods of practice learning and this is recorded in their PAD or MORA. PUSCs tell us they're involved as actors in skills sessions where students develop their communication skills (437-469).

The AEI and PLPs/EPs tell us they've a range of systems and processes to capture students' feedback about the quality of all aspects of the programme. Students say they've opportunities to feedback about that programme referring to listening events and staff student forums groups. Students say they complete end of module evaluations and end of placement evaluations. They say they receive 'you said, we did' notices to show how their feedback is implemented. Some students tell us that they don't consistently engage with feedback as the process isn't anonymous. We review placement evaluations during the visit for nursing, midwifery and NA students (437-438, 440, 447-448 467, 474, 484)

We're not assured that the AEI, together with their PLPs/EPs, are able 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 find that the SSSA isn't applied to all periods of practice learning. We find

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that practice assessors and practice supervisors aren't clear on the scope of practice for NA students and this impacts on them not being supervised according to their individual learning needs.

Outcome: NOT MET

Comments:

SFNME requirement 3.5 is not met.

We find that the UoB isn't able to demonstrate consistently how the SSSA is applied to all learning hours for the nursing programme. This includes the reflective learning time as well as to the SPL activities.

SFNME requirement 3.6 is not met.

We find that practice supervisors and practice assessors don't fully understand the scope of practice of the NA. As a result, this impacts on NA students not being supervised according to their learning needs, proficiency and confidence.

SFNME requirement 3.8 is not met.

We find that practice and academic assessor roles are not visible in relation to practice reflection hours, SPL hours and e-learning.

Revised Outcome: MET/NOT MET Date:

Comments:

N/A

Areas for future monitoring:

- Application of the SSSA to all periods of practice learning, including reflective learning time and SPL for the nursing programme (SFNME R2.4, R3.5).

Findings against themes
Theme four: Educators and assessors

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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 included – 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

The UoB provide documentary evidence of how they comply with all standards and requirements in the NMC standards for education and training. Programme specifications and mapping documents outline the content and professional requirements of the programmes in relation to the SPNP, SPMP, SPNAP, FN:SPRN, SPM and SPNA (74-78, 80, 88-89, 215, 219, 249, 273, 340, 342, 395-399).

The UoB provide documentary evidence prior to the extraordinary review visit that educators involved with the pre-registration nursing, midwifery and NA programmes always act as professional role models. The UoB have systems, policies and processes in place to support staff in their roles. Evidence suggests all NMC staff act in accordance with the NMC Code. The UoB provide redacted staff development reviews, an academic assessor policy and email evidence that demonstrates positive role modelling behaviour to students, staff and the public (33, 55-56, 165, 219, 273, 395-397, 400)

Evidence prior to the visit, provided by the AEI, demonstrates that the UoB and their PLPs/EPs receive relevant induction, ongoing support and access to education and training which includes evidence that staff have completed training in equality and diversity and a database that monitors staff compliance with these activities. The UoB provide a staff induction policy and academic workload plan policy that provides UoB educators with time and resources to enable them to fulfil their roles in addition to their other professional responsibilities (26, 29-30, 32, 74-78, 80, 88-89, 215-217, 244-245, 259-261, 340, 395-397, 401-405).

The UoB provide documentary evidence that educators respond effectively 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. The AEI provide evidence of a return to work process to support academic staff returning following a period of leave, a neurodivergent staff network and evidence of occupational health referrals and outcomes that support staff to undertake their roles (94, 130, 165, 184, 387, 406-409).

The UoB provide documentary evidence that educators are supportive and objective in their approach to student supervision and assessment. Policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment. Evidence supplied in the ASR identifies that NSS satisfaction scores for assessment and feedback being fair are significantly below sector benchmark and

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responded to poorly by students undertaking the adult nursing programme (46 percent), with mental health nursing students being slightly more satisfied (53 percent). Midwifery students (68 percent) and child nursing students (76 percent) achieved higher scores. Assessment criteria being clear was also rated poorly by students on the mental health nursing route (47 percent) and adult nursing route (54 percent) (20-21, 33, 49, 79, 128, 349, 407).

The UoB provide some evidence of how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. The AEI provide terms of reference and meeting minutes for various groups and include the practice learning partnership meetings, health and social care partnership meetings, learning council meetings at SPFT and internal committees where PLPs/EPs attend (33, 37, 49, 75-79, 112, 118-119, 131, 136, 158, 265, 328, 401, 407, 410).

The UoB provide documentary evidence in relation to having appropriate systems and processes in place for escalating concerns, complaints procedures and FtP in all learning environments and these processes are also outlined in student facing documentation. The AEI provide specific documentary examples of how they've responded to complaints or concerns raised by students and others, and this includes an alert database of practice concerns, email evidence between academic assessors and practice assessors and redacted referral and outcomes from conduct committee and FtP meetings (33, 35, 37, 49, 67, 75-79, 112, 118-119, 131, 136, 265, 328, 401, 407, 411).

The UoB 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 forums and academic quality action plans for each programme and individual route for the nursing programme. The AEI provide some examples of completed evaluation forms and we request that they provide some more examples at the initial visit. These are submitted to the visit team prior to the extraordinary review visit commencing (81, 94, 99-105, 178-181, 193, 195 277, 349, 394, 407, 472).

The UoB provide some evidence of sharing effective practice and learning from others. The UoB provide narrative about how they share and use evidence to make decisions on student assessment and progression. Further triangulation is undertaken at the visit to understand how the UoB manage this process. UoB academic quality documents and the GEAR provide the governance structure in relation to the confirmation of student assessment and progression at the AEI (26, 29, 32, 46, 74,79, 81,90, 99-105, 112, 118-120, 151, 171, 207-208, 222-225, 269, 310, 321, 395-397).

What we found at the review

We find that the UoB doesn't comply with all standards and requirements in the NMC standards for education and training. There are issues with the application of the SSSA, primarily in relation to the RPT and SPL in the nursing programme (437-461,

463-468).

Documentary evidence and the extraordinary review visit confirms that nursing, midwifery and NA educators and assessors act as professional role models at all times. Students confirm that the academic and practice staff they meet act as effective role models for professional practice and are responsive to their learning needs. Students confirm excellent access to university support and guidance services and tell us that the practice education facilitators/educators in each organisation are also accessible for practice learning concerns. Senior PLP/EP staff confirm the processes for ensuring staff are up to date with mandatory training before working with students. Practice supervisors and practice assessors tell us how they're prepared for their roles and articulate how they work with students and academic assessors to confirm proficiency via the PAD/MORA (437-461, 463-468).

There's documentary evidence and educators and academic assessors tell us at the visit that they receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity. New academic staff at the UoB tell us that their induction to the AEI is organised, staff are supportive and they meet with their line manager regularly. The senior AEI team tell us that academic work loading is undertaken by managers and that the school has the appropriate skill mix and numbers of staff. We request further information in relation to the staff-student ratio and we see this evidence during the extraordinary review visit. UoB senior academic staff tell us that there are systems and processes in place to ensure staff are developed and supported through ongoing training and education. An LME is in place and is part of the school leadership team. The role is allocated for a period of two years and we're told of effective handover to the current holder. We're told that support for the role of the LME in assuming responsibility for the midwifery programme within the school is inconsistent. The current focus on safety in maternity care locally and nationally requires increased LME engagement with PLPs and national networks. The school is unable to provide additional workload resource for this activity. We hear how the challenge of ensuring NMC education standards are met is a focus in the region which has required additional work in supporting PLPs and students. We're also told that the LME isn't always consulted on changes to the midwifery programme, for example in relation to placement hours and reflection time (437-442, 444, 459-460, 478).

Practice assessors and practice supervisors tell us that they've access to training and education to undertake their role and they receive annual updates. They tell us that newly registered staff undertake a period of preceptorship; they also tell us they feel supported by the UoB practice liaison team who link directly with PLPs/EPs and are contactable through a single shared email address. All educators tell us and documentary evidence supports that all staff undertake relevant mandatory training which includes training in equality and diversity (437-444, 453-455, 457, 459-460, 463, 466, 468).

Practice supervisors, practice assessors and nurses working within practice education

teams across all PLPs/EPs tell us that there are no formalised processes that facilitate supported time and resources to enable them to fulfil their roles. Practice assessors and practice supervisors do however tell us that their roles are valued by their employing organisations. We're told that staff who act as practice assessors for midwifery students have seven and a half hours of protected time per student to enable them to undertake this role. Nursing and NA practice assessors and practice supervisors tell us they make time for their role and understand the professional responsibilities in assessing students. The UoB confirm that material for practice supervisor and practice assessor role preparation is available online and that the UoB adopts the PEAP programme. This is supplemented by PLPs and EPs who deliver updates within the practice learning environments. The UoB also facilitate an annual super educator conference that's attended by practice assessors, practice supervisors and academic assessors. PLPs/EPs, practice supervisors and practice assessors tell us that they access these resources. Senior nurses and senior midwives of PLPs/EPs tell us they recognise the challenging environment and recognise the important role practice assessors and practice supervisors play in the assessment of students. Students we meet aren't aware of the developments with the introduction of an electronic PAD/MORA document planned for September 2024 (442-444, 463, 466, 468).

We find academic staff at the UoB respond to the learning needs of individuals and provide pastoral support and guidance to students. Students tell us the support services at the UoB are excellent and that they feel well supported by the UoB academic team. Students with reasonable adjustments tell us they're supported by the wider AEI support services such as the disability team (445-451, 453-455, 457-461, 464-465, 464-465, 467).

The majority of students across NMC programmes at the UoB tell us that practice assessors, practice supervisors and academic assessors overall are supportive and objective in their approach to student supervision and assessment. A small number of mental health nursing students tell us they don't always feel marking is consistent. Students provide examples of where academic and practice staff have supported student learning. The UoB and PLP/EP policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment, and external examiner reports support this. Senior academic staff at the UoB acknowledge that student responses in the NSS in relation to assessment and feedback are below benchmark particularly for adult and mental health nursing and this is also evidenced in the AEI's ASR (19-21, 438-442, 445-451, 453-455, 457-461, 464-465, 464-465, 467, 471).

We find that the UoB don't provide consistent assurance on how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. The UoB tell us they use the PEAP programme for SSSA training and that this can be accessed online. This is supplemented by 'in house' training by PLPs/EPs. PLPs/EPs for nursing and NA tell us they deliver their practice assessor and practice supervisor training in their respective trusts. They tell us the training is

designed by the PLPs/EPs. The nursing and NA programme teams tell us that they don't routinely scrutinise the training material and therefore cannot verify that the content reflects the distinct elements of the UoB curricula for nursing and NA programmes. Midwifery practice assessors and practice supervisors tell us midwifery academic staff are visible and responsive. We're told of a variety of means by which the PLPs and midwifery academic staff liaise to support student learning. This includes attendance at staff updates in the trusts and regular link tutor visits either in person or online for more distant PLPs. We're also told by midwifery practice supervisors that UoB staff are accessible and respond to requests for support with, for example, progression plans for students. All practice assessors and practice supervisors for nursing, midwifery and NA programmes confirm the processes for raising a concern about student behaviour or performance. We see minutes that confirm partnership working across multiple PLPs/EPs (112, 118-119, 158, 309, 438-444, 452-457, 459-460, 463, 466, 468).

The UoB, senior nurses, senior midwives, 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 and senior midwives tell us that programme teams respond promptly and effectively to concerns and/or complaints about students. Practice assessors and practice supervisors tell us that they can contact UoB staff via the practice liaison team or the student's academic assessor where they've concerns regarding a student's progression and/or performance. Some practice assessors and practice supervisors who support students on the nursing and NA programmes tell us they'd welcome more regular contact with the students' academic assessor, but they're able to access support from the UoB where there are concerns about a student. Where issues with students are identified they tell us action plans are developed. All students we speak with across the range of NMC programmes tell us that they'd raise a concern and contact relevant staff within PLPs/EPs and the UoB. Students provide examples of how they've raised and escalated concerns and how they were supported by AEI and PLP/EP staff. We see evidence of how the UoB responds to and monitors concerns raised by students in practice learning environments (31, 35, 49, 113-115, 124-127, 135, 438-461, 463-468, 488-490).

The UoB have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation, practice evaluation, a school education experience committee and staff student forums. The extraordinary review visit team see student evaluations of theory and practice prior to and during the visit. We note that response rates for placement evaluations is limited and students we meet tell us they don't always complete evaluations as they aren't anonymised. We review a random sample of placement evaluations across the nursing, midwifery and NA programmes during the visit. Students across all programmes tell us that there are opportunities to feedback to programme staff and this includes formal module evaluation as well as through staff student forums and other informal channels. Some students tell us that they've cohort WhatsApp groups that they use to communicate with one another and student representatives feedback

issues with programme teams. Midwifery students tell us that their student representative system works well and the representatives we meet can articulate how questions raised by students are addressed. Examples include responses to concerns about the timetabling of basic life support skills sessions and an extension to dissertation submission dates due to staff availability. Nursing and NA students are less positive about how their feedback is acted upon. They tell us they're aware of who their cohort representatives are and how to contact them. Some nursing students tell us they're concerned that the SPL activities don't meet NMC requirements; they also tell us they've raised concerns regarding the RPT and what they need to evidence when undertaking this activity. They tell us that when this is raised with the AEI their concerns aren't responded to. Nursing students we meet can't consistently tell us what constitutes RPT and some students tell us they use this to undertake other activities. A small number of NA students tell us of issues raised to the programme team which they haven't had addressed, including additional learning opportunities being advertised to them late when they cannot reorganise their working time and therefore they tell us they feel like they're missing out on learning opportunities. Nursing students tell us that as it's not clear how the AEI responds to their feedback this makes them feel disengaged with feedback opportunities (81, 93-94, 99-105, 157, 168, 176, 419, 445-451, 458, 461, 464-465, 467, 472, 474, 484, 489-490).

The UoB 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. Stakeholders we meet from the ICB tell us that senior AEI staff work across the system. They also tell us that the UoB has worked with the ICB and NHSE to implement and adopt a placement capacity tool in partnership with PLPs. Senior nurses, senior midwives and practice educators tell us the implementation of this tool is positive and has improved the student allocation process and is managing the numbers of students across the health and social care system more effectively (437-444, 482-483).

There's evidence in the nursing, midwifery and NA students' PAD/MORA that practice assessors and academic assessors communicate with one another. The majority of nursing and NA students we meet tell us that they're allocated to practice assessors and practice supervisors during practice learning. Midwifery students confirm they're allocated to practice assessors and practice supervisors. We review a sample of the students' PADs/MORAs during the visit and conclude that students are assigned to practice assessors and practice supervisors. During the extraordinary review visit we find one NA PAD where the practice assessor didn't hold due regard for the qualification the student is undertaking. Students we meet across the NMC programmes are aware of the requirement that the practice assessor cannot act as the student's practice supervisor simultaneously. A small number of NA students tell us of situations where they've had a practice supervisor acting in the capacity as a practice assessor. The majority of NA students tell us that when this was escalated this was rectified. Nursing, midwifery and NA students tell us that academic assessors review their PAD/MORA documents. Nursing and NA students tell us they meet with their academic assessor at the mid-point of their placement when they attend a tutorial at

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the university. Nursing and NA academic assessors tell us that they make contact with the practice assessors when they raise issues with a student's performance or practice. Midwifery practice assessors tell us academic assessors are responsive and that they're in contact with them regarding decisions on student assessment and progression (438-441, 445-461, 463-468).

We find that the UoB, together with their PLPs/EPs, are 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. We're not assured that the UoB consistently apply the SSSA. We're not assured that the LME is enabled to fulfil their statutory role and has the time and resource to undertake this activity. We're not assured that the UoB liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment in relation to the governance of practice assessor and practice supervisor training. We're not assured that the UoB receive and act upon constructive feedback from nursing students.

Outcome: NOT MET

Comments:

SFNME requirement 4.1 is not met.

We find that the UoB cannot consistently demonstrate application of the SSSA for all periods of practice learning in the nursing programme.

SFNME requirement 4.4 is not met.

We find that the LME isn't fully enabled or supported to undertake their statutory role. We find that the AEI doesn't value the LME role.

SFNME requirement 4.7 is not met.

We find that the UoB has limited governance of SSSA preparation by PLPs/EPs in relation to how practice assessors and practice supervisors are prepared to enable them to understand the individual elements of the UoB nursing and NA programmes.

SFNME requirement 4.9 is not met.

We find that the UoB doesn't consistently and proactively respond to feedback from nursing students. We find that nursing students' concerns around achievement of practice hours haven't been addressed.

Revised Outcome: MET/NOT MET
Date:

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Comments:
N/A

Areas for future monitoring:
● None identified

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 included – 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
The UoB provide documentary evidence that the nursing, midwifery and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes. Programme specifications, module specification documents and the relevant programme handbooks evidence relevant outcomes, including indicative content with field specificity for nursing. There's evidence that the curricula for the nursing, midwifery and NA programmes are contemporary and reflect the wider health and social care agendas (41, 55-57, 91, 97-98, 106, 108, 112, 118, 120, 148, 161, 166-168, 174, 177, 185, 196, 199, 216-217, 222-225, 232, 234-243, 245, 250-251, 254-261, 353-354, 356-357, 398, 412-421). The UoB provide documentary evidence (programme specifications, module specification documents and programme planners) that demonstrates how the nursing, midwifery 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 weighted appropriately in the pre-registration nursing, midwifery and NA programmes. The UoB identify in their ASR that NSS student satisfaction scores in relation to the organisation and management of their

programmes is below sector benchmark across the entire UoB pre-registration provision. In the 2022-2023 UoB ASR, 77 percent of items on the NSS are rated as red for the midwifery programme, 63 percent of items on the NNS are rated as red for adult nursing, 15 percent are rated as red for mental health nursing and 11 percent rated as red for the child nursing programme (21-22, 48, 57, 70-73, 80, 91, 97-98, 106, 109, 130, 149, 161, 216-217, 220, 232-243, 245, 250-251, 253-258, 259-262, 310-311, 412, 422-423).

The UoB provide some evidence prior to the extraordinary review visit 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 specifications, module specifications and programme handbooks outline relevant programme outcomes. The UoB provide meeting minutes with relevant stakeholder groups that identifies elements of co-production activities with PLPs/EPs and PUSCs. There's evidence that the UoB has governance and QA processes to review curricula and manage change. This includes academic quality action plans, annual course reviews, practice learning partnership meetings, PUSC partnership forums, staff student forums and school education experience committee meetings. The UoB report prior to the visit that they're exploring how PUSCs can be consistently involved in all programmes and acknowledge there are some marginalised, under-represented and disadvantaged groups and they've a plan to increase representation. There's evidence that the UoB has performance reporting and governance structures in place. There's documentary evidence provided by the UoB which suggests that the structures include use of a data-driven approach to ongoing monitoring and performance of the nursing, midwifery and NA programmes (74, 89, 94, 99-105, 112, 118-120, 174, 177-183, 186-199, 245-246, 262, 277, 297, 307, 393-394, 412).

The UoB provide documentary evidence that assessment is fair, reliable and valid to enable students to demonstrate they've achieved the proficiencies for their nursing, midwifery and NA programme. The assessment process is governed by the UoB academic quality framework GEAR and documentary evidence of derogations relating to the nursing, midwifery and NA programmes is provided. The UoB provide a wider range of external examiner reports following a further information request at the initial visit by the lead visitor and this covers the last three academic years and evidences all programmes and routes through the nursing programme. Students' assessment of practice is documented in the relevant PAD/MORA for their programme. The UoB note in their narrative and within their ASR that responses to the NSS in relation to their perception of assessment being fair is below subject benchmark across all the pre-registration programmes, with mental health nursing students reporting the lowest levels of satisfaction. There's evidence that practice assessors, practice supervisors and academic assessors receive training and education to undertake their role. There's evidence that external examiners review all aspects of the student's education in theory, with one external examiner noting they'd been invited to review practice documentation. The UoB provide evidence of marking criteria and redacted outcomes from misconduct panels in relation to student assessment (20-21, 99-105, 177, 221,

233, 250-251, 417, 424-427).

The UoB 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. The UoB provide a range of redacted examples of assessment and learning adjustment plans and examples of where individual considerations are made and implemented for students in both theory and practice learning environments. The UoB also provide email evidence of where students are supported with adjustments. Practice assessor and practice supervisor training material evidence how adjustments are made in practice (184, 211, 299, 387, 428).

The UoB provide documentary evidence to demonstrate that students undertaking the nursing, midwifery and NA programmes are assessed across practice settings and learning environments as required by their programme. Assessment is mapped to the curricula and utilises appropriate methods. The PAD/MORA facilitate the recording of students' achievement against the relevant proficiencies for the nursing, midwifery or NA programme and facilitate students' self-reflections. PUSCs have an opportunity to contribute to assessments in practice (48, 70-73, 80, 91, 97-98, 106, 109, 232, 310-311, 340, 423).

The UoB provide examples of how assessment is mapped to the curriculum within the module specification documents as well as in assignment/marking descriptors and criteria examples and how this occurs throughout the nursing, midwifery and NA programmes to determine student progression prior to the visit (130, 234-243, 250-251, 254-258, 412, 425-426).

The UoB utilise a PAD that incorporates the south PAD for nursing, the England and Northern Ireland MORA for midwifery and the England NA PAD. The visit team review a sample of completed PADs/MORAs during the visit. The UoB provide narrative in relation to how practice assessment is facilitated in the pre-registration nursing, midwifery and NA programmes, including how practice assessors and practice supervisors evidence observations and other appropriate methods to assess student proficiency. There's evidence of training material used for practice assessors and practice supervisors, including conferences for practice staff (37, 48, 58, 70-73, 79-80, 361, 416, 423, 429-430).

The NMC have undertaken a thematic analysis prior to the extraordinary review visit taking place that identifies the UoB have consistently received conditions on approval or at major modification visits where the institution is asked to provide more assurance on how they involve PUSCs in their programmes. The UoB confirm with the NMC that PUSC involvement across their range of programmes has enhanced and that PUSCs are involved in recruitment and selection activities as well as delivery of the programme. The AEI recognises that they need to diversify and grow their PUSC group and for PUSCs to be consistently involved in all their NMC approved programmes. There's evidence in the PAD and MORA that PUSCs have opportunities to contribute towards the assessment of practice. Further triangulation of PUSC involvement is

undertaken at the visit (187-193, 195, 198, 360, 390, 393).

The UoB 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 in the nursing, midwifery or NA programmes (48, 70-73, 80, 233-243, 250-251, 361, 431-434).

What we found at the review

Documentary evidence and meetings at the extraordinary review visit confirm that the pre-registration nursing, midwifery and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes and are contemporary addressing health and social care agendas. Nursing and NA students tell us that they're able to meet the proficiencies across a range of practice learning opportunities. Students tell us theory and practice learning provide variety and scope for a good range of practice learning settings. For the midwifery programme, PLPs and students tell us that the programme is well designed to prepare students for practice. The curriculum includes strategies to enable the achievement of the systematic examination of the newborn, however student exposure to opportunities in practice is varied. We're told that in response to this the programme team and PLPs are introducing a systematic examination of the newborn week within each student's placement 'line'. There are also plans in place to enable the achievement of new midwifery standard R3.6 within the SPMP. This requires students to gain experience of leadership with different providers and the UoB will provide a two-week leadership placement in an alternate trust. Practice assessors, practice supervisors and practice educators we meet confirm they're invited to contribute to teaching in the university and that there's effective partnership and communication relating to student learning (234-243, 254-258, 437-451, 453-455, 457-461, 463-468, 487).

The UoB provide documentary evidence that their pre-registration nursing, midwifery and NA curricula are developed and evaluated by suitably experienced and qualified educators and practitioners. The nursing, midwifery and NA programmes have relevant programme outcomes that reflect a field or fields of nursing practice or reflect midwifery or NA practice. Educators and assessors we meet have the relevant qualifications and experience. UoB academic staff, practice assessors and practice supervisors we meet provide examples of how the programmes meet relevant programme standards and proficiencies. The UoB provide relevant examples of mapping documentation. UoB academic staff and the LME for the midwifery programme provide examples of EDI principles; we see the school EDI action plan and the UoB Athena Swan submission and action plan. Students provide examples of how their EDI needs are met and recognised across all learning environments. The senior AEI team and the relevant programme teams also provide examples of how they're expanding and growing a diverse range of PUSCs and this includes PUSCs who can contribute to the midwifery programme (437-451, 457-469, 475-477, 479, 491).

The UoB provide evidence prior to and during the extraordinary review visit that confirms that the pre-registration nursing, midwifery and NA programmes are appropriately structured and sequenced and theory and practice are integrated throughout. 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. Programme documentation confirms that the nursing, midwifery and NA curricula and assessment weighs theory and practice learning appropriately to the programmes. The UoB nursing, midwifery and NA programme design adopts a spiral curriculum; we see evidence of this in module and programme specifications. The programme course plans for the nursing, midwifery 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. Nursing, midwifery and NA students who are nearing completion of their programmes tell us that there are opportunities to demonstrate leadership skills and they're aware of preceptorship programmes across the organisations where they intend to work once registered with the NMC. There's evidence that the midwifery students undertake a systematic examination of the newborn module in the final year of their programme (259-261, 437-451, 457-469).

Documentary evidence and meetings at the extraordinary review visit confirm that assessment is fair, reliable and valid in all learning environments, to enable students to demonstrate they've achieved the proficiencies for their pre-registration nursing, midwifery or NA programme. There's evidence of systems, processes and policies that oversee student assessment. There's evidence that external examiners are involved with the assessment process. External examiners comment on the robustness and fairness of the assessment across the range of NMC approved programmes; they comment on levels of feedback provided and that students receive feedback in a timely manner. External examiners confirm the performance of UoB nursing, midwifery and NA students is equitable when benchmarked across the sector and confirm that curricula and assessments are aligned to the relevant NMC programme standards (233, 437-451, 457-469, 471).

Documentary evidence and nursing, midwifery and NA students confirm during the extraordinary review visit at the UoB that reasonable adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice. Students confirm their diverse needs are respected and taken into account across all learning environments. They describe excellent support from the UoB central university departments and this includes student services and library services. UoB students are also very complimentary in relation to their PATs and the support they provide, including when adjustments are required because of complex personal circumstances. Students we meet tell us that adjustments are applied in both theory and practice learning and this includes extra time or modified assessments, or different modes of assessment where appropriate. Students tell us that practice assessors and practice supervisors are supportive when they're aware that students require reasonable adjustments in practice (445-451, 457-458, 461, 463-468).

The UoB, PLPs/EPs, practice assessors, practice supervisors and academic assessors tell us that students undertaking the pre-registration nursing, midwifery and NA programmes are assessed across practice settings and learning environments as required by their programme. There's documentary evidence that supports this. The nursing and NA students' PAD and midwifery students' MORA and the students' OAR are used effectively to record and monitor the students' achievement against the relevant proficiencies for the pre-registration nursing, midwifery or NA programme. Students tell us that they undertake a range of assessments in theory and practice. We see evidence of communication between academic assessors and practice assessors within the students' PAD/MORA. The nursing and NA teams tell us they communicate directly with practice assessors where an issue is identified regarding a student's progression or performance. We see evidence and we hear at the visit that there's clear communication between midwifery academic assessors and midwifery practice assessors (437-461, 463-468, 486).

The UoB provide detailed programme specifications and module specification documents as well as a range of mapping documents that clearly identify content such as safeguarding and where assessment is located throughout the pre-registration nursing, midwifery and NA programmes. There are clear progression criteria for each part of the nursing, midwifery and NA programme. Students tell us that they're aware of where progression points are within their programme. Students tell us that they're allocated to a practice assessor for their practice learning experiences. For the midwifery programme domains of the SPM are clearly mapped within the learning outcomes, indicative content and assessment strategies of the programme (39, 234-243, 249, 254-258, 291, 438-441, 445-451, 458-461, 464-467).

The UoB, practice assessors, practice supervisors and students tell us and provide documentary evidence that they utilise a paper-based PAD that incorporates the Midlands, Yorkshire and east of England PAD for nursing and the NA PAD for NA. The paper-based MORA is used for students on the midwifery programme. The UoB tell us that they're moving to an electronic platform that will house the PAD/MORA in the coming academic year. The programme specific PAD/MORA details observations made by practice assessors and practice supervisors and other key stakeholders who are involved in the assessment process, including other members of the multidisciplinary team. Practice assessors confirm they're supported to periodically observe students in the practice learning environment. We observe a sample of students' practice documentation for each programme we visit; we see PADs and MORAs for each year of the students' programme (438-461, 463-468).

Documentary evidence and meetings during the extraordinary review visit confirm that practice assessors, practice supervisors, academic assessors and PUSCs contribute to student feedback in the assessment of practice. Practice assessors and practice supervisors tell us they're aware that students need to obtain PUSC feedback while on practice placement and that there are opportunities to do so. The approach to suitable individuals is made by the practice supervisor or practice assessor. Nursing, midwifery

and NA students confirm this and tell us that PUSC feedback is uploaded into their programme specific PAD/MORA. We see evidence in the students' MORA/PAD of PUSC feedback and students tell us they're encouraged obtain PUSC feedback. We're told by practice assessors, practice supervisors and students that PUSC feedback is facilitated by practice assessors and practice supervisors and that UoB students don't approach PUSCs directly. PUSCs we speak with tell us that they contribute to delivery of the UoB programme and that there are plans to enhance their involvement further in the future (438-469).

There's evidence in the UoB programme documentation for the nursing, midwifery and NA programmes that there's no compensation in assessments across theory and practice (91, 97-98, 106, 108, 233, 254-288, 431-434, 438-441).

We find that the UoB, 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:

N/A

Areas for future monitoring:

- Introduction of the e-PAD and e-MORA from September 2024 (SFNME R5.8)

Evidence/Reference Source

1. CQC, UHSFT, inspection report, 15 March 2023
2. CQC, SCFT, (BGH), inspection report, 21 October 2021
3. CQC, ESHT, (EDGH), inspection report, 25 January 2023
4. CQC, SASHT, (ESH), inspection report, 15 November 2023
5. CQC, FCC, inspection report, 15 August 2022
6. CQC FHFT, (FPH), inspection report, 13 September 2023
7. CQC, ESHT, (CH), inspection report, 25 January 2023
8. CQC, RHPL, (HPH), inspection report, 29 September 2022
9. CQC, MTWT, inspection report, 31 August 2023
10. CQC, FHFT, (WPH), inspection report, 13 September 2023
11. CQC, PCL, (PHBH), inspection report, 15 October 2021
12. NMC, UoB programme approval letter, pre-registration nursing, 2 July 2019
13. NMC, UoB programme major modification letter pre-registration nursing (apprenticeship), 1 December 2020
14. NMC, UoB programme major modification report pre-registration nursing (apprenticeship), 23 November 2020
15. NMC, UoB programme approval report, midwifery, 19 June 2020
16. NMC, UoB programme approval report pre-registration nursing (direct entry). 19 June 2019
17. NMC, UoB, programme approval letter NA, 20 September 2019
18. NMC, UoB, programme approval letter, midwifery, 13 July 2020
19. NMC, UoB, ASR, 20 January 2022
20. NMC, UoB, ASR, 25 January 2023
21. NMC, UoB, ASR, 24 January 2024
22. NMC, visitor briefing document, 31 January 2024
23. UoB, apprentice employer list NA programme, undated
24. UoB, apprentice employer list nursing, undated
25. UoB, evidence narrative document, undated
26. UoB, agenda for group personal academic tutorials, undated
27. UoB, examples of teaching (x eight files), purpose of professional regulation and ethics, undated
28. UoB, example of lesson plan and prompt cards, human factors and communications workshop, undated
29. UoB, links for student support, undated
30. UoB, personal academic tutoring workshop presentation, 2022-2023
31. UoB, examples of raising concerns teaching, undated
32. UoB, student engagement presentation, undated
33. UoB, tripartite assessment support document, undated
34. UoB, new site facilities document, undated
35. UoB, practice concerns database (alert), undated
36. UoB, FtP letters (x four), various dates
37. UoB, placement improvement project, undated
38. UoB, examples of DBS letters (x three), various dates

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39. UoB, safeguarding mapping document, 2023-2024
40. UoB, WorkSafe, outstanding trainer feedback, September–December 2023
41. UoB, safeguarding children presentation, 20 October 2022
42. UoB, psychological safety materials, undated
43. UoB, pregnancy support agreement, undated
44. UoB, closing the loop, you said we did, undated
45. UoB, duty of care midwifery, undated
46. UoB, response to NA NSS, undated
47. UoB, record of mandatory training NA, undated
48. UoB, NA PAD, undated
49. UoB, example emails for concerns in practice (x 10), various dates
50. UoB, placement adaptions plan, 1 February 2024
51. UoB, course representatives presentation, undated
52. UoB, communication café, action tracker, September 2023
53. UoB, occupational health screening (x seven), various dates
54. UoB, introduction to buddy systems, undated
55. UoB, transitions project, undated
56. UoB, Schwartz rounds examples all programmes (x seven), undated
57. UoB, inclusivity in health, lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) presentations (x two), undated
58. UoB, student reflection deteriorating patient PAD, undated
59. UoB, academic assessor reflective practice format and structure, undated
60. UoB, pelvic and perineal health workshop, example of IPE and PUSC involvement in midwifery programme, 10 July 2022
61. UoB, CQC database, undated
62. UoB, NMC exception report Dorset, November 2023
63. UoB, AEI educational audit in response to CQC Dorset, 4 January 2024
64. UoB, research ethics introduction, undated
65. UoB, year one student reflection MORA, undated
66. UoB, concerns raised regarding a data breach, 30 January 2024
67. UoB, freedom to speak up guardian role presentation, SCFT, November 2023
68. UoB, examples of session on consent in adults and children, undated
69. UoB, consent in adults and children presentations (x two), undated
70. UoB, south PAD part one, 24 August 2023
71. UoB, south PAD part two, 24 August 2023
72. UoB, south PAD part three, 24 August 2023
73. UoB south PAD OAR, 24 August 2023
74. UoB, FtP workshop, 24 November 2021
75. UoB practice assessor day, undated
76. UoB, practice assessor workbook, 2023
77. UoB, practice supervisor workbook, undated
78. UoB, super educator conference. 2023
79. UoB, example of student action plans (x three), undated
80. UoB, MORA, 2023
81. UoB, placement evaluation responses (x eight), various dates
82. UoB, example of PREVENT training, undated

83. UoB, supporting students learning in practice webpage, undated
84. UoB, safety and wellbeing committee minutes, 10 May 2023
85. UoB, safety and wellbeing terms of reference, undated
86. UoB, occupational health referral, 1 February 2024
87. UoB, risk assessment simulation and clinical skills (x nine), various dates
88. UoB, workload allocation database, undated
89. UoB, NMC registration database, undated
90. UoB student progression plan, 5 September 2023
91. UoB, adult course handbook, 2023-2024
92. UoB, policies and processes for supporting students in practice settings, 2023-2025
93. UoB, practice placement evaluation website, undated
94. UoB, school report module evaluation (x three), 30 January 2024
95. UoB, student complaints resolution procedure, 2023-2024
96. UoB, safeguarding concerns email evidence, 24 July 2023
97. UoB, child course handbook, 2023-2024
98. UoB, mental health course handbook, 2023-2024
99. UoB, staff student forum minutes, 14 December 2022
100. UoB, staff student forum minutes NA, 21 November 2022
101. UoB, staff student forum minutes NA, 20 March 2023
102. UoB, staff student forum minutes, midwifery, 5 April 2023
103. UoB, staff student forum minutes, pre-registration nursing, 17 May 2023
104. UoB, staff student forum minutes, pre-registration nursing, 18 May 2023
105. UoB, staff student forum minutes, pre-registration nursing, 1 November 2023
106. UoB, midwifery course handbook, 2023-2024
107. UoB, evidence of how FtP concerns are raised, undated
108. UoB, registered nurse degree apprenticeship (RNDA) course handbook, 2023-2024
109. UoB, stage complaint outcome report stage one, undated
110. UoB, example of a complaints process investigation, undated
111. UoB, FtP procedure, 26 July 2023
112. UoB, agenda, practice learning partnership meeting, 25 July 2023
113. UoB, child placement concerns overview, undated
114. UoB, example head of practice managing a concern meeting notes, 25 November 2021
115. UoB examples of referral for student health and professional conduct concerns, 30 June 2022
116. UoB, example of stage one complaint from nursing student, 9 August 2023
117. UoB, complaints procedure presentation, April 2019
118. UoB, health and social care partnership meeting minutes, 30 November 2023
119. UoB, practice learning partnership meeting minutes, 6 April 2022
120. UoB, practice learning newsletter, 2023
121. UoB, student discipline policy, 2023-2024

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122.	UoB, student health and professional conduct committee, terms of reference, 23 January 2023
123.	UoB, example of professional behaviour complaint, 12 January 2024
124.	UoB, example of referral for cause for concern, 1 June 2022
125.	UoB, example of students support midwifery, undated
126.	UoB, example of referral for cause for concerns, 30 June 2022
127.	UoB, concerned about a student flyer, undated
128.	UoB, practice liaison lecture role descriptor, undated
129.	UoB, example of response to a family following a compliant/investigation, undated
130.	UoB, example of teaching communication and leadership, undated
131.	UoB, examples of school health and professional conduct committee (x three), 26 June 2024 and 21 November 2022
132.	UoB, guidance for course leaders and teams, student concerns and referrals process, undated
133.	UoB, student health and professional conduct committee consultation and membership, 24 February 2023
134.	UoB school health and professional conduct committee flowchart, undated
135.	UoB, student concerns tracking spreadsheet, undated
136.	UoB, professional concerns email, undated
137.	UoB, practice meeting discussion, 20 March 2023
138.	UoB, example response to stage one complaint, undated
139.	UoB, examples of teaching duty of candour and FtP, undated
140.	UoB, safeguarding children presentation, undated
141.	UoB, professional and statutory midwifery frameworks, undated
142.	UoB, preparation for placement examples all programmes, undated
143.	UoB, placement support presentation, undated
144.	UoB, student support information from the student support and guidance (x 3), undated
145.	UoB, student academic assessor engagement database, undated
146.	UoB, my personal and professional development plan, undated
147.	UoB, examples of responding to student feedback, undated
148.	UoB, year one students inclusive practice partnership (IPP) project, undated
149.	UoB, changes to teaching following IPP work (x two), undated
150.	UoB, examples of practice partner and IPL activities (x two), undated
151.	UoB, examples of student wellbeing and support activities, undated
152.	UoB, student wellbeing, course progression presentation, undated
153.	UoB, email example of student feedback, 6 December 2022
154.	UoB, EDI committee agenda, 6 February 2024
155.	UoB, child team meeting notes, 17 March 2023
156.	UoB, working example of student learning support plan agreement, 15 November 2023
157.	UoB, module feedback report NI622, 30 December 2021
158.	UoB, SPFT learning council flyer, undated

159.   UoB, neurodivergence session by PUSC, November 2023
160.   UoB, PUSC feedback for mental health specific modules, undated
161.   UoB, health inequalities presentations in relation to LGBTQ groups (x three), undated
162.   UoB, examples of midwifery resources including antenatal examinations, including skin colour, and the newborn (x three), 2023
163.   UoB, student placement passport, undated
164.   UoB, bridging the gap to leadership, undated
165.   UoB, course leader reflection, undated
166.   UoB, wound care conference, 14 July 2023
167.   UoB, feedback from wound care conference, 14 July, 2023
168.   UoB, examples of changes following student feedback, undated
169.   UoB, student feedback following simulation, 12 May 2023 and 18 July 2023
170.   UoB, example of module action plans (x two), 2021-2022
171.   UoB, moderation report, 24 January 2023
172.   UoB, practice module overview example, undated
173.   UoB, student experience survey, undated
174.   UoB, minutes of the mental health course review, 12 November 2022
175.   UoB, lived experience examples for mental health nursing, undated
176.   UoB, responding to NSS feedback, mental health nursing programme, undated.
177.   UoB, external examiner reports and course leader responses (x five), various dates
178.   UoB, academic quality assessment action plan, adult nursing, 27 October 2023
179.   UoB, academic quality assessment action plan, midwifery, undated
180.   UoB, academic quality assessment action plan, children's nursing, 27 October 2023
181.   UoB, academic quality assessment action plan, mental health nursing, 31 October 2023
182.   UoB, academic quality assessment 2023 guidance notes, 2023
183.   UoB, academic quality assessment summary of school of sport and health science, 6 September 2023
184.   UoB, learning support plans (x seven), various dates
185.   UoB, dementia teaching materials (x four), undated
186.   UoB, PUSC examples of teaching materials (x two), undated
187.   UoB, PUSC partnership forum, 3 November 2023
188.   UoB, PUSC agenda, 3 November 2023
189.   UoB, PUSC minutes, 3 November 2023
190.   UoB, PUSC partnership forum, 9 February 2024
191.   UoB, PUSC evidence of involvement with recruitment activity, 2023-2024
192.   UoB, PUSC and practice partner teaching, undated
193.   UoB, examples of PUSC feedback in children's nursing students PAD, 31 August 21
194.   UoB, examples of parents' feedback in children's nursing students PAD,

undated
195. UoB, student feedback to PUSC teaching sessions (x three), undated
196. UoB, evidence of course consultation (x four), undated
197. UoB, school leadership minutes, 22 January 2024
198. UoB, IPE and PUSC involvement, undated
199. UoB, mental health focused simulations, undated
200. UoB, working together conference, IPE event, 2022-2023
201. UoB, working together conference evaluation, 11 November 2022
202. UoB, occupational therapy student led activity, undated
203. UoB, physiotherapy input into midwifery programme (x two), undated
204. UoB, inter-professional student conference flyer, December 2023
205. UoB, UHSFT practice placement handbook, undated
206. UoB, quality assurance in practice learning research evidence with students (x three), undated
207. UoB, international publications, 2021-2023
208. UoB, mental health lecturers publication examples (x four), various dates
209. UoB, reflections on a research development, undated
210. UoB, simulation pilot working group, undated
211. UoB, examples of actions plans to support students learning in practice (x two), 14 September 2023
212. UoB, apprenticeship clearance check form, undated
213. UoB, example of trust induction invitation and agenda, November 2023
214. UoB, professional and behaviour presentation for year one and three students (x two), undated
215. UoB, examples of practice trust induction days for NAs (x three), undated
216. UoB, course overview, attendance and engagement presentation NA programme, undated
217. UoB, example of timesheets, undated
218. UoB, recording of trainee NA hours, learner guidance document, September 2022
219. UoB, Belong at Brighton, pre-course information webpages (x three), undated
220. UoB, evidence of attainment of end point assessment NA programme, undated
221. UoB, email evidence between AEI and external examiner regarding progression decision, 31 October 2023
222. UoB, course exam board minutes NA, 20 September 2023
223. UoB, course exam board midwifery, 27 September 2023
224. UoB, course exam board minutes nursing, 24 January 2024
225. UoB, course exam board minutes nursing, 13 September 2023
226. UoB, clinical learning environment approval process, October 2022
227. UoB, education audit, acute admissions unit, UHSFT, 28 July 2022
228. UoB, education audit, seldon centre, 24 January 2024
229. UoB, education audit, de cham ward, 16 August 2022
230. UoB, education audit, early intervention unit, SPFT, 19 July 2023
231. UoB, education audit, Seaford community team, 8 August 2022

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232.   UoB, course handbook NA, September 2023
233.   UoB, GEAR taught courses, November 2022
234.   UoB, module specification template MI414, undated
235.   UoB, module specification template MI514, undated
236.   UoB, module specification template MI614, undated
237.   UoB, module specification template NI409, undated
238.   UoB, module specification template NI525, undated
239.   UoB, module specification template NI528, undated
240.   UoB, module specification template NI530, undated
241.   UoB, module specification template NI619, undated
242.   UoB, module specification template NI622, undated
243.   UoB, module specification template NI625, undated
244.   UoB, new staff induction programme, undated
245.   UoB, examples of teaching materials, blood transfusion, organ transplant, health promotion, A to E assessment (x five), undated
246.   UoB, evidence of collaborative working documents, undated
247.   UoB, practice module leaders meeting minutes, 6 September 2023
248.   UoB, practice learning team development day programme, 26 January 2024
249.   UoB, NI615 mapping to proficiencies, undated
250.   UoB, school quality standards committee, 13 September 2023
251.   UoB, school quality standards committee, 26 October, 2023
252.   UoB, guidance for achieving PAD requirements in health visiting and school nursing placements, undated
253.   UoB, guidance for child field nursing students on completing part two and part three PAD (x 2), undated
254.   UoB, programme specification, BSc (Hons) midwifery, September 2023
255.   UoB, programme specification, BSc (Hons) nursing (adult), September 2023
256.   UoB, programme specification, BSc (Hons) nursing (child), September 2023
257.   UoB, programme specification, BSc (Hons) nursing (mental health), 2023
258.   UoB, programme specification, Foundation Degree in Science (FdSc) NA, September 2023
259.   UoB, midwifery course planner, September 2023
260.   UoB, nursing course planner, September 2023
261.   UoB, NA course planner, September 2023
262.   UoB, school level action plan, undated
263.   UoB, NI4096 safeguarding presentation, undated
264.   UoB, practice learning leader descriptor, undated
265.   UoB, combined apprenticeship employer strategic forum minutes, 20 October 2022
266.   UoB, examples of nursing interview questions (x three), undated
267.   UoB, monthly meeting with SPFT education team, 1 February 2024
268.   UoB, apprentice tripartite progress review, 11 December 2023
269.   UoB, email evidence of tripartite review, undated

270. UoB, testimonial student nursing times awards (x three), undated
271. UoB, review of mental health course consultation presentations and evidence (x three) undated
272. UoB, midwifery link visit schedule, January-August 2024
273. UoB, maternity education days agendas, 2003
274. UoB, link lecturer role descriptor midwifery, undated
275. UoB, local faculty group minutes, 26 July 2023
276. UoB, guidelines for meeting birth numbers, undated
277. UoB, student staff forum action plan, 21 November 2023
278. UoB, BSc (Hons) nursing and RNDA assessment schedule, 2023-2024
279. UoB, clinical educator internships frequently asked questions document, undated
280. UoB, NHSE placement agreement/NHS education contract example, undated
281. UoB, practice assessor and supervisor presentations (x three), undated
282. UoB, children's, adult and mental health nursing, midwifery, NA interview, selection and open day evidence (x 14), undated
283. UoB, admissions widening participation midwifery document, undated
284. UoB, guidance for making up sickness, 5 February 2024
285. UoB, T-level working group minutes, 6 September 2023
286. UoB, care showcase event, Brighton, 8 March 2023
287. UoB, OfS action and participation plan, 2020-2025
288. UoB, adult, child and mental health RPL process, undated
289. UoB, RPL reflection example, undated
290. UoB, examples of apprentice self-assessment RPL document (x five), 2023
291. UoB, RPL mapping document example BSc (Hons) nursing, 8 August 2023
292. UoB, apprenticeship training plan (x three), 2023
293. UoB, RPL transcripts (x three), July 2017 and July 2019
294. UoB, example of completed RPL application forms (x three), 2023
295. UoB, RPL policy, May 2014
296. UoB, information for prospective employers and apprentice applicants for September 2024, undated
297. UoB, practice assessor and supervisor feedback NA programme (x two), various dates
298. UoB, academic assessor summary of progress meetings (x three) various dates
299. UoB, support plan for year two students following an FtP hearing, 19 June 2023
300. UoB, communication between AEI academic assessor and practice assessor regarding midwifery students' performance MORA, undated
301. UoB, academic assessor role descriptor, undated
302. UoB, good health and good character declaration, undated
303. UoB, exception report (midwifery) UHSFT, 16 November 2022
304. UoB, exception report (midwifery), 14 September 2023

305. UoB, paediatric manikin training, undated
306. UoB, equipment requests forms for simulation activities (x three), undated
307. UoB, overview of staffing in nursing and midwifery, undated
308. UoB, simulation strategy, November 2023
309. UoB, SPFT learning council meeting notes, 1 February 2024
310. UoB, academic assessor moderation checklist and decision tool OAR, undated
311. UoB, OAR submission flowchart, undated
312. UoB, skills for health, undated
313. UoB, programme for new course leaders, undated
314. UoB, role descriptor course leader, undated
315. UoB, names of nominated course leaders and administrators document, undated
316. UoB, external examiner database, undated
317. UoB, external examiner subcommittee minutes, 3 May 2023
318. UoB, external examiner subcommittee minutes, 26 October 2023
319. UoB, external examiner handbook, November 2023
320. UoB, external examiner procedure for dealing with serious matters of concern flowchart, undated
321. UoB, email evidence of external examiner exam board and consultation, 31 October 2023
322. UoB, support for student management placement, undated
323. UoB, evidence of trust mandatory training supporting learners in practice, 2023
324. UoB, evaluation supporting learners in practice, January 2024
325. UoB, failing to fail presentation, SSSA training, 2024
326. UoB, preparing for summative assessment, midwifery student forum presentation, undated
327. UoB, entry criteria on webpages, undated
328. UoB, FtP example, 7 March 2023
329. UoB, QA process for placement provision, April 2023
330. UoB, application procedure international, updated
331. UoB, student reflection of international experience in Tanzania, undated
332. UoB, international placement health and safety risk assessment, undated
333. UoB, completed international placement health and safety risk assessments (x six), various dates
334. UoB, completed examples of placement agreements with international practice learning organisations (x two), 6 June 2021 and 14 December 2023
335. UoB, example of travel insurance cover application form for student undertaking an international elective experience, undated
336. UoB, mutual international midwifery module handbook, 2022-2023
337. UoB, getting the most out of your staff development review, undated
338. UoB, student empowerment examples (x 10), undated
339. UoB, the skills zone, undated
340. UoB, mini MORA, undated
341. UoB, clinicalskills.net, undated

342. UoB, link to MORA support and resource centre presentation, undated
343. UoB, guide to hub and spoke model, undated
344. UoB, health equipment purchases, undated
345. UoB, skills hub evidence (x six), undated
346. UoB, transition presentations all programmes (x four), undated
347. UoB, applying for your first registered nurse role, undated
348. UoB, school education and student experience committee agenda, November 2023
349. UoB, examples of module roadmap documents (x 11), undated
350. UoB, school education experience committee, minutes, 8 November 2023
351. UoB, school education experience committee, minutes, 16 May 2023
352. UoB, leadership survey mental health, undated
353. UoB, simulation set up photos, undated
354. UoB, simulation and other teaching materials children's nursing (x five), undated
355. UoB, alternative/different learning methods (x five) mental health, undated
356. UoB, immersive dementia experience simulation evidence (x five) undated
357. UoB, simulation and other teaching materials midwifery (x 14), undated
358. UoB, midwifery examples of academic assessor support for year three students, undated
359. UoB, MORA requirements for year one, 18 October 2023
360. UoB, quality improvement plan, RNDA, undated
361. UoB, practice assessor and practice supervisor feedback and reflection year three students, undated
362. UoB, personal academic tutor and academic assessor database midwifery, 2023-2024
363. UoB, personal academic tutor and academic assessor database midwifery, 2022-2023
364. UoB, personal academic tutor and academic assessor database nursing all fields, undated
365. UoB, example of examination board letter (x two), 31 January 2024
366. UoB, completers information, undated
367. UoB, example of completers examination board decision, 31 January 2024
368. UoB, completers information midwifery programme, undated
369. UoB, emails conforming status of award NA programmes (x four), various dates
370. UoB, examples of introduction to module material and assignment preparation all programmes (x nine), undated
371. UoB, attendance and engagement at UoB, midwifery programme, 2023-2024
372. UoB, midwifery communications workshop evaluation, 13 December 2023
373. UoB, narrative inter-professional education, undated

374.   UoB, midwifery example case study IPE, undated
375.   UoB, midwifery and paramedic IPE evaluation, undated
376.   UoB, placement journey child student, September 2023
377.   UoB, examples of change of status form (x three), undated
378.   UoB, email regarding midwifery student withdrawal, 6 July 2023
379.   UoB, email regarding child nursing student interrupting studies, 11 December 2023
380.   UoB, change of circumstances evidence, undated
381.   UoB, breaks in learning database, undated
382.   UoB, email evidence of support for students returning to studies (x three) various dates
383.   UoB, examples of disability and dyslexia team drop in activities and other materials (x four), undated
384.   UoB bespoke learner support (x four), undated
385.   UoB, email regarding bullying allegations, undated
386.   UoB, student reports of bullying support document, undated
387.   UoB, student support and adjustments examples (x two), undated
388.   UoB, supporting a student involved in a serious incident, undated
389.   UoB, PUSC advert/web page, undated
390.   UoB, email from PUSC, 14 July 2023
391.   UoB, course representative follow up, 2 November 2023
392.   UoB, assessment and feedback working group, January 2024
393.   UoB, annual course review meeting with year three students, trusts and PUSC, undated
394.   UoB, subject group report module check in evaluation period, five, six, seven, Match, May and July 2022-2023
395.   UoB, example of completed staff development review, 22 February 2023
396.   UoB, example of completed staff development review, 6 March 2023
397.   UoB, example of completed staff development review, 15 March 2023
398.   UoB, acting on student feedback (x nine), undated
399.   UoB paediatric virtual wards webinar, 14 November 2023
400.   UoB, overview of academic assessor activity 2023-2024
401.   UoB, EDI training, undated
402.   UoB, mandatory training for academic staff database, undated
403.   UoB, leadership framework, self-assessment for development, undated
404.   UoB, leadership framework development tool, undated
405.   UoB, my development guide, undated
406.   UoB, return to work support, undated
407.   UoB, Supporting and communicating with students, course representatives, EDI, admin slides, undated
408.   UoB, neurodivergent staff network, undated
409.   UoB, occupational health referral form staff, undated
410.   UoB, apprenticeship employer strategic forum minutes, 15 January 2024
411.   UoB, guide for complaint investigators complaints procedure, undated
412.   UoB, case studies and scenarios for assignments, adult nursing (x six), undated

413.	UoB, quality assurance practice learning guidance on reflection and goal setting (x four), undated
414.	UoB, wound care conference feedback from delegates, undated
415.	UoB, examples of student absences in the students record system, 9 February 2024
416.	UoB case studies and scenarios for assignments, NA (x five), undated
417.	UoB, marking and moderations processes how your work is marked, undated
418.	UoB, SPFT dementia research examples, undated
419.	UoB, response to module evaluation (x three), various dates
420.	UoB, OAR year one e-learning record Oliver McGowan training, undated
421.	UoB, increasing learning disabilities opportunities on the NA programme, undated
422.	UOB, midwifery hours record/database, 2023-2024
423.	UoB, midwifery OAR and appendix one, August 2023
424.	UoB, academic misconduct panel outcome letters (x seven) various dates
425.	UoB, marking descriptors/criteria all programmes (x 10), various dates
426.	UoB, assessment and feedback policy, 21 June 2021
427.	UoB, double marking policy, 10 March 2022
428.	UoB, examples of assessment and learning adjustments and additional considerations (x 10), various dates
429.	UoB, student reflections PADs all programmes (x seven), undated
430.	UoB, student self-reflection and evidence of reflection in assignments (x four), undated
431.	UoB, midwifery programme, no compensation evidence, page 16, September 2023
432.	UoB, NA programme, no compensation evidence, undated
433.	UoB, nursing, no compensation evidence (x three), undated
434.	UoB, RNDA nursing, no compensation evidence (x three) undated
435.	UoB, Ofsted inspection report, May 2019
436.	UoB, initial visit, 4 March 2024
437.	UoB, formal presentation to the extraordinary review team by the AEI in partnership with relevant PLPs/EPs, 19 March 2024
438.	UoB, meeting with AEI nursing programme team, 19 March 2024
439.	UoB, meeting with LME, 19 March 2024
440.	UoB, meeting with AEI NA team, 19 March 2024
441.	UoB, meeting with AEI midwifery team, Eastbourne campus, 19 March 2024
442.	UoB, group meeting with senior representatives of AEI, 19 March 2024
443.	UoB, group meeting with senior representatives of nursing and NA PLPs/EPs, 19, March 2024
444.	UoB, group meeting with senior representatives of midwifery PLPs/EPs, 19 March 2024
445.	UoB, meeting with year one NA students (apprentices) Falmer campus, 19 March 2024
446.	UoB, meeting with year two NA students (apprentices) Falmer campus,

447.   UoB, meeting with year two adult nursing students (direct entry and apprenticeship) Falmer campus, 19 March 2024

448.   UoB, meeting with child nursing students Falmer campus, 19 March 2024

449.   UoB, meeting with year one midwifery students, Eastbourne campus, 19 March 2024

450.   UoB, meeting with year three mental health nursing students (direct entry and apprenticeship) Falmer campus, 20 March 2024

451.   UoB, meeting with year one mental health nursing students (direct entry and apprenticeship) Falmer campus, 20 March 2024

452.   UoB, meeting to review MORA, 20 March 2024

453.   UoB, visit to RSCH, midwifery practice visits, 20 March 2024

454.   UoB, visit to RSCH, 20 March 2024

455.   UoB, visit to RACH 20 March 2024

456.   UoB, review of PADs nursing and NA programmes, 20 March 2024

457.   UoB, visit to Meadowfield Hospital, 20 March 2024

458.   UoB, meeting with year two mental health nursing students (direct entry and apprenticeship) Falmer campus, 21 March 2024

459.   UoB, follow up meeting with nursing and NA programme teams, 21 March 2024

460.   UoB, follow up meeting with midwifery programme team, 21 March 2024

461.   UoB, meeting with year three midwifery students, Falmer campus, on-line, 21 March 2024

462.   UoB, focus group with midwifery PUSC (online), 21 March 2024

463.   UoB, meeting with midwifery practice assessors and practice supervisors (online), 21 March 2024

464.   UoB, meeting with year one adult nursing students (direct entry and apprenticeship) Falmer campus, 21 March 2024

465.   UoB, meeting with year three adult nursing students (NDA), 21 March 2024

466.   UoB, meeting with nursing and nursing associate practice assessors and practice supervisors, 21 March 2024

467.   UoB, meeting with adult nursing students (all years) Eastbourne campus, 21 March 2024

468.   UoB, meeting with practice assessors and practice supervisors Eastbourne (online), 21 March 2024

469.   UoB, focus group with PUSC (nursing and NA), 21 March 2024

470.   UoB, meeting to provide feedback to AEI, 22 March 2024

Additional evidence requested at initial meeting:

471.   UoB, external examiner reports, all programmes (x 22), 2020-2021, 2021-2022, 2022-2023

472.   UoB, placement evaluations, all programmes (x 32), 2020-2021, 2021-2022, 2022-2023

473.   UoB, midwifery team curricula vitae (x nine), undated

474.   UoB, staff student forum minute, all programmes, (x 20), 2020-2021,

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2021-2022, 2022-2023

Additional information requested during visit:

475.   UoB, EDI plan, school of sport and health sciences, 2022
476.   UoB, school of sport and health sciences, Athena Swan action plan, 2022
477.   UoB, Athena Swan application, November 2019
478.   UoB, staff student ratios for NMC pre-registration programmes from senior AEI team document, 19 March 2024
479.   UoB, evidence of volume of PUSC numbers who are involved with NMC programmes, 19 March 2024
480.   UoB, good health and good character declaration document, 19 March 2024
481.   UoB, review of educational audits (x seven), 20 March 2024
482.   UoB, review of placement allocation systems, all programmes, 20 March 2024
483.   UoB, review of students record system, 20 March 2024
484.   UoB, review of placement evaluation system, 20 March 2024
485.   UoB, review of click view attendance monitoring system, 20 March 2024
486.   UoB, academic assessor records, 20 March 2024
487.   UoB, evidence of total number of births across PLPs, 20 March 2024
488.   UoB, audit documentation meridian ward, Millview Hospital, 21 March 2024
489.   UoB, student evaluations meridian ward, Millview Hospital (x three), 21 March 2024
490.   UoB, evidence in relation to student concern document, 21 March 2024
491.   UoB, evidence in relation to PUSC action planning (previous NMC conditions), 21 March 2024
492.   UoB, meeting with mental health programme leads in response to student feedback, 21 March 2024
493.   UoB, attrition data, 21 March 2024
494.   UoB, evidence of SSSA application to learning outside of the UK, 22 March 2024

Personnel supporting extraordinary review
Prior to the extraordinary review:
Meetings with:
Associate dean, education and student experience
At the extraordinary review:

Meetings with:	
Practice supervisors/practice assessors	34 nursing and NA (practice assessor/practice supervisor) Seven midwifery practice assessors Four midwifery practice supervisors
Academic assessors	Midwifery x nine Nursing and NA x 16
People who use services and carers	Midwifery x four Nursing and NA x nine
Senior managers of the AEI	Vice chancellor Nursing subject lead Associate dean, education and student experience Associate dean, academic operations Head of practice learning School operations manager LME Dean of school Subject lead acute care (midwifery) Professional placement manager Associate subject lead (NMC correspondent) Associate subject lead nursing x two

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Senior managers from associated practice learning partners	Senior development nurse - pre-registration education (SPFT) Practice education facilitator (SPFT) Head of nursing for practice development and education (UHS) Matron for practice development, pre-registration education (UHS) Deputy chief nurse for workforce and professional standards (UHS) ICS placement manager Practice development facilitator Primary care workforce development lead (NHSE) Head of nursing (Queen Victoria NHST) Head of clinical education and development (SCFT) Assistant director-human resources-education (ESHT) Chief nurse (ESHT) Deputy chief nurse (ESHT) Associate chief nurse of workforce (SASHT) Strategic education manager (SASHT) Chief people officer NHS Sussex Head of nursing for practice development and education Practice education facilitator (ESHT) Director of maternity services (ESHT) Practice education facilitators, midwifery, x two, (SASHT) Head of midwifery (SASHT) Interim head of midwifery (Worthing and St Richards hospitals) Acting head of midwifery (RSCH and PRH)
Director/manager nursing	Seven
Director/head of midwifery	Five
Education commissioners or equivalent	Two
Practice education facilitator or equivalent	Five

Other:	Community matron Hospital in patient matron Practice development nurse Matron labour ward Community team lead Deputy head of nursing for practice Development and education Clinical lead for education pre-registration Clinical lead for CPD and practice assessor and practice supervisor training

Meetings with students:	
Programme	**Number met**
BSc (Hons) nursing adult (direct entry)	Year 1: 16 Year 2: 18 Year 3: 11
BSc (Hons) nursing adult (apprenticeship)	Year 1: 0 Year 2: two Year 3: 0
BSc (Hons) nursing mental health (direct entry)	Year 1: 12 Year 2: 13 Year 3: five
BSc (Hons) nursing mental health (apprenticeship)	Year 1: 0 Year 2: two Year 3: two
BSc (Hons) nursing child (direct entry)	Year 1: four Year 2: five Year 3: one
BSc (Hons) nursing child (apprenticeship)	Year 1: 0 Year 2: one Year 3: 0
BSc (Hons) midwifery	Year 1: 11 Year 2: one

	Year 3: 20
FdSc NA (apprenticeship)	Year 1: 34 Year 2: 28

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Final Report			
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