

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

Approved education institution	Anglia Ruskin University
Programmes monitored	BSc (Hons) Nursing (Adult) BSc (Hons) Nursing (Child) BSc (Hons) Nursing (Mental Health) BSc (Hons) Nursing (Adult) [apprenticeship route] BSc (Hons) Nursing (Child) [apprenticeship route] BSc (Hons) Nursing (Mental Health) [apprenticeship route] BSc (Hons) Nursing (Adult and Mental Health) BSc (Hons) Nursing (Child and Mental Health) FdSc Nursing Associate FdSc Nursing Associate (apprenticeship)
Date of monitoring visit	13-16 June 2023
Lead QA visitor	Ronnie Meechan
Lay visitor(s)	Sandra Stephenson Carol Rowe
Registrant visitor(s)	Kay Mafuba Joanne Lidster
Observer(s)	Ian Felstead-Watts (Mott MacDonald) Sophia Hunt (Nursing and Midwifery Council) (NMC) Cate Morgan (NHS England) (NHSE)
Practice learning partner organisation visits undertaken during the review	Essex Partnership University NHS Foundation Trust (EPUT) (Linden Centre)
Date of report	30 June 2023

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 nursing associates (NAs) in England. They maintain a register of professionals eligible to practise and investigate concerns and take action where appropriate through fitness to practise 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, people who use services and carers (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 practice learning partners (PLPs), employer partners (EPs) in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that approved education institutions (AEIs), their PLPs/EPs and programmes continue to meet the education standards.

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

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

Education monitoring reviews

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

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

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

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

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

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

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

When a standard isn't met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant 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 education monitoring visit to Anglia Ruskin University (ARU)

Since August 2022, ARU have submitted an increased volume of exceptional reports, covering concerns across multiple provision areas and identifying concerns with internal governance. The exceptional reports are in addition to open concerns about

which ARU are engaging with the NMC, relating to approved PLPs. The NMC is concerned that there's a risk to ARU's NA and pre-registration nursing programmes meeting their education and training standards in both the academic and practice learning environment. NMC concerns stem from:

- Regular intelligence received through meeting with ARU about the integrity of the university's internal governance systems that support student progression and completion of programmes.
- Partnership working between ARU and PLPs to support student learning.
- The significant number of exceptional reports submitted to the NMC where risks have been identified by ARU.
- Rapid growth of the programmes and capacity to support this growth in both the academic university environment and across practice learning provision.
- The Office for Standards in Education, Children's Services and Skills (Ofsted) inspection in May 2022, whose report highlights three areas which require improvement: the quality of education, leadership and management and apprenticeships. Significantly the report highlighted concerns of discrepancy between the number of hours those on an apprenticeship route were working and Education and Skills Funding Agency (ESFA) requirements, which has caused significant disruption to student experience and EP expectations.
- All the above was highlighted in ARU's 2021-2022 annual self-report (ASR).

The NMC are concerned about the scale of the risks identified and whether mitigations have had the desired impact. This monitoring review is to seek assurance in relation to the delivery of the approved pre-registration nursing programmes (adult, mental health and child fields and dual awards in adult/mental health and child/mental health) and the foundation degree in science (FdSc) NA programme, in line with NMC standards for nursing and midwifery education. The focus of the review is on educational governance and quality, particularly the systems in place which ensure effective management of progression and completion of programmes, effective partnership working with PLPs/EPs to ensure the Standards for student supervision and assessment (SSSA) (NMC, 2018 updated 2023) are being implemented and that there's sufficient capacity across all learning environments to support growth in student numbers.

The NMC provided ARU with the intended focus of the monitoring visit and a targeted review plan was shared with the AEI. The monitoring review plan identifies the areas for review under the five key risk themes of the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018 updated 2023) 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 as the NMC has assurance on these).

The QA monitoring visit 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.

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

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

Standard is met	Standard is not met
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Introduction to Anglia Ruskin University's programmes

ARU is an AEI. The school of nursing and midwifery (the school) is approved to deliver programmes leading to eligibility to apply for registration as a registered nurse (adult, child or mental health) through a degree apprenticeship and direct entry route, registered nurse dual award (adult/mental health or child/mental health), NA or midwife. ARU also offer specialist community public health nursing, specialist practice qualification district nursing, return to practice and independent prescribing programmes.

The focus of the educational monitoring visit is the AEI's pre-registration nursing (apprenticeship and direct entry routes), pre-registration nursing dual award routes and the NA programmes. The visit is conducted on 13-16 June 2023. A remote initial visit is undertaken on the 30 May 2023.

The pre-registration nursing programme comprises of multiple routes: a three-year direct entry bachelor of science with honours (BSc (Hons)) nursing (adult, child or mental health), a three-year BSc (Hons) nursing (adult, child or mental health) degree apprenticeship and a four-year BSc (Hons) dual award (adult/mental health or child/mental health). The BSc (Hons) nursing programme is in approval since the 15 April 2020.

The two-year NA programme is delivered via a direct entry and apprenticeship route. The NA programme is in approval since the 21 August 2019.

The NMC have approved two major modifications to the programmes under review. ARU are approved from 4 May 2022 to deliver the NA programme from a new satellite site at the College of West Anglia (CWA). ARU are also approved to deliver the full-time direct entry child nursing route at a new campus, ARU Peterborough, from the 29 July 2022. This has subsequently been extended through minor modification to include the adult nursing route for delivery at the new campus having previously been delivered at the Guild House campus in Peterborough.

All programmes are approved under the SFNME and SSSA. The BSc (Hons) routes are approved under the Standards for pre-registration nursing programmes (SPNP) (NMC, 2018) 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) and Standards of proficiency for NAs (SPNA) (NMC, 2018).

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

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

- Cambridge (nursing adult, child and mental health direct entry and apprenticeship, dual award adult/mental health and child/mental health and NA direct entry)
- Chelmsford (nursing adult, child and mental health direct entry and apprenticeship, dual award adult/mental health and child/mental health and NA direct entry and apprenticeship)
- ARU Peterborough (nursing adult and child direct entry and NA apprenticeship)
- The NA apprenticeship is also offered from a satellite site at the CWA.

Across all the ARU delivery sites there's circa 2400 undergraduate nursing and NA students.

ARU 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.

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridge University Hospitals NHS Foundation Trust (CUH), EPUT, East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and North West Anglia NHS Foundation Trust (NWAFT) are used to place students on the apprenticeship and direct entry routes for the BSc (Hons) nursing and NA programmes.

CPFT is one of the main PLPs/EPs working in partnership with ARU and provides health and social care to people with mental ill health, physical ill health and learning disabilities across Cambridgeshire and Peterborough. The trust employs 4000 staff across more than 50 sites at 10 registered locations.

The Care Quality Commission (CQC) raised concerns regarding safety within the acute wards at CPFT Fulbourn Hospital in 2019. The NMC were also alerted to identified care concerns at the Mulberry Ward, Fulbourn Hospital. The concerns date back to February 2022 following a serious sexual assault on the ward which wasn't reported to the CQC. Following this, the hospital underwent an unannounced CQC inspection of services in May 2022. This inspection resulted in a section 29a notice being applied. ARU weren't made aware of the concerns by their PLP and didn't have oversight of the trust led action plan. This raised concern regarding the collaborative partnership working between ARU and their PLPs/EPs. On 12 December 2022, ARU submitted an exceptional report regarding the Cavell Centre, also part of CPFT. The report was submitted following media reports of a specially commissioned culture review, which found bullying and discrimination at the centre (201, 210, 228).

CUH is one of the largest trusts in the UK and provides specialist healthcare for regional, national and international populations. The trust consists of two main hospitals, Addenbrooke's Hospital which provides emergency, surgical and medical care for local people and is also a regional centre of excellence for specialist services such as organ transplantation, neurosciences, paediatrics and genetics. The other hospital is the Rosie, which is a women's hospital and the regional centre of excellence for maternity care. The Rosie has its own theatre suite, foetal assessment unit, ultrasound department and neonatal intensive care unit.

EPUT provides health and social care for over 1.3 million people with mental ill health and learning disabilities. The trust provides services across Bedfordshire, Essex, Suffolk and Luton. The trust provides mental health and social care services for adults of working age, older adults, tier four services for children and young people, learning disability services, perinatal services and community health services. The trust provides these services across 19 registered locations. The CQC raised concerns in relation to the acute wards provision for adults of working age and psychiatric intensive care units which were rated inadequate and were issued with a section 29 warning notice in November 2022. ARU indicate within an exception report that they intend to place students within the Galleywood unit from May 2023 but subsequently confirm this is delayed until November 2023 at the earliest (201, 211, 229).

ESNEFT provides both acute hospital and community health care. The hospital sites include Colchester Hospital, Ipswich Hospital, Aldeburgh Hospital, Felixstowe Hospital, Halstead Hospital, Harwich Hospital, Clacton Hospital and the Primary Care Centre. Concerns were raised with ARU in January 2023 regarding media reports of a CQC inspection of Colchester Hospital. The inspection found that all wards were understaffed and clinicians raised patient safety concerns. ARU didn't submit an exceptional report regarding the management of risk. This raised concern regarding the collaborative partnership working between ARU and their PLPs/EPs (201, 212).

NWAFT provides a full range of district general hospital services and some regional specialties for a catchment area of just under 750,000 people living in Peterborough, North and East Cambridgeshire, Huntingdonshire, South Lincolnshire, East Leicestershire, Rutland, Bedfordshire and East Northamptonshire. The main hospital sites include Hinchingsbrooke Hospital, Peterborough City Hospital and Stamford and Rutland Hospital. Concerns have been raised by students about their practice learning experiences, the quality of patient care and their supernumerary status whilst undertaking practice learning experiences at Peterborough City Hospital. The student concerns were initially raised on 27 February 2023 (201, 213).

Practice learning environment visits were originally planned during the monitoring visit to NWAFT Peterborough City Hospital and EPUT Linden Centre. Visits to NWAFT Peterborough City Hospital were cancelled at the request of the trust due to the junior doctors' industrial action. Alternative meetings were arranged online to ensure QA visitors could meet with practice assessors and students undertaking practice learning opportunities within this organisation. Senior nurses from NWAFT attended the meeting

with representatives from all PLPs/EPs. The visit to EPUT Linden Centre was undertaken as planned.

In lieu of a physical visit to CPFT Fulbourn Hospital/Cavell Centre a bespoke meeting was scheduled at ARU to meet with senior representatives from the trust (177).

Summary of findings in relation to key themes and NMC standards

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

- Curricula and assessment

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

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

The AEI must identify and implement an action plan to address the key risks that aren't met to ensure the pre-registration nursing and NA programmes meet NMC standards to protect the public.

Learning culture: not met

We aren't assured that all risk indicators in relation to learning culture are successfully managed by ARU and their PLPs/EPs, in order to protect the public. Standard 1.2 is met, however standard 1.1 is not met.

We find that the pre-registration nursing and NA programmes are designed and co-produced with PLPs/EPs and PUSCs. ARU with their PLPs/EPs promote a professional duty of candour within the student population and students give examples of how to raise a concern. Academic assessors, practice assessors and practice supervisors are aware of the importance of their role in preserving public safety (32, 190, 195-199).

There's inter-professional learning (IPL) opportunities available to students in theory and practice learning environments, and ARU works with PLPs/EPs and students to facilitate and disseminate learning from these activities. Programme learning outcomes, learning activities, systems and processes promote self-reflection and education that's underpinned by the NMC Code (10-16, 31, 49-52, 74-75, 94, 143-144).

We find there are established systems and processes to seek feedback from students in relation to their programmes. However there are inconsistencies in how ARU

responds to students feedback, complaints and concerns and students tell us this impacts on their wellbeing (188-189, 191-195, 214-215).

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 ARU and their PLPs/EPs, in order to protect the public. Standard 2.2 is met, however standard 2.1 is not met.

We find that ARU and their PLPs/EPs work in partnership. PLPs/EPs tell us that they've a good working relationship with ARU. There's evidence that the leadership team from ARU meet with senior nurses across the local and regional health economy (175-177, 185, 190, 195-197, 226).

ARU use a values-based recruitment process which includes confirmation of good health and character and understanding of the role of the nurse and NA. Processes to ensure equality and diversity are included. Recruitment of nursing and NA students includes healthcare professionals' and PUSCs' input into the design of recruitment material. There's preparation for those involved in recruitment to support a fair process. There's commitment from senior PLPs/EPs to release practitioners for recruitment in the next recruitment cycle for direct entry and apprenticeship routes (176, 214-215, 218).

ARU has established fitness to practise (FtP) policies in place. Academic assessors, practice assessors and practice supervisors are aware of these policies and processes and know how to raise a concern about student conduct (186).

ARU has established educational governance and QA structures in theory and practice learning environments. PLPs/EPs are aware of these structures and work with ARU collaboratively. However, we find that there are inconsistencies in the application of processes across some PLPs/EPs and across the ARU sites/campuses. Students tell us that their learning experiences differ depending on the campus where they receive their education (178-183, 188-189, 191-195, 214-215).

We're told that there's been enhancements in communication between ARU and PLPs/EPs in relation to sharing of information from system regulator reports and that action planning in relation to this is undertaken jointly. However, we find that there's inconsistencies in the sharing of CQC reports by PLPs/EPs with ARU in a timely manner (176-177).

Nursing and NA students, practice assessors and practice supervisors tell us that there are increasing numbers of students within practice learning environments across the region. Students tell us that this impacts on learning opportunities available to them including the opportunity to experience other fields of nursing practice (181-182, 214-215).

ARU have established a virtual simulation package that's delivered to nursing students in each part of their programme. We aren't assured that some activities and therefore hours designated as simulated practice learning fully meet NMC requirements (216, 224).

Student empowerment: not met

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

ARU have invested significantly in simulation and clinical skills infrastructure across their sites/campuses; this includes community home environments as well as ward areas and clinical teaching spaces. There's evidence that the university executive is supportive of the need to expand and invest in these teaching spaces as well as explore the pedagogy that supports this learning (172-174, 185, 216).

ARU 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 and NA programmes have a range of learning and assessment activities that promote safe and effective practice (173-174).

There's evidence that ARU assign students to suitably trained academic and practice assessors. Students tell us they're assigned to appropriately trained staff and they know who their academic assessor is for each part of the programme. Academic assessors aren't the same for consecutive parts of a student's programme (186, 216, 227).

We find that students don't always receive information in a timely way. Students tell us that information isn't always clear in relation to their curriculum and assessment. Students at the Peterborough site/campus tell us that they don't receive placement information from ARU in a way that enables them to plan effectively. Students tell us that ARU doesn't respond to feedback and that as a result they've disengaged from the feedback process. Some nursing and NA students provide examples of where they believe their individual approved reasonable adjustments and needs aren't being met (178-183, 188-189, 191-195, 214-215).

Many students from across ARU sites tell us that they're not supernumerary and that their protected learning time isn't consistently applied for those on apprenticeship routes. NA students tell us that practice assessors and practice supervisors aren't clear on their scope of practice or their role. Nursing and NA students undertaking practice learning opportunities at Peterborough City Hospital tell us that their learning experiences aren't supportive and that areas are unwelcoming (178-183, 188-189, 191-195, 214-215).

Educators and assessors: not met

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

ARU and their PLPs/EPs provide access to training and education for academic and practice staff involved with the delivery and assessment of students. There's evidence of workload planning for staff at ARU as well as staff development and induction for new staff (148-156, 175).

PLPs/EPs, practice assessors and practice supervisors tell us there's a collaborative approach to student assessment. Students tell us that academic assessors are involved with progression decisions. Senior nurses and senior academic staff tell us there's a collaborative approach to the education of nursing and NA students on ARU programmes. There's evidence that supports a shared decision making and evidence-based approach to student progression (174-197, 214-215).

Nursing and NA students tell us that some staff in both theory and practice environments demonstrate behaviour that's not consistent with the NMC Code. Students tell us of specific circumstances where they believe their individual learning needs aren't consistently met despite adjustments being in place. Practice assessors and practice supervisors tell us that while organisations are supportive of their role in supporting students, they're often required to complete assessment documentation in their own time. Students tell us this can result in a delay in completing practice assessment documentation and this impacts on progression for some students (178-183, 188-189, 191-195, 214-215).

Curricula and assessment: met

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

There's evidence to demonstrate that the pre-registration nursing and NA programmes weight theory and practice learning appropriately to meet the programme standards. Curricula are structured to facilitate theory and practice learning across the pre-registration nursing routes and the NA programme. Senior nurses, practice assessors, practice supervisors, practice educators, PUSCs and students confirm that the ARU pre-registration nursing and NA curricula are co-produced with stakeholders who have experience relevant to the programme (174-183, 188-199).

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, are involved in the assessment of students (174-183, 188-199).

ARU have QA processes that support fair and reliable assessment. There's no compensation between theory and practice on the pre-registration nursing and NA programmes (1, 5-8, 171, 187).

Senior academic staff, the programme teams, senior nurses, academic assessors, practice assessors and practice supervisors are suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes (172-177, 190, 195-197).

10 August 2023:

ARU and PLPs reviewed the report and identified several areas where clarification was required. Amendments were made in the final report if appropriate and related to factual accuracy.

Summary of areas for future monitoring

- Opportunities for PUSCs to engage in the design, development, delivery, evaluation and co-production of the nursing and NA programmes (related to SFNME requirement 1.12).
- Consistent communication and implementation of reasonable adjustments made in theory and practice learning that meet the needs of individual students (related to SFNME requirements 3.11 and 5.9) – *Requirement 5.9 wasn't included in the review plan for this visit, but feedback received through student triangulation meetings indicates this should be an area for future monitoring.*

Summary of feedback from groups involved in the review

Academic team

The ARU academic team provide a presentation of their programme portfolio, including their pre-registration nursing and NA provision (172).

ARU report that applications for their pre-registration nursing and NA programmes mirror the national decline following the increase in applications during and immediately after the global COVID-19 pandemic. ARU report that their applications dipped this academic year by approximately 20 percent (172).

ARU senior academic staff tell us that they've systems and processes in place to ensure that recruitment of students follows a values-based approach. ARU staff involved with the recruitment process tell us that the QA of Disclosure and Barring Service (DBS) and occupational health clearance is managed centrally. ARU senior academic staff tell us that there are DBS and FtP panels and these are managed collaboratively with PLPs/EPs. ARU staff tell us that good health and good character

checks are undertaken prior to students commencing programmes, as well as updates being required at each progression point and prior to being recommended to the NMC for registration. ARU staff, PUSCs and PLPs/EPs tell us that they're involved with the recruitment process of students onto ARU pre-registration nursing and NA programmes. Students tell us that practice assessors and practice supervisors are involved in selection decisions. ARU provide evidence of PLPs'/EPs' involvement in the recruitment process at the visit (173-176, 184, 186-187, 194, 223).

ARU senior academic and programme staff tell us that there's been some internal QA challenges that resulted in students being recommended for registration who didn't meet NMC requirements. Senior academic staff tell us that additional systems and processes are in place to prevent this from occurring in the future. These include the resequencing of activities to ensure that all requirements are completed prior to the uploading of information to the NMC. They also tell us that the process to confirm programme hours prior to students being put forward to the NMC for registration is enhanced, following concerns that students may fraudulently record completed hours and therefore not complete the NMC programme hours requirement. ARU senior academic staff tell us that all students who are on NMC programmes have had their programme hours re-checked to ensure compliance with this requirement (173-175, 187).

ARU senior academic staff tell us that they meet with NHSE and chief nurses regularly to discuss system regulator reports, including those from the CQC. These meetings are used to identify outcomes of the reports and create joint action plans and responses that support safe and effective learning environments for ARU students on the pre-registration nursing and NA programmes. ARU senior academic staff with responsibility for practice learning as well as heads of school tell us that systems, processes and channels of communication between the AEI and their PLPs/EPs are being updated. This includes development of a raising and escalating CQC concerns flow chart/policy in response to a PLP/EP CQC outcome that wasn't escalated to ARU. Senior academics and programme staff tell us that there are forums where CQC outcomes and student feedback is discussed (theory and practice learning). These include the practice education group, the practice education committee and the quality learning environment group (173-176).

ARU work collaboratively with PLPs/EPs across the local and regional health economies and respond to workforce needs accordingly. Senior academics, including the pro-vice chancellor, meet with chief nurses and/or their education leads to discuss strategic opportunities and challenges. ARU have grown their provision substantially during the past three years and are exploring further growth in student numbers that includes the introduction of a learning disabilities route into their pre-registration nursing programme (172-175).

Senior academics tell us that there's a clear workload and resourcing plan for the pre-registration nursing and NA programmes. They tell us that the workload plan is manageable and that they've the staffing resources required to manage the

programme. The teams tell us that there are several academic posts at both an operational and strategic level that have recently been appointed to or are in the process of being recruited into. Academic staff tell us that recruitment to lecturing posts can be challenging and ARU recruit from practice into new lecturer positions. Academic staff tell us some posts sit within school teams with a very defined role (for example lecturer/practitioner for the apprenticeship route). Other posts include faculty wide roles (for example deputy dean for practice learning and simulation and director of quality for nursing and midwifery), and some positions that have a clear focus on supporting students within PLP/EP environments (education champions). Senior academic staff tell us that there's also a new joint appointment with EPUT with a specific focus on exploring issues and concerns raised in system regulator reports, as well as expanding mental health practice learning capacity (155-156, 172-177, 187, 216, 221).

Senior academic staff and programme teams tell us that the pre-registration nursing and NA programmes are delivered across four main sites, ARU campuses at Cambridge, Chelmsford and Peterborough and a satellite site, the CWA. ARU staff tell us that there are governance structures across sites to ensure a consistent student experience. ARU staff tell us that there's equitable access to resource across all sites, including access to simulation and clinical skills laboratories, library facilities and access to information technology infrastructure (172-175, 187, 216, 221).

ARU have invested significantly in physical resource and equipment to support the expansion of the AEI's clinical skills, simulation facilities, virtual reality, immersive technologies and a community environment (flat/apartment). There's a clear commitment from the university executive team to support the development of and investment in simulation. ARU tell us that they've been awarded funding by the Office for Students (OfS) as well as by Health Education England (HEE), now NHSE. ARU senior academic staff tell us that there's a university simulated practice working group that includes membership from the faculty/school. ARU senior academic and programme staff tell us that ARU leads a national research study (alongside HEE and the Council of Deans for Health) exploring simulated practice learning (98, 172-173, 216).

ARU have developed a simulation package that's delivered using the AEI's virtual learning environment, Canvas. ARU deliver up to 360 hours of simulated practice learning using the virtual simulation package across the three years of their BSc (Hons) nursing (adult, child and mental health) programme. We're told that simulated practice learning isn't used to sign off/verify any FN:SPRN. ARU staff tell us that academic assessors receive training and support to facilitate this activity online with students, and that they also receive education and training to undertake the practice supervisor role. ARU senior academic staff tell us that academic assessors aren't practice supervisors at the same time for any student who is undertaking simulated practice learning. Senior academic staff and the programme team tell us that there's a dedicated team whose role is to deliver skills and simulation to ARU students and that activities are developed in partnership with PLPs/EPs (47, 172-175, 216, 227).

Partnership working:

Practice supervisors/practice assessors

Practice supervisors and practice assessors tell us that they're prepared to undertake their roles and that they know who the students' academic assessor is at ARU. They're aware of the students' link lecturer and the named education champion for their area. Practice supervisors and practice assessors tell us that while line managers and organisations are supportive of the work that they do when supervising and assessing students, they tell us that they often undertake this activity in their own time. They tell us that placement capacity is challenging given the expanding numbers of students that they're supervising and assessing (196-197).

Senior PLP/EP representatives

Employers and senior PLP representatives tell us that collaborative working with ARU has become more effective at both strategic and operational levels during the past two years. They tell us that ARU works collaboratively with another AEI in the region to ensure practice learning opportunities are effectively planned for and that this activity occurs six months in advance of any students undertaking practice learning. PLPs/EPs tell us that there are challenges with recruiting staff across the local and regional health economies and that organisations have recruited overseas staff as well as locally. 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. PLPs/EPs, in collaboration with ARU, explore simulated and blended placements as innovations to augment and support practice learning. There are forums as well as local and regional meetings to explore peaks and troughs in practice learning availability and ARU contributes effectively to these discussions (176).

PLPs/EPs confirm effective arrangements for identifying, preparing and supporting practice assessors and practice supervisors for their role in the learning, development and assessment of pre-registration nursing and NA students. They ensure that the identification of new practice assessors and practice supervisors is aligned with ongoing monitoring of placement capacity. They tell us that a record of practice assessors and practice supervisors is held within trusts. Practice assessor and practice supervisor preparation is undertaken online using a package that's been created for PLPs/EPs by ARU. They confirm there's a range of nominated people within the trusts employed to prepare, develop and support practice assessors and practice supervisors in their roles and to support effective operational links with ARU (176, 196-197).

EPs tell us that they support the apprenticeship provision at ARU as it develops the local workforce and upskills existing staff. They tell us that students who are undertaking the pre-registration nursing apprenticeship route or the NA programme receive protected learning time when undertaking practice learning opportunities and that staff are aware of the requirements for this. EPs tell us that education teams within the organisations update practice assessors and practice supervisors during SSSA

training events and this includes confirmation of the role of the NA and confirmation of proficiencies and skills required by pre-registration nursing and NA students as defined by the FN:SPRN and SPNA respectively. There are also opportunities during tripartite meetings for NA students, practice assessors and practice supervisors to discuss the scope of NA practice as well as roles and responsibilities. EPs tell us that student progress reviews can be challenging to organise due to the availability of academic staff to engage with this process. PLPs/EPs tell us that ARU has invested in a new placement management system (known as ARC) and that ARC will support the organisation of progress reviews moving forwards. ARU subsequently clarify that ARC is the previous placement management system and is being replaced by a new system known as 'InPlace'. The new system doesn't support the organisation of progress review meetings which are managed separately (176, 196-197).

PLPs confirm that students undertaking the direct entry nursing programme are supernumerary during their practice learning experiences. PLPs tell us that there's sufficient opportunities for students to gain exposure to a four field, across the lifespan approach in the student's field(s) of practice to achieve the FN:SPRN. Some PLPs/EPs tell us that several students report that they feel they're missing out on practice when undertaking the virtual simulated practice learning component of their programme (176).

PLPs/EPs tell us that there are systems and processes to alert ARU to system regulator outcomes and that information is shared. PLPs/EPs tell us that action plans are shared and developed collaboratively. PLPs/EPs tell us that action plans and CQC outcomes are discussed at practice education group meetings and the practice education committees. Senior nurses tell us that each individual organisation has internal governance meetings/committees and processes (176, 196-197).

Senior nurses from CPFT tell us that they've improved communication with ARU following the CQC inspection that resulted in the organisation being imposed with a section 29a notice. They tell us that the notice was lifted in October 2022 and that the organisation has responded to 11 of the 23 recommendations. Senior nurses from CPFT tell us that the CQC visit resulted in a trust wide improvement group being set up that looks at student experience and feedback. CPFT staff tell us that there were no issues that related to students identified at the time of the CQC visit. CPFT staff also tell us that the subsequent action plan was co-created with ARU staff, and ongoing monitoring of actions is undertaken at the practice education committee as well as the quality learning environment group. Senior nurses from CPFT tell us ARU were very engaged and responsive in the development of the action plan (177).

Students

We meet with pre-registration nursing students across all fields of nursing (and each year), including those undertaking the direct entry route, apprenticeship route and the dual award. We also meet with pre-registration NA students on the direct entry and apprenticeship route in each year of their programme (189-195, 214-215).

Students on the direct entry pre-registration nursing and NA programmes confirm that the recruitment process includes an interview. They're interviewed by two people including a staff member from a PLP. Students undertaking apprenticeship routes confirm that interviews are carried out by an EP, usually their manager and a member of staff from ARU. Students tell us that they complete and engage with the DBS and occupational health processes (188-189, 191-195).

Students tell us that there are inconsistencies in their education across the different ARU sites. Students tell us that the communication from ARU isn't always effective; they tell us that the programmes don't always appear organised and that changes to the programme aren't communicated in a timely manner. Students also tell us that they're unclear on information related to their curriculum and assessments. Students tell us that there are student forums and student representation systems in place, however, they tell us that they've disengaged from feedback mechanisms as they perceive that their feedback isn't acted upon. Students also tell us that some ARU staff respond to queries or concerns inappropriately. Students are clear that there are opportunities to feedback for practice learning modules. Students are less clear about feedback opportunities for the theory component of their programme. Some students tell us that there's an inconsistent application of their approved reasonable adjustments to academic assessment. Despite appropriate systems, processes and policies being in place in accordance with the requirements of equalities and human rights legislation, students state that ARU staff as well as PLPs/EPs aren't always aware of students who require adjustments. It's acknowledged that some students may be referring to individual requests rather than circumstances that require specific adjustments. It's recommended that ARU may wish to revisit how they ensure students understand what constitutes a reasonable adjustment (189-195, 214-215).

Students across the nursing and NA programmes tell us that their supernumerary status and protected learning time isn't consistently applied across several organisations, but this is most common at NWAFT Peterborough City Hospital. Students undertaking practice learning experiences at NWAFT tell us that the culture in some clinical areas at Peterborough City Hospital is unwelcoming and unsupportive (181-183).

Pre-registration NA students we meet tell us that practice assessors, practice supervisors and other members of the healthcare team don't consistently understand the NA role or their scope of practice (178, 181, 192-193, 215).

PUSCs

We meet with PUSCs online and in person at ARU. PUSC representatives confirm that they're involved in all aspects of the programme and that they feel the ARU lead for PUSCs listens to their feedback (198).

One PUSC representative tells us that they're looking forward to working with the nursing students in the future as their experiences to date have been primarily with social work students (199).

Relevant issues from external quality assurance reports

Ofsted:

Ofsted inspected ARU in May 2022. One of the outcomes was that registered nurse apprentices report having to work above their contracted employment hours. They do this to complete the theoretical learning hours required by the NMC (53).

CQC:

In relation to system regulator reports, the CQC report for CPFT was published in 2019. The overall rating for CPFT is 'requires improvement' (210).

The CQC find that staff didn't complete or update risk assessments for patients while in their care at Fulbourn Hospital. The service was also not meeting the Royal College of Psychiatrists' recommendation for doctors assessing patients. The CQC also raised some concerns with regards to staff supervision rates and the recording of these, resulting in inconsistent practices (210).

Following a focussed inspection of Mulberry Ward (CPFT) in May 2022 the CQC issued a section 29a warning notice. The CQC found that:

- The trust wasn't ensuring staff carry out patient observations in accordance with trust policy and National Institute for Health and Care Excellence guidance to protect people from harm.
- The trust didn't inform the CQC of a serious allegation of sexual assault by one vulnerable patient to another.
- The trust wasn't ensuring there are robust, safe systems to protect patients from sexual harm when residing on this mixed sex ward.
- The trust didn't ensure patients' bedrooms were cleaned to a safe standard, exposing patients to a risk of harm.

The CQC re-inspected Mulberry Ward to follow up on the section 29a warning notice. They also inspected the other four acute wards at Fulbourn Hospital and Cavell Centre, Peterborough. The CQC identified that CPFT submitted an action plan in response to the section 29a warning notice and had addressed or was in the process of addressing all the identified concerns at this inspection (228).

In October 2022 the CQC sent a letter of intent to EPUT. The trust was asked to submit an action plan indicating how they would improve the quality and safety of care. The trust submitted their action plan within the required timeframe. Following review of the action plan the CQC wasn't fully assured. On 31 October 2022 the CQC issued a warning notice under section 29 of the health and social care act, asking the trust to make significant improvements by 18 November 2022. The CQC found that:

- Staff didn't always follow trust policies and procedures, despite systems being in place which provided them with training and induction.
- Staff didn't always follow the trusts' policies and procedures with regards to patient observations.
- Staff didn't always follow the trusts' policies and procedures with regards to recording and reporting of incidents.
- There were very high levels of vacancies and sickness amongst nursing and support staff across both wards. This meant that there were many different temporary staff working on the wards that weren't familiar with the patients.
- High use of bank and agency staff meant that not all staff knew the patients' individual needs, despite the trust systems to record patient risk and care plans.
- The trust hadn't ensured that work was completed to address the inability of staff to observe patients from all areas (blind spots).
- The trust hadn't ensured that all aspects of care and treatment of patients was provided with the consent of the relevant person.
- The trust didn't ensure ligature cutters were consistently accessible for staff (211, 229).

In May 2023 the CQC visited ESNEFT, Colchester Hospital. The inspection found that all wards were understaffed and clinicians raised patient safety concerns. The CQC found:

- The service didn't have enough staff to care for women and keep them safe. The service provided mandatory and maternity specific training to all staff but didn't always ensure everyone had completed it.
- The design, maintenance and use of facilities, premises and equipment didn't always follow safety standards.
- The service didn't control infection risk well. Staff didn't always follow best practice to protect women, themselves and others from infection.
- Staff didn't always feel respected, supported and valued (212).

In December 2019 the CQC visited NWAFT. The inspection found that within some services:

- The trust didn't ensure enough staff completed mandatory training in key skills. Nursing and medical staff didn't always meet the trust's compliance target.
- Medicines weren't always managed consistently and safely. Medicines on the Peterborough City Hospital site weren't stored in line with national guidance. Medicines could be accessed by staff who weren't authorised to access them.
- Staff didn't always keep appropriate records of patients' care and treatment. Within the emergency department, staff didn't routinely complete patient safety checklists or undertake patient risk assessments, such as pressure ulcer risk assessments, when they should've done.
- Governance processes weren't always fully effective. Staff didn't always have regular opportunities to meet, discuss and learn from the performance of the service (213).

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

The major modification to deliver the NA programme at the CWA was approved by the NMC from 4 May 2022 and didn't result in any NMC recommendations. A focused area for monitoring is:

- Staffing resources to support programme delivery at CWA (230).

Students at the CWA tell us they receive less face to face teaching compared to students at other ARU sites, however they didn't directly relate this to a lack of staff (178).

The major modification to the pre-registration nursing programme to deliver the BSc (Hons) child nursing route at the ARU Peterborough campus was approved by the NMC from 29 July 2022. The modification resulted in one NMC recommendation:

- ARU should monitor how ongoing academic support will be provided to students at the ARU Peterborough campus (231).

Nursing students at Peterborough tell us that they don't receive timely and effective response to complaints and concerns raised which is impacting on their wellbeing (183).

Specific issues to follow up from AEI self-report

There are several issues for follow up from the AEI's ASR (202).

PUSC activity is present within ARU's pre-registration nursing and NA programmes, and this includes designing of recruitment activity, delivery, practice learning, assessment and representation on staff student liaison committees. Evidence supplied by ARU demonstrates some PUSC involvement across the other portfolio of programmes within ARU, including independent prescribing, return to practice, midwifery and the district nursing programme. Documentary evidence and meetings at the visit demonstrate that ARU are trying to diversify their PUSC group and that they've plans in place to grow the group (198-199, 202, 205-206, 225).

ARU provide evidence that they've attainment and awarding gaps present in relation to the higher percentage of good honours awarded to white students when compared to black students. Similarly, there are awarding and attainment gaps for a higher percentage of good honours by young students (under 21) compared to older students, and a higher percentage of good honours by students with A/AS levels compared to those with access courses. ARU tell us that they've actions in place to monitor and evaluate this, and the university is enhancing its systems to be able to produce school and programme specific reports to enable more detailed evaluation of attainment and awarding gaps (187, 201-202).

Ofsted identified that the BSc (Hons) nursing apprenticeship programme didn't meet the ESFA requirements with regards to programme hours. While ARU provide assurance this didn't impact on the programme meeting the NMC approved hours, it did result in significant disruption to the student experience and the expectations of EPs. The NMC understand that Ofsted has undertaken a follow up visit in February 2023 and has noted that ARU are making 'reasonable progress' to ensure that their requirements are now being met. ARU tell us that they've enhanced systems and processes to ensure that programme hours are accurately recorded and that they're now fully compliant with ESFA requirements (53, 172-174, 187, 201-202).

ARU report that placement capacity is a key risk across the pre-registration nursing and NA programmes. ARU highlight that capacity issues are most acute within the children and young people's clinical areas and mental health services. ARU also cite challenges with staffing across their PLPs/EPs and how this contributes to risk management of the SSSA. Practice assessors and practice supervisors tell us that there are increased numbers of students within placement circuits and this can be challenging. Students tell us that this also impacts on learning opportunities available to them when in placement (188-197).

ARU highlight a potential risk that students may fraudulently record practice hours using the current paper-based system. This introduces a risk that students may not complete the requisite number of hours required to meet NMC standards. ARU tell us at the visit that they've commenced a pilot of recording hours electronically in January 2023 (172, 175, 184-185, 187, 201-202).

ARU demonstrate compliance with NMC processes for exceptionally reporting risks within the academic and/or practice environment. However, the volume of exceptional reports is high and there's a theme within some of the reports identifying concerns with internal governance processes. These exceptional reports are in addition to open concerns with which ARU are proactively engaging with the NMC, relating to approved PLPs/EPs (187, 201-202).

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, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9

Requirements not included – 1.3

NB: 1.2 – The Code (NMC, 2018)

What we found before the review

There's documentary evidence of policies and procedures in place within ARU and with their PLPs/EPs to promote the safety of people in all learning environments. ARU and their PLPs/EPs provide some documentary evidence regarding systems and processes for ensuring the safety of people (students and staff) in all learning environments. However, information obtained prior to the monitoring visit identifies that communication processes between ARU and their PLPs/EPs hasn't been consistently effective in identifying issues that could impact on safe and effective learning environments for pre-registration nursing and NA students (1-9, 201).

ARU provide documentary evidence prior to the monitoring visit that the pre-registration nursing and NA programmes prioritise the wellbeing of people, promoting critical self-reflection and safe practice in accordance with the NMC Code (10-16).

ARU educators, academic assessors, practice assessors, practice supervisors and others involved in supervision, learning and assessment understand their role in preserving public safety. This is evidenced within the ARU 'lapses in professionalism' policy, information for staff during staff updates and the ARU FtP policy (17-20, 29-30, 90-91).

Minutes provided by ARU and policies and procedures demonstrate that ARU has systems and processes for students and educators to raise concerns. Where students on the pre-registration nursing or NA programme have raised a concern it's not always possible, with the evidence supplied prior to the monitoring visit, to see how issues have been resolved, for example by specific PLPs/EPs (2, 18-22, 24-27, 79-80, 203-206).

ARU provide narrative and evidence in relation to how mistakes and incidents are investigated and how they learn, reflect, record and disseminate their findings. There's evidence of how ARU responds to issues and complaints in relation to professional practice issues related to students. ARU participates with the NMC ASR and exceptional report process. This includes where the AEI has responded to two incidents where students were put forward for registration with the NMC who ARU subsequently identify as not eligible for registration. One case resulted from fraudulent activity on behalf of the student. The other resulted from non-completion of level two maths, therefore the student didn't meet ESFA requirements (201-202).

What we found at the review

ARU confirm they meet with PLPs/EPs where issues relating to the QA of learning environments is discussed. They tell us these meetings include discussion of CQC reports and action plans, audits and learning through incidents. This is confirmed with

PLPs who tell us of an example where they've had bi-monthly meetings with ARU to support the joint development of action plans. PLPs tell us of examples where the number of students had to be reduced in a learning environment due to increased levels of practice assessor sickness. They confirm ARU responded in a timely way (172, 177, 190, 195).

ARU and PLPs/EPs at the visit tell us that there are appropriate forums and meetings where outcomes of system regulator reports and action plans are discussed, monitored and evaluated to ensure ARU students undertake practice learning in safe and effective learning environments (172-176, 185, 196-197, 222, 226).

Senior nurses from CPFT tell us that the organisation has enhanced its communication channels with ARU following a CQC inspection in May 2022. They tell us communication has improved during the past two years and that staff at strategic and operational levels of the organisation know who to contact. They tell us that the relationship with ARU is positive. There's a shared action plan that's monitored at strategic and operational levels that was developed collaboratively between ARU and CPFT. CPFT tell us that they've new senior staff in post who will drive revised and enhanced processes and systems forward with ARU and any other AEI in the region (177).

ARU tell us of roles supporting PLPs/EPs, namely education champions, who are responsible for audits, dealing with placement concerns and supporting practice supervisors and practice assessors. ARU and PLPs/EPs tell us that the academic assessor is contactable for individual student issues. The placement team oversee the allocation of students. The placement hub provides all stakeholders with access to resources relating to ARU students, their programmes, policies relating to practice and practice supervisor/practice assessor preparation and updates (172).

ARU tell us there are opportunities for critical self-reflection within module assessment and throughout the electronic practice assessment document (e-PAD). Practice assessors and practice supervisors tell us of examples when they encourage students to regularly reflect within their learning logs on any learning needs and proficiencies they're working towards. ARU tell us they offer students formal reflection and compassionate resilience workshops and support their reflective writing in their learning logs. Some students tell us they're unsure of what to include in their learning logs and, although a reflective cycle presentation is shared with them, they report that they could be supported more consistently in relation to the completion of their e-PAD and reflections that relate to their episodes of care. We're assured that the programme teams are alert to this student need and mechanisms are in place to resolve (173, 192-195).

ARU tell us that students are made aware of how to raise concerns during simulated practice learning. Students tell us they're aware of how to raise concerns about patient safety and are supported in doing so in some environments. PLPs at the Linden Centre tell us of the freedom to speak up guardian's role and the promotion of this

within each learning environment. Students at the Linden Centre confirm they've seen the contact information and were made aware of this role during induction (172, 178-180, 188-189, 191, 195).

Nursing students undertaking practice learning experiences at NWAFT placed at Peterborough City Hospital tell us there are placement areas which are unwelcoming and unsupportive. They tell us that some of the environments don't provide positive learning experiences due to the negative attitudes of staff. They tell us they feel unable to report this because they fear this may impact negatively on their practice assessment. They tell us they've reported this to ARU staff, however they tell us that academic assessors and ARU staff don't consistently provide support in relation to these concerns (182-183, 193-194).

Nursing students from Peterborough and Chelmsford tell us of a lack of consistency across campuses in relation to how ARU respond to complaints and concerns about changes to course content and assessment. Students state that this significantly impacts on their physical and emotional wellbeing. Nursing students from Peterborough and Chelmsford and NA apprentices from Peterborough tell us their complaints and concerns in relation to teaching and assessment and sharing of timely course information aren't resolved swiftly (181-182, 193-194).

Students tell us that they've disengaged from the evaluation process as they perceive that their feedback isn't acted upon. Students tell us that they're aware of student representation processes such as the staff student liaison committee. Students are less confident in relation to how to feedback about their programme, other than through the placement evaluation. Students tell us that when they've raised concerns in placement evaluations, they don't receive responses in a timely manner, neither can they see what actions ARU and PLPs/EPs have taken to address these. Student feedback in practice evaluations that ARU provide at the visit confirms delays in responses from staff (178-180, 188-189, 191, 220).

Our findings conclude that ARU, together with their PLPs/EPs, are unable to evidence that the learning culture consistently prioritises the safety of students and enables the values of the NMC Code to be upheld. We're not assured that concerns or complaints affecting the wellbeing of students are addressed immediately and effectively by ARU.

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

Requirements not included – 1.14

What we found before the review

ARU provide documentary evidence that the learning culture is fair, impartial, transparent, fosters good relations between groups and is compliant with equalities and human rights legislation. ARU policies and procedures support the infrastructure to ensure the AEI and the pre-registration nursing and NA programmes comply with relevant legislation (1, 33-37).

ARU provide their access and participation plan. This outlines the AEI's commitment to providing education to a diverse range of students. ARU at an institutional level has shown some success in narrowing attainment gaps for students in relation to non-continuation, degree outcomes between disabled people and non-disabled people, outcomes between black and white students and promoting access to education. When considering the pre-registration nursing and NA programmes, ARU identify there are gaps in attainment (128, 202).

ARU provide documentary evidence prior to the monitoring visit that there are systems, processes and forums in place that promote, monitor and evaluate programme improvement through effective use of information and data (38-40, 107, 203-207).

ARU have several external facing forums where practice learning quality metrics and evaluation of student learning are examined. These include the practice education group and quality learning environment group (79-80).

There's limited evidence of minutes of meetings with PLPs/EPs provided prior to the visit to give assurance that feedback loops are closed in relation to enhancements and improvements that students on the pre-registration nursing and NA programme have raised with ARU. It's unclear how ARU and its PLPs/EPs have responded to issues raised by students as outlined within ARU's ASR (201-202).

ARU provide some documentary evidence in the AEI's approach in co-production, co-design, co-delivery and evaluation of the pre-registration nursing and NA programme with PUSCs and other stakeholders. ARU provide some evidence across their portfolio of NMC programmes on PUSC engagement in the ASR. Minutes and action plans demonstrate involvement with curriculum development activities, however evidence is limited in relation to the ongoing evaluation of ARU's programmes and ongoing co-production activities (41-48, 202).

ARU and their PLPs/EPs work in partnership to demonstrate IPL and working opportunities throughout their portfolio of NMC approved programmes. ARU have facilitated several IPL conferences and other opportunities. ARU works collaboratively with organisations such as the Samaritans to enhance IPL but also to increase simulation learning opportunities. ARU use the Midlands, Yorkshire and East practice assessment document (MYEPAD) and the England NA practice assessment document (NAPAD) and these record IPL opportunities within PLP/EP environments (49-52, 74-75, 143-144).

What we found at the review

ARU confirm they work with PLPs/EPs to ensure that education and training is valued in all learning environments. Senior nurses, practice assessors and practice supervisors tell us that they undertake equality and diversity training and that their organisations are compliant with equality and diversity legislation. They tell us they've regular education and training governance meetings. Minutes of the practice education committee and the quality learning environment group are provided by ARU during the visit. The minutes and notes provide evidence of fostering good relations as well as how ARU and PLPs/EPs promote programme improvement and use of information and data (173, 175-176, 195-197, 222, 226).

ARU tell us that they're aware of awarding gaps and this is reported in their ASR. ARU tell us that the school has plans in place to monitor, evaluate and address awarding gaps (175, 187, 202).

Practice assessors, practice supervisors and senior nurses at the Linden Centre confirm they meet regularly with ARU and other PLPs from the region, which provides an opportunity to effectively use information and data regarding equality of opportunity. Practice assessors, practice supervisors and practice educators/facilitators at Chelmsford tell us that issues they raise with the practice education teams are discussed, monitored and evaluated at the practice education committee (173, 195-197).

ARU confirm they've held consultation events with PLPs/EPs and intend to enhance activities that include PUSCs in selection and curriculum activities in the future. They tell us they've planned bi-annual quality review events with students, PLPs/EPs and PUSCs to review the curriculum. They confirm partnership working with PUSCs in the medicine and social work programmes and aim to develop the PUSC work in nursing and NA provision (172-175, 187).

PUSCs tell us how they've contributed to and helped to co-produce content for the buddy scheme for students undertaking the pre-registration mental health nursing programme. They tell us that the activity used to be face to face, but they now work with students online. They tell us students value their input and that feedback from students is positive. They tell us a new lived experience ambassador group has been established to support district nurses. They'd like to be involved in developing scenarios to be used for teaching and to meet students face to face to share their personal, lived experience. Documentary evidence and meetings at the visit confirm ARU are taking steps to enhance PUSC engagement across their NMC programmes (172, 187, 198).

Students tell us they receive feedback from PUSCs during their placements, which is used to support their practice assessment and progression. Students tell us that there can be challenges in accessing templates for PUSC feedback in a timely way in the e-PAD design. The feedback templates in the e-PAD must be completed by the practice assessor and practice supervisor. Practice assessors and practice supervisors confirm this and tell us of examples of how they mitigate this by printing out templates so

they're accessible and can be uploaded later. There's some evidence of PUSC co-production, design, development and delivery of programmes and the ARU team are working to enhance this. Students tell us that they've educational activities delivered with PUSCs, for example a session on the topics of drug withdrawal, lived experiences with learning disabilities, long term conditions and scenarios within the simulated practice learning activities. Students tell us that they value the input that PUSCs have in their education in all learning environments (173, 178-183, 189, 191, 195, 197, 214-215).

There's documentary evidence and ARU, students, practice assessors and practice supervisors tell us that there are sufficient opportunities in all learning environments for IPL activities. Students tell us that they've the opportunity to learn with, from and about one another's role. Adult nursing students tell us that they're attending an inter-professional conference at ARU. ARU tell us that there are opportunities for IPL activities within clinical skills and simulation (49-52, 74-75, 143-144, 173, 196, 214-216).

Our findings confirm that ARU, together with their PLPs/EPs, value education and training in all learning environments.

Outcome: NOT MET

Comments:

SFNME requirement 1.7 is not met.

We find that some students haven't experienced a timely and effective response to complaints and concerns raised which is impacting on their wellbeing. This relates to adult nursing and NA students in Chelmsford and Peterborough and child nursing students in Peterborough.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

- Opportunities for PUSCs to engage in the design, development, delivery, evaluation and co-production of the nursing and NA programmes (related to SFNME requirement 1.12).

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, 2.15, 2.17, 2.18, 2.20

Requirements not included – 2.8, 2.13, 2.21

NB: 2.3 – NMC Programme specific standards

What we found before the review

ARU provide documentary evidence prior to the visit to demonstrate how they manage risk in relation to regulatory, professional and educational requirements. The governance structure of ARU supports compliance with legal requirements and OfS registration. In relation to professional and regulatory compliance, the NMC held a meeting with ARU on 13 October 2022 regarding the volume of exceptional reports submitted across all ARU NMC provision. It was agreed that routine meetings would be scheduled going forward. Information provided by ARU as part of their ASR indicates that some programmes may not be fully compliant with all professional and regulatory requirements of the SFNME, SSSA, SPNP, SPNAP, FN:SPRN and SPNA. This is due to risks identified within the ASR that ARU acknowledge are in the process of being mitigated. These areas are explored through the monitoring visit (1, 53-57, 128, 201-202).

ARU were notified by Ofsted that they weren't compliant with ESFA requirements for the BSc (Hons) nursing apprenticeship as the programme was approved with 10 hours of study time in the apprentices' own time. This was to meet NMC programme hours requirements (53).

There's documentary evidence that ARU pre-registration nursing and NA programmes are designed to meet proficiencies and outcomes relevant to the programme and to a field or fields of practice in the case of nursing. Programme planners and placement exemplar documents identify the design of theory and practice and how this structures the students' education in achieving the FN:SPRN or SPNA (58-70, 110-121, 166-169).

ARU provide some assurance that they comply with programme specific standards in relation to the SPNP, SPNAP, FN:SPRN and SPNA, however they highlight in their ASR that some internal processes for confirming programme hours, confirming award, issues with placement capacity and availability of practice assessors and practice supervisors could impact on programme specific standards (71, 79-80, 201-202).

There's evidence to support that recruitment and selection of students is open, fair and transparent. Information about the programmes and their requirements is available on ARU webpages. The information is presented in accessible formats. ARU senate code of practice provides the overall AEI approach to governance of the recruitment process. ARU's access and participation plan demonstrates the commitment to ensuring the institution has measures to understand and address underrepresentation (82-84, 128).

ARU have systems and processes in place to ensure recognition of prior learning (RPL) meets NMC requirements. There's evidence that applicants can apply for RPL up to 50 percent, or more than 50 percent if they're a registered nurse seeking an additional qualification with no restrictions on their practice. ARU academic regulations assure the governance of RPL. Actual RPL claims aren't provided prior to the monitoring visit (1, 82, 86-87).

ARU are an established AEI and have systems, processes and procedures in place in relation to confirmation of proficiencies and programme outcomes in full, demonstrating student FtP as well as their eligibility for academic and professional award. ARU has developed a 'lapses in professionalism' policy and action plan to identify students' professional behaviour that's not meeting the required standard (1, 23, 29-30, 90-91).

The NMC have received two separate exceptional reports from ARU where students have been put forward for registration when they weren't eligible, one where the student had fraudulently recorded their practice hours and another where the student hadn't met ESFA requirements (201).

There's evidence that ARU have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes. ARU have invested in capital project infrastructure and have increased their simulated practice teaching spaces between December 2021 and April 2022. ARU have also invested three million pounds of further capital investment (OfS funding and match funding from the AEI) and equipment to enhance the AEI's clinical simulation teaching spaces. Course specification documents identify simulated practice within the learning, teaching and assessment strategies section. ARU provide evidence that they support the learning of pre-registration nursing and NA students with online resources that include packages such as Script, which will be in use from September 2023 (5-8, 47, 97-98).

There's some evidence that ARU and their PLPs/EPs improve quality, manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data. There's evidence however that ARU and their PLPs/EPs don't consistently disseminate and share data to improve and manage risks. ARU weren't aware of a serious incident that had occurred in CPFT (Fulbourn Hospital), which led to a section 29a notice being applied by the CQC (79-80, 99-103, 202-207).

ARU prior to the monitoring visit provide limited evidence in relation to how the AEI proactively identify and act on any areas for improvement, regularly measuring programme performance and outcomes against the NMC standards and requirements and other recognised quality frameworks in education (104).

There's evidence of inconsistencies in how ARU confirm that all proficiencies have been met by each student by the end of their programme. ARU staff tell us prior to the monitoring visit that their QA systems for checking and monitoring student achievement aren't fit for purpose for the number of students they now have on programmes (201-202).

What we found at the review

ARU tell us they monitor CQC reports monthly to ensure they're aware of any changes with their PLPs/EPs. They tell us that CQC reporting is discussed in each of the ARU/PLP/EP governance meetings (185, 187).

The pre-registration nursing programme is approved for the maximum use of 360 hours of simulated practice learning throughout the programme. ARU tell us this is delivered as a virtual placement. ARU senior academic staff tell us that academic assessors are prepared and used as practice supervisors to support this learning. Academic assessors tell us that they receive training to undertake the practice supervisor role. ARU senior academic staff and academic assessors confirm that they're not concurrently the academic assessor and the practice supervisor at the same time. ARU provide evidence of a database that confirms this (173-174, 216, 224).

Students tell us they've mixed experiences of the virtual placement. In the first year, they tell us this is delivered in large groups of approximately 600 students online and then students are split into smaller groups (although ARU tell us this has now been significantly reduced for future cohorts). They tell us there's mixed student engagement in the virtual placement and they share examples of students not engaging. They tell us that activities don't take as long to complete as they're scheduled for. Nursing students at Peterborough tell us they don't feel that the virtual placement fully prepares them for practice and would like to have more practical, hands-on simulation within ARU's simulation facilities. There's recognition from ARU staff, students, practice assessors and practice supervisors that digital technologies are being utilised more now than prior to the pandemic, however many of the students we meet across all ARU sites tell us they don't value the virtual placement. Students tell us that they find it challenging at times to differentiate between standard online learning activities and what they're undertaking for their virtual placement which is counted as practice learning hours (172-173, 182-183, 194, 216).

Some students tell us they've had additional weeks of virtual placement scheduled at short notice, as there was a lack of placement capacity for the cohort. Some students tell us of a positive experience of the virtual placement when the activity was planned around a telehealth placement (179-180, 189, 191).

There's documentary evidence and ARU academic staff, senior nurses, practice assessors and practice supervisors tell us that programmes are designed to meet and comply with NMC programme standards specific to the programme being delivered (58-70, 110-121, 166-169).

ARU academic staff, senior nurses, practice assessors and practice supervisors tell us that there are sufficient learning opportunities in all learning environments for students to be exposed to and meet the FN:SPRN and the SPNA. Students tell us there are high numbers of students in placement areas at any time which can be challenging when completing proficiencies. Students tell us there are opportunities for them to engage with proficiencies and learning opportunities, however some nursing students at the Peterborough site on placements at Peterborough City Hospital and adult nursing students at Chelmsford tell us that practice assessors and practice supervisors aren't always aware of which proficiencies students need to undertake in each part of their programme. NA students tell us there's inconsistency in the understanding of the NA role, scope of practice and protected learning time in some placement areas. They tell us this is particularly the case in their 'home' or 'base' wards. Some students share positive examples where learning environments display posters explaining the NA role. Students on the NA programme at Chelmsford tell us practice assessors and practice supervisors disregard the posters (172-176, 178-180, 188-189, 196-197, 214).

ARU and PLPs/EPs tell us that they adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including lines of communication and accountability for the development, delivery, QA and evaluation of their programmes. ARU and PLPs/EPs provide documentary evidence of partnership meetings and committees where QA and evaluation of students and the programmes takes place. ARU tell us that regular meetings (nursing teams monthly and NA teams bi-monthly) between the heads of school and course leaders take place at different campus sites to ensure programmes are delivered consistently and that external examiners review samples of assessment from across sites. ARU provide us with an overview document of the strategic and operational organisation of the school across all sites, which includes the new roles. Students tell us of different experiences across the delivery sites. Examples include NA students at CWA tell us they've less face to face delivery of their programme than those on the same course at the Peterborough campus. Students at the Chelmsford campus tell us they feel they've less variation in their placement allocation than mental health field students at the Cambridge site. Students tell us that there are significant travel distance times getting to and from placement depending on what campus they're based at (172-176, 178, 185, 195-197).

Nursing students and NA students tell us that module content varies by site of delivery. Peterborough nursing students tell us of a module where content delivered to them was different from what was delivered at Cambridge but had the same assessment applied to all students. Direct entry NA students on placement at Peterborough City Hospital tell us they feel they're disadvantaged in comparison to those on the apprenticeship

route who they feel have more opportunities through their home-based placements. ARU confirm the rapid response clinic is only offered at the Peterborough campus. Nursing students at Peterborough and Chelmsford tell us of changes made to module content, with tutors interpreting the content differently leading to large numbers failing the assessment (182-183, 187, 194, 214).

ARU 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. ARU senior academic staff and staff from central ARU services tell us that for students undertaking the apprenticeship route, the degrees at work team liaise with the EPs to ensure there's adequate timeframes for the admissions process. They work with the EPs and ARU academic staff to ensure selection dates are arranged. ARU academic staff and EPs tell us that they select and interview conjointly for all students undertaking an apprenticeship route. PLPs/EPs tell us that selection criteria and questions are developed collaboratively. ARU provide documentary evidence that demonstrates PUSCs have been involved with the design of the interview process for students. ARU tell all applicants who are applying for any apprenticeship programme that they must meet the level two qualifications in English and maths prior to commencing the programme; this is in response to a student who was put forward for registration who didn't meet the ESFA maths requirements (172, 175-176, 184, 225).

ARU tell us that for students applying for the direct entry routes their admissions and selection process has changed from a multiple mini interview process to the use of a values based scenario approach due to the COVID-19 pandemic. ARU tell us that PUSCs have reviewed scenarios/questions and that from January 2024 the interview and selection process will include PLPs and PUSCs. ARU tell us that strategic conversations are taking place to ensure PLPs and PUSCs are re-engaged in interview and selection activities for direct entry students. Students tell us that they're interviewed by registered nurses as part of their selection process. PLPs/EPs tell us that they fully support their staff being involved with selection activities for all students undertaking pre-registration nursing and NA programmes (175-176, 184, 214-215).

ARU confirm the process for ensuring that all students fulfil health and character requirements. ARU senior academic staff, ARU senior leaders and PLP/EP senior nurses 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. 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 (175-176, 184, 214-215).

ARU 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 ARU RPL panel initially approves RPL

claims prior to being considered by an external examiner. ARU confirm that their regulations allow RPL for more than 50 percent for registered nurses. ARU tell us that they've not had any registered nurses apply for RPL (154, 217, 219).

ARU and PLPs/EPs tell us that education champions are employed within the PLP/EP environments to support students in practice. The education champions are there to ensure students have the information and support they require in practice and that practice assessors and practice supervisors have a named contact who is familiar with ARU programmes, local procedures and policies. Students tell us that the education champions are supportive. Practice assessors, practice supervisors and academic assessors value the education champion role. Students tell us overall their academic assessors are supportive in ensuring students have information they require. They do however highlight that there are some inconsistencies in how this information is cascaded across the ARU delivery sites (173-176, 178-183, 189-197, 214-215).

Documentary evidence and meetings at the visit assures us that ARU 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. ARU has developed a 'lapses in professionalism' policy and action plan to identify students' professional behaviour that isn't meeting the required standard (1, 23, 29-30, 88-91).

ARU acknowledge in their ASRs that there are placement capacity issues in mental health and children's nursing. NA apprentices at Peterborough confirm a lack of placement experience in learning disability, child and mental health. Nursing students at Peterborough tell us there's an issue with the fixed rota placements which can lead to only experiencing night shifts, early shifts or late shifts which don't allow for a variety of learning opportunities. Nursing students tell us there's sometimes insufficient numbers of practice supervisors trained in certain FN:SPRN to facilitate student learning. ARU and PLPs confirm they're in the process of upskilling their staff. Practice assessors and practice supervisors across PLPs/EPs tell us there are high numbers of students allocated to them and their learning environments which can impact the learning opportunities for students and their capacity to undertake the role. They tell us that they often complete the student's e-PAD in their own time (176, 196-197, 202).

PLPs/EPs tell us that there are systems and processes in place for managing system regulator outcomes. Senior nurses, practice assessors and practice supervisors at the Linden Centre confirm this and share examples of CQC actions that they're working on with ARU to achieve. Senior nurses and other senior managers from CPFT also confirm this to be the case. Senior staff from CPFT tell us that they recognise there's been enhancements in sharing information and data following their CQC inspection where ARU weren't notified of the CQC outcome. We find however that there are inconsistencies in the sharing of system regulator reports and note that ARU and their PLPs/EPs are revising policies and flow charts to negate this in the future (176-177, 195).

Documentary evidence and meetings at the visit assure us that ARU 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. ARU engage with the annual evaluation process as well as the exceptional reporting process and provide action plans in relation to evaluating performance and outcomes. The school actively engages with university and faculty level committees and working groups. These include the faculty education committee, student engagement experience and retention group, faculty partnership meeting and other student facing committees (175, 187).

ARU confirm that they've suitably qualified and experienced programme leads and managers in place. ARU tell us they've modified the programme to ensure checks for eligibility for registration are now part of the modular assessment at the end of each year, to ensure that students practice hours and all requirements are met in full prior to being recommended to the NMC for registration. They tell us they've audited current students' practice hours records. They tell us they're transitioning to an online system for recording placement hours (172-173).

Our findings conclude that ARU, 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 there's clear lines of accountability in all learning environments for meeting those requirements and responding when standards aren't met. We're not assured that the programme complies with all relevant NMC regulatory requirements in relation to simulated practice learning. We're not assured that there's clear lines of communication between ARU and their PLPs/EPs. We're not assured that ARU and their PLPs/EPs are consistently proactive in responding to areas for improvement in relation to system regulator reports and outcomes.

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, service users, students and all other stakeholders.

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

Requirements not included – 2.16

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

What we found before the review

ARU provide some documentary evidence that they comply with the SSSA in practice. ARU has identified within the ASR that placement capacity as well as availability of suitable qualified practice assessors and practice supervisors is a risk. ARU and their PLPs/EPs have systems and processes in place to provide communication and collaboration between practice assessors and academic assessors. Evidence supplied by the subject external examiner for the NA programme identifies that practice

assessment documents aren't consistently signed or verified by an academic assessor (72-77, 79-81, 92-93, 202-206).

ARU has raised an exceptional report and documented within the ASR that there's a potential risk of students not completing the required number of hours for NMC registration due to the paper-based system for recording of practice hours and lack of automation for checking hours. ARU is part of the Midlands, Yorkshire and East practice learning group and the MYEPAD and NAPAD address the SSSA as well as FN:SPRN and SPNA respectively (202).

ARU provide some documentary evidence that PUSCs and representatives from relevant stakeholder groups are engaged in partnership in recruitment and selection. ARU in their ASR identify that PUSCs are involved with creating recruitment material. There's limited evidence to demonstrate the ongoing activity of PUSCs in relation to student recruitment in the form of meeting minutes or other stakeholder activity (85, 202).

ARU 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. ARU and their PLPs/EPs have an established raising and escalating concerns policy that's used within all practice learning environments, including simulation. The MYEPAD identifies the students' responsibility in raising and escalating a concern with a nominated person in the practice setting (1, 21-23, 27, 29, 74, 90-91).

ARU have provided documentary evidence that they use an audit tool for all learning environments and that they've a process for reviewing the audits regularly (3, 95-98).

There's documentary evidence supplied by ARU that they've appropriately qualified and experienced people for programme delivery across the pre-registration nursing and NA programmes. ARU indicate that they've 159 members of academic staff who contribute to the delivery of NMC programmes. The database provided by ARU enables tracking of academic staff registration requirements including NMC revalidation dates (105-106).

What we found at the review

Documentary evidence and meetings with senior academic and PLP/EP managers, practice assessors and practice supervisors confirm ARU and PLPs/EPs have effective processes for ensuring sufficient practice supervisors and practice assessors are prepared and available for allocation to students (72-77, 79-81, 92-93, 175-176, 185, 202-206).

Senior nurses and PLP/EP managers tell us that there's partnership working with ARU in the allocation of placements. They discuss the process of reviewing the number of practice supervisors and practice assessors and supporting the preparation of practice supervisors to become practice assessors. PLP/EP managers, practice assessors and

practice supervisors confirm that there are sufficient, trained and supported practice assessors and practice supervisors to support students in placements. Senior representatives confirm that the processes in place to monitor and respond to changes in the numbers of practice assessors and practice supervisors are effective (175-176, 185, 196-197)

There's documentary evidence of the preparation required for practice assessors and practice supervisors. The training for practice assessors and practice supervisors is designed by ARU and accessed by PLPs/EPs online. Practice assessors and practice supervisors across the regional health economy in all our meetings tell us that they've completed the training. They confirm there are enough practice assessors and practice supervisors for the number of students they support on placements, however they identify that the increase in the numbers of students can be challenging at times. They tell us they're able to engage with ongoing refresher training and updates (190, 196-197).

Students tell us that they're assigned to a practice assessor, practice supervisor and an academic assessor. Practice assessors and practice supervisors tell us that they know who the students' academic assessor is, they can contact them if they need to and that they're mostly responsive. They tell us they generally know who the students' academic assessor is prior to them commencing their practice learning experience. There are some examples of where academic assessors don't respond in a timely manner in relation to questions surrounding the progression of a student. Students, practice assessors and practice supervisors tell us that there are some issues with staff not being confident with using the e-PAD. Practice assessors and practice supervisors tell us that there's investment by ARU in administration staff to support the e-PAD and this has resulted in enquiries being responded to more effectively (173, 175, 177, 179, 188-197, 214-215).

Documentary evidence and meetings confirm that PUSCs and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection. ARU senior academic staff and the programme team tell us that PUSCs have been involved in reviewing and creating scenarios and question sets for the selection of pre-registration nursing and NA students. PUSCs tell us they've been involved pre-pandemic in recruitment and selection and that they receive appropriate equality and diversity training. They've been told they're soon going to join recruitment panels remotely and tell us they're looking forward to it (184, 198).

Documentary evidence indicates and ARU academic staff as well as PLPs/EPs tell us there's effective systems, processes and policies to manage FtP. Documentary evidence assures students of a fair and confidential process. ARU have recently introduced a 'lapses in professionalism' process to be able to identify and address issues early. ARU academic staff and senior nurses from PLPs/EPs confirm that FtP panels have representation from practice and that there's the need to ensure students are fit for employability as well as to join the NMC register (1, 21-23, 27, 29, 74, 90-91, 175-176, 186).

All students confirm that they understand the importance of FtP. They make declarations of health and character annually and understand the rationale for this (188-195, 214).

ARU and their PLPs/EPs have systems and processes in place to regularly review all learning environments and provide assurance that they're safe and effective. ARU academic staff and practice education staff tell us that they work in partnership to ensure PLP/EP audit documentation is updated, monitored and evaluated. We're given access to the audit database at the Linden Centre visit to review a sample of the audit documentation (96, 176, 185).

There's documentary evidence and ARU tell us at the visit that there's appropriately qualified and experienced people for programme delivery across the pre-registration nursing and NA programmes. ARU tell us that recruitment to academic posts has been challenging and that they've recently recruited a significant number of staff from practice into academic posts. ARU have also invested significantly in a number of strategic posts across the school, including deputy dean and director posts (105-106, 172, 175, 187).

Our findings confirm that ARU, together with their PLPs/EPs, are able to ensure all learning environments optimise safety and quality, taking account of the diverse needs of and working in partnership with, PUSCs, students and all other stakeholders.

Outcome: NOT MET

Comments:

SFNME requirement 2.1 is not met.

We're not assured that all simulated practice learning activities and hours within some nursing fields meet the NMC requirements and expectations for students learning to practise, not about practice.

SFNME requirement 2.5 is not met.

We find that there are appropriate structures and documentary evidence to demonstrate a partnership approach. However, we find that the implementation of documented processes is inconsistent and fragmented within and between partners including students and PLPs/EPs.

We also find that students report different learning and teaching experiences depending on their campus location despite studying the same programme within the same cohort.

SFNME requirement 2.15 is not met.

We find that there's a disparity between available capacity in practice learning areas and the number of students requiring placement experiences. This also relates to the number of learning opportunities related to nursing students' experience of other fields of practice.

SFNME requirement 2.17 is not met.

While there are areas of good practice, we find that system regulator reports aren't consistently shared by PLPs/EPs with ARU.

We also find that nursing and NA students at the Peterborough campus report unsupportive clinical environments indicating further action is required to improve quality and manage risk to student learning.

Revised Outcome: MET/NOT MET

Date:

Comments:

Areas for future monitoring:

None identified.

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

Requirements not included – n/a

What we found before the review

ARU provide some documentary evidence that the AEI along with their PLPs/EPs ensure that students on the pre-registration nursing and NA programmes have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role. The student virtual learning environment at ARU is known as Canvas (108-109).

There's some evidence that the AEI 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 the child nursing and adult nursing routes report low rates of satisfaction in the National Student Survey (NSS) in relation to organisation and management. On 4 January 2023, the NMC received a complaint from a NA apprentice at ARU, based in NWAFT. Themes of the complaint included that there's been multiple changes to the programme, that students are struggling to cope and overall, the complaint implied a critical misunderstanding of the NA role and scope in practice. Minutes of ARU listening events with students identify that students on the pre-registration nursing and NA programme highlight inconsistencies with receiving timely and accurate information (110-116, 201-206).

There's documentary evidence that students on the pre-registration nursing and NA programmes at ARU are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation learning appropriate for their programme as necessary for safe and effective practice. We don't see prior to the visit any specific strategy for simulation or technology enhanced learning, however ARU provide a three-monthly report on their simulated practice learning delivery (12-15, 31, 47, 51, 58-67, 94, 96-99, 122, 164).

There's limited evidence prior to the monitoring visit of how ARU and their PLPs/EPs ensure that pre-registration nursing and NA students are allocated and can make use of supported learning time when in practice. There's evidence of the range of placements that nursing and NA students can expect to undertake whilst on ARU programmes. There's also evidence of how ARU monitors the allocation of placement during the student's programme (117-121).

In relation to protected learning time, ARU provide examples of evaluation forms and staff listening events. While these mechanisms offer an opportunity for ARU to monitor if students are receiving protected learning time, minutes of listening events don't have any explicit agenda items where this is explored with students. The NAPAD clearly identifies the need for students to receive protected learning time (75, 102-103, 203-206).

ARU provide some evidence in relation to how students on the pre-registration nursing 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. Evidence provided by ARU identifies that academic

assessors aren't consistently verifying progression criteria in the students' practice assessment documentation (58-67, 71).

There's documentary evidence that the AEI provides information to students regarding entry to the NMC register and annotation of their award (125-127).

ARU provide documentary evidence that students are prepared for learning in theory and practice having received relevant inductions. Students receive an induction period to their programme as well as prior to each period of practice learning (138-141).

ARU and their PLPs/EPs provide some evidence of opportunities for students throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers and to develop supervision and leadership skills. IPL events are structured throughout the programme and conference days provide opportunities for students to learn with, from and about one another (49-52, 142-144).

What we found at the review

Documentary evidence and triangulation at the visit confirm that ARU along with their PLPs/EPs ensure that students on the pre-registration nursing and NA programmes have access to adequate resources (108-109).

ARU tell us that the university has invested significantly in clinical skills and simulation facilities including a community environment (flat) being constructed in Cambridge and in Chelmsford. The ARU senior team tell us that the university executive is supportive of the investment and development of the nursing and NA programmes, and this has resulted in additional clinical skills teaching spaces in Chelmsford, Cambridge and Peterborough. Students tell us that they've access to the facilities that they need, however they tell us that there's inequitable access to the facilities depending on which site they're undertaking their programme of study. Students tell us that they'd like more access to the clinical skills facilities. ARU tell us that they're investing in creating more clinical teaching spaces across their estate. ARU provide evidence and tell us of the support services and wider university resources that are available to students. Students tell us they're aware of how to access wellbeing resources and support through the ARU student pages. PLPs at the Linden Centre tell us that students have access to all the same resources and support that staff have access to (172-174, 179-180, 185, 188-195, 214-216).

Nursing students at Peterborough tell us they don't always receive timely information regarding their placement allocations which makes it difficult to plan for their practice learning opportunities. Nursing students at Chelmsford tell us of difficulty contacting practice settings in advance of placement through lack of timely information or incorrect contact details being given. Third year nursing students at Peterborough tell us they were told they'd receive additional clinical skills sessions amounting to 40 hours in year three to make up for gaps in practice learning due to the pandemic but that these sessions haven't been made available to all students (182-183, 187, 194).

Nursing students at Peterborough and Chelmsford tell us of poor communication about changes to lectures and assessments. Some nursing students at Peterborough and Chelmsford tell us their personal tutor and academic assessors are very supportive, but that overall ARU communication is poor. They tell us their timetables aren't always up to date. NA students at Peterborough and Chelmsford tell us of timetabled online examinations not being made available. Nursing students at Chelmsford tell us of ad hoc changes being made to some modules leading to confusion over what will be assessed and the impact this had on student performance on the module. They give us examples of email notifications giving less than 24 hours' notice for students to re-sit examinations. ARU subsequently advise that university regulations require at least four weeks' notice of an assessment (182-183, 187, 194, 216).

Students at the Cambridge campus tell us of the high levels of support received from personal tutors who they describe as accessible and responsive. Other nursing students at different ARU delivery sites tell us that personal tutors aren't consistently supportive and responsive. NA students based at the CWA share examples where they've asked for programme and role information from their personal tutors, which they haven't then received. NA direct entry students based at Cambridge tell us their personal tutors were unable to provide information about registered nurse programmes following completion of their programme (178-180, 188-189, 191).

There's documentary evidence and meetings at the visit that confirm students on the pre-registration nursing and NA programmes at ARU 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. ARU outline their approach to virtual simulated practice learning at the visit and provide a demonstration of the activity. ARU provide evidence that there's been a significant investment of OfS, HEE and university funding in their simulation facilities and that this is across all their main sites (12-15, 31, 47, 51, 58-67, 94, 96-99, 122, 164, 185, 216).

We find many nursing and NA students from across the programmes report that they don't receive protected learning time or that their supernumerary status isn't always protected. Nursing students at Peterborough and Chelmsford tell us they're not always supernumerary and are counted in the numbers. Nursing students at Peterborough City Hospital state that permanent healthcare support staff are being removed from wards by bed managers to cover staff shortages elsewhere with the reason given that there's students on the wards to cover the workload. NA students aren't consistently receiving protected learning time when learning in practice. NA apprentices report that protected learning time is understood and supported in external placements, but staff awareness of the NA role and receiving protected learning time when in their base placement isn't consistent. NAs tell us that the scope of their role isn't consistently understood and that this impacts on exposure to the SPNA and learning opportunities (178, 181-183, 188, 194, 196).

Meetings at the visit confirm that ARU pre-registration nursing and NA students are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements in addition to a nominated academic assessor for each part of the education programme, in accordance with the SSSA (173-185, 188-197).

ARU tell us they comply with the SSSA in all placement areas including simulated practice learning and students are made aware of their academic assessors and practice assessors at least six weeks prior to placement. PLPs and EPs confirm this. Peterborough and Chelmsford nursing students tell us they've access to 'spoke' practice learning experiences to meet some of the FN:SPRN. They tell us this can be challenging to arrange as this is dependent upon the availability of practice assessors and practice supervisors in other areas. NA and nursing students tell us they're allocated a practice assessor for each placement and work with a range of practice supervisors. ARU tell us that academic assessor activity is work loaded into academic staffing and that staff don't act as an academic assessor for consecutive parts of the programme (175, 181-183, 185, 194, 196).

ARU 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 (125-127, 214).

Students tell us that there's preparation for practice sessions and sessions within simulation and clinical skills prior to attending practice learning opportunities. Students tell us that there are activities within the university setting and within the practice learning environment where they can collaborate and learn with and from other professionals, to learn with and from peers and to develop supervision and leadership skills. Students tell us that the simulated practice learning experiences don't always make them feel fully prepared for placement. Students tell us that they do receive inductions to PLPs/EPs (173, 179-180, 189, 195).

Our findings confirm that ARU, together with their PLPs/EPs, are unable to ensure all students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the NMC Code. We're not assured that ARU responds to students in a timely and accurate manner in relation to information about their curriculum, assessment and practice placements. We're not assured that students are supernumerary or can make use of their supported/protected learning time.

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, 3.11, 3.12, 3.13, 3.14, 3.17, 3.18

Requirements not included – 3.9

What we found before the review

There's documentary evidence that ARU and their PLPs/EPs provide students 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. Block placement planners identify where periods of practice learning are situated within the programme. ARU have sufficient PLPs/EPs to ensure students get direct care opportunities from a range of people throughout their educational programmes (117-121, 166-169, 208-209).

ARU identify that there are risks to supervision and support for students in practice learning in accordance with the SSSA. ARU cite practice learning capacity issues and availability of practice assessors and practice supervisors as the main risk areas in being fully compliant with the SSSA (202).

ARU provide some evidence in relation to how students are supervised according to their individual learning needs, proficiency and confidence. The students' e-PAD facilitates an initial, mid-point and final interview process to support the assessment of practice learning. The ongoing achievement record documents the students' performance throughout their programme. The MYEPAD and the NAPAD articulate that students should identify their individual learning development needs, alongside sharing any specific learning needs that they may have where reasonable adjustments need to be considered. All students on ARU programmes are assigned a personal tutor who supports the students' learning and development needs throughout the entirety of the students' programme. ARU have resources available to assist personal tutors in their role supporting students' development. Academic assessors complete training and education to undertake their role in line with SSSA requirements (73-75, 92-93, 123-124).

ARU provide documentary evidence that they've systems, processes and policies that support students to have their diverse needs respected and considered across all learning environments. This includes support and adjustments being provided in accordance with equalities and human rights legislation and good practice. The ARU access and participation plan identifies that the proportion of disabled students is lower than in the sector. Numbers have decreased by one percent since 2013/14, while the proportion in the sector rose by 2.8 percent. ARU are addressing this with targeted actions and a key performance indicator within their access and participation action plan. ARU also identify that continuation gaps exist when comparing students who have a disability to those students who identify as having no disability. ARU perform favourably in relation to achievement of a good honours degree for students who identify as having a disability with disabled students outperforming their non-disabled peers in 2017/18 in terms of degree outcomes (128-131).

There's documentary evidence that ARU has policies in place to manage

discrimination, harassment and other behaviour that undermines student performance and confidence. ARU submitted an exceptional report on 12 December 2022 regarding the Cavell Centre, part of CPFT. The report was submitted following media reports of a specially commissioned culture review, which found bullying and discrimination at the centre. ARU had four third year mental health nursing students and five NA students placed in the centre. The NMC are informed an action plan is being developed by CPFT, however this hasn't been provided despite requests for this to be submitted to the NMC. We therefore remain concerned about the potential impact of these concerns on the student learning environment. Similarly, on 3 May 2023, ARU submitted an exceptional report regarding students' concerns about their practice learning experiences, the quality of patient care, allegations of nurses changing their observations and allegations of a lack of supernumerary status while learning at Peterborough City Hospital, NWAFT. We're told 24 students, across all programme years, have raised concerns about their learning experiences. The student concerns were initially raised on 27 February 2023 (132-133).

There's documentary evidence that ARU 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 includes through listening events such as staff student liaison committees and course feedback forums (23-28, 134-136, 203-207).

ARU provide evidence that students on the pre-registration nursing and NA programmes are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. Programme and module outcomes include reference to reflective practice, and this is also articulated within the students' e-PAD (5-8, 12-15, 31, 51, 74-75, 94, 134-137).

ARU provide documentary evidence that demonstrates that students receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning. ARU also provide documentary evidence that students have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice. This includes ARU undertaking a deep dive evaluation into feedback students provided in relation to their mental health placement as well as staff student liaison committees and module/practice evaluations (100, 102-103, 145-147, 203-207).

Within the ASR, ARU identify that students on the adult, child and mental health nursing programme routes rate ARU below benchmark on the NSS in relation to how the AEI responds to student feedback (202).

What we found at the review

ARU, senior nurses from PLPs/EPs, practice assessors and practice supervisors tell us that there are a range of learning opportunities in all learning environments that

prepares students to provide care for a diverse range of people. Students tell us that that they've 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. Nursing students tell us they've opportunities to learn about other fields of nursing practice in the second year of their programme, and for some students at the Cambridge campus this has involved an alternative field placement being allocated. Chelmsford based nursing students tell us that they organise 'spoke' visits away from allocated 'hubs' to experience alternative fields and exposure for some FN:SPRN (173, 179-180, 189, 195).

ARU, senior nurses, practice educators, practice assessors and practice supervisors tell us that students are supervised and assessed in practice learning in accordance with the SSSA. Students tell us that they're assigned a practice assessor when undertaking practice learning opportunities. They tell us that they've an initial, mid-point and final interview and that they identify their specific goals, objectives and learning needs with their practice supervisors and practice assessors. Practice supervisors tell us that they receive training and education to undertake their role and that they use the students' e-PAD to support the student to develop in accordance with their learning needs, proficiency and confidence. Practice assessors and practice supervisors tell us that supportive action plans are devised for students in accordance with their learning needs if there are concerns in relation to a student's performance and in discussion with the students' academic assessor (175-176, 179-183, 185, 188-189, 191-197).

Students tell us they know how to request reasonable adjustment support. Some students tell us their individual adjustments aren't always implemented on campus and practice learning environments when they've shared their reasonable adjustment plan (RAP). Some nursing and NA students at Chelmsford with RAPs tell us of a lack of communication to academic staff about their RAPs, leading to adjustments not being applied to assessments. Practice assessors and practice supervisors tell us that it would be helpful to know if students have a RAP prior to them commencing practice learning opportunities so that they can plan and support students effectively. They tell us that often they don't know if a student has a RAP, even when the student has indicated that they're happy for this information to be shared. The presence of a RAP clearly indicates appropriate systems, policies and processes are in place (as per submitted documentary evidence). Student feedback indicates however that the dissemination of these is potentially inconsistent. Further triangulation of individual student circumstances isn't undertaken to maintain the anonymity of the students concerned. The consistent implementation of reasonable adjustments is identified as an area for future monitoring (179-183, 188-189, 191, 194, 196-197).

Nursing students in practice at Peterborough City Hospital tell us they feel unable to raise concerns regarding placement issues until they finish their placement and return to ARU as they feel this may impact negatively on their practice assessment. They tell us of a lack of response from ARU to their concerns. They tell us they've stopped providing feedback and completing evaluations because they feel they're not listened to by ARU and PLPs. They tell us examples of negative, unsupportive and

unwelcoming behaviour they've experienced at Peterborough City Hospital that they feel hasn't been responded to appropriately by ARU and PLPs (182-183).

Documentary evidence and meetings at the visit confirm that ARU and PLPs/EPs provide information and support which encourages students to take responsibility for their own mental and physical health and wellbeing, and that students are provided with learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice. Students provide some examples where personal tutors often offer excellent support. Nursing students at Peterborough tell us they appreciate the weekly rapid response clinics that have been recently introduced. Some students complimented their personal tutor for providing good individual support. Students tell us they're aware of how to access wellbeing resources and support through the ARU student pages. NA apprentices at Peterborough tell us of good support for their additional learning needs from ARU. They tell us they're able to work with librarians and the wider student support services at ARU to develop their writing skills (179-183, 188-191, 194).

Documentary evidence and meetings with ARU academic staff, students, practice assessors and practice supervisors confirm that the pre-registration nursing and NA programmes are structured to ensure that students receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning. Students tell us that they undertake reflective learning and this is evidenced in academic work as well as within their e-PAD. PUSCs tell us that students value their input into their education (145-147, 173-174, 178-183, 185, 198-199, 214-215)

We find that there are significant issues with how ARU communicates with and responds to students' feedback in both theory and practice. Nursing students at Chelmsford and Peterborough tell us they aren't aware of being able to give feedback on modules. Nursing students at Peterborough and Chelmsford campus tell us of examples of issues shared with ARU relating to timetabling and timetable changes where they've not heard feedback. They tell us that lack of feedback from ARU to issues raised makes them feel disengaged with any feedback opportunities. They tell us they don't feel they're listened to when they raise concerns about module content, delivery and changes made to assessment criteria during the module. They tell us that there are limited opportunities to feedback on the programme, other than through placement evaluations. They tell us when they do raise issues, ARU doesn't appear to address these, or feedback to students where actions have been taken. Nursing students at Peterborough tell us they've repeatedly asked for more practical clinical skills sessions to allow them to practise in a safe environment to better prepare them for practice. They tell us they've escalated their concerns, but no changes have been made (181-183, 194).

Nursing students at Peterborough and Chelmsford confirm they attend bi-annual staff student liaison committee meetings. They tell us they feel that although the issues they raise are discussed at these meetings ARU doesn't always provide students with

updates on changes made or actions taken to address concerns. Peterborough nursing student representatives all confirm limited responses from ARU to issues raised by them in meetings regarding both theory and practice learning experiences. NA students tell us they're unaware of student representatives and staff student liaison committee meetings for their programme. They tell us they're unaware of opportunities to feedback to ARU about their programme, other than by contacting their personal tutor (178, 182-183, 188, 194).

We find that ARU, together with their PLPs/EPs, are unable to ensure all students are empowered and supported to become resilient, caring, reflective and lifelong learners who can work in inter-professional and inter-agency teams. We're not assured that students consistently have their diverse needs considered and adjustments provided in assessments. We're not assured that students are protected from discrimination in PLP/EP environments. We're not assured about the effectiveness of opportunities for students to feedback on the quality of their education in all learning environments.

Outcome: NOT MET

Comments:

SFNME requirement 3.2 is not met.

We find that nursing and NA students are unclear on information related to their curriculum and assessments. We also find that any changes in delivery aren't communicated effectively to students.

SFNME requirement 3.7 is not met.

We find that nursing students aren't consistently supernumerary when learning in practice.

We find that NA students aren't consistently receiving protected learning time when learning in practice. NA apprentices in Peterborough and Cambridge and those studying at the CWA in particular report challenges in staff awareness of the NA role and receiving protected learning time when in their base placement.

SFNME requirement 3.11 is not met.

We find several examples where nursing and NA students' report that their individual needs aren't being met. This appears to relate to inconsistent communication and therefore application of RAPs to academic assessment as well as individual circumstances related to adjustments required within practice.

SFNME requirement 3.12 is not met.

We find that students on placement at Peterborough City Hospital describe negative experiences that indicate an unwelcoming and unsupportive environment that impacts on their learning, performance and confidence to raise concerns about their experience.

SFNME requirement 3.18 is not met.

We find that nursing and NA students are disengaging from routine feedback and evaluation systems due to perceived ineffective communication of actions taken following their feedback. Students report being less aware of opportunities to feedback on the theoretical elements of their programme.

Revised Outcome: MET/NOT MET
Date:

Comments:

Areas for future monitoring:

Consistent communication and implementation of reasonable adjustments made in theory and practice learning that meet the needs of individual students (related to SFNME requirements 3.11 and 5.9) – *Requirement 5.9 wasn't included in the review plan for this visit, but feedback received through student triangulation meetings indicates this should be an area for future monitoring.*

Findings against themes

Theme four: Educators and assessors

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

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

Requirements not included – n/a

What we found before the review

ARU provide documentary evidence of how they comply with all standards and requirements in the NMC Standards for education and training. Course specification documentation, mapping documents and context documents outline the content and

professional requirements of the programmes in relation to the SPNP, SPNAP, FN:SPRN and SPNA (58-70).

ARU provide documentary evidence that educators involved with the pre-registration nursing and NA programmes always act as professional role models. ARU 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 (148-156).

Evidence prior to the visit, provided by the AEI demonstrates that ARU and their PLPs/EPs receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity. ARU have a robust staff development policy and academic workload plan which provides ARU educators with time and resources to enable them to fulfil their roles in addition to their other professional responsibilities (150-154, 156-157).

ARU provide documentary evidence that educators respond effectively to the learning needs of individuals in all learning environments and this includes policies, systems and processes to support students across a range of NMC programmes (126-131, 136-137).

ARU 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 (157-159).

ARU provide some evidence of how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. ARU are asked to provide documentary evidence in the form of meeting minutes at the visit (79, 160).

ARU provide some evidence in relation to having appropriate escalating concerns and complaints procedures in all learning environments, and this process is also outlined in the students practice documentation. ARU provide evidence of how they listen to students' concerns. It's not consistently clear within the evidence provided how ARU respond to student concerns and what the outcomes have been with PLPs/EPs where these issues have been highlighted or discussed (4, 21-22, 27, 72, 74-75, 78, 81, 203-206).

ARU have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation, practice evaluation and listening events such as staff student liaison committees and course feedback forums. ARU provide some evidence of how they respond to feedback from students and provide evidence in the form of one example action plan (102-103, 161-162, 203-207).

ARU provide some evidence of sharing effective practice and learning from others and that they engage in several networks locally, regionally and nationally. ARU provide

narrative about how they share and use evidence to make decisions on student assessment and progression. Further triangulation is required at the visit to understand how ARU manage this process. ARU codes of practice provide the governance structure in relation to the confirmation of student assessment and progression at the AEI (1, 47, 79-80, 163, 170-171).

What we found at the review

There's evidence from students that educators and assessors in some learning environments don't always act as professional role models. Some students tell us that they receive inappropriate responses to queries and feedback by ARU staff. Examples include an NA student telling us that when asking their personal tutor about accessing the registered nurse programme on completion of the NA programme, they received no response and was finally told to stop asking as they didn't know. A dual field nursing student tells us they were asked to 'stop emailing' when a query about the programme was raised and not responded to (179, 188).

Nursing students tell us there are some placement areas where practice supervisors and practice assessors require students to undertake unrelated work activities before they'll engage with the student's e-PAD. Other students tell us of examples where practice assessors ask students to complete sections on the e-PAD that are normally completed by the practice assessor. Students report that practice assessors don't want to engage with the e-PAD as they prefer the previous paper document, and some practice assessors refuse to sign off proficiencies completed during 'spoke' practice learning experiences. Nursing students at Peterborough on placements at Peterborough City Hospital tell us there are practice supervisors and practice assessors who don't want to have students and ensure that this is openly vocalised to the students they're supervising/assessing (180, 182-183, 189, 194).

There's documentary evidence and educators and assessors tell us at the visit that they receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity. ARU 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. Practice assessors and practice supervisors tell us that they've access to training and education to undertake their role. All educators tell us, and documentary evidence supports that all staff undertake relevant equality and diversity training (150-154, 156-157, 175-176, 185, 190, 196-197).

ARU confirm that material for practice supervisor and practice assessor role preparation is available through the placement hub. PLPs/EPs, practice supervisors and practice assessors tell us that they access these resources. Practice assessors and practice supervisors tell us that their roles are valued by their employing organisations. Senior representatives of PLPs/EPs tell us that they provide time for staff to undertake initial practice supervisor and practice assessor training but providing time for updates can be challenging. Practice supervisors and practice assessors confirm this and tell us that updates are mostly undertaken in their own time, often after

shifts or on their days off. They tell us that student assessments are mostly undertaken in their own time. Students confirm this (181-183, 194, 196-197).

There's documentary evidence of systems and processes to support the individual learning needs of students on the pre-registration nursing and NA programmes. However, some students state that their RAPs aren't consistently applied in both theory and practice learning environments as outlined in section 3.2 of this report (181-183, 192-194).

Students tell us that practice assessors, practice supervisors and academic assessors overall are supportive and objective in their approach to student supervision and assessment. Students provide examples of where academic and practice staff have supported student learning. ARU and PLP/EP policies and procedures underpin open, helpful and structured feedback and feedforward approaches to student assessment (157-159, 175-176, 178-183, 188-189, 191-197).

ARU, senior nurses, practice assessors and practice supervisors tell us how they liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment. ARU provide documentary evidence in the form of minutes that confirms this partnership working across multiple PLPs/EPs (79, 160, 173-177, 185, 190, 196-197, 222, 226).

ARU and their PLPs/EPs tell us how they've enhanced the escalating concerns and complaints procedures in all learning environments including in relation to system regulator reports. ARU and PLPs/EPs tell us, and documentary evidence supplied at this visit confirms, that flowcharts are updated. Students tell us that they know how to raise and escalate concerns. Students tell us where they can locate raising and escalating concerns procedures within student facing documentation. Processes are also outlined in the student's e-PAD (4, 21-22, 27, 72, 74-75, 78, 81, 175-178, 188, 203-206, 232).

ARU have systems and processes in place in relation to gaining feedback from students in all learning environments and this includes module evaluation, practice evaluation and listening events such as staff student liaison committees and course feedback forums. ARU provide evidence of how they respond to feedback from students and provided evidence in the form of action plans. PLPs/EPs tell us there are forum and committees where student feedback is monitored and evaluated. Practice assessors and practice supervisors tell us that they receive feedback from students' practice evaluations and that these are also explored at the practice education committee (102-103, 161-162, 196-197, 203-207).

ARU 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. ARU tell us of enhancements that they've made to their assessment and progression QA processes, including confirmation that students have completed the required number of hours, that there are no outstanding FtP investigations and that

students on the apprenticeship routes meet all the ESFA requirements (1, 47, 79-80, 163, 170-171, 184-187).

ARU provide additional documentary evidence in relation to minutes of meetings with PLPs/EPs in their approach to supervision and assessment and how they liaise with PLPs/EPs, PUSCs, external examiners and at IPL events to share and disseminate good practice (217, 222, 226).

We find that ARU, 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 all educators and assessors always act as professional role models. We're not assured that practice assessors and practice supervisors have supported time to enable them to fulfil their roles in the practice assessment of students. We're not assured that educators and assessors always respond effectively to the learning needs of students.

Outcome: NOT MET

Comments:

SFNME requirement 4.2 is not met.

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

We also find that some students report inappropriate responses to queries and feedback by ARU staff.

SFNME requirement 4.4 is not met.

Practice supervisors and practice assessors report needing to complete preparation for their role and student practice assessment documentation in their own time. Students report that practice supervisors and practice assessors are unable to complete their documentation in a timely way and that this can impact on their progression.

SFNME requirement 4.5 is not met.

The examples from nursing and NA students where they report their RAPs aren't consistently being implemented, indicate that there are examples of ineffective responses being made when individual learning needs are identified and/or disclosed.

Revised Outcome: MET/NOT MET

Date:

Comments:

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, 5.4, 5.6, 5.7, 5.8, 5.10, 5.11, 5.12, 5.13, 5.14

Requirements not included – 5.2, 5.3, 5.5, 5.9, 5.15, 5.16

NB: 5.1 – NMC Standards of proficiency

What we found before the review

There's documentary evidence prior to the monitoring visit that the pre-registration nursing and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes (5-8, 12-15, 31, 51, 74-75, 92-94, 104, 107).

ARU provide evidence that curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. Course specification documents outline relevant programme outcomes and ARU provide examples of how the programmes are appropriately mapped to the relevant programme standards and proficiencies (5-8, 70).

ARU provide relevant programme planners that demonstrates how the pre-registration nursing and NA programmes provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity as well as enabling students to manage their theory and practice learning experience effectively. ARU identify in their ASR that students on the NA apprenticeship route raised concerns about the management of their programme. ARU report in their ASR that this is being managed (166-169, 202).

ARU provide evidence that assessment is fair, reliable and valid to enable students to

demonstrate they've achieved the relevant proficiencies for their pre-registration nursing or NA programmes. The assessment process is governed by ARU academic regulations and code of practice. ARU ensure that subject external examiners are involved with the assessment process in all learning environments (1, 71, 165, 170-171)

ARU provide documentary evidence that students undertaking the pre-registration nursing and NA programmes are assessed across practice settings and learning environments as required by their programme. Course specification and module outcomes reflect the cross-field experiences required for student nurses and NAs. The MYEPAD and the NAPAD facilitate the recording of students' achievement against the relevant proficiencies for the pre-registration nursing or NA programme (5-8, 10-15, 31, 51, 74-75, 92-94, 117-121).

ARU provide an example of how assessment is mapped to the curriculum and occurs throughout the programme to determine student progression prior to the visit (70).

ARU utilise an e-PAD that incorporates the MYEPAD and the NAPAD. These demonstrate how practice assessment is facilitated in the pre-registration nursing and NA programmes, including how practice assessors and practice supervisors evidence observations and other appropriate methods to assess student proficiency (74-75, 104).

ARU provide documentary evidence in relation to how students' self-reflections contribute to and are evidenced in, assessments. Module definition and assessment briefs detail where in the pre-registration nursing and NA programmes these elements are delivered and assessed (10-15, 31, 51, 94).

ARU provide documentary evidence in relation to how a range of people including PUSCs contribute to student assessment in all learning environments. The MYEPAD and the NAPAD facilitates feedback from PUSCs during practice learning opportunities. ARU provide a PUSC action log that identifies where PUSCs are involved with activity such as assessment on the pre-registration nursing and NA programmes (47-48, 74-75, 104).

What we found at the review

Documentary evidence and meetings at the visit confirm that the pre-registration nursing and NA programmes address NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes (5-8, 12-15, 31, 51, 74-75, 92-94, 104, 107, 172-200, 214-216).

There's documentary evidence that pre-registration nursing and NA curricula at ARU are developed and evaluated by suitably experienced and qualified educators and practitioners. There are relevant programme outcomes that reflect a field or fields of nursing practice or reflect NA practice. We meet with educators and assessors with the

relevant qualifications and experience who are accountable for ensuring that the curriculum incorporates relevant programme outcomes. ARU academic staff, practice assessors and practice supervisors provide examples of how the programmes meet relevant programme standards and proficiencies. ARU provide relevant examples of mapping documentation (5-8, 70, 173-176, 185, 216).

Documentary evidence confirms that the pre-registration nursing and NA programmes provide appropriate structure and sequencing that integrates theory and practice. PLPs/EPs, practice supervisors, practice assessors and students tell us that the programmes increase with complexity, and that as students' progress through the programme they become increasingly independent to manage their theory and practice learning experience effectively. There's no concerning feedback from students in relation to how programmes are structured and sequenced or that there are ongoing issues in relation to this. Students undertaking practice learning experiences at the Linden Centre tell us that where there are students from different year groups based in the same area, students with more experience can informally peer support students with less experience. 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 (166-169, 176, 178-190, 193-195, 202).

Documentary evidence and meetings at the visit confirm assessment is fair, reliable and valid to enable students to demonstrate they've achieved the proficiencies for their pre-registration nursing or NA programme in all learning environments. There's evidence of systems, processes and policies that govern student assessment. There's evidence that external examiners are involved with the assessment process in all learning environments (1, 71, 165, 170-171, 173-174, 187, 217, 219).

ARU, PLPs/EPs, practice assessors, practice supervisors and academic assessors tell us students undertaking the pre-registration nursing and NA programmes are assessed across practice settings and learning environments as required by their programme. There's documentary evidence that supports this. The MYEPAD and the ongoing achievement record are used effectively to record and monitor the students' achievement against the relevant proficiencies for the pre-registration nursing or NA programme. Students tell us that they undertake a range of assessments in theory and practice including the e-PAD. Students tell us that the virtual placement in year two of their mental health nursing programme at Cambridge provides exposure to harder to experience proficiencies (5-8, 10-15, 31, 51, 74-75, 92-94, 117-121, 173-174, 176, 179-189, 191-194, 196-197, 214-216, 224).

There are detailed mapping documents of how and where assessment is undertaken throughout the pre-registration nursing and NA programme. There are clear progression criteria for each part of the nursing and NA programme. Students tell us that they're aware of where progression points are within their programme. Practice assessors, practice supervisors and academic assessors tell us that they're involved with progression decisions. Students tell us that practice assessors and academic

assessors discuss progression issues when they arise (70, 179-189, 191-197).

ARU, practice assessors, practice supervisors and students tell us and provide documentary evidence that they utilise an e-PAD that incorporates the MYEPAD and the NAPAD. The MYEPAD details observations made by the practice assessor and practice supervisors and other key stakeholders who are involved in the assessment process, including other members of the multidisciplinary team (74-75, 104, 179-189, 191-197).

Practice assessors, practice supervisors, students and academic assessors at ARU tell us that students' self-reflections contribute to and are evidenced in, theory and practice assessments. Documentary evidence provided by ARU confirms where in the pre-registration nursing and NA programmes self-reflections and reflective practice are delivered and assessed (10-15, 31, 51, 94, 173-174, 179-189, 191-194, 196-197, 216)

Documentary evidence and meetings confirm that practice assessors, practice supervisors, academic assessors and PUSCs contribute to student assessment in both theory and 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 and NA students confirm this and tell us PUSC feedback is uploaded into the MYEPAD or NAPAD on the e-PAD. Additional feedback in the form of thank you emails or notes sent to the placement are also uploaded to the e-PAD (47-48, 74-75, 104, 178-189, 191-194, 196-199).

We find that ARU, 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:

- Consistent communication and implementation of reasonable adjustments made in theory and practice learning that meet the needs of individual students

(related to SFNME requirements 3.11 and 5.9) – *Requirement 5.9 wasn't included in the review plan for this visit, but feedback received through student triangulation meetings indicates this should be an area for future monitoring.*

Evidence/Reference Source

1. ARU, academic regulations, September 2022
2. ARU, managing and reporting concerns in practice process, nursing and midwifery, March 2023
3. ARU, practice audit profile, 13 January 2021
4. ARU, complaints flowchart, undated
5. ARU, course specification FdSc NA, June 2021
6. ARU, course specification BSc (Hons) nursing (adult), 20 December 2022
7. ARU, course specification FdSc NA (apprenticeship), 27 April 2023
8. ARU, course specification FdSc NA (direct entry), 27 April 2023
9. ARU, job description mental health senior lecturer, March 2023
10. ARU, summative learning outcomes, MOD007223, May 2022
11. ARU, assessment guidance, MOD007225, April 2023
12. ARU, module definition form, MOD007207, 6 January 2023
13. ARU, module definition form, MOD007223, 23 September 2022
14. ARU, module definition form, MOD007225, 6 January 2023
15. ARU, module definition form, MOD008721, 10 March 2022
16. ARU, screenshot from fundamentals of care for patient safety, undated
17. ARU, practice learning staff update, January 2023
18. ARU, screenshot patient safety, practice supervisor and practice assessor course, 21 April 2023
19. ARU, preparation for practice lecture, 28 April 2023
20. ARU, my progress preparation for practice, undated
21. ARU, raising concerns poster in skills laboratories, undated
22. ARU, simulated practice learning-raising concerns and duty of candour, undated
23. ARU, rules, regulations and procedures for students, July 2022
24. ARU, counselling and wellbeing-emergency procedures for students, undated
25. ARU, practice hub webpage, 2022
26. ARU, student service webpage, 6 January 2023
27. ARU, raising concerns in practice form, August 2022
28. NMC, ARU exceptional report, EPUT, 24 October 2022
29. ARU, lapses in professionalism document, March 2023
30. ARU, lapses in professionalism action plan, March 2023
31. ARU, module definition form exploring and promoting health and wellbeing, 10 February 2021
32. ARU, screenshots from promoting person centred health, undated
33. ARU, designing our future 2017-2026
34. ARU, promoting anti-racism in the clinical workplace, 19 April 2023
35. ARU, race equality strategy, undated

36. ARU, report an incident of harassment, 2022
37. ARU, unlearning sessions, undated
38. ARU, module evaluation surveys, undated
39. ARU, undergraduate annual monitoring Cambridge, 21 March 2023
40. ARU, undergraduate annual monitoring Chelmsford, undated
41. ARU, chat from Microsoft Teams consultation event, 31 January 2023
42. ARU, consultation log NA and nursing, undated
43. ARU, presentation for consultation-session one, 20 December 2022
44. ARU, presentation for consultation-session two, 10 January 2023
45. ARU, presentation for consultation-session three, 23 January 2023
46. ARU, presentation for consultation-session four, 31 January 2023
47. ARU, delivering simulated practice learning three monthly report, 1 May 2023
48. ARU, service user action log, undated
49. ARU, interdisciplinary learning and teaching conference, 20 April 2023
50. ARU, IPL online conference, 6 March 2023
51. ARU, module definition form MOD008728, 10 March 2022
52. ARU, open invite to IPL day, 6 March 2023
53. Ofsted, ARU monitoring report, 28 February 2023
54. ARU, standard placement agreement, October 2022
55. NMC, ARU AEI and PLP annual self-report letter, 23 March 2023
56. ARU, constitution of the academic committee structure, September 2020
57. ARU, senate codes of practice, June 2021
58. ARU, course specification form BSc (Hons) nursing (adult) direct entry, 20 December 2022
59. ARU, course specification form BSc (Hons) nursing (adult) apprenticeship, 17 January 2023
60. ARU, course specification form BSc (Hons) nursing (child) direct entry, 20 December 2022
61. ARU, course specification form BSc (Hons) nursing (child) apprenticeship, 17 January 2023
62. ARU, course specification form BSc (Hons) nursing (mental health) direct entry, 20 December 2022
63. ARU, course specification form BSc (Hons) nursing (mental health) apprenticeship, 17 January 2023
64. ARU, course specification form BSc (Hons) dual award nursing (adult and mental health), 21 July 2020
65. ARU, course specification form BSc (Hons) dual award nursing (child and mental health), 21 July 2020
66. ARU, course specification form FdSc NA direct entry, 14 March 2023
67. ARU, course specification form FdSc NA apprenticeship, 14 March 2023
68. ARU, NA reapproval context document, undated
69. ARU, course information document registered nurse, 2020
70. ARU, mapping document of NA proficiencies to curriculum, undated
71. ARU, external examiner report NA, 23 September 2022
72. ARU, communication between practice and academic assessors, undated
73. ARU, academic assessor resources and preparation dashboard, undated

74. ARU, MYEPAD part one, July 2019
75. ARU, NAPAD part one, 7 May 2019
76. ARU, online practice assessor/supervisor courses webpage, 2020
77. ARU, practice learning update, undated
78. ARU, Essex education champion and links teams, April 2023
79. ARU, practice education group minutes, 23 January 2023
80. ARU, quality learning environment group minutes, 23 November 2022
81. ARU, role descriptor education champion, January 2023
82. ARU, BSc nursing web page information, undated
83. ARU, nursing interviews instructions for interviewers, undated
84. ARU, senate code of practice on admissions, March 2022
85. ARU, example email of employer involvement in interviews, 21 April 2023
86. ARU, RPL form, May 2019
87. ARU, RPL mapping document NA to registered nurse, undated
88. ARU, mandatory training prior to first placement, undated
89. ARU, trust induction, January 2023
90. ARU, FtP appeals procedure, undated
91. ARU, FtP flow chart, undated
92. ARU, ongoing record of achievement, NAPAD, 17 May 2019
93. ARU, ongoing record of achievement, registered nurse, practice assessment document, July 2019
94. ARU, module definition form, MOD009091, 11 January 2023
95. ARU, audit process placements online document, undated
96. ARU, screenshot e-vision audit dashboard, undated
97. ARU, Script nursing undergraduate guide, 27 April 2021
98. ARU, townhall event, 31 March 2022
99. ARU, practice education committee terms of reference, July 2022
100. ARU, deep dive practice learning environment evaluation for mental health placement, September 2022
101. ARU, health education medicine and social care partner portal screenshot, undated
102. ARU, placement evaluation questions, undated
103. ARU, placement evaluation example, undated
104. ARU, e-PAD timesheet deployment example, undated
105. ARU, NMC registration database, undated
106. ARU, senior lecturer nursing job description, March 2023
107. ARU, module assessment and programme assessment board process and responsibilities
108. ARU, clinical skills.net resource document, undated
109. ARU, Canvas module resources document, undated
110. ARU, course information sheet, BSc (Hons) nursing adult, 28 June 2023
111. ARU, course information sheet, BSc (Hons) nursing child, 18 October 2021
112. ARU, course information sheet, BSc (Hons) nursing mental health, 17 January 2023
113. ARU, course information sheet, FdSc NA direct entry, 28 June 2022
114. ARU, course information sheet, BSc (Hons) nursing adult apprenticeship, 17

- January 2023
115. ARU, course information sheet, BSc (Hons) dual award nursing child and mental health, 28 June 2022
 116. ARU, course information sheet, FdSc NA apprenticeship, 10 March 2022
 117. ARU, example of adult nursing placements, undated
 118. ARU, example of child nursing placements, undated
 119. ARU, example of mental health nursing placements, undated
 120. ARU, practice system for monitoring students placement journey, undated
 121. ARU, proposed NA placement journey, undated
 122. ARU, MOD007221 Canvas page example of blended learning, undated
 123. ARU, personal development tutor role, purpose and boundaries, undated
 124. ARU, personal development tutoring landing page, undated
 125. ARU, BSc adult and mental health nursing course handbook, September 2020
 126. ARU, NA final day presentation, undated
 127. ARU, registered nurse final day presentation, undated
 128. ARU, access and participation plan 2020-2025, undated
 129. ARU, disability web information, undated
 130. ARU, inclusive curriculum framework, 8 October 2019
 131. ARU, support for students in clinical placement, July 2019
 132. ARU, dignity at work code of conduct, 5 September 2019
 133. ARU, student charter, 2021
 134. ARU, health and wellbeing landing page, undated
 135. ARU, wellbeing workshop landing page, undated
 136. ARU, counselling and mental health support webpage, undated
 137. ARU, study skills webpage, undated
 138. ARU, BSc (all fields) induction programme, January 2023
 139. ARU, NA induction timetable, September 2022
 140. ARU, welcome day presentation, September 2022
 141. ARU, welcome Canvas page, undated
 142. ARU, holistic approaches to community healthcare placement week, undated
 143. ARU, Samaritans one-week virtual placement, undated
 144. ARU, Samaritans learning journal, undated
 145. ARU, MOD008725 formative assessment examples x four, undated
 146. ARU, MOD008725 schedule highlighting planned formative assessments, undated
 147. ARU, MOD007209, formative feedback screenshots, undated
 148. ARU, managers guide on employee capability, undated
 149. ARU, staff guide, 31 March 2020
 150. ARU, academic staff induction checklist, July 2022
 151. ARU, academic staff probation scheme, undated
 152. ARU, academic staff probation self-assessment report, undated
 153. ARU, mandatory training, undated
 154. ARU, screenshots of staff development, undated
 155. ARU, academic workload balancing model agreement, 9 May 2022

156. ARU, academic management and planning spreadsheet, undated
157. ARU, assessment protocol: assessment excellence at ARU, undated
158. ARU, feedback and feedforward, undated
159. ARU, good feedback, undated
160. ARU, quality learning environment group terms of reference, undated
161. ARU, FdSc NA course action plan, 24 April 2023
162. ARU, NA feedback and actions, April 2023
163. ARU, student nursing times award shortlist finalist best student experience category, 28 April 2023
164. ARU, overview of simulation document, undated
165. ARU, senate code of practice curriculum revision and review, June 2021
166. ARU, nursing block plan, 2022-2023
167. ARU, NA direct entry block plan, 2022-2023
168. ARU, registered nurse apprenticeship block plan, 2023
169. ARU, NA apprenticeship block plan, January 2021
170. ARU, senate code of practice on external examiners, June 2021
171. ARU, senate code of practice on the assessment of students, September 2022
172. Formal presentation to the monitoring team by AEI in partnership with relevant PLPs/EPs, 13 June 2023
173. Meeting with AEI nursing programme team, 13 June 2023
174. Meeting with AEI NA programme team, 13 June 2023
175. Group meeting with senior representatives of AEI, 13 June 2023
176. Group meeting with senior representatives of PLPs/EPs, 13 June 2023
177. Group meeting with senior representatives from Cavell Centre/Fulbourn Hospital – CPFT, 13 June 2023
178. Student online meeting CWA NA apprentices, 13 June 2023
179. Student meeting child nursing students Chelmsford campus (apprentices and direct entry), 13 June 2023
180. Student meeting mental health nursing students Chelmsford campus (apprentices and direct entry), 13 June 2023
181. Student meeting NA apprentices Peterborough campus, 13 June 2023
182. Student meeting adult nursing students Peterborough campus, 13 June 2023
183. Student meeting child nursing students Peterborough campus, 13 June 2023
184. Meeting to discuss admission and progression with AEI, 14 June 2023
185. Meeting to discuss practice learning with AEI, 14 June 2023
186. Meeting to discuss FtP with AEI, 14 June 2023
187. Meeting to discuss QA with AEI, 14 June 2023
188. Student meeting NA students Cambridge campus, 14 June 2023
189. Student meeting adult nursing students Cambridge campus (apprentices and direct entry), 14 June 2023
190. ARU, group meeting with practice supervisors and practice assessors from Peterborough city hospital (online), 13 June 2023
191. Student meeting mental health nursing students Cambridge campus

- (apprentices and direct entry), 14 June 2023
192. Student meeting (online) from Peterborough city hospital with nursing and NA students (direct entry), 14 June 2023
 193. Student meeting NA students Chelmsford campus (direct entry), 15 June 2023
 194. Student meeting adult nursing students (direct entry), 15 June 2023
 195. Visit to Linden Centre, 15 June 2023
 196. Meeting with practice supervisors and practice assessors, Chelmsford campus, 15 June 2023
 197. Meeting with practice supervisors and practice assessors (online), 15 June 2023
 198. Meeting with PUSCs Chelmsford campus, 15 June 2023
 199. Meeting with PUSCs (online), 15 June 2023
 200. Meeting to provide feedback to AEI, 16 June 2023
 201. NMC, briefing visit document for ARU, 3 May 2023
 202. NMC, ARU ASR, 27 January 2023
 203. ARU, course feedback forum Peterborough minutes, 24 November 2022
 204. ARU, course feedback forum Peterborough minutes, 13 March 2023
 205. ARU, staff student liaison committee minutes, Cambridge, 8 December 2022
 206. ARU, staff student liaison committee minutes, Chelmsford, 1 December 2022
 207. ARU, student forum terms of reference, March 2023
 208. ARU, apprentice employers list, NA, undated
 209. ARU, apprentice employer list, pre-registration nursing, undated
 210. CQC, CPFT inspection report, 5 September 2019
 211. CQC, EPUT inspection report, 3 April 2023
 212. CQC, ESNEFT – Colchester Hospital, 5 May 2023
 213. CQC, NWAFT inspection report, 20 December 2019
 214. Student meeting adult nursing students Chelmsford campus (apprentices and direct entry), 14 June 2023
 215. Student meeting NA students Chelmsford campus (apprentices and direct entry), 14 June 2023
 216. Meeting to discuss ARU approach to virtual simulated practice learning, 14 June 2023
 217. ARU, additional information request, external examiner reports (various), 14 June 2023
 218. ARU, additional information request, admissions information (various), 14-15 June 2023
 219. ARU, additional information request, external examiner involvement in RPL, 14 June 2023
 220. ARU, additional information request, module and practice evaluations (various), 14-15 June 2023
 221. ARU, additional information request, health, medicine and social care (HEMS) strategic and operational organisation charts, 14 June 2023
 222. ARU, additional information request, practice education committee minutes (various), 14 June 2023

- 223. ARU, additional information request, recruitment partners involvement with selection (various), 13 June 2023
- 224. ARU, additional information request, simulated practice content and RN6D application (various), 15 June 2023
- 225. ARU, minutes/notes of PUSC meetings (various), 9 June 2023
- 226. ARU, minutes/notes of meetings with PLPs/EPs (various), 9 June 2023
- 227. ARU evidence of academic assessors' involvement in simulated practice learning activities, 15 June 2023
- 228. CQC, CPFT inspection report, 9 December 2022
- 229. CQC, EPUT inspection report, 3 April 2023
- 230. NMC, ARU programme major modification report, 10 March 2022
- 231. NMC, ARU programme major modification report, 16 June 2022
- 232. ARU, raising concerns flowchart, 2023

Personnel supporting education monitoring review

Prior to the monitoring visit:

Meetings with:

Director of quality for nursing and midwifery

At the monitoring visit:

Meetings with:

Practice supervisors/practice assessors	34
Academic assessors	20
People who use services and carers	Three
Senior managers of the AEI	Pro-vice chancellor and dean Deputy dean: quality and partnerships Director of quality (nursing and midwifery) Assistant principal, ARU Peterborough Head of school: nursing and midwifery, Chelmsford Head of school: nursing and midwifery, Cambridgeshire Professional lead for accreditation and curriculum development, ARU-Peterborough Deputy dean: practice learning and

	<p>simulation Director of practice, Chelmsford Director of practice, Cambridgeshire Head of business development: degrees at work Strategic lead for HEMS apprenticeships: degrees at work Professional lead for staffing and resources, ARU Peterborough</p>
Senior managers from associated practice learning partners	<p>Learning and organisational development manager: workforce, education and development team, CPFT Director of people and business development, CPFT Head of education, NWAFT Lead nurse pre-registration, international and divisional education, NWAFT Head of non-medical education, CUH Director of education, learning and development and integrated care board education lead, EPUT Lead nurse, Cambridge and Peterborough Training Hub Head of education: nursing, midwifery and allied health professional (AHP) workforce, Queen Elizabeth Hospital Kings Lynn Practice experience facilitation manager, North East London NHS Foundation Trust Clinical education lead, nursing and quality team, the Princess Alexandra Hospital NHS Trust Head of clinical education, ESNEFT Professional and commissioner education lead, people and organisational development, Mid and South Essex NHS Foundation Trust (MSE) Countywide professional lead for the 0-19 healthy child programme across Cambridgeshire and Peterborough, Cambridgeshire Community Services NHS Trust</p>
Director/manager nursing	<p>Director of nursing, AHP and quality, CPFT Chief nursing and quality officer, MSE</p>

	Lead nurse, Cambridge and Peterborough Training Hub
Director/head of midwifery	N/A
Education commissioners or equivalent	Deputy head of quality and commissioning (health education), NHSE, East of England
Practice education facilitator or equivalent	Six
Other:	N/A

Meetings with students:	
Programme	Number met
FdSc NA (direct entry)	Year 1: Three Year 2: Five
FdSc NA (apprentice)	Year 1: Two Year 2: Three
BSc (Hons) nursing adult (direct entry)	Year 1: 11 Year 2: 19 Year 3: 14
BSc (Hons) nursing adult (apprentice)	Year 1: 0 Year 2: 0 Year 3: Two
BSc (Hons) nursing mental health (direct entry)	Year 1: 18 Year 2: Two Year 3: Six
BSc (Hons) nursing mental health (apprentice)	Year 1: 0 Year 2: 0 Year 3: 0
BSc (Hons) nursing child (direct entry)	Year 1: Six

	Year 2: 0 Year 3: 0
BSc (Hons) nursing child (apprentice)	Year 1: 0 Year 2: 0 Year 3: 0
BSc (Hons) nursing adult/mental health (dual award)	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0
BSc (Hons) nursing child/mental health (dual award)	Year 1: 0 Year 2: 0 Year 3: One Year 4: 0

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Issue record

Final Report

Author	Ronnie Meechan	Date	30 June 2023
Checked by	Ian Felstead-Watts	Date	6 July 2023
Submitted by	Amy Young	Date	5 September 2023
Approved by	Natasha Thompson	Date	6 September 2023