Nursing & Midwifery Council

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

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Programme approval visit report

Section one

Programme provider name:	University of Sunderland
Programme reviewed:	Pre-registration nursing associate ☒
	Nursing associate apprenticeship ☒
Title of programme:	Foundation Degree Registered Nursing Associate Apprenticeship
	Foundation Degree Registered Nursing Associate (Direct)
Academic levels:	
Pre-registration nursing associate	England ☒ Level 5
Nursing associate apprenticeship	England ☒ Level 5
Date of approval visit:	12 September 2023
Programme start date: Pre-registration nursing associate Nursing associate apprenticeship	3 June 2024 3 June 2024
QA visitor(s):	Registrant Visitor: Sarah Traill Lay Visitor: Adrian Mason

Section two

Summary of review and findings

The University of Sunderland (UoS) is an established Nursing and Midwifery Council (NMC) approved education institution (AEI) for adult, child, mental health and learning disabilities pre-registration nursing and midwifery programmes. The UoS seek approval for a two-year full time foundation degree in science (FdSc) pre-registration nursing associate (NA) programme with a direct entry and apprenticeship route. The apprenticeship route is delivered at a satellite site in partnership with one employer partner (EP), Northumbria Healthcare NHS Foundation Trust (NHFT). The satellite site is based at Northumbria specialist emergency hospital in a purpose-built section of the healthcare academy building. The direct entry NA route is delivered at the UoS campus. The programme is scheduled to start at both sites in June 2024.

The UoS, practice learning partners (PLPs) and the EP confirm plans to recruit one cohort of 15 students to the full-time FdSc NA (direct entry), increasing by five per year up to a maximum of 30 students. Two cohorts of 35 students per year are planned for the FdSc NA (apprenticeship).

The visit is undertaken face to face.

Programme planning documents and the approval visit confirm the proposed learning space at the healthcare academy isn't yet complete. The deadline for completion is February 2024, followed by information technology installation and staff training in readiness for a June 2024 start. The healthcare academy plans show capacity for 120 students, including classrooms, a simulated ward with control rooms, immersive simulation suite, consultation rooms, assessment spaces and simulated home living environments. A patient carer and public involvement group (PCPI) and students have been consulted on the plans for the build. The established academy space includes a wellbeing centre which houses teaching rooms, a library, spaces for group work, access to digital resources and support for students. Senior representatives from NHFT and the UoS advise that the build is running to schedule and that the wellbeing centre could be used as a contingency if there's a delay. Access to simulation suites would require travel to a different site at Ashington Hospital. A confirmed contingency plan to ensure appropriate capacity, facilities and resources are in place for the apprenticeship route requires further clarity.

The programme documentation and the visit confirm delivery of the apprenticeship programme at the healthcare academy via an education partnership between the UoS and NHFT. This includes NHFT employing appropriately qualified staff to deliver the programme at the academy and the UoS providing quality assurance and staff development. Programme documentation and the visit confirm the

proposed number of new staff to deliver the programme at the academy. The AEI confirm new staff based at the academy are supported by a development programme and an induction to UoS processes and procedures. Newly appointed staff partner with experienced academics and the UoS peer review process covers teaching at both the UoS and the academy. Confirmation that appropriately qualified and experienced people will be appointed and supported in time to deliver the NA programme is required.

Senior leaders from the AEI and EP confirm their commitment to the programme during the visit. A draft unsigned service level agreement outlines the roles and responsibilities for programme delivery. The strategic leadership team advise that the UoS has in place a student protection plan ensuring all students who study at partner organisations can complete their programme of study. This provides protection for students if a partner organisation isn't able to continue delivery. A written signed commitment statement for the EP and the UoS in relation to the NA programme is required.

Programme documentation and discussions at the visit confirm the curriculum content is mapped against the standards for pre-registration NA programmes (SPNAP) (NMC 2018, updated 2023). There are a range of teaching, learning and assessment strategies which support students to meet programme aims and prepare for registration. An established PCPI group contribute to module development and teaching. Students confirm they value the involvement of the PCPI group and say it helps them develop their confidence and proficiencies. Some indicative module content doesn't align with the SPNAP and associated Standards of proficiency for NAs (SPNA) (NMC, 2018).

The UoS have a standard process for accreditation of prior learning (APL) as part of the university admissions policy. A clear process for recognition prior learning (RPL) incorporating mapping against the NA programme is required.

Practice learning mapping documents show a range of practice learning environments in hospital, close to home and at home. Students on the apprenticeship route change base in their second year to extend the range of practice learning environments they're exposed to. PLPs, the EP and students confirm they're exposed to a range of practice learning environments that enable them to meet the SPNA. Practice learning coordinators monitor individual students to ensure exposure to a range of practice learning environments. Practice learning is assessed via the approved pan-England NA practice assessment document (NAPAD). There's a rolling programme of updates for practice assessors and practice supervisors. The EP, PLPs, practice assessors and practice supervisors say they're prepared and resourced to support NA students.

Programme documentation and the visit confirm regular local and regional governance meetings. Programme specific meetings between the UoS, PLPs and EP take place each month and include student and people who use services and

carers (PUSC) representatives. Care quality commission (CQC) reports, events that impact on student learning, programme evaluation and planning are discussed at these meetings. The programme team, EP and PLPs confirm regular informal links where programme issues are discussed.

Equality, diversity and inclusion (EDI) metrics are monitored by the UoS. These include student population data, recruitment, retention, attainment, student satisfaction and employment. The UoS monitors for differential attainment across the pre-registration nursing programmes by field and route. Currently no gaps have been identified. The student success plan 2020-2024 contains the university strategy to achieve the objectives and targets set out in the access and participation plan from 2020-2021 to 2024-2025. This strategy has references to EDI throughout and how this is monitored.

The programme is mapped to the SPNAP.

Arrangements at programme level don't meet the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018).

Arrangements at programme level meet the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023).

The programme is recommended to the NMC for approval subject to four NMC conditions. The university applies two further conditions. One NMC recommendation is made.

Updated 15 December 2023:

Evidence is provided to meet four NMC conditions. The NMC conditions are met. The AEI conditions are now met.

NHFT are recommended as an approved EP.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended to the NMC for approval ☐
	Programme is recommended for approval subject to specific conditions being met ☒
	Recommended to refuse approval of the programme ☐
Conditions:	**Effective partnership working: collaboration, culture, communication and resources:**

Condition one: Provide a signed resource statement that confirms that appropriately qualified and experienced people will be appointed and how they will be supported to deliver the pre-registration NA programme over a two-year programme cycle. (SFNME R2.18; SPNAP R2.1)

Condition two: Provide a signed written signed commitment statement from the EP working with the UoS in relation to the pre-registration NA apprenticeship programme. (SFNME R2.1; SPNAP R2.1)

Condition four. Provide a contingency plan to demonstrate that capacity, facilities and resources will be in place to deliver safe and effective learning opportunities for students to meet the programme outcomes and the SPNA at the point of programme commencement. (SFNME R2.15; SPNAP R2.1)

Selection, admission and progression:

Condition three: Detail the RPL process demonstrating mapping to the SPNA and programme outcomes, up to a maximum of 50 percent of the programme. (SFNME R2.8; SPNAP R1.5)

Practice learning:

None identified.

Assessment, fitness for practice and award:

None identified.

Education governance: management and quality assurance:

Condition five: Re-work the service level agreement in the form of a full UoS joint franchise collaborative agreement, which must be signed by all parties. (University condition)

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	Condition six: Correct the documentation to address typographical errors (see erratum document), omissions and anomalies: • Errors as per the erratum document. • Complete APL (RPL) policy. • Ensure that the programme specification is accurate and approved by the deputy vice chancellor: academic. • Ensure the programme approval document is complete, for example apprenticeship knowledge, skills and behaviours mapping. • Update the student handbook in relation to student support clearly articulated during the visit meetings. (University condition)
Date condition(s) to be met:	15 December 2023
Recommendations to enhance the programme delivery:	Recommendation one: Consider removing content from module descriptors that doesn't align to the SPNAP and associated SPNA. (SFNME R3.2; SPNAP R2.6)
Focused areas for future monitoring:	Resourcing and staffing at the academy site. The use of RPL. Partnership arrangements with NHFT.

Programme is recommended for approval subject to specific conditions being met
Commentary post review of evidence against conditions:
Revised documentation provides evidence that changes required to meet the four NMC conditions have been made.   Documentary evidence including a signed resource statement and a signed collaboration agreement are provided. Condition one is met.   A written signed commitment statement from the EP confirm condition two is met.

A portfolio mapping document provide details of an RPL process which maps against the SPNA and programme outcomes up to a maximum of 50 percent of the programme. Condition three is met.

A risk assessment and contingency plan provide assurance that condition four is met.

Confirmation is provided that the AEI conditions are met.

AEI Observations	Observations have been made by the education institution YES ☐ NO ☒
Summary of observations made, if applicable	
Final recommendation made to NMC:	Programme is recommended to the NMC for approval ☒ Recommended to refuse approval of the programme ☐
Date condition(s) met:	15 December 2023

Section three

NMC Programme standards
Please refer to NMC standards reference points *Standards for pre-registration nursing associate programmes* (NMC 2018, updated 2023) *Standards of proficiency for nursing associates* (NMC, 2018) *Standards framework for nursing and midwifery education* (NMC 2018, updated 2023) *Standards for student supervision and assessment* (NMC 2018, updated 2023) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (NMC, 2015 updated 2018) *Quality assurance framework for nursing, midwifery and nursing associate education* (NMC, 2020) *QA Handbook* (NMC, 2022)

Partnerships
The AEI works in partnership with their practice learning partners, people who use services, students and all other stakeholders.
Please refer to the following NMC standards reference points for this section:

Standards framework for nursing and midwifery education (NMC 2018, updated 2023)

Standard 1: The learning culture:
R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with people who use services and other stakeholders
R1.13 work with service providers to demonstrate and promote inter-professional learning and working

Standard 2: Educational governance and quality:
R2.2 ensure programmes are designed to meet proficiencies and outcomes relevant to the programme
R2.4 comply with NMC *Standards for student supervision and assessment*
R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes
R2.7 ensure that people who use services and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:
R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs
R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills
R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning
R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:
R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment
R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment
R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:

R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes

R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme

R5.14 a range of people including people who use services contribute to student assessment

Standards for student supervision and assessment (NMC 2018, updated 2023)

Standard 1: Organisation of practice learning:
R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including people who use services, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:
R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:
R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:
R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:
R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:
R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an <u>evaluative summary</u> about the effectiveness of the partnerships between the AEI and their practice learning partners, people who use services, students and any other stakeholders.

Programme documentation and the approval visit provide evidence of effective partnership working between the UoS, the programme team and key stakeholders who are engaged in the co-production, delivery and evaluation of the programme.

There's clear commitment to partnership working at both strategic and operational levels. For example, collaborative management between EP, PLPs and the AEI in the consideration and management of operational issues. This includes consideration of content and curriculum, learning and teaching strategies, methods of assessment, evaluation and programme planning and ongoing development. The collaboration includes a long-term commitment to develop the NA programme. Evidence of a signed three-year collaborative partnership with NHFT is shown with the option to extend by a further year. Senior members of the UoS and NHFT provided reassurance that the collaboration is a long-term commitment and the finite nature of the current agreement was a result of their standard procurement processes only and not intended to limit the scope and extent of the ongoing partnership. A written signed commitment statement for the EP and the UoS in relation to the NA programme (apprenticeship route) is required. (Condition two)

Students, PUSCs and EP/PLPs provide examples of how their feedback is incorporated into the proposed programme. Programme documentation evidence mechanisms to gather student feedback on modules and placements for review at committees concerned with quality review. Current students speak highly of the programme and the programme team. It's clear from documentary evidence and from discussion at the visit that student feedback is received positively and the AEI respond appropriately.

The programme team works collaboratively with its EP and PLPs to address any concerns raised in external system regulator reports. This collaboration ensures that action plans are implemented, to assure a safe practice learning environment and the quality of the student learning experience. A process to raise and escalate any concerns is in place for students, practice supervisors and practice assessors in practice learning environments. Students and PLPs confirm that they're aware of this process and have a clear understanding of how matters can be escalated.

Student recruitment, selection and admissions processes include PLPs, students and PUSCs. PUSC representatives tell us that they're involved in setting interview questions and are included on interviewing panels for prospective students.

There's a strong PUSC presence embedded into a range of programme activities. They tell us they're included in curriculum design and learning and teaching activities, including reviewing scenarios for assessments and teaching sessions. The PUSCs tell us that they receive training and ongoing mentorship to assist with

and facilitate their roles. They're given EDI training in preparation at initial training sessions and at regular intervals. They report that they feel valued by the AEI for their input.

There's evidence of inter-professional learning (IPL) appropriate to the programme. This is evident in the programme documentation and is confirmed by the students and programme team at the visit. Opportunities for IPL within the practice learning setting is evidenced within the NAPAD.

The students say that individual learning needs, including reasonable adjustments and support needs are seen by the AEI to be of the highest priority. The NAPAD evidences the involvement of PUSCs and students in feedback, supervision and assessment processes.

There's evidence of stakeholder meetings which include PLPs. There's evidence of PUSC involvement in the development of the programme with representatives from PUSCs and a document providing commentary on the module descriptors. Students confirm their involvement in the development of the programme and provide examples of how this influenced the range of assessments and practice learning experiences offered in the programme.

Assurance is provided that the AEI works in partnership with their practice learning partners, people who use services, students and all other stakeholders as identified in Gateway 1: *Standards framework for nursing and midwifery education*
MET ☐ **NOT MET** ☒

A written signed commitment statement for the EP and the UoS in relation to the NA programme (apprenticeship route) is required.

Condition two: Provide a signed written signed commitment statement from the EP working with the UoS in relation to the pre-registration NA programme apprenticeship route. (SFNME R2.1; SPNAP R2.1)

Assurance is provided that the AEI works in partnership with their practice learning partners, people who use services, students and all other stakeholders as identified in Gateway 2: *Standards for student supervision and assessment*
MET ☒ **NOT MET** ☐

Post Event Review

Identify how the condition(s) is met:

Condition two: The AEI provide a signed commitment statement from the EP working with the UoS in relation to the NA programme apprenticeship route. Condition two is now met.

Evidence:
Signed commitment statement from NHFT, 13 October 2023

Date condition(s) met: 15 December 2023

Revised outcome after condition(s) met:	**MET** ☒	**NOT MET** ☐

Student journey through the programme
Standard 1: Selection, admission and progression
Approved education institutions, together with practice learning partners, must:

R1.1 Confirm on entry to the programme that students:

R1.1.1 meet the entry criteria for the programme as set out by the AEI and are suitable for nursing associate practice

R1.1.2 demonstrate values in accordance with the Code

R1.1.3 have capability to learn behaviours in accordance with the Code

R1.1.4 have capability to develop numeracy skills required to meet programme outcomes

R1.1.5 can demonstrate proficiency in English language

R1.1.6 have capability in literacy to meet programme outcomes

R1.1.7 have capability for digital and technological literacy to meet programme outcomes

R1.2 ensure students' heath and character allows for safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and good character in line with the NMC's health and character decision-making guidance. This includes satisfactory occupational health assessment and criminal record checks.

R1.3 ensure students are fully informed of the requirement to declare immediately any police charges, cautions, convictions or conditional discharges, or determinations that their fitness to practise is impaired made by other regulators, professional bodies and educational establishments and ensure that any declarations are dealt with promptly, fairly and lawfully.

R1.4 ensure that the registered nurse or registered nursing associate responsible for directing the educational programme or their designated registered nurse substitute or designated registered nursing associate substitute, are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing associate programme.

R1.5 permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for nursing associates* and programme outcomes, up to a maximum of 50 percent of the programme. This maximum limit of 50 percent does not apply to applicants to pre-registration nursing associate

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programmes who are currently a NMC registered nurse without restrictions
on their practice, and

R1.6 provide support where required to students throughout the programme in
continuously developing their abilities in numeracy, literacy, digital and
literacy to meet programme outcomes.

Standards framework for nursing and midwifery education specifically*:* R2.6, R2.7,
R2.8, R2.9, R2.11

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence of selection processes, including statements on digital
literacy, literacy, numeracy, values-based selection criteria and capability to
learn behaviour according to the Code, educational entry standard required,
and progression and assessment strategy, English language proficiency
criteria is specified in recruitment processes. People who use services and
practitioners are involved in selection processes. (R1.1.1 – R1.1.7)

  YES ☒   **NO** ☐

- Ensure students' heath and character allows for safe and effective practice
on entering the programme, throughout the programme and when
submitting the supporting declaration of health and good character in line
with the NMC's health and character decision-making guidance. This
includes satisfactory occupational health assessment and criminal record
checks. (R1.2)

  YES ☒   **NO** ☐

- Ensure students are fully informed of the requirement to declare
immediately any police charges, cautions, convictions or conditional
discharges, or determinations that their fitness to practise is impaired made
by other regulators, professional bodies and educational establishments
and that any declarations are dealt with promptly, fairly and lawfully. Fitness
for practice processes are evidenced and information given to applicants
and students are detailed. (R1.3)

  YES ☒   **NO** ☐

- Processes are in place for providing supporting declarations by a registered
nurse or registered nursing associate responsible for directing the
educational programme (R1.4)

	YES ☒	**NO** ☐

Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence of recognition of prior learning processes that are capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes, up to a maximum of 50 percent of the programme. This maximum limit of 50 percent does not apply to applicants to pre-registration nursing associate programmes who are currently a NMC registered nurse without restrictions on their practice. (R1.5)

MET ☐ **NOT MET** ☒

R1.5 is not met. There's a standard process for APL for admission to programmes at the UoS. The programme team confirm that the process for RPL that's capable of being mapped to the SPNA hasn't been written. (Condition three)

- Numeracy, literacy, digital and technological literacy are mapped against proficiency standards and programme outcomes. Provide evidence that the programme meets NMC requirements, mapping how the indicative content meets the proficiencies and programme outcomes. Ongoing achievement record (OAR)/PAD linked to competence outcomes in literacy, digital and technological literacy to meet programme outcomes. (R1.6)

MET ☒ **NOT MET** ☐

R1.6 is met. The programme documents show that students are supported to develop their abilities in numeracy, literacy and digital literacy throughout the programme. A mapping document against SPNA annexe A shows where students develop their abilities in these areas.

There are opportunities for students to self-test on the safeMedicate learning resource which helps students develop their numeracy skills. Students develop their digital literacy skills as they use the virtual learning environments throughout the programme.

Library and student services are in place to support students to develop skills, which include personalised support and access to study skills support resources. Discussion with the programme team confirm that these are available at the UoS campus and the healthcare academy.

Students say that the UoS supports them to develop their academic skills throughout the programme which include literacy and digital literacy. Evidence of

their development and achievement is recorded in the ongoing record of achievement.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to selection, admission and progression are met

YES ☐   NO ☒

The programme documentation and discussions at the approval visit show that a process for RPL that's capable of being mapped against the pre-registration NA standards hasn't been developed. (Condition three)

Outcome
Is the standard met?   MET ☐   NOT MET ☒

A written process of RPL is required to meet the standard.

Condition three. Detail the RPL process demonstrating mapping to the SPNA and programme outcomes, up to a maximum of 50 percent of the programme. (SFNME R2.8; SPNAP R1.5)

Date: 12 September 2023

Post event review
Identify how the condition(s) is met:

Condition three: The AEI provided a portfolio document detailing the RPL process demonstrating mapping to the SPNA and programme outcomes up to a maximum of 50 percent. Condition three is now met.

Evidence:
UoS RPL NA portfolio, undated

Date condition(s) met: 15 December 2023

Revised outcome after condition(s) met: MET ☒   NOT MET ☐

Standard 2: Curriculum
Approved education institutions, together with practice learning partners, must:

R2.1 ensure that programmes comply with the *NMC Standards framework for nursing and midwifery education*

R2.2 comply with the NMC *Standards for student supervision and assessment*

R2.3 ensure that all programme learning outcomes reflect the *Standards of proficiency for nursing associates.*

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nursing associate education.

R2.4 design and deliver a programme that supports students and provides an appropriate breadth of experience for a non-field specific nursing associate programme, across the lifespan and in a variety of settings

R2.5 set out the general and professional content necessary to meet the *Standards of proficiency for nursing associates* and programme outcomes

R2.6 ensure that the programme hours and programme length are:

2.6.1 sufficient to allow the students to be able to meet the *Standards of proficiency for nursing associates*,

2.6.2 no less than 50 percent of the minimum programme hours required of nursing degree programmes

2.6.3 consonant with the award of a foundation degree (typically 2 years)

R2.7 ensure the curriculum provides an equal balance of 50 percent theory and 50 percent practice learning using a range of learning and teaching strategies

R2.8 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment, and

R2.9 ensure nursing associate programmes which form part of an integrated programme meet the nursing associate requirements and nursing associate proficiencies.

Standards framework for nursing and midwifery education specifically*:*
R1.9, R1.13; R2.2, R2.15, R2.16, R2.19, R2.20; R3.1, R3.2, R3.4, R3.7, R3.9, R3.10, R3.15, R 3.16; R5.1 - R5.16.

Standards for student supervision and assessment specifically*:*
R1.2, R1.3, R1.7, R1.10, R1.11

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:
- There is evidence that the programme complies with the NMC *Standards framework for nursing and midwifery education* (R2.1)

YES ☐   **NO** ☒

R2.1 is not met. The programme documentation and discussions with the UoS and EP confirm that whilst there are plans to recruit appropriately qualified and experienced staff at the healthcare academy, they're not currently in post. There's a recruitment plan and an interviewing schedule which starts in January 2024. The EP and the UoS are clear on the academic staffing resource they need. The UoS and EP articulate their plans for developing and supporting new staff. However, further assurance that appropriately qualified and experienced staff will be in place at the academy in readiness for the commencement of the programme in June 2024 is required. (Condition one)

There's a drafted service level agreement between the UoS and NHFT for delivery of the NA apprenticeship route at the healthcare academy. Whilst the UoS and NHFT convey commitment to the programme, discussions at the approval visit confirm that the agreement document isn't finalised or signed. A commitment statement from NHFT as the EP is required. (Condition two)

Resource planning documentation, the tour of facilities and discussions at the approval visit confirm the build of the healthcare academy space is scheduled to be complete by February 2024. The UoS and EP provided reassurance that the build is running to schedule and that the wellbeing centre in the academy could be used if the build is delayed. Discussion at the visit confirm the academy doesn't currently have simulation facilities, the EP advised these could be accessed at a site based at Ashington Hospital which is 10 miles from the academy. A detailed contingency plan is required to provide assurance that capacity, resources and facilities will be in place when the satellite delivery of the programme starts in June 2024. (Condition four)

- There is evidence that the programme complies with the NMC *Standards for student supervision and assessment* (R2.2)

  YES ☒   **NO** ☐

- Mapping has been undertaken to show how the programme learning outcomes meet the *Standards of proficiency for nursing associates*. (R2.3)

  YES ☒   **NO** ☐

Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence to show how the design and delivery of the programme will support students in both theory and practice to experience a non-field specific nursing associate programme, across the lifespan and in a variety of settings. (R2.4)

  MET ☒   **NOT MET** ☐

R2.4 is met. Programme documentation and discussion at the approval visit show the design and delivery of the programme supports students in both theory and practice to experience a non-field specific NA programme across the life span and in a variety of settings.

Programme documents show the range of practice learning environments which are designed to support student learning across the lifespan. PLPs confirm that they've a range of practice learning environments which provide exposure to

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learning environments covering care across the lifespan in a variety of settings. Placement coordinators plan each student's placement journey to ensure sufficient range, this is monitored by the placement team and programme leaders for the direct entry and apprenticeship routes.

Students say they learn in a variety of practice settings and their theoretical learning covers care across the lifespan and in different settings. This is supported by the module content in the module descriptors. The programme is designed so PUSC involvement is embedded throughout the modules. The PUSC group say they've 250 members representing care experiences across the lifespan. The PUSC leader matches the PUSC representatives with the appropriate theory session. Students say the PUSC sessions are helpful in supporting them to learn and develop confidence in different care settings.

Students say that practice supervisors and practice assessors take a learner centred approach to supporting students. Students confirm clinical tutors and personal tutors meet with them regularly and that they find the meetings supportive and helpful for their development. Students and practice assessors identify the learning outcomes required for each placement and learning experience is planned to provide opportunities to meet required outcomes.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that mapping has been undertaken to show how the programme outcomes, module outcomes and content meets the *Standards of proficiency for nursing associates* and programme outcomes. (R2.5)

  YES ☒   **NO** ☐

Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence that:
  - the programme meets NMC requirements on programme hours and programme length;
  - programmed learning is sufficient to allow the students to be able to meet the *Standards of proficiency for nursing associates.* (R2.6)

  MET ☒   **NOT MET** ☐

R2.6 is met. Programme documentation shows that stated length is two years and the programme hours are 2300 in total. The module descriptors are mapped against the SPNA and all proficiencies are covered. Some module descriptors include additional indicative module content that doesn't align with the SPNA. (Recommendation one)

- The programme structure demonstrates an equal balance of 50 percent theory and 50 percent practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at the end point. There are appropriate module aims, descriptors and outcomes specified. There is a practice allocation model for the delivery of the programme that clearly demonstrates the achievement of designated hours for the programme detailed. (R2.7)

MET ☒   **NOT MET** ☐

R2.7 is met. The programme planners show an equal balance of 50 percent theory and 50 percent practice learning. A detailed breakdown of the hours is included in the module descriptors. Module descriptors show a range of teaching and learning strategies including lectures, seminars and simulated learning. The PUSC group contribute to teaching and their input is detailed in the module descriptors. The aims and outcomes of the modules and programme are appropriate for the NA programme and are detailed in the module descriptors and the handbook.

- There is evidence to ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment. (R2.8)

MET ☒   **NOT MET** ☐

R2.8 is met. Programme documentation and discussions at the visit confirm that simulation and technology is used to support teaching, learning and assessment. The programme team and PUSC group say that members are involved in producing patient scenarios and delivering simulated learning. Manikins are used to simulate more invasive interventions. Immersive suites recreate different care environments and are available at the UoS and the new build at the academy. A virtual learning platform is used to host learning materials. The use of simulated learning and technology is detailed in the module descriptors. The volume of simulation and technology in the programme is proportionate. Simulation hours are aligned solely to theory hours in the programme.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that programmes leading to nursing associate registration and registration in another profession, will be of suitable length and nursing associate proficiencies and outcomes will be achieved in a nursing associate context. (R2.9)

YES ☐   **NO** ☐   **N/A** ☒

The programme doesn't lead to NA registration and registration in another profession.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to curricula and assessment are met

YES ☐   **NO** ☒

The delivery of the programme at the academy site requires the recruitment of appropriately qualified and experienced people to deliver the pre-registration NA programme over a two-year programme cycle. (Condition one)

Contingency plans are articulated at the approval visit however a formal contingency plan to mitigate risk if building work is delayed is required. (Condition four).

A signed commitment statement from the EP is required. (Condition two)

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to curricula are met

YES ☒   **NO** ☐

Outcome
Is the standard met?   **MET** ☐   **NOT MET** ☒

Further information is required to provide assurance that appropriately qualified and experienced staff will be in place for satellite delivery of the programme at the academy.

Condition one: Provide a signed resource statement that confirms that appropriately qualified and experienced people will be appointed and how they'll be supported to deliver the pre-registration NA programme over a two-year programme cycle. (SFNME R2.18; SPNA R2.1)

A written commitment statement between the EP and the AEI is required in relation to the apprenticeship route.

Condition two: Provide a signed written signed commitment statement from the EP working with the UoS in relation to the pre-registration NA programme apprenticeship route. (SFNME R2.1; SPNAP R2.1)

Contingency plans are articulated at the approval visit however a formal contingency plan is required to provide assurance that resources will be in place if

the dedicated space at the academy isn't ready by the time the apprenticeship route is due to start.

Condition four: Provide a contingency plan to demonstrate that capacity, facilities and resources will be in place to deliver safe and effective learning opportunities for students to meet the programme outcomes and the SPNA at the point of programme commencement. (SFNME R2.15; SPNAP R2.1)

Date: 12 September 2023

Post event review
Identify how the condition(s) is met: Condition one: The AEI and EP provide a signed resource statement and a collaboration agreement that confirm appropriately qualified and experienced people will be appointed and how they will be supported to deliver the NA programme. Condition one is met. Evidence: NHFT resource statement, 6 December 2023 Quality collaborative partnership agreement, 6 December 2023 Condition two: The AEI provided a signed commitment statement from NHFT working with the UoS in relation to the NA programme apprenticeship route. Condition two is met. Evidence: Signed commitment statement, 13 October 2023 Condition four: The AEI and EP provided a risk assessment and contingency plan to demonstrate that capacity, resources and facilities will be in place to deliver safe and effective learning to meet programme outcomes and SPNA at the point of programme commencement. Condition four is now met. Evidence: UoS Programme delivery contingency plan, undated
Date condition(s) met: 15 December 2023
Revised outcome after condition(s) met: MET ☒   NOT MET ☐

Standard 3: Practice learning
Approved education institutions, together with practice learning partners, must:

R3.1 provide practice learning opportunities that allow students to develop and meet the *Standards of proficiency for nursing associates* to deliver safe and effective care, to a diverse range of people, across the lifespan and in a variety of settings

R3.2 ensure that students experience the variety of practice expected of nursing associates to meet the holistic needs of people of all ages

R3.3 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities, and

R3.4 ensure that nursing associate students have protected learning time in line with one of these two options:

R3.4.1 Option A: nursing associate students are supernumerary when they are learning in practice

R3.4.2 Option B: nursing associate students, via work-placed learning routes:

R3.4.2.1 are released for a minimum of 20 percent of the programme for academic study

R3.4.2.2 are released for a minimum of 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and

R3.4.2.3 for the remainder of the required programme hours, protected learning time must be assured.

Standards framework for nursing and midwifery education specifically:
R1.1, R1.3, R1.5; R2.10, R2.15; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12

Standards for student supervision and assessment, specifically: R1.1 – R1.11

Findings against the standard and requirements

Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- Evidence that the practice learning opportunities allow students to develop and meet the *Standards of proficiency for nursing associates* to deliver safe and effective care, to a diverse range of people, across the lifespan and in a variety of settings. (R3.1)

<div align="center">

MET ☒   **NOT MET** ☐

</div>

R3.1 is met. Programme documentation including a placement planner and handbook and discussions at the visit show that students are provided with opportunities that enable them to meet the SPNA.

Students and the EP confirm that there are systems in place to ensure students receive protected learning time and are supernumerary in practice where this is required. PLPs and the programme team provide assurance that direct entry students are supernumerary at all times.

A list of potential practice placements and meetings with PLPs and the EP confirm a large network of placements and the capacity to support students to meet the SPNA. Students confirm they're supported to meet proficiencies and identify the learning outcomes at the beginning of each practice learning experience. PLPs and the EP report that they're familiar with the NA role and NAs represent a part of their workforce so are well placed to support students. They confirm that they've had discussions with practice assessors and practice supervisors to prepare them for the NA programme. PLPs and the programme team confirm they use the NAPAD and ongoing assessment record (OAR) to document student progress with the SPNA and outline a clear process for action planning where students are at risk of not meeting the required proficiencies.

The practice learning environments are audited and students say that they evaluate their practice learning experiences via an online evaluation. Students give examples of where their feedback contributed to changes in planning practice learning for the programme, such as the change of base placement in the second year. Discussions at the visit and programme documents show there are strategic and operational meetings where practice learning is discussed. Themes from student evaluations and practice issues are discussed and action plans developed and monitored to address any concerns.

- There is evidence of how the programme will ensure students experience the variety of practice learning experiences to meet the holistic needs of people in all ages. There are appropriate processes for assessing, monitoring and evaluating these practice experiences. (R3.2)
  MET ☒   NOT MET ☐

R3.2 is met. Programme documents and discussions at the visit show that students experience a range of practice learning environments to meet the holistic needs of people across all ages. A practice learning coordinator allocates the student to the learning environment and the practice learning team and programme leader monitor to ensure students experience the required variety. Students confirm they evaluate their practice learning placements and have opportunities to feedback on their practice experiences during regular meetings with their clinical link tutor.

- There are processes in place to take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for disabilities. (R3.3)

    MET ☒   **NOT MET** ☐

R3.3 is met. PLPs, the EP and students confirm that reasonable adjustments are considered and accommodated. PLPs and the EP work with the programme team, student services and occupational health to ensure effective support for students. Students give examples of where their reasonable adjustment requirements are addressed.

- Evidence that nursing associate students have protected learning time through one of the two options (A or B). There must be clarity of evidence to support the single option selected.
    Processes are in place to ensure that protected learning time will be monitored in accordance with the selected option.
    Evidence that students will be released for a minimum of 20 percent of the programme for academic study.
    Evidence that students will be released for a minimum of 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role.
    Evidence that information is provided to students and practice learning partners on protected learning time/supernumerary status and the selected single option. (R3.4)

    MET ☒   **NOT MET** ☐

R3.4 is met. PLPs, the EP, students and the programme team confirm that apprenticeship students are released for 20 percent of the programme for academic study. Programme planners show where this occurs. The programme team confirm that an electronic rostering system is used and these account for one day per week protected time for academic study. Programme planners show the allocation of base practice placement and external practice placements which meet the requirements for the programme. Students confirm that they're released for external placements and are confident they're supported to develop the breadth of experience required for their role. Direct entry students are supernumerary on practice learning placements.

There are systems in place that provide assurance of protected learning time. Students on the apprenticeship route are required to log their 'off the job' hours and produce this during meetings with their personal tutor and clinical educator. The hours are logged on a digital platform and monitored by the personal tutor and programme leader throughout the programme.

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Students are advised on required protected learning time and supernumerary time in their programme handbooks and via the programme team. Practice learning handbooks include explanations of protected learning time and supernumerary status. The requirements for protected learning time are included in the practice assessor and practice supervisor workshops which take place annually.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to practice learning are met

YES ☒   NO ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to practice learning are met

YES ☒   NO ☐

Outcome		
Is the standard met?	MET ☒	NOT MET ☐
Date: 12 September 2023		
Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met: N/A	MET ☐	NOT MET ☐

Standard 4: Supervision and assessment
Approved education institutions, together with practice learning partners, must: R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education* R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment* R4.3 ensure they inform the NMC of the name of the registered nurse or registered nursing associate responsible for directing the education programme R4.4 provide students with constructive feedback throughout the programme to support their development R4.5 ensure throughout the programme that students meet the *Standards of proficiency for nursing associates*

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R4.6 ensure that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100 percent

R4.7 assess students to confirm proficiency in preparation for professional practice as a nursing associate

R4.8 ensure that there is equal weighting in the assessment of theory and practice, and

R4.9 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in *Standards of proficiency for nursing associates.*

Standards framework for nursing and midwifery education specifically:
R2.12; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17;
R4.1, R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

Findings against the standards and requirements

Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education.* (R4.1)

MET ☒   **NOT MET** ☐

R4.1 is met. Documentation and discussions at the approval visit confirm a governance structure to ensure that there's compliance with legal, regulatory, professional and educational requirements. Education governance meetings between the UoS, the EP and PLPs are scheduled monthly.

There are university processes in place to confirm students meet the SPNA and programme outcomes in full. Students are required to evidence their fitness to practise and eligibility for academic and professional award prior to completion of the programme. A system of annual online declaration is used to confirm students are of good health and good character. Students are advised in the handbook of their obligation to inform the university of any changes to their good health and good character status.

All staff at the UoS and the EP are required to complete mandatory training in equality and diversity. All PLPs include EDI training as part of their mandatory training for staff.

Programme delivery at the academy is subject to the same quality assurance of learning and assessment, including external examination and involvement in peer reviews of teaching.

A pastoral and disability support officer is provided at the academy. All students at academy have access to the UoS student support and wellbeing services at all times. Students are provided with reasonable adjustments where required. There are processes in place to share reasonable adjustment information between organisations where appropriate.

Discussions at the visit confirm that the apprenticeship and direct entry routes use the UoS student complaints procedure and the EP, PLPs, students and the programme team confirm they're aware of the processes for escalating safeguarding concerns.

- There is evidence of how the *Standards for student supervision and assessment* are applied to the programme. There are processes in place to identify the supervisors and assessor along with how they will be prepared for their roles. (R4.2)

  MET ☒   **NOT MET** ☐

R4.2 is met. Programme documents and discussions at the visit confirm that there are established processes to identify and prepare practice supervisors and practice assessors. PLPs confirm that practice assessors and practice supervisors are suitably prepared and attend annual updates. The updates are led by the practice education team for each PLP. A schedule of the annual update shows multiple opportunities to attend the training within the year.

The NA programme has a dedicated clinical link tutor or an apprentice education supervisor in practice who works with the PLP or EP to provide the annual updates and ensure there's appropriate support for practice assessors, practice supervisors and students. Details of support for NAs is contained in a handbook for practice supervisors and practice assessors.

Students and PLPs confirm they're allocated to a specific practice assessor for their practice learning.

Evidence provides assurance that the following QA approval criteria are met:

- There are processes in place to ensure the NMC is informed of the name of the registered nurse or registered nursing associate responsible for directing the education programme. (R4.3)

	YES ☒	NO ☐

Provide an _evaluative summary_ from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There are processes in place to provide students with constructive feedback throughout the programme to support their development. Formative and summative assessment strategy is detailed (R4.4)

  MET ☒   NOT MET ☐

R4.4 is met. Programme documentation and discussions with the programme team and students at the approval visit show that students are provided with feedback throughout their programme. Electronic feedback is provided on written assessments which are submitted via a Turnitin portal. Verbal and written feedback is provided on formative written and practical assessments. This includes feedback for observed simulated clinical examinations, presentations and feedback from PUSC led sessions.

The module descriptors illustrate the assessment structure and the programme team provide a rationale for the range of assessment strategies used. Feedback is provided in the NAPAD and includes feedback from PUSCs, practice assessors and practice supervisors.

Students confirm they receive regular feedback throughout the programme and find it helpful for their development.

- There is appropriate mapping of the curriculum and practice learning placements to ensure throughout the programme that students meet the _Standards of proficiency for nursing associates._ (R4.5)

  MET ☒   NOT MET ☐

R4.5 is met. The programme documents include a mapping document illustrating the mapping of module outcomes to the SPNA. Module descriptors and the programme specification illustrate where this takes place in the curriculum and on practice learning placements.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100 percent (R4.6)

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	YES ☒	**NO** ☐

- Evidence of processes to assess students to confirm proficiency in preparation for professional practice as a registered nursing associate. (R4.7)

	YES ☒	**NO** ☐

- There is an assessment strategy with details of the weighting for all credit bearing assessments. Theory and practice weighting is calculated and detailed in award criteria and programme handbooks. (R4.8)

	YES ☒	**NO** ☐

- There is evidence that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in the *Standards of proficiency for nursing associates.* (R4.9)

	YES ☒	**NO** ☐

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to supervision and assessment are met

	YES ☒	**NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* are met

	YES ☒	**NO** ☐

Outcome		
Is the standard met?	**MET** ☒	**NOT MET** ☐

Date: 12 September 2023

Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met: N/A	**MET** ☐	**NOT MET** ☐

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Standard 5: Qualification to be awarded

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

R5.1 ensure that the minimum award for a nursing associate programme is a Foundation Degree of the Regulated Qualifications Framework (England), which is typically two years in length, and

R5.2 notify students during the programme that they have five years in which to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as is specified in our standards in order to register their award.

Standards framework for nursing and midwifery education specifically R2.12, R2.21

Findings against the standards and requirements

Evidence provides assurance that the following QA approval criteria are met:

- The minimum award for a nursing associate programme is a Foundation Degree of the Regulated Qualifications Framework (England) (R5.1)
  YES ☒   **NO** ☐

- Evidence that students are notified during the programme that they have five years in which to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as is specified in our standards in order to register their award. (R5.2)
  YES ☒   **NO** ☐

Fall Back Award
If there is a fall back exit award with registration as a nursing associate all NMC standards and proficiencies are met within the award
  YES ☐   **NO** ☐   **N/A** ☒

There's no fall back exit award with NMC registration.

Assurance is provided that the *Standards framework for nursing and midwifery education* relevant to the qualification to be awarded are met **YES** ☒   **NO** ☐

Outcome

Is the standard met?	MET ☒	NOT MET ☐
Date: 12 September 2023		
Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met: N/A	MET ☐	NOT MET ☐

Section four

Sources of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	YES	NO
Programme document, including proposal, rationale and consultation	☒	☐
Programme documentation includes collaboration and communication arrangements with HE/FE partner if relevant	☒	☐
Programme specification	☒	☐
Module descriptors	☒	☐
Student facing documentation including: programme handbook	☒	☐
Student university handbook	☒	☐
Student facing documentation includes HE/FE college information for students, if relevant	☐	☒
Practice assessment documentation	☒	☐
Ongoing record of achievement (ORA)	☒	☐
Practice learning environment handbook	☒	☐
Practice learning handbook for practice supervisors and assessors specific to the programme	☒	☐
Academic assessor focused information specific to the programme	☒	☐
Placement allocation / structure of programme	☒	☐
PAD linked to competence outcomes, and mapped against standards of proficiency	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards framework for nursing and midwifery education* (NMC 2018, updated 2023) (Gateway 1)	☒	☐
Mapping document providing evidence of how the *Standards for student supervision and assessment* (NMC 2018, updated 2023) apply to the programme. (Gateway 2)	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards for pre-registration nursing associate programmes* (NMC 2018, updated 2023) (Gateway 3)	☒	☐
Curricula vitae (CV) for relevant staff	☒	☐
CV of the registered nurse or nursing associate responsible for directing the education programme	☒	☐

Registrant academic staff details checked on NMC website	☒	☐
External examiner appointments and arrangements	☒	☐
Written placement agreements between the education institution and associated practice learning partners to support the programme intentions.	☒	☐
Written agreement(s) to support the programme intentions between the education institution and employer partners for apprenticeship routes (if applicable).	☐	☒

If you stated no above, please provide the reason and mitigation:
There's no further education partnership.
A written commitment statement from the EP is requested as a condition. (Condition two)

List additional documentation:
Condition evidence:
NHFT resource statement, 6 December 2023
Quality collaborative partnership agreement, 6 December 2023
Signed commitment statement NHFT, 13 October 2023
UoS Programme delivery contingency plan, undated

Additional comments:
None identified.

During the event the visitor(s) met the following groups:

	YES	NO
Senior managers of the AEI/education institution with responsibility for resources for the programme	☒	☐
HE/FE college senior managers, if relevant	☒	☐
Senior managers from associated practice learning partners with responsibility for resources for the programme	☒	☐
Senior managers from associated employer partners with responsibility for resources for the programme (applicable for apprenticeship routes)	☒	☐
Programme team/academic assessors	☒	☐
Practice leads/practice supervisors/practice assessors	☒	☐
Students	☒	☐
If yes, please identify cohort year/programme of study:		
2023 cohort, year one Bachelor of Science (BSc) adult nursing 2021 cohort, year three BSc adult nursing (blended learning)		

2022 cohort, year two Master of Nursing (MNurse) 2022 cohort, year two MNurse 2022 cohort, year two BSc adult nursing (blended learning) Qualified NA from NHFT		
People who use services and carers	☒	☐
If you stated no to any of the above, please provide the reason and mitigation:		
Additional comments: None identified.		

The visitor(s) viewed the following areas/facilities during the event:

	YES	NO
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	☒	☐
Library facilities	☒	☐
Technology enhanced learning / virtual learning environment	☒	☐
Educational audit tools/documentation	☒	☐
Practice learning environments	☐	☒
If practice learning environments are visited, state where visited/findings:		
System regulator reports reviewed for practice learning partners	☒	☐
System regulator reports list: James Cook University Hospital CQC report, 24 May 2023 North Tees and Hartlepool NHS Foundation Trust CQC report, 16 September 2022 North Tees and Hartlepool CQC report, 16 September 2022 South Tees Hospitals NHS CQC report, 24 May 2023		
If you stated no to any of the above, please provide the reason and mitigation: Practice learning environments are already established and approved.		
Additional comments: None identified.		

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Issue record			
Final Report			
Author(s):	Sarah Traill Adrian Mason	Date:	19 September 2023
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Submitted by:	Mubaraq Sanusi	Date:	11 January 2024
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