2014-15
Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	Robert Gordon University
Programmes monitored	Registered Midwife - 36M; Registered Nurse - Adult
Date of monitoring event	03-05 Mar 2015
Managing Reviewer	Karen Stansfield
Lay Reviewer	Kate Taylor
Registrant Reviewer(s)	Ann Kingscott, Alan Glasper
Placement partner visits undertaken during the review	Nursing (adult) NHS Grampian Health Board, consisting of Aberdeen Royal Infirmary (emergency department), Woodend Hospital (ward 7 and 8, surgical day case and orthopaedic rehabilitation). NHS Orkney Health Board, Balfour Hospital (assessment and rehabilitation unit), East Community (adult community placement). Midwifery NHS Grampian Health Board, consisting of Aberdeen Maternity Hospital, Portlethen Health Centre. NHS Tayside Health Board, consisting of Ninewells Hospital, Dundee midwifery unit, Montrose maternity unit.
Date of Report	13 Apr 2015

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses

and midwives. We aspire to deliver excellent patient and public-focused regulation.

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Published in June 2013, the NMC's Quality assurance (QA) framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement". When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience /qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for**	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		**Requires Improvement**		**Standard Not met**	

Introduction to Robert Gordon University's programmes

Robert Gordon University (RGU) consists of three faculties. The faculty of health and social care provides applied, practitioner focused education for social care, health and science. Nursing and Midwifery is one of four schools that make up the faculty. The school offers a wide range of undergraduate and postgraduate professional qualifying programmes.

The school was reapproved to deliver pre-registration nursing (adult, mental health, child) in 2012 and pre-registration midwifery in 2013. This monitoring review focuses on pre-registration nursing (adult) and the three year pre-registration midwifery programmes. Universities providing midwifery education in Scotland reduced from six to three in 2013, and RGU now covers the whole of the North of Scotland NHS region.

Students are very positive about the programmes and the support they receive from the university and its practice placement partners. The employers confirm that the programmes prepare nurses and midwives who are fit for practice at the point of registration.

The following NMC key risk is not met: resources. The following key risks require improvement: admissions and progression, practice learning and quality assurance.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in the following areas which all received adverse Healthcare Environment Inspectorate reports (part of Healthcare Improvement Scotland (HIS)): Aberdeen Royal Infirmary, July 2013, Aberdeen Maternity Hospital, July 2014 and Woodend Hospital, February 2014, (NHS Grampian), Balfour Hospital, March 2014 (NHS Orkney) and Ninewells Hospital, March 2014, (NHS Tayside). In addition HIS undertook a Short-Life review of quality and safety in December 2014 in Aberdeen Royal Infirmary.

Summary of public protection context and findings

We found that the midwifery programme leader does not hold a recordable teaching qualification with the NMC.

Updated 20 March 2015. The Lead Midwife for Education (LME) will act as co-course leader with immediate effect. This will provide support for the current course leader who will complete the NMC teaching qualification by the end of June 2015.

The admission and progression procedures are effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) and midwifery programmes meet NMC standards and requirements which is fundamental to protection of the public. However, the public service user involvement strategy requires updating and service user involvement requires improvement in both the pre-registration nursing and midwifery programmes.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements. This ensures both protection

of the student as well as protection of the public.

Protection of vulnerable groups (PVG), occupational health clearance and mandatory training are completed before a student can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

We found there is considerable investment in the preparation and support of mentors and the completion of mentor annual updates is robust. All mentors are appropriately prepared for their role of supporting and assessing students.

There is a clear understanding held by sign-off mentors about assessing and signing off competence to ensure students are fit for practice to protect the public. However, we found one mentor who had had their triennial review date amended to three and a half years and was supervising a pre-registration nursing (adult) student; this requires improvement.

The school of nursing and midwifery has sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures which demonstrates the rigour of the process in ensuring public protection.

We conclude from our findings that practice placement providers have a clear understanding of, and confidence to initiate, procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Student midwives are allocated a named supervisor of midwives (SoM) in the maternity service for the third year of their programme. The SoM provides support and experience of the important contribution of midwifery supervision for public protection.

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

We did not find any evidence to suggest there are any adverse effects on students' learning as a result of Healthcare Environment Inspectorate (part of Healthcare Improvement Scotland (HIS)) reviews in placements in Aberdeen Royal Infirmary, July 2013, Aberdeen Maternity Hospital, July 2014 and Woodend Hospital, February 2014, (NHS Grampian), Balfour Hospital, March 2014 (NHS Orkney) and Ninewells Hospital, March 2014 (NHS Tayside).

We found the university has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students learning in the practice environments. There are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (adult) and midwifery pre-registration programmes. However, pre-registration nursing and midwifery student engagement with practice placement evaluations requires improvement, to increase the completion rate and ensure

compliance.

Summary of areas that require improvement

- Immediate action is required to ensure that the individual responsible for the pre-registration midwifery programme has an NMC recorded teaching qualification.

Updated 20 March 2015. The Lead Midwife for Education (LME) will act as co-course leader with immediate effect. This will provide support for the current course leader who will complete the NMC teaching qualification by the end of June 2015.

- Ensure the lead midwife for education (LME) has sufficient time and support to undertake the operational and strategic elements of the LME role.

- The public service user involvement strategy needs updating and service user involvement needs to be strengthened in both the pre-registration nursing and midwifery programmes.

- All triennial reviews need to be undertaken in a three year period if mentors have pre-registration nursing and midwifery students.

- Pre-registration nursing and midwifery student engagement with practice evaluations requires improvement to ensure compliance.

Summary of areas for future monitoring

- Ensure all NMC approved programme leaders have an NMC recorded teaching qualification.

- Ensure the LME has sufficient time and support to undertake the operational and strategic elements of the LME role.

- Review academic staffing levels to ensure there continue to be satisfactory levels for pre-registration nursing and midwifery programmes, in light of increased commissions.

- Monitor that all academic staff who are working towards a teaching qualification are supported to complete as per the probationary requirements.

- Monitor the engagement of service users and carers in the selection process.

- Monitor triennial reviews and ensure all are up to date and within the three year timescale for those mentors supervising pre-registration nursing and midwifery students.

- Ensure the assessment of graded practice remains effective for pre-registration nursing and midwifery programmes.

- Review the progress with pre-registration nursing and midwifery student engagement with staff student committee meetings.

- Review pre-registration nursing and midwifery student engagement with practice evaluations to ensure compliance.

- Review the external examiner engagement with students and mentors (pre-registration midwifery).

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found the programme teams have close working partnerships with practice placement providers and they are enthusiastic about their programmes and students. They informed us about effective systems which are in place to support both nursing and midwifery students in relation to theory and practice learning, in order to ensure that the relevant NMC standards and requirements are met.

In the past two years 50% of academic staff have left the university resulting in a change of dynamics in the programme teams. The head of pre-registration nursing and midwifery has also recently left and presently the associate head of school is the interim head of the pre-registration nursing (adult, mental health, child) and midwifery programmes. The school is currently looking to appoint two whole time equivalent senior academics in midwifery and nursing who will take a lead in research, teaching and professional issues.

We were informed that approximately 33% of the existing adult field academic staff are not currently annotated on the NMC register as teachers; however, all are working towards their NMC recordable teaching qualification.

The programme leader, although an experienced midwifery lecturer, does not at present hold a 'recorded' teaching qualification with the NMC. She is currently undertaking an NMC recordable teaching qualification and should complete in June 2015.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

All mentors/sign-off mentors, practice education facilitators (PEFs) and employers

expressed confidence in the programmes. Mentors told us that they receive good preparation for their role and support from the programme teams and practice education lecturers (PELs). Practice education facilitators maintain the live databases of mentors and placement audits and work closely with staff in the practice learning unit at the university.

The school has a robust system in place that allows students in disparate rural placements to be managed effectively. We found mentors/sign-off mentors are committed to ensuring that students are supported in theory and practice learning, and that they meet NMC standards and competencies on completion of the programmes.

Employers report students are fit for practice and purpose on successful completion of the programmes.

Students

Nursing (adult)

We found that nursing students are articulate and objective in their feedback. They reported good quality teaching and learning and evaluate their practice learning experiences very positively, although presently the response rate for completions of practice placement evaluations is low. Most students are planning to apply for a post in the locality on successful completion of the programme.

Midwifery

Midwifery students are enthusiastic and committed toward their programme. Students reported that lecturers are supportive and easily accessible despite the large geographical placement areas. They reported exposure to a breadth of midwifery experiences and especially enjoyed the normality aspect of their clinical placements. Third year students are allocated a named SoM and they confirmed that they are well prepared for holding a caseload and for registration with the NMC on completion of the programme.

Service users and carers

We found some evidence of service user and carer involvement in recruitment of students. However, this is currently in the developmental stages. Service users and carers contribute to curriculum development, teaching and aspects of practice assessment for both pre-registration nursing and midwifery programmes.

Relevant issues from external quality assurance reports

The following Healthcare Improvement Scotland (HIS) reports require action(s):

Healthcare Improvement Scotland (HIS) - Healthcare Environment Inspectorate (HEI), unannounced follow-up inspection report Aberdeen Maternity Hospital (AMH) | NHS Grampian, 30 June–1 July 2014

HEI previously inspected AMH in March 2014. That inspection resulted in three requirements and two recommendations. As a result of that inspection, NHS Grampian produced a detailed improvement action plan and submitted this to HEI.

Overall, HEI found evidence at AMH of improvement in all areas.

However, HEI did find that further improvement is required in the following area:

- Clean and sterile equipment must be appropriately stored in the theatre department (1).

During the monitoring visit we confirmed that actions had been taken to address the requirements within the HIS methodology that requires follow up activity to take place no longer than 16 weeks after the inspection (2-3).

HIS- Healthcare Environment Inspectorate (HEI), announced inspection report, Woodend Hospital, NHS Grampian, 12-13 February 2014

This inspection resulted in four requirements and two recommendations. The requirements are linked to compliance with the NHS Quality Improvement Scotland (QIS) Healthcare Associated Infection standards (4).

During the monitoring visit we confirmed that actions had been taken to address the requirements within the HIS methodology that requires follow up activity to take place no longer than 16 weeks after the inspection (3).

HIS- Healthcare Environment Inspectorate, unannounced inspection report, Balfour Hospital, NHS Orkney, 4 March 2014

Orkney NHS Board approved its outline business case in February 2014 to replace the hospital in Kirkwall, as well as bringing together the Kirkwall GP practices and dental facilities. Work should begin on this new hospital site in early 2016.

This inspection resulted in five requirements and three recommendations. The requirements are linked to compliance with the NHS QIS HAI standards (5).

During the monitoring visit we confirmed that actions had been taken to address the requirements within the HIS methodology that requires follow up activity to take place no longer than 16 weeks after the inspection (6-8).

HIS- Healthcare Environment Inspectorate unannounced inspection report Ninewells Hospital | NHS Tayside 11–12 March 2014

This inspection resulted in nine requirements. The requirements are linked to compliance with the NHS QIS HAI standards (9).

During the monitoring visit it was confirmed that actions had been taken to address the requirements within the HIS methodology that requires follow up activity to take place no longer than 16 weeks after the inspection (3).

Health Improvement Scotland (HIS) - Aberdeen Royal Infirmary: Short-Life Review of Quality and Safety December 2014.

In March 2014, the chief executive of the NHS in Scotland invited the director of scrutiny and assurance of HIS to lead, alongside the medical director of NHS Lothian, a short validation exercise to review concerns that had been raised with the Cabinet Secretary for Health and Wellbeing.

The validation exercise identified a range of concerns and issues. These included:

- the relationship between some senior medical staff and the NHS Grampian

senior leadership

- the accountability, governance and performance management arrangements in acute services

- follow-through in translating strategy into operational delivery, and

- specific concerns about the quality and safety of key specialties (10).

A strategic action plan is in place at health board level to undertake the work required to address the issues identified. Progress is being reported to HIS (2-3). We were advised that robust follow up has taken place since the review in December 2014. Staff confirmed that weekly updates were provided, emails were sent to individuals, risk management feedback was provided and personal responsibility in verification of individual action was sought (61).

Other HIS/HEI compliance reports relevant to placement areas used by RGU for approved nursing and midwifery programmes were considered but did not require further discussion as part of this review.

The school continues to work closely with all health boards providing placements for RGU students and an effective two way communication process is in place at university senior management level with nurse directors. At the monitoring visit we found that all clinical governance issues are controlled and well managed.

The head of practice learning is responsible for linking with practice placement providers, maintaining effective communication and monitoring the actions taken. The head of school has regular meetings with directors of nursing across the health boards and was able to provide us with evidence that confirmed that appropriate action had been taken in relation to the health boards that were the subject of adverse HIS reports.

Our findings confirm the school's placement management process effectively addresses the many challenges that exist from the escalation process of concerns, clinical governance reporting and service re-configurations. We found effective procedures in place to protect student learning and to assess if placements need to be withdrawn (see section 3.1.1).

Evidence / Reference Source

1. Healthcare Improvement Scotland - Healthcare Environment Inspectorate, unannounced follow-up inspection report Aberdeen Maternity Hospital, 30 June- 31 July

2. Telephone contact with the director of nursing- NHS Grampian, 5 March 2015

3. Meeting with the head of school and associate head of school, 3 March 2015

4. HIS- Healthcare Environment Inspectorate (HEI), announced inspection report, Woodend Hospital, NHS Grampian, 12-13 February 2014

5. HIS- Healthcare Environment Inspectorate Unannounced Inspection Report, Balfour Hospital | NHS Orkney 4–5 March 2014

6. Meeting with director of nursing, NHS Orkney, 4 March 2015

7. Meeting with clinical educator, NHS Orkney, 4 March 2015

8. Meeting with charge nurse, rehabilitation and assessment ward, Balfour hospital, 4 March 2015

9. Health Improvement Scotland- Healthcare Environment Inspectorate unannounced inspection report Ninewells Hospital | NHS Tayside 11–12 March 2014

10. Health Improvement Scotland- Aberdeen Royal Infirmary: Short-Life Review of Quality and Safety December 2014

61. Meeting with midwifery managers, sign-off mentors and supervisors of midwives, NHS Grampian, 3 March 2015

Follow up on recommendations from approval events within the last year

All recommendations identified at approval events have been followed up at course/programme management team meetings and reported within the minutes of these meetings.

Minor Modification

BSc (Hons) Public Health Nursing

The school has been successful in securing funding from the Scottish government to support the increase in educational provision for the health visiting workforce. Part of this bid has been to provide a one year programme for student health visitors. The NMC approved a minor modification to the programme so that the school could offer an accelerated one year health visiting course in addition to the two year part-time course (11).

Evidence / Reference Source

11. Robert Gordon University self-assessment 2014-2015.

Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self-report are complete (11).

Specific issues followed up include:

Resource

Review staffing resource allocation for all courses leading to NMC registration.

The school has completed a restructuring of academic staff. This has resulted in increased capacity of senior lecturers (two full time equivalents) and in addition the recruitment of a number of substantive lecturer positions over the last 12 months (see section 1.1.1 for a further update).

Admissions

The school has completed an evaluation of the selection processes over the previous academic session and has consulted with interviewers and service users to update the

current school policy (see section 2.1.1 for further update).

Service user and carer involvement in all components of nursing and midwifery programmes (theme three)

The school is committed to the inclusion of service users and carers within the development and delivery of programmes (as can be evidenced within the public involvement strategy contained within the AEI requirements). Service user involvement was evident within the recent re-approval of the Postgraduate certificate learning teaching and assessment (see section 2.1.1 for further update).

Innovative Practice:

An area of innovative practice is the use of high fidelity masks by academic staff (but see section 4 1.1 for further update) (11).

Evidence / Reference Source

11. Robert Gordon University self-assessment 2014-2015.

Findings against key risks

Key risk 1 – Resources

1.1   Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes

Risk indicator 1.1.1 - Registrant teachers have experience /qualifications commensurate with role.

What we found before the event

The school has completed a restructuring of academic staff. This has resulted in increased capacity of senior lecturers (two whole time equivalents) and in addition a number of substantive lecturer positions have been recruited over the last 12 months (11).

There is a high level of commitment to research and scholarly activity within the university and school (14), along with recognition of staff development through practice engagement (44).

What we found at the event

The university has processes in place to effectively monitor academic staff members to ensure active NMC registration is maintained (15, 44).

In the past two years 50% of academic staff have left the university resulting in a change of dynamics in the programme teams (48). The reason for staff leaving is normally due to retirement or moving to another university (3). The head of pre-registration nursing and midwifery has recently left and presently the associate head of school is interim head of pre-registration nursing (adult, mental health, child) and midwifery programmes.

The school is currently looking to appoint two whole time equivalent senior academics in midwifery and nursing who will take a lead in research, teaching and professional issues (3, 24). Resources will continue to be monitored as commissions for pre-registration nursing and pre-registration midwifery are increasing (3, 45).

Nursing (adult)

The programme leader for pre-registration nursing (adult) acts with due regard and has current registration and a teacher qualification recorded with the NMC (15-16).

As a result of employing a range of staff with a variety of experience, approximately 33% of the existing adult field academic staff are not currently annotated on the NMC register as teachers. However, we saw evidence that the teachers supporting the pre-registration nursing (adult) programme hold current NMC registration and hold or are working towards a teaching qualification that can be recorded with the NMC and have experience commensurate with their role (3, 11, 15-16, 57). This is a requirement of the contract of employment, and stipulated in the probationary period for academic staff who must achieve teacher status (3, 15, 24).

The staff student ratio for pre-registration nursing (adult) is 1:23 and is confirmed as sufficient to meet the requirements of the programme in view of the planned appointment (3, 15, 24).

Midwifery

The midwifery programme leader does not hold a recordable teaching qualification with the NMC and is presently undertaking postgraduate studies to obtain NMC teacher status and is due to complete in June 2015 (3, 34, 62).

The lead midwife for education (LME) was appointed in August 2014 We were advised that it is sometimes difficult for the LME to have the time to undertake the role as well as a busy teaching and practice placement support role. Some strategic meetings have been attended but others have not due to time restrictions (34, 62). This requires improvement.

We were advised that time is allocated to the role via the work load allocation system and strategic support is given for the LME role from senior academic and senior management colleagues and membership is provided at strategic meetings (3, 45, 48). Due to several new members joining the midwifery team and the need for the LME to have a fully manageable strategic and operational role, further support from senior

management is required in this period of flux (3, 24).

We saw evidence that the teachers supporting the pre-registration midwifery programme hold current NMC registration and hold or are working towards a teaching qualification that can be recorded with the NMC and have experience commensurate with their role (3, 11, 15-16, 57). There are two supervisors of midwives within the midwifery team (34, 62). The staff student ratio for pre-registration midwifery is 1:20 and was confirmed as sufficient to meet the requirements of the programme in view of the planned appointment (3, 24).

We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver pre-registration nursing (adult) to meet NMC standards. Whilst appropriately qualified staff are in place to deliver the pre-registration midwifery programme, the midwifery programme leader does not hold a recordable teaching qualification and this needs addressing immediately. The LME is recently appointed and support and time to develop the role at a strategic and operational level requires improvement.

Evidence / Reference Source

3. Meeting with the head of school and associate head of school, 3 March 2015

11. Robert Gordon University self-assessment 2014-2015

14. The School of Nursing and Midwifery research strategy 2013-2016

15. NMC database of academic staff registration undated.

16. Verification of programme leaders qualifications midwifery and nursing (adult) NMC register, 5 March 2015

24. Associate head of school presentation 3 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

44. RGU, School of Nursing and Midwifery – Supporting staff development through practice engagement, 2012

45. Meeting with the associate head of school, 5 March 2015

48. School Academic Board, minutes 12 December 2014

57. Academic staff CV's reviewed 3 March 2015

62. Meeting between the reviewer and Academic Lead (midwifery) 5 March 2015

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students

What we found before the event

The allocation of students to practice placements is the responsibility of the university and health placement partners and is managed by the school's placement learning unit (12-13). The school is planning to implement a new placement data management

system "In Place" for operation by September 2015 (11).

Practice placement learning environments are audited and monitored by practice education facilitators (PEFs) and practice education lecturers (PELs) to ensure that mentor levels are adequate (12-13, 60).

Nursing

A mentor is allocated to each student in placement. The placement learning assessment document (PLAD) states that the mentor must be available to students 40% of the time. The mentor is always responsible for the direct/indirect supervision of students. The audit tool records numbers of mentors (12-13, 60).

Midwifery

All students are assigned a sign-off mentor whom they work with at least 40% of the time (12).

What we found at the event

Nursing (adult)

We found that there are sufficient qualified mentors/sign-off mentors available to support pre- registration nursing (adult) students (7-8, 26-27). Students confirmed they work 40% of the time with their mentors; all students have a mentor and an associate mentor, and the duty rosters reflect that students are supernumerary (22- 23, 25, 43, 93). The hours and shifts worked by students are recorded by the student, confirmed by the mentor and closely monitored by the student's personal tutor and the placement learning unit (22-23, 25-26).

Students have a very good range of spokes that they can attend under the supervision of their primary mentor. Hub and spoke placement model flowcharts are available for students to select bespoke placement opportunities. Some students described their placement allocations as absolutely brilliant (22, 25, 43, 92).

Midwifery

We were informed that there are an adequate number of midwifery mentors and they verified that they are well prepared for their role as sign-off mentor. Each student has a mentor and an associate mentor to ensure that they always have support. Duty rotas verified that students spend at least 40% of their time with their sign-off mentor (28-30, 32, 63, 65-66). Midwifery students confirmed that there are adequate numbers of mentors who provide good and effective support for them during practice placements (31, 41, 64).

We conclude from our findings that there are sufficient appropriately qualified mentors / sign-off mentors available to support the number of students in both programmes. All mentors/ sign-off mentors act with due regard.

Evidence / Reference Source

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015.

8. Meeting with charge nurse, rehabilitation and assessment ward, Balfour hospital, 4 March 2015.

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval report 2013

13. Pre-registration Nursing Approval Report 2012

22. Meeting with pre-registration nursing students 4 March 2015

23. Meeting with mentors pre-registration nursing (adult) 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

27. Meeting with acting divisional lead nurse (adult) 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentors , midwifery, NHS Tayside, 4 March 2015

41. Meeting with third year midwifery students 5 March 2015

43. Meeting with third year pre-registration nursing students 5 March 2015

60. Practice learning and assessment document (adult) undated

63. Meeting with midwifery sign-off mentors 3 March 2015

64. Meeting with midwifery students 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

92. Hub and Spoke placement model flowchart viewed at Woodend Hospital (Orthopaedic rehabilitation) 3 March 2015

93. Staff rotas to check 40% contact with mentor viewed at Woodend Hospital (Orthopaedic rehabilitation) 3 March 2015

Outcome: Standard not met

Comments:

- Immediate action is required to ensure that the individual responsible for the pre-registration midwifery programme has an NMC recorded teaching qualification. The associate head of school/ interim head of pre-registration nursing and midwifery assured us that the LME will act as co-course leader with immediate effect.

- The LME requires further support to ensure all elements of the role can be undertaken. The intended appointment of a whole time equivalent senior midwife will assist the LME in ensuring sufficient time is allocated to the role.

- We are assured that there are adequate academic resources to deliver both pre-registration nursing (adult) and pre-registration midwifery programmes. The school has received increased commissions for both programmes. This will be supported by the planned recruitment of two new members of senior staff for nursing

and midwifery.

- Due to the high level of staff turnover in the past two years several staff are undertaking a teaching qualification that can be recorded with the NMC. Support needs to continue to ensure that these academic staff complete the programme.

20 March 2015: Follow Up Documentary Evidence from Robert Gordon University. Standard now requires improvement

- The Lead Midwife for Education (LME) will act as co-course leader with immediate effect. This will provide support for the current course leader who will complete the NMC teaching qualification by the end of June 2015.

- Each course leader has been allocated 0.2 WTE to dedicate to the role of co-course leader. All relevant staff, students and partners are notified that the LME will be co-course leader. The LME will continue to work 1.0 WTE until a substantive senior midwifery appointment is made. The LME will be allocated 0.3WTE to fulfil the LME role. The LME will be given adequate support to fulfil the strategic aspects of the LME role within the university and externally. The LME role will be represented at the School Senior Team Advisory Group (STAG).

- Evidence: Verification of the LME on the NMC register 20 March 2015

Updated 26 June 2015

Interviews are to take place in July for a substantive senior midwifery post and another senior lecturer midwifery post is being recruited.

Updated 31 July 2015

The interview for a substantive senior midwifery post is taking place. A senior lecturer midwifery post is now advertised.

Outcome: Requires improvement

The AEI will report on progress in the annual self-assessment report 2015-16.

Areas for future monitoring:

- Ensure all NMC approved programme leaders have a NMC recorded teaching qualification.

- Ensure the LME has sufficient time and support to undertake the operational and strategic elements of the LME role.

- Review academic staffing levels to ensure there continue to be satisfactory levels for pre-registration nursing and midwifery programmes, in light of increased commissions.

- Monitor that all academic staff who are working towards a teaching qualification are supported to complete as per the probationary requirements.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1   Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

The school has completed an evaluation of the selection processes over the previous academic session and has consulted with interviewers and service users to update the current school policy. A recommendation was made with regards to developing/commissioning the development of a selection interview framework capturing the desired attributes (11).

The admissions policy includes face to face interviews via scenario based group interviews conducted jointly with practice placement partners. Interview panel members must have all undertaken equality and diversity training in the last two years. Service users/carers, practitioners and lecturers are involved in the recruitment process (12-13).

All applicants are assessed for literacy and numeracy. Applicants without mathematics qualifications can access an applied numbers skills course which can be undertaken and must be passed at 70% for those who do not meet the numeracy entry criteria (12-13).

There is a cross-university policy and scheme for supporting students with additional needs in the academic setting and in practice placements (12-13, 17).

What we found at the event

We found that recruitment and admissions processes comply with NMC standards and requirements. Academic staff and practitioners informed us they had equality and diversity training prior to participation in the recruitment of students; this forms part of annual mandatory training for practice placement providers (26-27, 29, 30, 32, 34, 63, 65-66).

Academic staff confirmed that the current round of interviews for both nursing (adult) and midwifery is moving from group interviews to individual values based interviews. Service users are involved in the design of the interviews as well as participating in nursing interviews; currently service users are involved in observing the midwifery interviews. The midwifery team are working towards increasing the participation of service users in the interviewing process (33, 34, 45, 47, 67). Service users we met

confirmed that they had received equality and diversity training prior to involvement in admission processes (33).

Whilst we found evidence of a public and service user involvement strategy it is unclear what school actions have been taken since the initial action plan for 2011-2012. No updated strategy was provided when requested and we were advised that this was the most up to date document. At present there are several good service user initiatives undertaken in the programmes, but the organisation and development of these is ad hoc. An updated strategy is required to demonstrate how service users and carers will be further integrated into the programmes (45).

We found there are robust processes in place for obtaining protection of vulnerable groups (PVG), health screening and references (34, 68). Nursing and midwifery students confirmed this (22, 25, 31, 41, 64).

Practice placement providers told us there is a robust and effective procedure in place to manage the learning experiences of students less than 18 years of age going into practice placements (63, 65). This ensures both protection of the student as well as protection of the public.

Nursing and midwifery students confirmed that they sign a declaration of good health and good character annually which ensures the university's responsibility for public protection and meets NMC requirements (22, 25, 31, 41, 64).

We conclude that all admissions and progression procedures are effectively implemented to ensure students entering and progressing on the nursing (adult) and midwifery programmes meet NMC standards and requirements which is fundamental to protection of the public. However, further development of the public service user involvement strategy is required to strengthen the involvement of service users in the selection process.

Evidence / Reference Source

11. *Robert Gordon University self-assessment 2014-2015*

12. *Midwifery Approval Report 2013*

13. *Pre-registration Nursing Approval Report 2012*

17. *Fitness for Practice Policy 2012 reviewed 2013 to be next reviewed 2014*

22. *Meeting with pre-registration nursing students 4 March 2015*

25. *Meeting with nursing (adult) students 3 March 2015*

26. *Meeting with nursing (adult) mentors 3 March 2015*

27. *Meeting with acting divisional lead nurse (adult) 3 March 2015*

29. *Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015*

30. *Meeting delivery suite team leader, NHS Tayside, 4 March 2015*

31. *Meeting with midwifery students, 4 March 2015*

32. *Meeting with sign-off mentors midwifery, NHS Tayside, 4 March 2015*

33. Meeting with service users 5 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

41. Meeting with third year midwifery students 5 March 2015

45. Meeting with the associate head of school, 5 March 2015

47. Course Management Team Meetings minutes, Midwifery, October 2014, December 2014

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

64. Meeting with midwifery students, NHS Grampian 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

67. Annual Course Appraisal Undergraduate BSc Midwifery 2013-2014

68. Bachelor of Midwifery Course Student Handbook 2014

Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice

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What we found before the event

There is a robust fitness to practise procedure and process to manage incidents of concern whether academic or behavioural, outlined in the fitness for practice policy (17).

The fitness for practice policy is on the student 'Moodle' website clearly describing the background, NMC obligations and the processes. The expectations and obligations of students are documented in the policy as are the actions the school will take if students do not adhere to the policy (12-13, 17).

What we found at the event

We found that all academic and practice staff and students are aware of the procedures to address issues of poor performance (22-23, 25-32, 34, 41, 63, 65-66).

A robust fitness to practise procedure and decision making process manages issues of concern about a student whether academic or behavioural. The fitness for practice committee meets three times a year minimum, more if required. For 2013/2014 there were four pre-registration nursing cases, two students whose offer of a place on the programme was withdrawn due to unsatisfactory disclosure at admission and two students who proceeded with the admissions process following disclosure of minor offences. The school uses the university regulations of non-academic misconduct for any allegation of inappropriate behaviour for students on programmes (3, 11, 17). Each misconduct case is minuted at the school academic board and the outcomes of each case are noted (48).

We inspected the database of causes for concern pre-registration nursing (adult) students. In the 2013/14 data set there were 52 causes of concern pertaining to the adult field of which 13 related to reasonable adjustments and others to areas such as professional attitude. We reviewed several action plans devised to address issues of poor performance. Cause for concern updates are followed, tracked and actioned by personal tutors and through a variety of internal meetings including the course management meetings for pre-registration midwifery and the pre-registration nursing programme management team and school academic board meetings (3). Evidence was also provided from the minutes of these meetings to verify this (47-49). Additional confirmation that action plans are implemented and outcomes shared was provided by mentors (see section 2.1.3).

For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points and the 12 week rule. The records of the exam boards demonstrate that students are removed from the programme if they fail to meet requirements (48, 69- 71).

There are processes in place to monitor students' attrition at each progression point in the programmes. Attrition rates are high on the pre-registration nursing programme. The September 2012 cohort is 20.9%, however, this is reducing as follows: September 2013 cohort is 13.4%; September 2014 is 1%. Actions are in place to continue to monitor and reduce attrition (45-46, 67, 72).

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Evidence / Reference Source

3. Meeting with the head of school and associate head of school, 3 March 2015.

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval Report 2013

13. Nursing Approval Report 2012

17. Fitness for Practice Policy 2012 to be reviewed 2014

22. Meeting with pre-registration nursing students 4 March 2015

23. Meeting with mentors pre-registration nursing 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

27. Meeting with acting divisional lead nurse (adult) 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentors , midwifery, 4 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

41. Meeting with third year midwifery students 5 March 2015

45. Meeting with the associate head of school, 5 March 2015

46. Senior Team Advisory Group minutes 26 February 2015

47. Course Management Team Meetings, Midwifery, October 2014, December 2014

48. School Academic Board, minutes 12 December 2014

49. Pre-registration nursing programme management team, August 2014, January 2015

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

67. Annual Course Appraisal Undergraduate BSc Midwifery 2013-2014

69. School of Nursing and Midwifery Volume 1: Course Re-approval

70. School of Nursing and Midwifery Course Specification May 2013

71. BSc Midwifery Pre-Registration Midwifery. Assessment of Practice Document, undated

72. BSc Midwifery Quality Enhancement Plan January 2013

Risk indicator 2.1.3 - Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event

There are processes for managing failing students in practice which involve both mentors and PELs who construct an action plan with input from the practice education facilitator (PEF). The procedure to follow is outlined in the pre-registration nursing and pre-registration midwifery PLAD. If necessary, the formal fitness to practise process can be initiated (12-13, 60).

What we found at the event

We were told by mentors, PEFs and students that they have a clear understanding about the procedures that will be followed if poor performance in practice is claimed. They gave examples of how the procedure is implemented. They confirmed that issues are identified early and acted upon with the involvement of the practice educator, PEL, personal tutor and PEF when a student requires an action plan to improve and monitor performance (7, 25-26, 31-32, 63, 64-66).

Mentors and sign-off mentors are happy with the responsiveness and support from the

academic provider when a cause for concern is raised. A number of scenarios were recalled where mentors had required support including one where a disability, undeclared before placement, led to difficulties with medication management. The university and placement provider worked together on an action plan that was reviewed and monitored. Despite this and reasonable adjustments being made, the student was unable to progress and was discontinued from the programme (26).

The cause for concern flow chart is on display on staff notice boards and in the PLAD and understood by all parties (25-26, 60, 73).

We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Evidence / Reference Source

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015.

12. Midwifery Approval Report 2013

13. Nursing Approval Report 2012

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentors , midwifery, 4 March 2015

60. Practice learning and assessment document (adult) undated.

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

64. Meeting with students, NHS Grampian 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

73. RGU Mentor newsletter March 2014

Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

Nursing

There is a clear process for recognition of prior learning (RPL) which provides general guidelines for the accreditation of prior learning (APL) with a user friendly handbook for

students (included on 'Moodle') (11, 13, 35).

Midwifery

Advanced standing is not permitted for entry to the three year programme. Appropriate mechanisms are in place to facilitate transfer between approved education institutions (12, 35).

What we found at the event

Nursing (adult)

The school has a memorandum of agreement to give advanced standing to nursing applicants who have completed an accredited courses within NESCOL (North East Scottish Colleges).The HNC Care and Administrative Practice has been developed to articulate with the Bachelor of Nursing (adult) and has been fully mapped with first year programme learning outcomes. This is part of the university's widening participation agreement with local colleges of further education. The advanced standing articulation agreement enables up to 24 students a year to enter the programme. Students are disseminated across a range of personnel tutor groups to ensure full student integration (18, 45).

Midwifery

There have been no transfers into the programme (45).

We found systems for the accreditation of prior learning and achievement are robust and well managed within the school.

Evidence / Reference Source

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval Report 2013

13. Nursing Approval Report 2012

18. APL documentation for HND students undated.

35. RGU, Recognition of Prior Learning , APL guidelines, 2012

45. Meeting with the associate head of school, 5 March 2015

Outcome: Standard requires improvement

Comments:

- Whilst we found evidence of a public and service user involvement strategy we could not find evidence of an updated strategy since the 2011- 2012 action plan. Further development of the service user strategy is required to strengthen the involvement of service users in the selection process.

Areas for future monitoring:

- Monitor the engagement of service users and carers in the selection process.

Findings against key risks

Key risk 3 - Practice Learning

3.1   Inadequate governance of and in practice learning
3.2   Programme providers fail to provide learning opportunities of suitable quality for students
3.3   Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations

What we found before the event

The school has good working partnerships with practice placement providers. There is a well-developed collaborative strategy for supporting practice learning: the three strategic partners work in collaboration with the school in Service Education Collaborative Groups and the Clinical Learning Environment Standards Team (CLEST). The latter is the umbrella group for the Clinical Learning Environment Teams (CLET) of which there is one for each practice learning environment (12-13, 90). There are practice agreements in place with each partner health board (91).

Placement allocation is the responsibility of the university and health board partners and is managed by the school's placement learning unit. The unit records all details of placements, the status of each placement area and does not allocate a student to a non-audited area (12-13).

NHS Grampian has Datix which is a web based reporting mechanism for any adverse incidents. Any member of staff or the public can report a concern and this is followed up by an appropriate person. The university has a clear cause for concern procedure (12-13).

What we found at the event

Our findings demonstrate that the university has well established and effective working relationships with practice placement providers. All stakeholders informed us that they have effective partnership working at both a strategic as well as operational level (2, 6-7, 28-29, 37).

The head of practice learning communicates regularly with PEFs and other senior

clinical managers in the health boards and the school is confident they would be quickly advised of any clinical governance issues. There are a range of forums at strategic and operational level which ensure that appropriate information is shared (3).

We found evidence of robust communication between all partners; however, there are no formal action plans developed and shared in relation to ongoing issues from adverse events raised by HIS/HEI. This is something that the school is considering and would be welcomed by practice placement partners (2-3, 28).

Robust partnership working is evident in the joint work undertaken to build placement capacity across the different fields of practice and in response to reconfigurations changes in service provision (2-3, 6, 28, 62).

A raising and escalating concerns policy is in place in the university and placement provider organisations. Issues of concern arising in practice placements can be raised by students, academic staff or practitioners. These are monitored by the head of practice learning and escalated as appropriate within the placement organisation and university. PEFs, employers, mentors and students report the process is effective in ensuring that concerns are fully investigated and supported (2-3, 6-8, 23, 26-30, 32, 37, 63).

PEFs are involved in annual educational audits which are done jointly with PELs. Action plans from audits encourage placements to be proactive. Practice placements are withdrawn and reintroduced according to the outcome of educational audits. If a team has a reduced capacity for students then it has to be negotiated that this can be picked up in another area. Where a student's placement is within the catchments of another university, educational audits are shared; this is mainly with the Open University, and sometimes Glasgow University on the Islands (3, 7, 21, 29, 34, 86).

Each placement area has developed resource packs for students and the students told us that significant amounts of information pertinent to the placement allocation are hosted on the virtual learning environment 'Moodle'. We were told by the PEFs and PELs that prior to allocation students are required to attend a "preparation for practice" induction delivered by PELs with support from the PEFs. The practice learning education team made up of PEFs, practice educators and PELs meets every semester. Additionally these meetings contribute to the practice learning strategic team meetings also held every semester. Information from these meetings is cascaded to mentor support forums which are held monthly in individual placement areas (7, 28-29, 34, 37-40, 63, 86).

Practice governance is also enhanced through a specific area of "'Moodle'" and through dedicated practice education web pages. The mentors confirmed they are confident that this combination of information sharing coupled with the annual educational audit strengthens overall placement governance (23, 26, 32, 94).

The practice placement unit manages the audits for all placements and initiates the completion of audits when due. Audits are completed annually and signed off by the head of practice learning. We found that all audits reviewed were in date (19-21).

We conclude that there are well established and effective partnerships between education and service providers at all levels and NMC risks are effectively managed.

Evidence / Reference Source

2. Telephone contact with the director of nursing, NHS Grampian, 5 March 2015

3 .Meeting with the head of school and associate head of school, 3 March 2015

6. Meeting with director of nursing, NHS Orkney. 4 March 2015

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015

8. Meeting with charge nurse, rehabilitation and assessment ward, Balfour hospital, 4 March 2015

12. Midwifery approval report 2013

13. Nursing approval report 2012

19. Audits viewed in Balfour Hospital pre-registration nursing 4 March 2015

20. Selection of audits viewed at RGU, nursing (adult) 3 March 2015

21. Meeting with placement learning administrator 5 March 2015

23. Meeting with mentors pre-registration nursing 4 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

27. Meeting with acting divisional lead nurse (adult) 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

32. Meeting with sign-off mentors , midwifery, NHS Tayside, 4 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

37. Meeting with nurse manager and practice education facilitators for nursing (adult), NHS Grampian, 3 March 2015

38. Samples of practice learning environment team meeting minutes 2, June 2014, November 2014

39. Sample of practice learning environment team agenda November 2014

40. Sample of mentor newsletter, March 2014

62. Meeting with academic lead 5 March 2015

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

86. Meeting with practice education facilitators (adult), 3 March 2015

90. The service education collaborative strategy to support student learning in practice, RGU, 2012

91. Partners in practice agreements, RGU with NHS Grampian, 2013

94. Meeting with student mentor and mentor (adult) , NHS Orkney 4 March 2015

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

Nursing (adult)

Service users/carers have the option to contribute to assessment of practice. This is

managed by the mentor who records any comment obtained from a service user (13).

Midwifery

The design of the curriculum is predicated on contemporary issues and the programme content is underpinned by health and maternity policy. The school's strategy on public involvement is driving forward service user engagement in the curriculum (12).

What we found at the event

We found evidence that practice placement partners are involved in the recruitment of students and the design, delivery and evaluation of pre-registration nursing and midwifery programmes (7, 26, 28, 32).

Nursing (adult)

In the pre-registration nursing (adult) programme students confirmed that service users can be enabled to provide written comments in the practice learning and assessment document (PLAD) on the care that they receive from students. Some students we spoke to did not find this element of the practice assessment documentation to be consistent as some students did not complete it (it is optional) and they did not recognise its value (22).

Service users were able to articulate instances where they had been involved in service development and delivery for nursing e.g. being volunteer patients in the skills laboratory (33).

Service users we spoke to in the hospital setting were very complimentary about RGU nursing (adult) students. One patient informed us that he had been cared for by two first year nursing (adult) students who had approached him with dignity and had protected his privacy (84).

The students verified that the range of clinical teaching they received from mentors was good and that the skills laboratory setting in the university and the use of volunteer patients (service users) to practise assessment skills is beneficial (22, 25, 43).

Midwifery

Midwives are actively involved as panel members in the interview process for the midwifery programme (30). Student midwives confirmed that midwives, supervisors of midwives and service users deliver some teaching sessions on the programme (31, 41).

Mentors and students confirmed that service users provide testimonials in the PLAD which allows students to reflect on the care they give to women and babies and contributes to the assessment of practice (32).

Service users were able to articulate instances where they had been involved in service development and delivery for midwifery relaying personal stories to students e.g. experiences of child birth, coping with a still birth (33).

Our findings confirm that practitioners, service users and carers are involved in the development and delivery of pre-registration nursing (adult) and midwifery programmes. This could be enhanced by developing the public service user involvement strategy to

ensure work continues in the engagement of service users in the assessment of students.

Evidence / Reference Source

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015.

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

22. Meeting with pre-registration nursing students 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentors midwifery, NHS Tayside, 4 March 2015

33. Meeting with service users 5 March 2015

41. Meeting with third year midwifery students 5 March 2015

43. Meeting with pre-registration nursing students 5 March 2015

84. Meeting with patients, NHS Orkney, 4 March 2015

Risk indicator 3.2.2 - academic staff support students in practice placement settings

What we found before the event

All practice placements have a named PEL who is a member of the academic staff. Contact details are displayed in clinical areas. Innovative use of electronic media facilitates communication between practice learning environments and RGU. The practice learning web site is accessible by all partners, and contains links to resources to support learning and assessment in practice. An online forum is operated through ''Moodle'', and students can engage in 'real time' discussion with tutors at designated times (12-13).

Midwifery

The SGHD funded midwifery education facilitators (MEF) posts finished in October 2014. To ensure adequate support continues for midwifery students the school has worked in collaboration with the health board partners to ensure that PEFs would assume this role. In addition the school's PELs have been reconfigured to ensure student support in practice (11).

What we found at the event

We found that PELs give regular and timely support. Students and mentors reported a high level of satisfaction with responsiveness and support from the PELs who participate in mentor update sessions either as part of the mandatory timetabled days or on a bespoke basis as required; and assist PEFs and clinical managers in the management of placement capacity (22-23, 25-26, 28, 30-32, 41). Practice education lecturers participate in the education audits of practice placements with the PEFs and use findings from these audits and student feedback to inform mentor updates (7, 29, 34).

Nursing (adult)

Mentors/sign-off mentors and clinical managers are able to name PELs and other university staff who support students and mentors in practice placements (7-8, 23). Student nurses confirmed that PELs provide them with good support and are involved in supporting the assessment of practice. This support is not structured in terms of visits and PELs do not do tripartite meetings with the students (22). However, the students we met feel fully supported by their academics and report that even in off shore locations lecturers will respond quickly to queries via email or telephone (22, 25, 43).

Midwifery

Midwifery students and mentors told us that they are well supported in relation to learning and assessment in practice by the PELs, although they do not undertake tripartite meetings. Personal tutors support the students throughout the programme offering pastoral and academic guidance. Students reported that lecturers are easily accessed by email should they have an issue of concern (29-32, 34, 63, 66, 68).

Third year midwifery students report that, with the appointment of new staff, links and support from academic staff has greatly improved. They describe Skype being available for face to face meetings when in more remote placements (41).

Our findings conclude that PELs effectively support students and mentors in practice placement settings in nursing (adult) and midwifery pre-registration programmes.

Evidence / Reference Source

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015

8. Meeting with charge nurse, rehabilitation and assessment ward, Balfour hospital, 4 March 2015

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

22. Meeting with pre-registration nursing students 4 March 2015

23. Meeting with mentors pre-registration nursing 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentors midwifery, 4 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

41. Meeting with third year midwifery students 5 March 2015

43. Meeting with pre-registration nursing students 5 March 2015

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

68. Bachelor of Midwifery Course Student Handbook 2014

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

The university has an NMC approved mentor module to prepare mentors and midwifery sign-off mentors to meet the Standards for learning and assessing in practice (SLAiP) (NMC, 2008) (11). A strong infrastructure exists in all health boards to support mentors in their roles (12-13).

What we found at the event

We found PEFs and employers support mentors to successfully complete the university's NMC approved mentor module to enable them to support and assess student nurses and student midwives (7-8, 29-30, 32, 63, 65-66, 74).

Mentors and sign-off mentors supporting students studying nursing (adult) and midwifery pre-registration programmes confirmed they are well prepared for their role in assessing practice and they feel fully supported by the partnership mechanisms which exist to enable them to operate optimally in their mentoring duties (7, 63, 65, 94). They found the scenarios of different situations that could arise in placements and anonymised incidents from real practice used as a learning tool within the mentorship programme to be beneficial (26)

We viewed mentor databases and verified that all listed mentors hold a mentor qualification and there are adequate numbers of sign-off mentors (36, 42, 77-80, 85).

Evidence / Reference Source

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015.

8. Meeting with charge nurse, rehabilitation and assessment ward, Balfour hospital, 4 March 2015.

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

26. Meeting with nursing (adult) mentors 3 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

32. Meeting with sign-off mentors midwifery, NHS Tayside, 4 March 2015

36. Mentor database viewed at Balfour hospital, NHS Orkney, 4 March 2015.

42. Mentor paper register viewed at Woodend Hospital (Orthopaedic rehabilitation) 3 March 2015

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

74. NHS Tayside Mentorship Framework November 2013

77. Mentor midwifery database 3 March 2015, Aberdeen Maternity Unit, NHS Grampian

78. Mentor midwifery database 3 March 2015, Portlethen Health Centre, NHS Grampian

79. Mentor midwifery database, 4 March 2015, Ninewells Maternity Hospital Dundee, NHS Tayside

80. Mentor midwifery database, 4 March 2015, Montrose Maternity Hospital, NHS Tayside

85. Mentor data base viewed at Orkney Balfour hospital 4March 2015

94. Meeting with student mentor and mentor (adult) 4 March 2015

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with

What we found before the event

PEFs work across the three health board areas, and this includes PEFs jointly funded by the AEI, the health boards and NHS Education for Scotland (NES). Each PEF will be a member of a specific CLET and is involved in mentor updates alongside other members of the team. A comprehensive website 'Moodle' provides all information for mentors to update: e.g. annual updates; triennial review requirements. All mentors are given access to this site (12-13).

Mentors attend regular updates and undertake triennial review. All mentors are required to meet the NMC SLAiP standards. A well-established PEF group facilitates this across all urban rural and remote placements (12-13).

What we found at the event

We found that mentor updates are provided in a number of formats and attendance is recorded in the 'live' mentor register held in each placement area and managed by PEFs (7).

The university placement learning unit maintains an up to date register of mentors

working in practice placements in the private, voluntary and independent (PVI) sector (21, 95).

There is a mentor support forum held every month on two sites and anyone can attend these meetings and a mentor newsletter is available to update all mentors (40, 58).

Nursing (adult)

We were informed by mentors and PEFs that annual updates for all nurses working in NHS placement areas are incorporated into mandatory update study days and facilitated by the PEF and PELs. Mechanisms for self-update via e-learning are also available but mentors are expected to attend a face to face update every two years (7, 23, 34, 37, 58).

We verified the record of updates and triennial reviews for each mentor on the 'live' register for mentors supporting student nurses (adult) (42, 85). We confirm that students in placement are supported by mentors who worked with them a minimum of 40% of the time in practice. However, we heard that one sign-off mentor who was supervising a first year student had had the triennial review delayed from the standard three years to three and half years due to the sign-off mentor recently returning from maternity leave. The PEF and clinical educator are supporting the sign-off mentor who completed a full day of mentor update prior to the student commencing in placement (7, 85).

Midwifery

Sign-off mentors and employers told us they are released to attend mentor updates (29-30, 32, 63, 65-66, 74). Sign-off mentors have received the appropriate training for their role which may be face to face provided by PELs, placement educators or via on line methods; this was confirmed by a review of mentor databases in each placement provider visited (23, 29-30, 32, 63, 65-66, 74-75).

Midwifery sign-off mentors are able to discuss the complexities of grading practice and the potential subjective nature of the process in some cases and how this can be managed. Mentor updates include hand outs to assist in the grading of practice with the use of scenarios to facilitate discussion (32, 63, 73-75).

We found that all sign-off midwifery mentors have attended annual updates and meet the requirements for triennial reviews, which are clearly documented on the live mentor register (77-80). We confirmed that midwifery students are supported by sign-off mentors who worked with them a minimum of 40% of the time in practice (29-30, 32, 63, 65-66). A mentorship framework identifies the role and responsibilities of the sign-off mentor and provides a template for recording an individual mentor and triennial review (74).

We conclude that mentors and sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice. However, we note that one mentor was supervising a student without undertaking triennial review in the specified three year period. All mentors must meet the three year requirement as set out in the SLAiP (NMC, 2008).

Evidence / Reference Source

7. Meeting with clinical educator and Placement education facilitator, NHS Orkney, 4 March 2015.

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

21. Meeting with placement learning administrator   5 March 2015

23. Meeting with mentors pre-registration nursing 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

30. Meeting delivery suite team leader, NHS Tayside, 4 March 2015

32. Meeting with sign-off mentors, midwifery, NHS Tayside, 4 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

37. Meeting with nurse manager and practice education facilitators for nursing (adult), NHS Grampian, 3 March 2015

40. Sample of mentor newsletter, March 2014

42. Mentor paper register viewed at Woodend Hospital (Orthopaedic rehabilitation) 3 March 2015

58. Timetable for mentor updates 2014/2015.

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

66. Meeting with midwifery team leader, NHS Tayside, 4 March 2015

73. RGU Mentor newsletter March 2014

74. NHS Tayside Mentorship Framework November 2013

75. BSc Midwifery Mentor update Dec 2014; hand out and scenarios

77. Mentor midwifery database 3 March 2015, Aberdeen Maternity Unit, NHS Grampian

78. Mentor midwifery database 3 March 2015, Portlethen Health Centre, NHS Grampian

79. Mentor midwifery database, 4 March 2015, Ninewells Maternity Hospital Dundee, NHS Tayside

80. Mentor midwifery database, 4 March 2015, Montrose Maternity Hospital, NHS Tayside

85. Mentor data base viewed at Orkney Balfour hospital 4March 2015

95. PVI mentor register viewed at RGU, 5 March 2015.

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

What we found before the event

Systems are in place to ensure accurate updating of live mentor registers. The placement learning unit keeps an up to date mentor database for the PVI sector (12-13). A template of the local register of mentors confirms: the names of mentors, mentor training and update dates and sign-off status with dates of triennial review (12-13).

What we found at the event

We viewed placement held 'live' mentor databases and found the mentors / sign-off mentors in nursing (adult) placements and midwifery placements are up to date (77-80, 85). PEFs in liaison with the practice learning unit ensure that students are only allocated to a mentor/sign-off mentor who is on the 'live' database (7, 29, 65, 86).

The placement learning unit keeps a mentor database for the PVI sector which includes mentor updates and triennial review dates. The samples we viewed for nursing (adult) placements are up to date (95). We were told that the links between the PVI sector and the university are good and that there are good procedures when mentor status changes and adjustments are necessary for student allocation (34, 37).

Our findings conclude that records of mentors and sign-off mentors are accurate and up to date and meet NMC requirements.

Evidence / Reference Source

7. Meeting with clinical educator and placement education facilitator, NHS Orkney, 4 March 2015.

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

37. Meeting with nurse manager and practice education facilitators for nursing (adult), NHS Grampian, 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

77. Mentor midwifery database 3 March 2015, Aberdeen Maternity Unit

78. Mentor midwifery database 3 March 2015, Portlethen Health Centre, NHS Grampian

79. Mentor midwifery database, 3 March 2015, Ninewells Maternity Hospital Dundee, NHS Tayside

80. Mentor midwifery database, 4 March 2015, Montrose Maternity Hospital, NHS Tayside

85. Mentor data base viewed at Orkney Balfour hospital 4March 2015

86. Meeting with practice education facilitators, 3 March 2015

95. PVI mentor register viewed at RGU, 5 March 2015.

Outcome: Standard requires improvement

Comments:

- The sharing of written action plans between the university and the health boards to strengthen the existing verbal communications with regards to HIS/HEI reports and general clinical governance issues that could potentially impact on practice learning environments would strengthen existing mechanisms.
- The public involvement and service user strategy requires updating.
- All triennial reviews need to be undertaken in a three year period if mentors have students. This requires improvement.

Areas for future monitoring:

- Monitor triennial reviews and ensure all are up to date and within the three year timescale for those mentors supervising pre-registration nursing and midwifery students.
- Review the public service user involvement strategy and involvement of service users in the programmes.

Findings against key risks

Key risk 4 - Fitness to Practice

4.1   Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2   Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Pre-registration nursing (adult) and pre-registration midwifery programme documentation identifies learning and teaching strategies and student support to enable students to achieve NMC learning outcomes and competencies at progression points and for entry to the register (12-13).

Nursing (adult)

A comprehensive simulated learning programme which links with interprofessional education is provided. Clinical practice does not include any simulation within this programme. Programme content meets NMC standards including the EU directives and adult specific EU requirements (11, 13).

An issue has been raised regarding the use of silicone face masks in teaching pre-registration nurses (mental health). This was initially raised by a service user in a complaint to the head of school regarding how this activity stigmatises mental health and has since been the subject of a news article on television. The head of school advised that the use of the masks has been curtailed until a review has taken place and discussion is ongoing with several strategic partners both internally and externally including the Scottish government and service user groups (87).

Midwifery

A range of assessment methods are included as part of the overall assessment strategy and assessments are marked using the university six point grading scheme and generic assessment criteria. Practice assessment is based on NMC competencies and essential skills clusters must be achieved at the relevant progression point. Essential skills clusters are evident in the practice assessment documentation and are mapped to

module outcomes. The programme is well structured to enable students to achieve NMC competencies for midwifery education. There are a range of opportunities for interprofessional learning and students have a wide range of specialist lecturers from clinical practice (12).

What we found at the event

All students interviewed told us that they benefit from effective teaching and learning strategies which include simulated learning. They are given opportunities to rehearse and develop caring and practical skills before they go into practice placements (22, 25, 41, 43).

All third year students reported to us that they will feel confident and competent to practise and to enter the professional register on completion of their programme (22, 41).

External examiners' reports for pre-registration nursing (adult) and midwifery programmes confirm students are successful and able to move through programme progression points. Formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice (51-52, 55-56).

Nursing (adult)

The requirements of the EU including the specified hours of theory and practice are met in the approved curricula .The achievement of the EU requirements is recorded in a specific part of the PLAD and the nursing (adult) students we interviewed were fully aware of their commitments to achieving and recording these outcomes.

Examples were shared with us by nursing students that include a two week placement with a community midwife, a three week placement with a health visitor and a two week placement with a community psychiatric nurse (22, 25, 43, 88).

Students were especially complimentary about the use of patient volunteers within the skills laboratories, where they are given opportunities to rehearse and develop caring and practical skills before they go into practice placements. Students told us that they can participate in telemedicine learning opportunities (22, 25, 43).

Student nurses (adult) informed us teaching strategies include the innovative use of client scenarios and case studies which link into modules throughout the programme and enable students to apply their theoretical learning and practice learning to the client scenarios. The student nurses we interviewed informed us that the teaching strategies utilised by academic staff include good use of the virtual learning environment with additional learning resources. We were informed by students that any changes to lecture schedules are relayed to the student body via SMS texting or email (22, 25, 43).

The issue regarding the use of silicone face masks in teaching pre-registration nurses (mental health) is ongoing. An external review has been commissioned to review the use of the silicone masks (3, 45-46).

Midwifery

Simulation is used within the midwifery programme; students commented that they had

used simulations to rehearse clinical skills and this prepared them for practice (64). Second year students informed us that the groups could be large which meant access to the clinical skills rooms could be limited (31). The head of school discussed the new acquisition of equipment and staff to facilitate development of the facilities (3).

Safe medication examinations take place annually and require 100% to pass (68, 70, 81). Students emerging from the programme are considered fit for practice by employers (2, 6, 28).

An additional source of support for the professional and personal development of student midwives is the allocation of a named SoM in the maternity service for the third year of the programme. The SoM provides support and experience of midwifery supervision and the important contribution of midwifery supervision for public protection (29, 41, 63).

Our findings conclude that learning, teaching and assessment strategies in the approved programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Evidence / Reference Source

2. Telephone contact with the director of nursing- NHS Grampian, 5 March 2015.

3. Meeting with the head of school and associate head of school, 3 March 2015.

6. Meeting with director of nursing, NHS Orkney 4 March 2015.

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

22. Meeting with pre-registration nursing students 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

41. Meeting with third year midwifery students 5 March 2015

43. Meeting with pre-registration nursing students 5 March 2015

45. Meeting with the Associate head of school, 5 March 2015

46. Senior Team Advisory Group minutes 26 February 2015

51. Midwifery external examiner report one 2014

52. Midwifery external examiner report two 2014

55. External examiner report pre-registration nursing (adult 1) 2014

56. External examiner report pre-registration nursing (adult 2) 2014

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

64. Meeting with midwifery students, NHS Grampian 3 March 2015

68. Bachelor of Midwifery Course Student Handbook 2014

70. School of Nursing and Midwifery Course Specification May 2013.

81. BSc Midwifery Module Descriptors 2013

87. Initial visit managing reviewer, 17 February 2015

88. Student practice learning assessment document viewed 3 March 2015

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Pre-registration nursing (adult) and pre-registration midwifery PLAD identifies the practice learning outcomes and competencies, including essential skills clusters students have to achieve. Midwifery and nursing practice is graded (12-13, 42).

What we found at the event

We found the essential skills and competencies and EU requirements are identified in the PLAD (35). Samples of completed PLADs confirmed that students achieve the required outcomes at progression points and at the end of the programmes (88-89).

Nursing (adult)

Grading of practice is undertaken for pre-registration nursing students. Some students commented that although there are guidelines that equate assessment to the stage of training, they feel it can still be a subjective assessment at times (22, 25). However, we found that inter-rater reliability assessment of the grades awarded in practice via the PLAD is facilitated through team meetings of mentors in individual clinical areas (7, 23).

Mentors/sign-off mentors are happy with the support they get through the PELs for any queries about assessments and grading. They also report that they would cross check their assessments with colleagues who would also have experience of working with or observing the student (7, 26). One student interviewed was also able to describe where her personal tutor had queried when there was a discrepancy between comments written and grading given in the final report. This had resulted in clarity of the grading process being discussed with the sign-off mentor and a new grade agreed (25).

Third year nursing (adult) students informed us that they feel confident and competent to practise and to enter the professional register on completion of the programme (22).

Student nurses (adult) informed us that they are exposed to a full range of learning opportunities; and the patient testimonials in the PLAD we sampled and the patients we spoke to confirm that the students are caring, compassionate and skilled in practice (84, 88-89).

Service managers told us that they would be happy to employ nursing (adult) students on successful completion of the programme (2, 6, 7).

Student nurses reported to us that the hub and spoke model of placement allocation

allows them to achieve the required NMC outcomes (22, 25, 43).

Midwifery

We found that the NMC standards for pre-registration midwifery education are clearly articulated in the PLAD and understood by students and mentors. The ongoing achievement records are maintained as a component of the assessment of practice documentation together with assessment of competency, the attainment of skills and application of theory to practice. Quantitative practice outcomes are also recorded (71).

The mechanisms to assess clinical practice allow students to develop skills and achieve competence with opportunities to receive feedback from mentors. Students and mentors find the assessment documentation straightforward with clear guidelines for its use. However, there is no tripartite meeting in place and no formal moderation process for grading of practice which may be something the school might wish to consider introducing as some commented on the potential for the assessment to be subjective (29, 32, 63, 65). External examiner comments do not reflect any issues with regards to the potential subjectivity of the graded practice assessment (51-52).

Midwifery students report that they are well prepared for practice and third year students report they will be competent and fit for practice on completion of the programme (31, 41).

Service users are asked to contribute comments regarding student performance; this is managed under the direction of the sign-off mentors and is recorded within the assessment of practice document (71).

The head of midwifery has only just experienced having students from this university due to the reconfiguration of AEI providers but was reassured by the processes in place that the students, on qualification, were fit for employment and practice (28).

We conclude that students on the nursing (adult) programme and student midwives on the midwifery programme achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the relevant part of the NMC register.

Evidence / Reference Source

2. Telephone contact with the Director of nursing- NHS Grampian, 5 March 2015.

6. Meeting with Director of nursing, NHS Orkney. 4 March 2015.

7. Meeting with clinical educator and practice education facilitator, NHS Orkney,4 March 2015.

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

22. Meeting with pre-registration nursing students 4 March 2015

23. Meeting with mentors pre-registration nursing 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentors, midwifery, NHS Tayside, 4 March 2015

35. Student practice learning and assessment documentation. Not dated

41. Meeting with third year midwifery students 5 March 2015

42. Student practice learning and assessment documentation. Not dated

43. Meeting with pre-registration nursing students 5 March 2015

51. Midwifery External Examiner report one 2014

52. Midwifery external examiner report two 2014

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

65. Meeting with practice education facilitator and practice educator, managers/supervisors of midwives, NHS Grampian 3 March 2015

71. BSc Midwifery Pre-Registration Midwifery. Assessment of Practice Document, undated

84. Meeting with patients, NHS Orkney, 4 March 2015

88. Student practice learning assessment document viewed nursing (adult) 3 March 2015

89. Student practice learning assessment document with service user contribution viewed nursing (adult) 4 March 2015

Outcome: Standard met

Comments:

- There is no formal moderation process for grading of practice which may be something the school wish to consider.

Areas for future monitoring:

- Ensure the assessment of graded practice remains effective for pre-registration nursing and midwifery programmes.

Findings against key risks

Key risk 5 - Quality Assurance

5.1   Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

The module evaluation forms the basis of the module leaders' reports. Module evaluations are discussed at the module board and the programme boards (12-13).

At the end of each practice placement students have the opportunity to complete an evaluation of their experience and the learning environment. Programme teams respond to issues raised and the PEF feeds back to the placement area (12-13).

The school is planning to reapprove the BSc Nursing programme in 2015 in response to a programme review and student experience feedback (11).

Two adult external examiners are in place with due regard. The programme management team expects and arranges for external examiners to visit practice learning environments at least once a year. The practice education team facilitates external examiners to visit areas within and outside Aberdeen city as requested by the external examiners (12-13).

Processes for quality assurance of the programme are addressed through monthly team meetings, module and placement evaluations, programme evaluations, comments from external examiners, and module and programme reviews and enhancement plans. Information and feedback is gained through: annual course appraisal reports, team minutes, staff student liaison minutes and external examiner feedback (12-13).

What we found at the event

We found the university has comprehensive systems for student feedback and evaluation to enhance programme delivery. School Quality committees are attended by representatives from practice placement providers and student cohorts to discuss any issues raised and report on actions taken (7, 29, 34).

Student representatives from nursing (adult) and midwifery programmes are encouraged to attend and feed into the programme quality meetings in which any specific issues can be raised and are responded to in a timely manner. PEFs also attend these meetings (7, 47, 49).

However, the attendance at staff student committees is variable and the school is devising different ways of capturing the voice of the student for example by the introduction of three different staff student committee meetings in NHS Highlands and NHS Tayside as well as the existing meeting in NHS Grampian. Work is ongoing to develop podcasts and "you said we did" is in operation. The school are also working with students to improve the response rate for NES surveys, and action plans are in place to develop this work (3, 47-49).

Some nursing (adult) students raised issues regarding the pre-registration nursing programme. These included: structural problems with the programme design and the assessment schedule (43). As a result of this feedback and in line with a review undertaken by the associate head of school, the school have decided to go for an earlier re-approval this year of the pre-registration nursing programme in order to respond to the feedback received and address specific issues in relation to assessment, organisation and management and leadership. The school is also responding to the issues raised in the National Student Survey with regards to feedback (3, 45, 49).

Students confirmed they are consulted about the programme, both informally and through written evaluations, and academic staff respond to their suggestions and concerns (22, 25).

Feedback from external examiner reports is reviewed at the pre-registration midwifery and pre-registration nursing (adult) course management team meetings and at the school academic board (47-48).

Our findings conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (adult) and midwifery pre-registration programmes.

Evidence / Reference Source

3. Meeting with the head of school and associate head of school, 3 March 2015.

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015.

11. Robert Gordon University self-assessment 2014-2015

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

22. Meeting with pre-registration nursing students 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

34. Meeting with programme leads, pre-registration nursing and pre-registration midwifery, disability contact lead and the lead midwife for education 5 March 2015

43. Meeting with pre-registration nursing students 5 March 2015

45. Meeting with the associate head of school, 5 March 2015

47. Course Management Team Meetings, Midwifery, October 2014, December 2014

48. School Academic Board, minutes 12 December 2014

49. Pre-registration nursing programme management team, August 2014, January 2015

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

The university, in collaboration with practice placement providers, has a raising and escalating concerns policy. Students are made aware of how to escalate concerns in student handbooks and as part of each practice placement induction students are informed of the importance of, and process for, raising and escalating concerns when on practice placements. Opportunity for students to escalate a cause for concern about patient care is within the cause for concern process (12-13, 60).

What we found at the event

All students' and mentors' practice placement providers report being aware of how to raise concerns and complaints in practice settings. We found any concerns and complaints raised are appropriately dealt with and communicated to relevant partners (17, 31-32, 41, 63-64, 82) (see section 3.1.1).

Overall, practice learning environments are evaluated positively by students (22, 25). However, the evaluation response rate is approximately 33 %. The process requires improvement to ensure there is full compliance by students (50). This was supported by service provider partners (2, 28).

Although placement evaluation data requires improvement the school ensures that evaluation data is available to individual placement areas and to the organisation following students' placement. All replies are anonymised and fed back to placement areas via the CLET meeting (50).

These issues have been discussed at the student staff committee meetings and by the pre-registration nursing programme team and also at the pre-registration midwifery course meetings. Plans are in place to increase student participation and address issues raised by students regarding the anonymity of feedback, amongst other things (47, 49).

PEFs confirmed that they do access student evaluations and feedback on placement learning experiences and act on emergent issues. They ensure evaluation data is available to individual placement areas and to the organisation following students' placements. In some placement areas PEFs undertake their own evaluation with students (7, 29). Mentors/sign-off mentors described how feedback was disseminated across all areas by the PEF and PEL at meetings so that any lessons learnt could be shared (26, 28).

Midwifery

The head of midwifery monitored student feedback with staff and looked at any areas for improvement (28). The CLET meets regularly, the PEL chairs these meetings and placement evaluations are discussed at these meetings with practice placement partner's representatives (83).

Students often do not comply with the request to complete clinical evaluations related to placement areas. The students do not fully appear to understand the significance of providing this feedback; however some commented that they were worried about possible repercussions of returning to the placement area if they had made a negative comment and about whether the feedback was anonymised (31, 41, 64).

The pre-registration midwifery external examiner reviews practice assessment documents and is offered the opportunity to meet with students; however she was not able to accept the offer to meet students at the verbal assessments and had no other opportunity to meet with students but would like to do so this year (52). The external examiner has had the chance to view the clinical practice assessment documentation including the skills passport. The programme leader confirmed via the response to the external examiner report that arrangements will be put in place for the external

examiner to meet with students in 2015 (53).

Nursing (adult)

The nursing student council uses a Facebook page to cascade information solicited from various sources including placement evaluations. The students interviewed were cognisant of the new NMC code and its emphasis on the use of social media (22, 25, 43).

The external examiners for pre-registration nursing (adult) confirm that the programmes are meeting learning outcomes and NMC standards. We found external examiner reports are clear and detailed and confirm they have the opportunity to visit students and mentors in practice. We found that programme leaders are responsive to external examiner comments (49, 53).

We conclude from our findings that the university has processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners. However, in order to strengthen this, further engagement is required by students in completing the student evaluations. This requires improvement.

Evidence / Reference Source

2. Telephone contact with the director of nursing- NHS Grampian, 5 March 2015.

7. Meeting with clinical educator and practice education facilitator, NHS Orkney, 4 March 2015.

12. Midwifery Approval Report 2013

13. Pre-registration Nursing Approval Report 2012

17. Fitness for Practice Policy 2012 reviewed 2013 to be next reviewed 2014

22. Meeting with pre-registration nursing students 4 March 2015

25. Meeting with nursing (adult) students 3 March 2015

26. Meeting with nursing (adult) mentors 3 March 2015

28. Meeting head of midwifery, NHS Tayside, 4 March 2015

29. Meeting practice education facilitator, midwifery, NHS Tayside, 4 March 2015

31. Meeting with midwifery students, 4 March 2015

32. Meeting with sign-off mentor midwifery, NHS Tayside, 4 March 2015

41. Meeting with third year midwifery students 5 March 2015

43. Meeting with pre-registration nursing students 5 March 2015

47. Course Management Team Meetings minutes, Midwifery, October 2014, December 2014

49. Pre-registration nursing programme management team, August 2014, January 2015

50. Email confirming the placement evaluations received between January 2014-2015

52. Midwifery external examiner report two 2014

53. Response to external examiner reports by the programme leader midwifery 2014

60. Practice learning and assessment document (adult) undated.

63. Meeting with midwifery sign-off mentors, NHS Grampian 3 March 2015

64. Meeting with midwifery students, NHS Grampian 3 March 2015

82. BSc Midwifery mentor update December 2014; hand out and scenarios

83. Clinical Learning Environment Team meeting notes June 2014 and Nov 2014

Outcome: Standard requires improvement

Comments:

- Student engagement in staff student committees has been recognised by the school as an area that needs improving and as a consequence the school have initiated staff student committee meetings in additional health boards that all students can access not just student representatives and in addition are looking at introducing pod casts. The school have demonstrated responsiveness to the student feedback by undertaking a review into the programme and taking the decision to reapprove the programme this year.

- PEFs attend programme meetings and have a range of practice focused meetings with the school and are therefore able to disseminate pertinent information. However, whilst we recognise that several placement areas undertake their own evaluations with students, the school needs to improve the rate of completion of student evaluations of all practice placement areas.

- The pre-registration midwifery external examiner, whilst engaging with students and all elements of assessment including practice, needs to meet with students

Areas for future monitoring:

- Review the progress with student engagement with staff student committee meetings

- Review the student engagement with practice evaluations.

- Review the external examiner engagement with students and mentors (pre-registration midwifery).

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 17 Feb 2015
Meetings with:
Head of School Associate Head of School Placement lead Programme leader pre-registration nursing (adult) Programme leader pre-registration midwifery
At monitoring event
Meetings with:

Head of School	
Associate Head of School	
Placement lead	
Programme leader pre-registration nursing (adult)	
Programme leader pre-registration midwifery	
Disability co-ordinator for the school	
Lead Midwife for Education	

Meetings with:

Mentors / sign-off mentors	34
Practice teachers	2
Service users / Carers	12
Practice Education Facilitator	8
Director / manager nursing	7
Director / manager midwifery	1
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Midwife - 36M	Year 1: 8 Year 2: 3 Year 3: 6 Year 4: 0
Registered Nurse - Adult	Year 1: 5 Year 2: 2 Year 3: 8 Year 4: 0