

2016-17

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

Programme provider	Queen Margaret University
Programmes monitored	Registered Nurse - Adult
Date of monitoring event	22-23 Feb 2017
Managing Reviewer	Judith Porch
Lay Reviewer	Sarah Fishburn
Registrant Reviewer(s)	Michelle Laing
Placement partner visits undertaken during the review	<p>NHS Lothian Edinburgh Royal Infirmary: acute medical unit; day surgery, ward 104 medicine of the elderly; wards 205 gastrointestinal/liver; and, ward 209 orthopaedic elective</p> <p>NHS Lothian St John's Hospital, Livingston: acute medical unit; ward 4 stroke; and, ward 12 gynaecology</p> <p>NHS Lothian Western General Hospital: ward 8 haematology; ward 26 medical; and, wards 42/43 infectious diseases</p> <p>West Lothian Dunbar surgery (telephone call)</p>
Date of Report	05 Mar 2017

Introduction to NMC QA framework

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2016, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure that AEIs continue to meet our education standards. 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 AEIs and it engages nurses, midwives, students, service users, carers and educators.

The NMC may conduct a targeted monitoring review or an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

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

Met: Effective risk controls are in place across the AEI. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be 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 in delivering approved programmes.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and 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	3.2.3 Records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date	
	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, and can reflect on, 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 in accordance with NMC standards	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and 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 Queen Margaret University's programmes

Queen Margaret University (QMU), Edinburgh (the university) comprises two schools; the school of arts, social sciences and management and the school of health sciences. The school of health sciences (the school) has approximately 3300 students studying on health sciences courses, including the pre-registration nursing (adult) programme which is provided by the division of nursing. The school also encompasses a number of research centres and knowledge transfer centres including the centre for the older persons' agenda; the centre for person-centred practice research; and, the centre for integrated healthcare research.

The pre-registration nursing (adult) programme is the focus of this monitoring visit. The four year BSc (Hons) pre-registration nursing (adult) programme was approved on 17 June 2013 and an extension has been granted until 31 August 2019 (1-2). There is one intake a year with an average of 40 students per cohort. QMU is one of three universities in Edinburgh which offers a nursing undergraduate programme, and one of two who provide an honours programme.

QMU works collaboratively with the University of Edinburgh and Edinburgh Napier University in the sharing and allocation of practice placements and support of mentors. The main placement providers for students on the pre-registration nursing (adult) programme are NHS Lothian and NHS Borders. NHS Fife also provides some placements and occasionally, NHS Forth Valley. There are a small number of placements in the independent sector.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Particular consideration was given to the pre-registration nursing (adult) student experience in NHS Lothian Edinburgh Royal Infirmary following Health Improvement Scotland's (HIS) recent unannounced inspection of care of older people in acute hospitals.

Summary of public protection context and findings

Our findings conclude that Queen Margaret University has systems and processes in place to monitor and control all five of the key risks to meet NMC standards and to assure protection of the public.

The control of key risks is outlined below.

Resources: met

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) programme to meet NMC standards.

There are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students studying the pre-registration nursing (adult) programme.

Admissions and progression: met

We found admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) programme meet NMC standards and requirements.

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) checks, occupational health clearance and mandatory training are completed before a student can proceed to placement. These compulsory procedures are undertaken to protect the public.

Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice. Practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. There is a robust fitness to practise procedure which manages incidents of concern, both academic and practice related. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Practice learning: met

We conclude there are strong and effective partnerships between the university and practice placement providers, including other universities that share the same placements, in ensuring a high-quality learning experience for students, effectively managing NMC risks and to assure the protection of the public.

Practitioners are involved in the development and delivery of the programme. The established clinical academy within the school enhances reciprocity and engagement with practice placement providers, including joint research, practice development, sharing of expertise as well as teaching and learning. There is effective support for students by academic staff in practice placements through the clinical supervisor role.

Service user and carer involvement is well embedded in the pre-registration nursing (adult) programme. They are well prepared for their role, and academic staff and students value their input.

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 meet NMC outcomes and competencies and to protect the public.

We found that mentor registers for the pre-registration nursing (adult) programme are up to date and accurate.

Fitness for practice: met

We conclude from our findings that programme learning, teaching and assessment strategies and experience and support in practice placements enable students to meet programme outcomes and NMC standards and competencies at progression points and for entry to the register.

<p>Quality assurance: met</p> <p>We conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing (adult) programme. The university and practice placement providers work closely together to respond effectively to concerns and complaints raised in practice settings.</p>
<p>Summary of areas that require improvement</p>
<p>None identified</p>
<p>Summary of areas for future monitoring</p>
<ul style="list-style-type: none"> The implementation and evaluation of the student/mentor calculation tool for the allocation of students to placement areas and mentors.
<p>Summary of notable practice</p>
<p>Resources</p> <p>None identified</p> <p>Admissions and Progression</p> <p>None identified</p> <p>Practice Learning</p> <p>None identified</p> <p>Fitness for Practice</p> <p>None identified</p> <p>Quality Assurance</p> <p>None identified</p>
<p>Summary of feedback from groups involved in the review</p>
<p>Academic team</p> <p>Academic staff members confirmed effective and robust working relationships and communication with practice placement providers. They provide a person-centred learning environment and approach to the delivery of the programme from entry to completion of the programme.</p> <p>There are effective systems in place to support pre-registration nursing (adult) students in relation to theory and practice learning to ensure that the relevant NMC standards and requirements are met.</p>

The programme team told us they visit students in practice placements every two weeks in a clinical supervisor role. They demonstrated a commitment to producing high quality nurses fit for practice and fit for purpose.

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

Mentors, sign-off mentors, practice education facilitators (PEFs) and employers expressed confidence in the pre-registration nursing (adult) programme. Mentors and employers told us that the students are well prepared for clinical placements and that they actively engage with all practice learning opportunities. Mentors and sign-off mentors confirmed that they receive effective preparation for their role and are supported by the programme team in the university. PEFs maintain the live databases of mentors and educational placement audits, and work closely with the programme team in the university.

Employers, PEFs and mentors reported that there were adequate numbers of mentors for the number of students in placement, that students have good support from university academic staff through the fortnightly clinical supervision sessions, and that the mentors know how to contact the university should they need to do so.

We found mentors and sign-off mentors are committed to ensuring that students are appropriately recruited, supported in practice learning, and that they meet NMC standards and competencies on completion of the programme.

Students

The students we spoke to demonstrated knowledge and understanding of the pre-registration nursing (adult) programme; a commitment to their current role and future role as a nurse; and, a desire to ensure that the dignity and safety of patients is always their priority.

We found the students are very positive about their choice of university and complimentary about their experience at all levels within the programme. They told us the programme is very well organised and confirmed that they receive very good support from university academic staff, mentors and PEFs in practice placements.

Students told us that the programme is preparing them effectively to become competent, safe and professional practitioners, and year four students confirmed they are supported and prepared to progress to registration and employment.

Service users and carers

We heard and found robust evidence to demonstrate service user and carer input to programme development, student selection, programme delivery and evaluation of students' performance in practice. Service users represent a diverse range of experience and reported a very positive experience of their involvement with the university. They described being respected by university staff and students, well prepared for and debriefed following interaction with students through interviews, teaching presentations and assessments. They told us that the students are sensitive and person-centred in their approach to service users. Service users told us their involvement with the university is personally rewarding and enjoyable, and they spoke very highly of academic staff members who interact with them.

Relevant issues from external quality assurance reports

Six HIS reports were considered for practice placements used by the university to support pre-registration nursing (adult) students' learning. These external quality assurance reports provided the reviewing team with context and background to inform the monitoring review (3-8).

Five of the HIS inspection reports were in the independent care sector in Edinburgh: Marie Curie Hospice; St. Columba's Hospice and Spire Murrayfield Hospital and all had quality themes graded good or excellent.

The following report required action(s):

HIS care of older people in acute hospitals, unannounced inspection, Royal Infirmary Edinburgh, NHS Lothian, 30 August – 1 September 2016, date of report: November 2016. The inspection findings include four areas of good practice and 13 areas for improvement which include: person-centred care plans for all identified care needs; fluid and food record charts are commenced and fully and accurately completed; communication; and, ensuring full and accurate completion of all documentation (8).

The university response:

The university notified the NMC in the self-assessment report 2016-17 about the areas requiring improvement in the complex care of older people wards in NHS Lothian. Measures to enhance record keeping and care planning were identified within an action plan. The university reported that the pre-registration nursing (adult) programme emphasises the safe, effective and person-centred care of older people. Effective record keeping and care planning are core elements taught and assessed within the BSc (Hons) pre-registration nursing (adult) programme (9).

What we found at the monitoring visit:

We found the university works closely with all practice placement providers to monitor the outcomes of external monitoring reports in collaboration with Edinburgh Napier University and the University of Edinburgh. Our findings confirm there is an effective two-way communication process in place between university senior staff and directors of nursing in practice placement organisations. The findings of HIS reports are shared between placement provider organisations and approved education institutions (AEIs) who have students placed in the organisation. The findings of the NHS Lothian, Royal Infirmary Edinburgh report have been discussed at all levels within NHS Lothian and with the AEIs. The findings of the report concluded that whilst there was a lot of risk assessment and care was managed accordingly, this was not reflected in the documentation held in the TrakCare system for electronic patient records. There is an extensive roll out action plan to introduce information governance training and use of the TrakCare system to all healthcare staff, including pre-registration nursing (adult) students, to ensure full and accurate completion of all documentation (8, 73-74, 81, 106).

Follow up on recommendations from approval events within the last year

There was no programme approval activity in 2015-16.

Specific issues to follow up from self-report

Specific issues in the self-assessment report 2016-2017 include:

- The potential risk to the supply and capacity of practice placements within NHS Lothian and Borders (all approved programmes) and NHS Fife (health visiting programme only) due to increased student numbers and reconfiguration of services (9).

The university confirmed work is being undertaken across Scotland by NHS Education Scotland (NES) to improve placement capacity. The regional strategic group for practice learning (RSGPL) set up a collaborative workshop with NHS Lothian and Borders, the three universities in the Edinburgh area, service representation at all levels, third sector organisation, students and the NMC in November 2016 (9). We found evidence of strong and effective partnership working between the university and the practice placement providers at both strategic and operational levels to manage risks related to practice learning. The recent implementation of NES quality management of the practice learning environment web resource will provide a national resource for access to and reporting of data relating to the supply and quality of the practice learning experience for pre-registration nursing and midwifery in Scotland (see section 3.2)

- The potential risk of reduced numbers of mentors and sign-off mentors to support and assess students on BSc (Hons) nursing (adult) programme due to the high number of newly registered practitioners recruited in NHS Lothian (9) (see section 1.2.1).

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 required for NMC registration or annotation**

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role in delivering approved programmes.

What we found before the event

The number of lecturers within the division of nursing has increased substantially which has broadened the breadth of skills expertise and experience of the teaching team. Lecturers contribute to undergraduate, postgraduate and research work which enhances the learning experience of students on the BSc(Hons) nursing (adult) programme (9, 24).

Members of the core team attend various NES forums and play a part in developing clinical education nationally, in collaboration with other AEs (11-12).

The university offers a comprehensive programme of staff development which is co-ordinated through the centre for academic practice. This includes technology enhanced learning support (11).

What we found at the event

We are assured that there are sufficient lecturers to support the pre-registration nursing (adult) programme. Senior staff informed us there has been a significant increase in the number of academic staff within the division of nursing from 18 staff in 2014-15 to 31 staff in 2016-17 (24, 67, 69).

We found that an important part of the five-year strategic plan of the division of nursing is a collaborative approach to developing a person-centred academic environment; to make explicit and embed person-centred values in all aspects of work. We found that this is realised in the approach taken to academic staff development where lecturers are supported to develop and extend their academic and professional expertise and research capabilities. The programme team spoke enthusiastically about their engagement with these opportunities (39, 61, 67-69).

The division of nursing does not utilise the university workload model which is based on allocated hours, instead a percentage rated (60:30:10) allocation of work approach is taken depending on workload demand, programme management and professional development requirements is agreed during the annual performance review process and is normally reviewed after six months. The programme team confirmed the effectiveness of this approach to workload allocations which supports their continuing professional development, and revalidation requirements. There is evidence through staff curriculum vitae (CVs) and meeting with the programme team that academics are engaging in appropriate and relevant continuing professional development opportunities (16-18, 59, 68-69).

All nursing lecturers, through the clinical academy model, actively engage in practice based activities which is factored into workload considerations. This supports currency and safety with clinical skills and simulation teaching and assessment. Over 80 percent of lecturers have a 'clinical home' and regularly work in clinical practice and third sector areas. They support student nurses through a clinical supervisor role, meeting students every two weeks in placement areas (9, 39, 61, 68-69).

The programme leader for the pre-registration nursing (adult) programme and all core nursing teaching staff have due regard, a current registration and an NMC recorded teacher qualification (11, 18, 60).

There is an effective administrative process in place to monitor and ensure that all registrant nursing staff have current NMC registration and meet revalidation requirements. The university actively supports all new members of academic staff, without a teaching qualification, to commence a teaching programme within the first three years of appointment. However, we were informed that nursing lecturers must commence a postgraduate teaching certificate within the first year of employment (11, 39, 61, 69).

We conclude that the university has adequate resources to deliver the pre-registration nursing (adult) programme to meet NMC standards.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students allocated to placement at all times

What we found before the event

The placement team at Edinburgh Napier University maintain the placement database. QMU shares the list of students' names and placement requirements for students studying the BSc (Hons) nursing (adult) programme at the beginning of each academic year. The placement details are returned to the programme leader who reviews the proposed placements with module coordinators prior to distributing to student nurses. Currently there is a problem with placements in the Lothian area and this impacts on the allocation of placements being timely (9, 11).

The university has reported a potential risk of reduced numbers of mentors and sign-off mentors to support and assess students due to a high number of newly registered practitioners recruited in NHS Lothian (9).

Part of the practice learning and education committee's (PLEC) remit is to ensure that there are sufficient numbers of qualified mentors in each placement area used by the university (32).

The role of the mentor and sign-off mentor are clearly defined in practice documentation, which includes information that students must be supervised by their mentor for 40 percent of their time in practice. The sign-off mentor will spend the equivalent of one hour per week per student in the 15-week placement in the final year (in addition to the 40 percent with the mentor) (23, 25-26).

A hub and spoke placement model facilitates a broader experience of healthcare provision in the community. Students are based in a medical centre (the hub) and will be supported by a mentor who is a district nurse, public health nurse or community staff nurse. Students have short educational visits with, for example, the community mental health team, community midwife and school nurse to achieve specific learning outcomes and to build up a more complete picture of the way in which health is managed, promoted and maintained in the community. There is a named contact within the 'spoke' areas who provides written or verbal feedback to the hub mentor on the student's performance (2, 11-12, 23, 33).

What we found at the event

There is a clear system in place for the allocation of student to mentor in each of the practice placement areas visited. The programme team, mentors and PEFs told us that the allocation of student nurses to practice placements is managed in partnership with the Edinburgh Napier University placement department and NHS placement providers. We found that some spoke placements are organised through the placement team however short spoke placements and visits are managed within the placement area by the student's mentor. Students confirmed that mentors ensure that they receive opportunities to focus on the experience of service users in their care. One student gave an example of following through a patient's care prior to and post-surgery (33, 67-68, 75-77, 96).

Charge nurses, PEFs, mentors and students told us that there are adequate numbers of mentors available for the number of students in placements. Mentors told us that they act with due regard, with students being supervised by their mentor for a minimum of 40 percent of their time in practice. This was confirmed by students who told us they often spend more than 40 percent of the time with their mentor. We viewed duty rosters which illustrated the shifts students work with their mentors. We met students on their final 15-week placement who are all allocated a sign-off mentor and understand the significance and importance of this role to their progression onto the nursing register to ensure that the public are protected (75-77, 91-92, 96).

We were given an example of a student who had realised that, due to the mentor's annual and other leave, she was not going to achieve the required 40 percent with her mentor. This was raised with the clinical supervisor who arranged for another mentor to support the student (75-77, 96)

We were informed that there were 500 newly qualified nurses appointed in an 18-month period in NHS Lothian however strategies had been implemented to manage this situation and to ensure support for student nurses was not compromised (73, 75, 81).

Practice placement learning environments are audited and monitored by PEFs and academic lecturers to ensure that mentor levels are adequate. The educational audit document for each of the areas visited clearly denotes the number of students able to be supported at any one time in the placement area (26, 75-78, 96).

We viewed mentor databases during placement visits and confirm there are clear processes in place for ensuring the appropriate allocation and number of students to each of the placement areas. This system monitors the capacity for each of the areas in relation to numbers of live mentors to student (75-77, 96).

We were told about the development of a student/mentor calculation tool which has been implemented to enhance transparency and consistency of student numbers allocated to placements. The tool is being introduced as part of the educational audit in adult, intensive care units and mental health placement areas in NHS Lothian and NHS Borders. The tool is based on a ratio of four beds to one student and 1.5 mentors per student. Progress on the implementation of the tool is being monitored by PLEC with recognition that a student/mentor calculation tool must be developed for

<p>community placement areas (9, 73).</p> <p>We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors to support the number of students studying the pre-registration nursing (adult) programme.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>The development of a student/mentor calculation tool is being introduced as part of the educational audit to enhance transparency and consistency of student numbers allocated to placement areas.</p>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> The implementation and evaluation of the student/mentor calculation tool for the allocation of students to placement areas and mentors.

Findings against key risks
<p>Key risk 2 – Admissions & Progression</p> <p>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation</p>
<p>Risk indicator 2.1.1- selection and admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>There is a university wide admissions policy and a comprehensive school admissions process. The admissions department is responsible for checking international English language test scores (IELTS) for applicants who state English is not their first language. Applicants for the BSc (Hons) nursing (adult) programme must demonstrate an IELTS score of 7.0 in each area before being invited to interview (2, 11, 13, 22).</p> <p>The university has an equality and diversity policy and the single equality scheme sets out the university’s commitment to achieving excellence through inclusion. The division of nursing are in the process of preparing an application for the Athena Swan Bronze Award which will be submitted during the 2016-17 academic year (9, 11, 14-15).</p> <p>Members of the programme team and representatives from practice placements are involved in the recruitment and selection process and work collaboratively with</p>

academic staff in reviewing application forms and participating in the interview process and selection of students (2, 11, 22).

Service users are prepared to participate in the recruitment process. They contribute to the design of the interview and selection process for pre-registration nursing, sit with a group of candidates and observe group interaction during the discussion of a set topic and share their observations of the candidates' performance with the group facilitators (2, 11, 21).

All successful candidates complete a satisfactory health questionnaire and are required to hold a satisfactory advanced disclosure through the advanced disclosure PVG scheme (2, 11-12).

There is no compensation between theoretical and practical elements of programmes. Evidence of this is reflected in module descriptors and programme regulations within in programme documents (11, 23, 40-41, 56).

What we found at the event

We found that recruitment and admissions' processes comply with NMC standards and requirements. Interviews are based on a 'values-based' recruitment philosophy and include assessment of literacy and numeracy, a group interview and one to one interview (61, 64, 67).

Mentors and PEFs who participate in the recruitment and selection process for student nurses confirmed they receive equality and diversity training through NES LearnPro equality diversity unit which is a mandatory requirement for practice staff as part of corporate induction. We viewed the mandatory training database in each placement area. The admissions tutor checks that academic and practice staff have completed equality and diversity training prior to their participation in interview days (22, 75-76, 96, 104).

Service user representatives told us that they are well prepared, including equality and diversity training, prior to their involvement in the recruitment of students to the pre-registration nursing (adult) programme. The selection process includes numeracy and literacy assessments as well as group discussions which are observed by service users and representatives from practice, and a face-to-face interview which sometimes includes service users or clinicians. Students told us that they found the process rigorous and that it gave them an opportunity to demonstrate their experience and find out more about the programme (21, 61, 64, 75-76, 91-94).

Students and the programme team confirmed that successful candidates all complete a satisfactory health questionnaire and are required to hold a satisfactory advanced disclosure PVG before commencing practice placement. We were told about a student who was unable to start the placement as the PVG check was delayed, which protects the public (68, 75-76, 91-92, 96).

PEFs and senior practice managers confirmed that the university shares information about PVG and health clearance prior to students commencing placement (75-76, 82-83, 96).

<p>We found there is a robust risk assessment policy in place for managing the admission of a student who is under 18 years of age at programme commencement to protect the student and the public (11, 28, 64).</p> <p>We conclude from our findings that the admissions process meets the NMC requirements and is undertaken in partnership with practice placement providers and service users and carers.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The university has a fitness to practise policy and process to manage any issues that may arise regarding a student's professional suitability and fitness to practise. Students are informed about the requirements for professional behaviour and the fitness to practise process in each year handbook (11, 19, 23).</p> <p>In the academic year 2015-16 there was one fitness to practise issue due to a student's health problem. The fitness to practise panel has not yet been convened as the student is currently deferred from the programme (24).</p> <p>Students complete an annual declaration of health and character (20, 23).</p>
<p>What we found at the event</p>
<p>We were told there are three university policies and processes which manage professional and/or inappropriate behaviours of students; a fitness to practise policy; the code of conduct for students; and, the acceptable use of information and communications technology (ICT) and electronic resources policy. We are assured that inappropriate behaviour is addressed effectively through one of these processes (19, 42, 72, 113-114).</p> <p>The composition and role of a fitness to practise panel meets NMC requirements. The panel includes a senior representative from the same profession and a lay representative. We were told that the lay representatives are trained by the QMU legal advisor. We found that the university reviews lessons learned from university policies and processes and an example included: the need to differentiate between each policy and determine the process to follow, for example, a case of alleged plagiarism would have to be proven first including the severity of the case before a nursing student would be considered by a fitness to practise panel. The university has also undertaken pastoral work with the student's union in response to lessons learned from fitness to practise cases (19, 72).</p> <p>Academic staff, mentors and PEFs confirmed that although the school currently has no fitness to practise cases they are familiar with the policy and reporting processes. Mentors described action plans they had used to support students from other</p>

<p>universities. We viewed a small sample of previous fitness to practise cases and confirmed that due process was followed and students were discontinued from the programme, as appropriate (19, 62, 75-76, 96).</p> <p>Students confirmed that they complete annual self-declarations of good health and character as part of their re-enrolment processes and clearly understand the rationale for this. We viewed a sample of declarations completed by students at progression points and verified that records of compliance are retained (20, 75-76, 96, 105).</p> <p>We found the processes for addressing students' performance in their academic work are robust and enable close monitoring of progress when concerns have been identified. Academic staff are aware of the procedures to address issues of poor performance in either theory or practice. For students who have failed theory or practice assessment components there is a clear reassessment policy that considers progression points, as well as the NMC 12-week rule. Examination boards and programme boards review data on attrition at each progression point, identify any emerging themes and take action involving placement providers, as appropriate (11, 24, 49-50, 56, 85-90, 101).</p> <p>There have been no completions from the four-year pre-registration nursing (adult) programme which commenced in 2013. The completion, achievement, and the signing-off process for admission of students to the NMC register was described to us which is compliant with NMC requirements (64, 70).</p> <p>Our findings confirm that 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, including pre-registration nursing (adult) students. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>The university has an established process for placement providers to raise a concern about a student's progress or behaviour (26).</p>
<p>What we found at the event</p>
<p>Mentors and PEFs told us that the processes for addressing students' poor performance in practice are robust and are understood and used by mentors with the support of PEFs and clinical supervisors. They confirmed that issues would be identified early and acted upon with the involvement of the mentor, PEF and associated clinical supervisor. They have confidence that issues are thoroughly investigated, as required (75-76, 82-83, 96).</p>

<p>Students confirmed they receive regular feedback from their mentors during placements, and that academic staff monitor their progress and attendance closely and contact them if there are any concerns about their performance (75-76, 91-92, 96).</p> <p>We found that placement providers have a clear understanding of procedures to address issues of students' poor performance in practice. These practices include student support but also ensure that students are competent and fit to practise in accordance with both the university and NMC requirements to protect the public.</p>
<p>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</p>
<p>What we found before the event</p>
<p>The university has a recognition of prior learning (RPL) policy. Students undertaking programmes with a professional award can use RPL for up to 30 percent of the total programme credits (9, 11, 57).</p> <p>Applicants for the BSc (Hons) nursing (adult) programme who demonstrate achievement of study in theory and practice which maps to the first or second profession points will be considered for entry to year one or two of the programme, subject to availability of spaces and performance at interview (9, 57).</p> <p>Every year the process of RPL is evaluated and an annual report produced which identifies trends in applications and lessons learned which require further action. The timing of RPL submissions was identified as an issue for improvement and has been addressed (9, 11).</p>
<p>What we found at the event</p>
<p>We found the university has a clear process for RPL. There are only small numbers of RPL claims for the pre-registration nursing (adult) programme. The programme team provided evidence of three applicants who were supported to complete RPL claims to enter year two of the pre-registration nursing (adult) programme in line with NMC standards. We viewed the RPL claims and confirmed that the RPL process is robust, well managed and formally ratified by a board of examiners (57, 63-65).</p> <p>We found evidence of scrutiny of the placement profile of a student transferring from another AEI. The student had not experienced a community placement, therefore they had to complete a community placement in the summer period of year two of the programme (9, 57, 63-65).</p> <p>Our findings confirm that robust systems are in place for the accreditation/recognition of prior learning and achievement, which meet NMC standards and requirements.</p>

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

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

QMU has formal service level agreements with all practice placement partners. The agreement includes the identification, approval, educational audit and utilisation of placements, and the shared preparation and support of mentors (11, 29-31).

QMU works collaboratively with two AEIs in Edinburgh who also provide pre-registration nursing programmes; the University of Edinburgh and Edinburgh Napier University. In addition, there is collaboration with NHS Fife and the Forth Valley and the University of Stirling and the University of Dundee, as appropriate (12).

QMU has strong working relationships with the clinical placement team located at Edinburgh Napier University which acts for NHS Lothian and NHS Borders. This work is monitored through the Lothian and Borders PLEC. All practice learning environments are monitored by the PLEC which operates on behalf of each of the three AEIs in Lothian. Should an area be identified as unsuitable for students' learning, the placement will be withdrawn and will not be available to students until action is taken to bring the placement area up to the required standards (11, 26, 32).

A national approach through a Scotland wide memorandum of understanding (MoU) document for practice learning to promote student safety and consistency across

Scotland is currently under development and will be disseminated to individual AEs and placement providers in 2017. A member of QMU nursing staff is a member of the national strategic group for practice learning (9, 35).

There are standards for ensuring students have a quality learning experience within a placement area that have been quality assured by NES (NES, 2008). There are standards expected of students whilst they are on placement which are described in the practice placement portfolios. The practice placement guide is made available to students at the commencement of each year. The guide includes a flowchart on how to deal with a cause for concern during their practice placement. The process described in the flowchart sits within the pan-Lothian process in the health board's practice placement standards handbook. The students are given clear guidance on whom to contact in these circumstances (11, 26, 34, 58).

The established clinical academy within the school enhances reciprocity and engagement with practice placement providers, including joint research, practice development and innovation, sharing of expertise as well as teaching and learning with practice placement partners (11, 39).

What we found at the event

We found considerable evidence of strong and effective partnership working between the university and the practice placement providers at both strategic and operational levels, in ensuring a high-quality learning experience for the students, effectively managing NMC risks and to assure the protection of the public. Senior academic staff and NHS senior staff confirmed there are effective communication strategies for information exchange between the organisations which are well established (26, 29-31, 36-37, 69, 74, 80-83).

There is an academic partnership group at an operational level which meets every six weeks with representation from the three AEs in Edinburgh and the health boards, including the director of nursing from NHS Lothian. The group reviews and addresses organisational concerns related to education and training and safe staffing. We were told that an example of a positive outcome was the implementation of violence and aggression training for all staff (73-74, 81).

The PLEC meets quarterly and includes representatives from all AEs and lead PEFs from placement providers; it is described as the governance structure for practice learning. All practice learning environments are monitored by the PLEC which operates on behalf of each of the three AEs in NHS Lothian. We were told an educational audit review meeting takes place two weeks before a PLEC meeting to ensure all educational placement audits meet the standard criteria, action plans are monitored and the audit loop is completed. The PLEC reviews the outcomes and identifies any themes and required outcomes from the educational audits and students' evaluations of placements (26, 32, 73).

We viewed practice learning educational audits for the placements visited and confirmed that the documentation and process meets NMC requirements (74-77, 96).

<p>NES works closely with the university in the programme management review process which is described as an open and transparent process in the review of available data sets related to practice learning standards (80, 99-100).</p> <p>We were told about the recent implementation of NES quality management of the practice learning environment web resource which will provide: a national resource for access to and reporting of data relating to the quality of the practice learning experience for pre-registration nursing and midwifery in Scotland across health and social care; consistent approaches to quality standards for practice placements audits and action plans; educational audits, mentor database fields; and, student feedback on practice learning experiences (9, 73, 80).</p> <p>Students and academic staff told us that there are strong links with the voluntary sector and each student undertakes a week's elective placement with a voluntary sector organisation during year three of the programme (68, 75-76, 92, 96).</p> <p>A raising and escalating concerns policy is in place in the university and placement provider organisations. Students told us that they were aware of the policy and would follow the process described in the flowchart within the pan-Lothian guidance in the practice placement standards handbook, which gives clear guidance on whom to contact in these circumstances. Students did not have specific examples of any concerns raised but told us that they would receive advice and support from mentors, PEFs and academic staff if raising a concern relating to patient care and/or safety (23, 26, 73-76, 79, 91-92, 96).</p> <p>The school's placement management process, in partnership with Edinburgh Napier University, is robust and effectively addresses the challenges that exist from the escalation process of concerns and clinical governance reporting. We found the university works closely with all placement providers to monitor the outcomes of external monitoring reports. The findings of HIS reports are shared between placement provider organisations and AEs who have students placed in the organisation. We found evidence of effective procedures which would be followed in response to concerns. Risk assessments would be undertaken and actions implemented, where necessary, to protect student learning and inform decisions for any withdrawal of placements. The university would exceptionally report escalating concerns to the NMC in a timely way (9, 11, 26, 28, 73-74).</p> <p>We conclude there are very robust and effective partnerships between the university and practice placement providers including other universities that share the same placements. NMC risks are effectively managed.</p>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>In the past 12 months QMU has appointed 12 expert clinicians from practice placement providers as associate lecturers to support the academic nursing team. A</p>

reciprocal model of working is in progress whereby academic staff spend the equivalent of one day per month in a clinical practice situation (9, 11, 24).

Service users and carers contribute to the progression of students in several ways: the design of the interview and selection process for pre-registration nursing, particularly in articulating the essential attributes of nurses; as 'simulated patients' in formative and summative observed structured clinical assessments and providing feedback to students; and, feedback of students performance in practice settings which is recorded in the ongoing record of achievement (ORA) section (11, 34).

There is a QMU service users' involvement strategy and the school convened a group to oversee the implementation and evaluation of the strategy. The group has clear objectives to develop health and safety; governance; training and resources to support service users and carers who take part in activities; a centralised database of service users; and, an evaluation tool (11, 21).

During 2016-17 the teaching and learning development enhancement group within the division of nursing reviewed and developed the involvement of the public and service users strategy specifically within the pre-registration nursing (adult) programme which included feedback from service users who participate in teaching and assessment. An example of their involvement includes active service user representation on the school wide dementia awareness group (9).

What we found at the event

We found practitioners contributed to programme development and delivery including: a variety of clinically focused activities including joint research; practice development and innovation; sharing of expertise; and, teaching specialist areas and skills development (39, 41, 61, 81).

We saw an example of a MoU with the Cyreneans, a third sector organisation which provides input into the teaching programme. This agreement identifies responsibilities of both parties and outlines how the Cyreneans will provide opportunities for QMU students including: experience of working in the development and support of sustainable social enterprise; involvement in mutually beneficial research projects with health and rehabilitation; and, sustainable social business (75-76, 91-94, 107, 109-111).

We found that a diverse range of service users are involved with the pre-registration nursing (adult) programme and they are well prepared for their involvement with the students. They evaluate their experience with the university and the students extremely positively and emphasised how positively this interaction affects them as individuals. They told us that the students are a credit to the university (21, 67, 93-94, 109, 111).

Service users told us that they are involved and supported at all levels of the programme from interviewing prospective students to delivering aspects of the programme and involved in improving the wider university environment. They feel valued by the university and the students, and are well prepared for interviewing and

<p>teaching sessions as well as receiving debriefing and constructive feedback following these sessions (93-94).</p> <p>A service user representative told us the nursing (adult) students had raised awareness of the dementia friends project and in collaboration with Dementia Friends, had reviewed the physical environment in the university with a trainer from Alzheimer's Scotland to make it dementia friendly. The trainer had also trained some of the year four students to deliver the dementia friends programme. Service users described the person-centred and sensitive approach of nursing students when they questioned and provided feedback to service users involved in teaching sessions (93-94).</p> <p>Students told us that they receive feedback from service users during practice placements and showed us examples of direct written feedback both from service users and their carers, or transcribed by their mentors into their portfolios. They described how constructive they found this feedback, particularly about their interpersonal skills. Some of the examples we viewed commented very positively on the student concerned and on the competence and compassion they had demonstrated when caring for the service user. In addition, mentors told us that service users and carers contribute to the student experience of placements through patient stories captured on the ward areas (48, 75-76, 91-92, 96, 108-109)</p> <p>We conclude that practitioners and service users and carers are involved in programme development and delivery.</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>The division of nursing has a clinical academy model whereby academic staff have opportunity to work regularly in practice (9).</p> <p>Members of the programme team have a clinical supervisor role which includes meeting and supporting students when they are in clinical placement. The clinical supervisor is allocated to a student approximately two weeks before placement. The allocation of clinical supervisors allows students to be supervised in groups, as well as individual meetings with students (11-12, 25, 27, 34).</p>
<p>What we found at the event</p>
<p>The programme team, mentors, PEFs and students told us that all practice placements that have QMU students have a named clinical supervisor, who is a member of the academic staff. The clinical supervisor has an active role, which includes meeting and supporting students fortnightly when they are in practice placements. The allocation of clinical supervisors is based on the geographical distribution of students in placements, allowing students to be supervised in groups, which students and academic staff report are effective. Clinical supervisors will also</p>

<p>hold individual meetings with students, if required. Students told us they find the meetings very constructive, supportive and helpful, providing a safe place to discuss their progress (25, 27, 38, 68, 75-76, 79, 96).</p> <p>The meetings are usually held in placement settings unless the placement is at a distance in which case they are held in the university. Placement providers confirmed that these meetings take place regularly and that students are given time to attend. Mentors, sign-off mentors and clinical managers told us they have good relationships with the university and would have no problem accessing any support for students in practice placements (75-76, 79, 96).</p> <p>We conclude that academic staff effectively support students in practice placements through the clinical supervisor role.</p>
<p>Risk indicator 3.2.3 – records of mentors/practice teachers in private, voluntary and independent placement settings are accurate and up to date</p>
<p>What we found before the event</p>
<p>The mentor database for the private, voluntary and independent (PVI) placements is held at Edinburgh Napier University (33).</p>
<p>What we found at the event</p>
<p>The mentor database for the PVI placements is maintained online by Edinburgh Napier University. We viewed a sample of PVI placements and found records of mentor preparation, annual updates and triennial reviews are consistently recorded. We confirmed that a mentor/sign-off mentor, in the PVI sector allocated to a year four student nurse, was active and had met annual update and triennial review requirements (73, 112).</p>
<p>Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice</p>
<p>What we found before the event</p>
<p>An NMC approved mentor preparation programme is provided three times a year by Edinburgh Napier University. The programme is offered as a 20 credit route at Scottish credit and qualifications framework (SCQF) level 9 and a non-credit bearing route, and meets the requirements of the standards for supporting learning and assessment in practice (NMC,2008) (9, 11, 26).</p> <p>Academic staff at QMU work collaboratively with PEFs and care home education facilitators (CHEFs) to provide a rolling programme of mentor updates. There is also the opportunity for face-to-face discussions and updates with mentors in practice, if</p>

<p>required, facilitated by the clinical supervisor from QMU or the PEF or CHEF. The processes involved in the preparation of mentors and sign-off mentors are clearly documented in the practice placement and education handbook (9, 11, 26).</p>
<p>What we found at the event</p>
<p>We were informed that a nursing lecturer from QMU is involved in the delivery of the NMC approved mentor preparation programme provided by Edinburgh Napier University. Mentors told us that the programme effectively prepares them for their role in supporting learning and assessment in practice learning environments (68, 75-76, 96).</p> <p>We observed information in practice placements about mentor updates including the availability of flexible modes of delivery and opportunities for face-to-face discussions and reflection with other mentors. PEFs told us that they have a significant role in working with clinical managers to support mentors to access mentor updates (75-76, 96).</p> <p>Mentors and sign-off mentors described in detail their understanding and compliance with the practice assessment requirements. The year four pre-registration nursing students confirmed that their mentors have a clear understanding of their sign-off role, understand the assessment of practice documentation and support them very well. (75-76, 79, 96).</p> <p>Our findings confirm that mentors and sign-off mentors are properly prepared for their role in assessing practice.</p>
<p>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, and can reflect on, the process they have engaged with</p>
<p>What we found before the event</p>
<p>PEFs provide annual mentor updates with input from QMU academic staff. Triennial reviews are linked to the mentor's knowledge and skills framework meeting with their team leader/clinical manager. Placement providers have responsibility for the maintenance of nursing staff mentorship status and updates (11, 26).</p>
<p>What we found at the event</p>
<p>We found that mentor updates are provided in a number of formats and attendance is recorded in the 'live' mentor register held in the NHS trust and managed by the PEF. We verified the record of updates and triennial reviews for each mentor on the 'live' register for mentors supporting pre-registration nursing (adult) students in each clinical area. The database is maintained and accessed in a confidential way so that</p>

<p>PEFs can only access the mentors in their own area of responsibility (73, 75-76, 96).</p> <p>Mentors and PEFs informed us that annual updates for mentors are incorporated into the health board's mandatory update study days and individual mentor updates are also provided, if required. We observed a whiteboard in a clinical area with the dates of each mentor's reviews and any that were outstanding were highlighted in red. The PEFs monitor the process through the mentor database kept at Edinburgh Napier University. PEFs told us that they receive a monthly list of mentors who must attend a mentor update, and they email the names of these mentors to the relevant clinical area. PEFs told us that when students are allocated to a placement area they check that the mentor is up-to-date and has completed a triennial review (66, 73, 75-76, 79, 96).</p> <p>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.</p>
<p>Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date</p>
<p>What we found before the event</p>
<p>The mentor database is a live register that is maintained by practice placement providers. The PEFs and CHEFs work collaboratively with the university and practice placement providers to ensure that mentors and sign-off mentors are on the live register, have been updated and have completed triennial reviews (11, 26).</p> <p>In QMU, students, clinical supervisors and the programme leader will check with mentors and sign-off mentors that they are on the register. This is corroborated when a list of the mentor names and placement areas are matched against the database. If, for any reason a mentor or sign-off mentor required an update, the clinical supervisor from QMU or the PEF or CHEF would facilitate this. The processes involved are clearly documented (11, 26-27).</p>
<p>What we found at the event</p>
<p>We saw mentor databases in each clinical area which include the date of mentor preparation, annual updates and triennial reviews. We corroborated mentor names who were supporting student nurses against the database. We confirmed that the mentor databases are up to date and students are allocated to a mentor or sign-off mentor who is on the 'live' database. PEFs are responsible for the maintenance of the mentor database in the health boards. The databases are held securely, are accessible only with a password and PEFs only have access to the database relevant to their own placement area (75-76, 96).</p> <p>Practice placement learning environments are audited and monitored by PEFs and academic lecturers to ensure that mentor levels are adequate. The PEFs monitor the mentor database to ensure the capacity of live mentors to allocated students in each</p>

<p>of the placement areas. Any changes due to service reconfigurations are appropriately addressed through practice placement learning environment audits and the mentor database is updated accordingly (26, 75-78, 96).</p> <p>We conclude that records of mentors/sign-off mentors are accurate and up to date.</p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

<p>Findings against key risks</p>
<p>Key risk 4 - Fitness for Practice</p> <p>4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards</p> <p>4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards</p>
<p>Risk indicator 4.1.1 – documentary evidence to support students’ achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The BSc (Hons) nursing (adult) programme learning outcomes and module learning outcomes are mapped to NMC standards and competencies (2, 12).</p> <p>The programme provides a variety of learning and teaching strategies including a focus upon problem based learning and enquiry based learning as students progress through the programme (2).</p> <p>The university has an institutional approach to promoting good practice in learning and teaching through the student experience strategy which includes technology enhanced learning support. Every module has a virtual learning environment (VLE) resource to support student learning. Students consistently provide positive evaluations on the effective use of resources within the VLE (Blackboard) (2, 11).</p> <p>Simulation offers students the opportunity to rehearse and consolidate skills prior to placement. Simulation is used within all years of the BSc (Hons) nursing (adult)</p>

programme and addresses different aspects of clinical practice scenarios relevant to the focus of care within that module. Examples include: a simulated session using a home environment prior to students going out to a community based placement in year one; a simulated scenario which focuses on pre and post-operative care of a patient in year two which involves senior students from years three and four assisting in the delivery and debriefing of these sessions; and, in year three and four the focus is on students developing skills of problem solving and decision making and sessions include the recognition and management of the deteriorating patient and emergency situations. Students positively evaluate the learning they achieve from the content and approach used in the simulation sessions (2, 9, 11).

Students complete mandatory training prior to commencing practice placements. They keep a clinical skills log of all the skills learned in the clinical simulation suite at the university and share and develop these skills with their mentor in the practice setting (9, 11, 34).

There is evidence of inter-professional learning (IPL) in theory and practice and a separate IPL module in each year of the programme (2, 10-11).

Students are provided with and have access to a range of information that provides details of the programme, academic and pastoral support available, learning and teaching in theory and practice, assessments, resources and evaluation processes (23, 39-41).

There are programme specific regulations within the university undergraduate regulations which meet NMC requirements. There is no compensation allowed within theory and practice modules (11, 23, 56).

What we found at the event

We found the programme structure and requirements are clearly identified in year cohort handbooks and practice assessment documentation (PAD) which was confirmed by students (23, 25, 34, 75-76, 91-92, 96).

Students told us they experience effective teaching and learning strategies, which includes simulated learning. They are given opportunities to rehearse and develop caring and practical skills and complete mandatory training before they go into practice placements. We observed students undertaking a skills session prior to their practice experience. Students told us about the person-centred nature of the learning in the university and how they can successfully apply this during their practice placement experiences (75-76, 79, 96, 115).

The programme team and students gave us examples of learning experiences including scenarios, problem based learning and enquiry based learning in theory and practice to meet EU requirements. Students and the programme team told us about the robust mechanisms for attendance monitoring in theory and practice using an electronic registration of attendance with student smartcards to record attendance in the university. We confirmed EU requirements and practice hours are evidenced in the ORA in the PAD. We also confirmed through duty rosters and PADs that students experience the 24-hour care cycle (23, 34, 68, 75-76, 79, 91-92, 95-96).

The programme team described how the programme provides IPL in theory and practice with a separate IPL module in each year of the programme. This is in part due to students studying dietetics, physiotherapy, occupational therapy, podiatry, speech and language therapy, audiology and therapeutic and diagnostic radiography within the school that allows shared learning to take place with nursing students (2, 11, 67).

Students told us they engage in IPL opportunities in the practice environment and through case study simulation. We heard that IPL receives variable feedback. Students find the theory sessions interesting but the sessions discussing case studies which include the input of healthcare professionals are more useful in developing understanding of their role and contribution to the care of the service user (75-76, 91-92, 96).

We found that formative and summative assessment processes are effective in confirming the required levels of achievement in theory and practice. Students confirmed a high level of satisfaction with all elements of the programme and the support from their personal academic tutor in facilitating their progression. They are able to achieve the NMC learning outcomes, competencies and essential skills clusters to progress through the programme progression points and successful year four students will be able to complete the programme to achieve entry to the register in a timely way. External examiners confirm students are successful and able to move through programme progression points (49-50, 84-90).

The programme team collects, analyses and collates feedback and data to ensure the continued effectiveness of the approach to, and enhancement of, teaching strategies and learning opportunities (24, 43-53, 88-89, 95).

We conclude from our findings that learning, teaching and assessment strategies in the pre-registration nursing (adult) programme enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Risk indicator 4.2.1 – documentary evidence to support students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

In accordance with the quality standards for practice placements (NES 2008) mentors provide students with an introduction and orientation to their placement which should take place within the first 48 hours of their attendance in practice placement. The requirements of the induction are detailed within the student’s ORA (25, 34, 58).

The PAD and supporting guidelines provide clear details of the requirements of students and mentors. Students are encouraged to maintain professional practice portfolios over the four years of the programme and an ORA in line with NMC requirements. The mentor assessments contain testimonies from service users about

<p>their perceptions of their interactions with the student (2, 25, 34).</p>
<p>What we found at the event</p>
<p>Students are allocated to a variety of healthcare settings which allows them to experience healthcare in a range of different contexts, including hospital, community, rural and urban settings. In the final year of the programme students complete a 15-week placement supported by a sign-off mentor for a minimum of 12 weeks (2, 11, 23, 25, 67).</p> <p>Students confirmed that their mentors ensure they experience a wide range of practice learning experiences including short visits or observations of other healthcare professionals' roles in healthcare delivery. Students are provided with informative student orientation packs and support information relevant to the practice learning environment which we reviewed (75-76, 79, 91-92, 96, 102-103).</p> <p>We observed programme documentation which students take into placement which identifies the skills they have been taught in university and should demonstrate competence in practice at the relevant stage of the programme. Students told us that sometimes they are not able to develop their practice skills which they rehearsed in the university. The programme team is aware of this and have discussed the issue with placement providers. We were told the PLEC has implemented guidelines for mentors to ensure a consistent approach to developing students' skills; this is due to student nurses from the three universities in Edinburgh using the same placement areas who may be at different stages in their programmes (25, 34, 66, 73).</p> <p>Mentors and PEFs confirmed they understand the process for managing poor performance of students in practice, but that it is rarely required because of the robust clinical supervision system and the regular contact with the university (75-76, 96).</p> <p>We observed a range of positive written feedback from employers about student nurses who are studying at QMU. Managers told us that QMU students are highly regarded and if they are successful in completing the programme they are likely to be offered employment as a nurse (48, 51-52, 75-76, 81-82, 96).</p> <p>Students told us that they feel well prepared for practice and that they expect to continue learning and consolidating their skills after they qualify during their preceptorship year (75-76, 79, 91-92, 96).</p> <p>We conclude from our findings that the pre-registration nursing (adult) programme supports students' achievement of all learning outcomes and NMC competencies in both theory and practice at progression points and for entry to the register.</p>
<p>Outcome: Standard met</p>
<p>Comments: No further comments</p>

Areas for future monitoring:

None identified

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 university's quality assurance framework is benchmarked to the Quality Assurance Agency quality code for higher education and the requirements of the NMC to ensure systems and processes are in place for the approval, review, monitoring, evaluation, and enhancement of the BSc (Hons) nursing programme (11-12).

Annual programme monitoring takes place at programme level, school level and at institutional level through the student experience committee and quality enhancement unit. The annual monitoring of the programme ensures that learning aims and outcomes are being met and that the curriculum and assessment strategy continues to be effective. The practice placement guide demonstrates the evaluation and monitoring of clinical placement experiences (25-26).

There is a student/staff consultative committee, held once per semester, which includes representatives from each year of the pre-registration nursing (adult) programme. The committee considers any matters directly related to the programme and report or make recommendations, as necessary, to the programme committee (11-12, 23).

External examiners appointed for the pre-registration nursing (adult) programme meet with students, mentors and visit practice placements, at least once in their tenure. Due to unforeseen circumstances one of the two external examiners for the BSc (Hons) nursing programme was unable to complete their tenure. The roles and responsibilities were reallocated through university governance structures and completed by the second external examiner (11-12, 23-24, 48-49).

The national student survey (NSS) results placed the QMU BSc (Hons) nursing (adult) programme number one in Scotland and joint second in the UK. This survey has made a significant impact on perception and recruitment to university level programmes. The programme team aim to maintain this strong profile and continue to

enhance the provision, where possible. The programme team have developed and implemented an action plan to address the areas requiring improvement in the NSS. Three key areas for further action included: assessment and feedback and timetabling (24, 52).

What we found at the event

The university has a comprehensive range of internal quality assurance systems in place. We found that evaluation processes are robust; students confirmed informal feedback mechanisms and the completion of formal evaluations following theory modules and practice placements. We viewed evaluations and confirmed module and programme leaders collate the feedback and use this to enhance the delivery of the programme as appropriate (24, 43-47, 70).

The programme leader completes an annual report which analyses and reflects on the success of the programme; any areas of good practice; issues raised by external examiners, student evaluations, staff views, and feedback from stakeholders. The programme committee reviews the annual report and the report informs any programme changes required for the next academic session (11, 24, 48-52, 70, 85-90).

Students told us that issues raised are responded to by the programme team in a timely way. For example, we heard that some students had received very late notification of their practice placement. The programme leader, in collaboration with the Edinburgh Napier University placement department addressed this issue which improved the timeliness of subsequent placement notifications (75-76, 78, 91-92, 96).

We found the AEI requirements on the NMC portal are up to date and provide assurance of continuing AEI status. The university completes its annual self-report to the NMC in a timely manner and follows up and effectively concludes issues from previous monitoring reviews and annual self-reports (9-11).

We were told the proforma used by external examiners for their annual reports, which asks for evidence that statutory requirements are being met and for activities that confirm that the assessment of practice is a robust process, was introduced following the NMC monitoring visit in 2011 (70-71, 97).

We found the process to appoint a new external examiner follows internal QA processes and NMC requirements. The university effectively monitors external examiners' current registration and revalidation requirements (60, 70, 98).

We found that external examiners engage with theory and practice elements of the programme including meeting with students and mentors and the monitoring of PADs at each progression point. External examiners' reports are positive and the programme team clearly respond to feedback provided by the external examiners (49-50, 84-89).

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

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 has an established complaints handling procedure which has three stages: frontline resolution, investigation and external review. Students are clearly signposted to the complaints procedure in the cohort handbooks (23, 54-55).
In addition, the practice placement standards handbook includes a flowchart and guidance on how to deal with a cause for concern in a practice placement (23, 25-26).

What we found at the event

Students told us that they complete an anonymous evaluation at the end of each placement. They confirmed that practice learning environments are generally evaluated positively. We viewed the evaluations related to the practice placement areas we visited, and observed where any comments or issues were responded to. PEFs confirmed that they collate placement evaluations and act on emergent issues. They ensure evaluation data is available to individual placement areas and to the organisation following students' placement. If issues are identified, an action plan is implemented, monitored and recorded in the placement database held at Edinburgh Napier University and information shared with the relevant programme provider (23, 49, 73, 75-76, 78, 91-92, 96).

Practice placement providers confirm they receive timely feedback from student placement evaluations and they receive evaluations of external examiners' engagement and reporting of assessment of practice through attendance at programme committees (11, 75-76, 85-89, 96).

We found students are aware of the university complaints procedure and guidance. However, we were told that the formal procedure has not been initiated by students studying the pre-registration nursing (adult) programme (72, 75-76, 91-92, 96).

We are assured that concerns and complaints raised in practice learning environments are appropriately dealt with and communicated to relevant partners. Students, mentors and PEFs told us that, because of the robust and regular nature of the clinical supervision system, concerns are dealt with early and rarely needed escalation. Students gave us examples of issues they had raised with their clinical supervisor: ensuring they work with their mentor for the NMC required hours; and, raising a concern about the conduct of a staff member. They confirmed that action was taken appropriately, and they felt well supported. We heard other examples of issues raised but these were by students from other universities and did not impact on QMU students. However, we were told that the same reporting mechanisms to raise issues and develop relevant action plans would be used (75-76, 91-92, 96).

We conclude that the university and practice placement providers work closely

together to respond effectively to concerns and complaints raised in practice settings.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Evidence / Reference Source

1. NMC pre-registration nursing extension letter, 16 July 2015
2. NMC programme approval report, pre-registration nursing, April 2013
3. HIS announced inspection report: Independent care; Marie Curie Hospice, Edinburgh, 15-16 June 2016, date of report July 2016
4. HIS unannounced annual inspection report: Independent care; Marie Curie Hospice, Edinburgh, 14-15 July 2015, date of report September 2015
5. HIS unannounced inspection report: Independent care: St. Columba's Hospice Edinburgh, 29-30 June 2016, date of report August 2016
6. HIS unannounced inspection report: Independent care; Spire Murrayfield Hospital, Edinburgh, 12-13 August 2015, date of report, October 2015
7. HIS unannounced inspection report: Independent healthcare, 6-7 May 2015, date of report July 2015
8. HIS unannounced care of older people in acute hospitals, Royal Infirmary Edinburgh, NHS Lothian, 30 August-1 September 2016, date of report, November 2016
9. QMU NMC annual self-assessment programme monitoring report, 2016-17
10. QMU NMC annual self-assessment programme monitoring report, 2015-16
11. AEI requirements evidence, reference source summary, accessed 26-31 January 2017
12. QMU programme review 2011-212, March 2013
13. QMU admissions policy, undated
14. QMU equality and diversity strategy, undated
15. QMU equality policy, approved by the equality and diversity committee, May 2015 and university court, June 2015
16. Staff workload allocation, semester one, 2016-17
17. Staff workload allocation, semester two, 2016-17
18. Staff CVs various dates, reviewed 30 January 2017 and 22 February 2017
19. QMU fitness to practise policy, amended version April 2012
20. QMU good health and good character declaration, 2013
21. QMU public, service user and carer involvement strategy update report, October 2016
22. QMU BSc (Hons) nursing selection record, 2016
23. QMU BSc (Hons) nursing cohort handbooks 2016-17 year one, two and three, undated
24. QMU BSc (Hons) nursing annual review and monitoring report, 2015-16
25. QMU BSc (Hons) nursing practice placement portfolio: information for students and mentors, undated
26. NHS Lothian and NHS Borders practice placement standards handbook, updated May 2012

27. QMU BSc (Hons) nursing clinical supervision guidelines, November 2013
28. QMU, Edinburgh Napier and University of Edinburgh practice placement risk assessment: special circumstances, undated
29. QMU partnership agreement with NHS Lothian, April 2013
30. QMU partnership agreement with NHS Fife, April 2013
31. QMU partnership agreement with NHS Borders, April 2013
32. NHS Lothian and NHS Borders PLEC; role and remit, April 2016
33. QMU initial visit in preparation for the monitoring visit, 1 February 2017
34. QMU professional practice portfolio, including ORA year one, two, three and four, 2016-17
35. National strategic group for practice learning, terms of reference, May 2016
36. Regional strategic practice learning group, membership and terms of reference, undated
37. Improving practice learning a collaborative approach, NHS Lothian, November 2016
38. QMU clinical supervision procedure, November 2013
39. QMU division of nursing strategic framework, 2015-2018
40. QMU BSc (Hons) nursing programme specification, 2013
41. QMU BSc (Hons) nursing module descriptors, 2013
42. QMU generic student handbook, 2016-17
43. Module evaluations: skills and practice module, year one, undated
44. Module evaluation sessions 2015-2016: semester one and two modules September 2015, May 2016
45. Module evaluations: skills and practice two, year two, undated
46. Module evaluations year three, September 2015-January 2016
47. Module evaluations: skills and practice four, semester one and two, 2015-16
48. Examples of mentor feedback ORA x6, mentors review of student's performance placement two, including service user testimony, May 2016,
49. BSc (Hons) nursing external examiner report 2013-14 (award), August 2014
50. BSc (Hons) nursing external examiner report 2013-14 (module examiner), August 2014
51. Feedback from employers about student's performance, accident and emergency department, NHS Lothian for three x year two students, email December 2016
52. Feedback from employers about student's performance, cardiology department, NHS Lothian, December 2016
53. QMU BSc (Hons) nursing programme level action plan in response to NSS results, 2016
54. QMU complaints handling policy and procedure, 2013
55. QMU complaint form, undated
56. QMU undergraduate academic regulations, programme specific regulations, updated June 2015

57. QMU RPL policy and process, July 2015
58. NES quality standards for practice learning, 2008
59. Module teams, semester one and two, 2016-17
60. NMC website checked 22 February 2016
61. QMU divisional action plan, 2016-2018
62. QMU fitness to practise examples, June 2015, November 2011
63. QMU RPL panel meeting, minutes, 15 November 2016
64. QMU meeting to discuss APL/RPL, 22 February 2017
65. Three RPL claims, various dates
66. NHS Lothian, QMU, Edinburgh Napier University, University of Edinburgh involvement of pre-registration nursing and midwifery students in medicines administration - a guide for mentors, undated
67. QMU PowerPoint presentation; overview of nursing at QMU, introductory presentation, 22 February 2017
68. Meeting with programme team, 22 February 2017
69. Meeting with QMU senior team to discuss resources, shared governance, 22 February 2017
70. Meeting to discuss quality assurance, 22 February 2017
71. QMU NMC monitoring report, pre-registration nursing (adult) programme, November 2011
72. Meeting to discuss fitness to practise policy, process and cases, 22 February 2017
73. Meeting to discuss practice placement partnerships, 22 February 2017
74. Meeting with head of school of nursing to discuss strategic partnerships and management of risks, 22 February 2017
75. Visit to Edinburgh Royal Infirmary, acute medical unit, day surgery, ward 104 medicine of the elderly, wards 205 gastrointestinal/liver, ward 209 orthopaedic elective, meetings with students, mentors, ward managers and PEF; review of duty rosters and mentor database, 22 February 2017
76. Visit to St John's Hospital, Livingston, acute medical unit, ward 4 stroke, ward 12 gynaecology meetings with students, mentors, ward managers, PEF; review of duty rosters and mentor database, 22 February 2017
77. Practice learning environment audit profiles for placements visited, various dates
78. NHS Lothian and Borders practice placement standards: student evaluations of each placement, various dates
79. Telephone call to Dunbar surgery with community nurse and year four student nurse, 22 February 2017
80. Telephone call with NES representative, 23 February 2017
81. Meeting with nurse director, NHS Lothian, 23 February 2017
82. Telephone call with associate director of nursing, NHS Borders, 23 February 2017
83. Telephone call with head of acute nursing services, NHS Fife, 23 February 2017
84. Telephone call to external examiner, 23 February 2017
85. QMU BSc (Hons) nursing profile board of examiners minutes, 3 June 2016

86. QMU undergraduate and postgraduate board of examiners minutes, 19 August 2015
87. QMU BSc (Hons) nursing board of examiners minutes, 5 June 2014
88. External examiner's report BSc (Hons) nursing modules, 2012-13
89. External examiner's report BSc (Hons) nursing annual report, 2012-13
90. QMU BSc (Hons) nursing pass lists and progression data, academic session, 2015-16
91. Meeting with pre-registration nursing (adult) students, year one and two, 23 February 2017
92. Meeting with pre-registration nursing (adult) students, year three, 23 February 2017
93. Reviewer meeting with service users, 23 February 2017
94. Telephone call with service users x2, 23 February 2017
95. Recovery, rehabilitation and long term conditions, class session, problem based learning and student evaluations, 16 February 2017
96. Visit to Western General Hospital, ward 8 haematology, ward 26 medical and ward 42/43 infectious diseases meetings with students, mentors, ward managers, PEF; review of duty rosters, mentor database and educational audits, 23 February 2017
97. QMU external examiner's report template, 2015-16
98. QMU proposal for the appointment of a new examiner, undated
99. NES QMU pre-registration nursing programme performance management and enhancement, survey results, 2016
100. NES, QMU performance management of pre-registration nursing; action plan, 18 July 2016
101. Examples of student's journey, including management of referrals and support provided, viewed 23 February 2017
102. NHS Lothian St John's Hospital, medical admissions unit student orientation pack, undated
103. NHS Lothian St John's Hospital, stroke unit student support pack, undated
104. NMC Lothian LearnPro modules/mandatory training, website viewed 22 February 2017
105. BSc (Hons) nursing x four students' declarations of good health and good character, September 2016
106. Lothian NHS Board Freedom of information - electronic patient record letter reference to TrakCare system for electronic patient records, 11 March 2014
107. Meeting and telephone calls with service users and carers, 23 February 2017
108. Example of service user and carer testimony (not completed), year two, ORA 2016-17, undated
109. Review of student records of service users written testimony, undated
110. QMU and Cyrenians memorandum of understanding, 20 June 2016
111. Handout from recovery, rehabilitation and long term issues class, 16 February 2017
112. PVI sector mentor register viewed 23 February 2017
113. QMU code of conduct for students, July 2008

114. *QMU acceptable use of ICT and electronic resource policy, December 2015*

115. *Visit to skills suite, 23 February 2017*

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 01 Feb 2017	
Meetings with:	
QMU programme leader, pre-registration BSc (Hons) nursing (adult) programme	
At monitoring event	
Meetings with:	
Dean of school of health sciences Head of division of nursing Programme leader, pre-registration BSc (Hons) nursing (adult) programme Programme team x9 School APL/admissions lead University secretary School manager/convenor of committees Senior lecturer, nursing/QA lead Nurse director NHS Lothian acute services Lead for PEFs/practice placement link NHS Lothian/Chair PLEC NES performance management review lead Service users and carers x4 Telephone calls with: Head of acute nursing, NHS Fife Associate director of nursing, NHS Borders External examiner, pre-registration BSc (Hons) nursing (adult) programme Service users and carers x2	
Meetings with:	
Mentors / sign-off mentors	10
Practice teachers	

Service users / Carers (in university)	6
Service users / Carers (in practice)	6
Practice Education Facilitator	3
Director / manager nursing	7
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 4 Year 2: 4 Year 3: 5 Year 4: 13

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