

2014-15

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

Programme provider	University of Glasgow
Programmes monitored	Registered Nurse - Adult
Date of monitoring event	21-22 Jan 2015
Managing Reviewer	Brenda Poulton
Lay Reviewer	Sarah Fishburn
Registrant Reviewer(s)	Joseph Cortis
Placement partner visits undertaken during the review	Accident and Emergency Department, Glasgow Royal Infirmary Ward 31 (Acute Stroke) Glasgow Royal Infirmary Possilpark Health Centre Westerton Care Home Golden Jubilee Hospital
Date of Report	29 Jan 2015

Introduction to NMC QA framework

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

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

Published in June 2013, the NMC's Quality assurance (QA) framework identified key

areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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

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

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

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

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

Introduction to University of Glasgow's programmes

Nursing and health care, at the University of Glasgow (UoG), is part of the school of medicine that also incorporates dentistry and undergraduate medicine. This review focuses on the pre-registration nursing (adult) programme which was re-approved in 2012. This is a small provision with an intake of between 30 and 40 students per year.

Students are very positive about the programme and the support they receive from the University and its practice placement partners. Employers, practice education facilitators and mentors confirm that the programme prepares high quality nursing graduates who are fit for purpose and fit for practice.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Whilst three of the key risks are currently controlled we found that admission processes do not conform to NMC standards. Furthermore, improvement is required to ensure that mentor registers are accurate and up to date.

Particular consideration is given to the student experiences in the placements at Glasgow Royal Infirmary and the Golden Jubilee National Hospital which were subject to adverse Healthcare Environment Inspection (HEI) reports in 2014.

The university produced an action plan to address the unmet outcomes and evidence provided between February 2015 and February 2016 confirmed that the action plan has been fully implemented and the identified risks are now controlled.

Summary of public protection context and findings

Whilst we found that admission and progression procedures partially meet NMC requirements, the standard for the inclusion of practitioners in student interviews is not met. To ensure that potential students meet not only academic criteria but the needs of service partners it is essential that practitioners are involved in the whole selection and interviewing process.

The university and all its practice partners developed an action plan to address how effective partnerships can be developed to guarantee inclusion of a practitioner in all student interviews.

04 February 2016

Evidence submitted against the action plan confirms that systems and processes are now in place to ensure that all student interviews are conducted jointly between a university lecturer and a practitioner. The standard is met.

Students cannot progress to practise until they have the necessary occupational health clearance and protection of vulnerable groups (PVG) membership. These compulsory procedures are undertaken in order to protect the public.

There is a clear policy to manage the learning experiences of students less than 18 years of age going into practice placements.

We are confident that there are sufficient mentors to supervise nursing students as most students report supervision for 50% of their time in practice. However, the system for

updating mentor registers requires attention as does an assurance that mentors, whose annual update or triennial review is out of date, are not assigned students. Whilst mentors are appropriately prepared for their role of supporting and assessing students, they do require more guidance and support in the grading of practice. There is a clear understanding held by sign off mentors about assessing and signing off competence to ensure students are fit for practice to protect the public.

The UoG has sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP) procedure manages incidents of concern, both academic and practice related. As student numbers are small there have been few FtP cases with none in the last academic year.

We are satisfied that practice staff have the confidence and knowledge to implement the cause for concern policy in situations where students are not achieving the required competencies and may be a danger to public protection.

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

We did not find any evidence to suggest that there are any adverse effects on students' learning as a result of visits by the Healthcare Environment Inspectorate (HEI) to placements at Glasgow Royal Infirmary and Golden Jubilee National Hospital. Both of these hospitals were the subject of adverse inspection reports in March and October 2014. There is evidence of practice partners and AEs working more closely together to share outcomes of HEI reports and ensure student safety.

We found the University has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students' learning in the practice environments. There are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing programme.

Summary of areas that require improvement

Evidence provided in fulfilment of the action plan confirms that systems and processes are now in place to ensure that all student interviews are conducted jointly between a university lecturer and a practitioner to address the issue below (04 February 2016).

The programme team is not able to demonstrate that it meets the NMC requirement for the inclusion of practitioners in the selection process. An action plan is required to determine how the team plans to better engage with practice partners to encourage co-operation in ensuring that all face-to-face interviews are conducted jointly between a university academic and a practitioner.

The programme team needs to work more closely with their AEI and practice partners to ascertain that mentor registers are accurate and up-to-date, to effectively manage the risk of students being allocated to out of date mentors.

Summary of areas for future monitoring

- Involvement of practitioners in the selection and interviewing process.
- Ascertaining that mentor registers are accurate and up-to-date, to effectively manage the risk of students being allocated to out of date mentors.
- Ensuring that eligible students are made aware of the accreditation of prior learning (APL) opportunities as part of the interview process.
- Preparation of mentors in the use of the grading of practice grid and addressing inter-rater reliability.
- Implementation of the proposed form to capture link lecturers' placement visits.
- Implementation of the form to capture notification of placements to students and subsequent action taken.
- Measurable progress with the implementation of the service user and carer strategy agreed in 2013.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found that there is a small team of nursing lecturers who support a successful pre-registration nursing degree based on an annual intake of 30 to 40 students. There are strong links with other parts of the college of medical, veterinary and life sciences which supports the delivery of a challenging and heavily science influenced programme. The nursing team members draw upon their research and scholarly interests to enhance the students' experience. There is clear evidence that the team supports the students very well. Partnerships with National Health Service (NHS) and private sector providers are

satisfactory and operate at a number of levels.

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

We met a group of enthusiastic and committed mentors who demonstrate an understanding of their role, especially that of summative assessment of students. They are aware of and can implement the process of escalating concerns when a student is not progressing. However, they require more guidance and support in implementing the grid for the grading of practice. Most expressed a willingness to engage in the students' admission processes in the future. The practice education facilitators (PEF) we met are equally enthusiastic and interested in the students they encounter in practice. They support the mentors in clinical areas and are effective channels of communication between the practice partners and the University. Both mentors and PEFs commented positively about the quality of newly registered nurses qualifying from this university.

Students

The students we met are a clear credit to the partners involved with their education. They are engaging with the course and feel that they are meeting the intended learning outcomes for the relevant stage of the programme. They are confident that they will achieve the necessary outcomes and competencies leading to professional registration. Some of the current students are involved in the recruitment of future students to the programme and value the experience. Additionally, students are taking up opportunities to enhance their experiences through placements in other parts of the UK, and the team are currently exploring mechanisms for placements abroad. They very much appreciate the input delivered by service users and practitioners and the support they receive from the programme team. Overall, they are satisfied with the programme.

Service users and carers

Service users reported a positive experience of their involvement with the programme. However, there is limited evidence of their involvement in recruitment and development of the programme, although this is improving. Students told us that service users were regularly invited to be involved in delivering sessions during academic modules, and found this useful. Service users are offered reimbursement of expenses, but not an attendance allowance, which may have an impact on their ability to participate. Service users are not currently directly involved in interviewing potential students, although they have been involved in recruitment through the admissions' meetings and by commenting on proposed questions to be asked at interviews.

Relevant issues from external quality assurance reports

A review of Healthcare Improvement Scotland: Healthcare Environment Inspectorate (HEI) reports, relating to practice areas used by the University to support student learning, identified the following requiring action:

HEI inspection of Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde, October 2014 (1)

An unannounced inspection of Glasgow Royal Infirmary on 7 to 8 and 15 October 2014

assessed the hospital against NHS Quality Improvement Scotland (NHSQIS) healthcare associated infection (HAI) standards. Areas visited included: accident and emergency (A&E), respiratory medicine, general medicine, rheumatology, stroke care, burns unit and general surgery. The inspection raised concerns with the standard of cleanliness of patient equipment across the hospital. Related to this, improvement is needed in the following areas:

- Compliance with the standard infection control precautions, particularly for the management of blood and body fluid spillages.
- Assurance through audit activity that standard infection control precautions are being monitored.
- Ensuring staff are up to date with mandatory HAI and infection prevention and control training and education.

Following publication of the above report discussion took place between the AEIs (UoG and Glasgow Caledonian University) and the head of practice development (acute services) at NHS Greater Glasgow and Clyde. It was decided to refer this to the placement advisory group (PAG) for action (see section 3.1) (2).

At the review we were told that the infection control team at the board has submitted an action plan to HEI. Furthermore, the infection control team are providing additional update sessions for staff at Glasgow Royal Infirmary and students are included in these sessions when they are gaining experience in the relevant clinical areas (58).

HEI inspection of Golden Jubilee National Hospital report, March 2014 (3)

An announced inspection of the Golden Jubilee National Hospital was carried out on the 21 and 22 January 2014. Areas visited included orthopaedics, cardiothoracic and the high dependency unit. The following require improvement:

- Maintaining patient privacy and dignity by not displaying patient information in areas where it can be seen by members of the public. Accurate recording and monitoring of patients' food and fluid intake to ensure optimal nutrition.
- All patients must have a care plan identifying individual needs in relation to nutrition, eating and drinking.
- Protected mealtimes are adhered to and non essential staff activity is stopped to ensure patients have adequate support.
- Patients have their height and weight recorded and are accurately screened for the risk of under nutrition, within 24 hours of admission to hospital.

An action plan addressing all these areas has been agreed and signed off by the NHS board chief executive and chair who hold responsibility for ensuring actions are completed (4).

HEI inspection of Victoria Infirmary, care of older people inspection, June 2014 (5)

An unannounced inspection to Victoria Infirmary was undertaken from 22 to 24 April and on the 19 May 2014. The review focused on the care of people with dementia and cognitive impairment; nutritional care and hydration, preventing and managing pressure ulcers; and, ensuring that older people are treated with compassion, dignity and

respect.

The inspection outcomes found a lack of information in the personalised care plans outlining the individual needs of older people. There were also issues relating to the accurate recording of patients' nutritional status and monitoring of their food and fluid intake. Furthermore, there were concerns about the management of patient flow and capacity in Victoria Infirmary.

A week after the inspection the HEI team returned and were satisfied with the measures put in place to manage the risks. Furthermore, corporate services at the board are supporting the Victoria hospital in fulfilling their action plan (58).

HEI inspection of Marie Curie Hospice – independent health care, inspection May 2014 (6)

An unannounced inspection to Marie Curie Hospice, Glasgow, took place on 25 and 26 March 2014. The inspection outcomes required improvement in record-keeping; improving infection control practices; use of adult support and protection procedures; and, monitoring medication management more effectively.

At the review we were presented with the Marie Curie Hospice action plan which addresses all the requirements and recommendations. Additionally, email correspondence to the head of school confirms that HEI did a return visit to the hospice in the week beginning 12 January 2015 and confirmed that all requirements have been met; all scores improved; and, no further recommendations have been made (63 and 64).

HEI inspection of Southern General Hospital, care of older people inspection report April 2014 (7)

An unannounced inspection to Southern General Hospital took place on 18 to 20 February 2014. The inspection focused on the care of people with dementia and cognitive impairment, nutritional care and hydration and preventing and managing pressure ulcers. The inspection outcomes identified the following:

- Improve the documentation in clinical areas to ensure that appropriate care is given to patients.
- Improve working practices with the social work department to make discharge planning more effective.
- Comply with the do not attempt cardiopulmonary resuscitation (DNACPR) national guidelines.

At the review we learned that the outcomes of the inspection are being addressed. To tackle the trend in poor care planning the practice development team are developing a more fundamental care plan that clearly addresses key risks to patients. The care plan will be piloted in the next two months. Additionally, the practice development team are developing care assurance and accreditation standards. These standards have been adapted from some developed in England and conform to the Scottish policy context. One of the standards will address the quality of practice placements (58).

HEI inspection of Gartnavel General Hospital, NHS Greater Glasgow and Clyde, report January 2014 (8)

An unannounced inspection to Gartnavel General Hospital was undertaken from 29 to 31 October 2013. The inspection focused on the care of people with dementia and cognitive impairment; nutritional care and hydration; and, preventing and managing pressure ulcers. Improvements are required in the following areas:

- Routine screening for cognitive impairment to be carried out in patients over 65 years when they are admitted to hospital.
- All staff who have a professional role must be aware and have understanding of the Adults with Incapacity (Scotland) Act 2000, which protects the rights of patients who lack capacity.
- Effective application of personalised care plans outlining the individual needs of older people.
- Ward and hospital environments must be made more suitable for people with dementia and cognitive impairment.

During the monitoring event we had the opportunity to review the action plan presented to HEI after the inspection and further updated with achievements and progress over the last year. All risks are now well managed (65).

Other HEI reports relevant to placements used by the UoG, for the approved nursing programme, were considered but did not require further discussion as part of this review.

Evidence / Reference Source

1. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde inspection report, October 2014*
2. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, unannounced inspection report 7-8 October; 15 October, Glasgow Royal Infirmary: NHS Greater Glasgow and Clyde, written communication from chairperson of PAG steering group, 19 December 2014*
3. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, care of older people inspection report, Golden Jubilee National Hospital, March 2014*
4. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, Improvement Action Plan, Golden Jubilee National Hospital - NHS National Waiting Times Centre, undated*
5. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, Victoria Infirmary – care of older people report, June 2014*
6. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, Marie Curie Hospice – independent healthcare inspection report, May 2014*
7. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, Southern General care of older people inspection report, February 2014*
8. *Healthcare Improvement Scotland: Healthcare Environment Inspectorate, Gartnavel General Hospital, January 2014*
58. *Meeting with Head of Practice Development (Acute services), 21 January 2015*
63. *Healthcare Improvement Scotland, Action Plan, Marie Curie Hospice, Glasgow, 9 April 2014*

64. E mail communication from Marie Curie Hospice to head of school, nursing and healthcare, UoG.

65. Healthcare Improvement Scotland, Improvement Action Plan, Gartnavel General Hospital, 4 November 2013, updated August 2014.

Follow up on recommendations from approval events within the last year

There have been no approval events in the last year.

Evidence / Reference Source

Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self-report are complete (9).

Specific issues followed up include:

- Recruitment to the last vacant post, left by the university voluntary severance scheme, was successfully achieved in Spring 2014 and there is now a full staff complement.
- Following external examiner (EE) comments, requiring more transparency in the marking scheme, a new scheme was adopted for session 2013/2014. This has received positive feedback from EEs.
- Concerns raised and escalated by students have all been investigated and resolved successfully by service providers. Students have been supported by nursing and health care academic staff, following guidelines for students raising and escalating concerns. This joint guidance which has been adopted by three AEs and partner service providers within Glasgow/West of Scotland area has proved effective (see 3.1).

In Spring 2015 a new South Glasgow Hospital for adult and children's acute services will be opened. An audit timetable has already been planned for 2015 to ensure early audit of all acute clinical areas. Those not involved in relocation will be completed by the end of March. This will enable re audit of clinical placements as soon as possible after relocation if: there has been a reconfiguration of the service; change in bed numbers; change in staff numbers; and/or change in mentor or sign off mentor (SoM) resources.

Embedding the service user and carer strategy into programme planning and delivery has taken longer than anticipated. The following planning points are awaiting implementation following the set up of a robust service user and carer advisory panel:

- Programme leads and curriculum planning teams are to review procedures for curriculum development and evaluate current service user and carer involvement.
- The quality assurance (QA) officer will review service user and carer involvement

<p>in QA procedures including the bachelor of nursing (BN) forward planning day.</p> <ul style="list-style-type: none"> An implementation plan for embedding service user and carer feedback in processes for session 2014/2015 will be submitted. <p>There will be a review of committee membership. Service user and carer representation will be introduced for the undergraduate teaching committee.</p> <p>The service user and carer group are to advise the senior management team in establishing processes for user and carer support and remuneration.</p>
<p>Evidence / Reference Source</p>
<p><i>9. NMC Annual Self Assessment Programme Monitoring Report, University of Glasgow, 2014/2015</i></p>

Findings against key risks
<p>Key risk 1 – Resources</p> <p>1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>
<p>Risk indicator 1.1.1 - Registrant teachers have experience / qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>The programme lead holds an NMC recorded teaching qualification. However less than half (8/17) of the nursing lecturers have recorded teacher status (10, 11).</p> <p>There is a robust process to ensure that staff maintain NMC registration. The school has a comprehensive staff development policy. All new academic staff who do not already hold a recognised teaching qualification are enrolled on the postgraduate certificate in academic practice (PGCAP), running over two years (12, 13).</p> <p>Three nursing lecturers are currently enrolled on the PGCAP and a further one is due to commence the programme shortly (14).</p>
<p>What we found at the event</p>

By reviewing staff CVs we are satisfied that those members of staff without a teaching qualification are: scheduled to commence the teaching programme; already enrolled on the teaching programme; or awaiting recording of their NMC teaching qualification. The programme lead for pre-registration nursing (adult) has active NMC registration and a recorded teaching qualification. There is good evidence of scholarly activity with several members of staff holding or working towards a doctorate. Staff support or are engaged with a number of research themes within the school (49). Additionally, there is a good record of grant acquisition and publications in journals and/or book chapters (49, 66).

We conclude from our findings that the University has adequate appropriately qualified academic staff to deliver pre-registration nursing programmes to meet NMC standards.

Evidence / Reference Source

- 10. NMC registration details for staff 2014.
- 11. NMC register checked 17 December 2014.
- 12. Nursing & Health Care School, Process for ensuring checks for monitoring academic staff active registration and for due regard, November 2013
- 13. Nursing & Health Care School, Staff Development Policy, November 2014
- 14. Meeting with BN programme director, 6 January 2015
- 49. Meeting with Programme Team -21 January 2015
- 66. Staff CVs, viewed 21 January 2014

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

What we found before the event

The school is committed to the Scotland wide protocol for quality standards for practice placements. UoG, Glasgow Caledonian University (GCU) and the University of the West of Scotland (UWS) collaborate in the placement of students across Greater Glasgow and Clyde. A formula to ensure there are sufficient mentors to meet student numbers has been agreed. The placement advisory collaborative network oversees all practice placements and planning issues (15-17).

The mentor handbook states that students are required to spend a minimum of 50% of their practice learning experience with their mentor. During times when the mentor is unavailable e.g. annual leave or sickness, an associate mentor should be allocated to the student. Most clinical areas now appoint an associate mentor at the outset, which ensures continuity of the student's learning and facilitates the assessment process (18).

What we found at the event

The student allocation unit is located at GCU. We were told that currently allocations are managed manually using educational audits to create service level agreements for the number of students that can be accommodated. However, an electronic software package is being piloted and will be adopted in the near future. We were assured that there are sufficient mentors to supervise pre-registration adult nursing students (61).

We were told that students receive appropriate support during their 'spoke' placements as these are all in community placements where the level of supervision is high (56).

Nursing students told us that they are allocated a mentor at the beginning of each clinical placement. Often an associate mentor is also allocated. Students also confirm that they regularly meet the university standard of working 50% of practice time with their mentor. All students confirm their supernumerary status (53).

We found that there are sufficient mentors for the number of students allocated to each area. The service level agreement defines the maximum number of students to be allocated to the area. This number is calculated using a formula based on the number of beds in the clinical area and the number of mentors in that area. This is adjusted if the numbers of mentors increases or decreases. It relies on the mentor database being accurate and up to date (52).

Placement leads told us that they receive information about the allocation of students six weeks prior to the beginning of the placement. Conversely, students told us that they receive information about their placement one to two weeks prior to the placement. It is not clear why this discrepancy exists. The school is proposing the use of a form to capture notification of placement to students and subsequent action taken (50, 51, 53, 55, 59, 60, 72).

We conclude from our findings that there are sufficient mentors and sign-off mentors available to support the number of adult nursing students on the BN programme.

Evidence / Reference Source

15. NHS Scotland, *Quality Standards for Practice Placements, Revised 2008*
16. NHS Greater Glasgow and Clyde, *Practice Placements, April 2011*
17. NHS Greater Glasgow and Clyde, *GU, GCU, UWS, Placement Advisory Collaborative Network, Terms of reference, 2013*
18. UoG, *Nursing & Health Care School, Bachelor of Nursing (Hons) Mentor Handbook 2014*
50. *Meeting with PLF and Mentor – Accident and Emergency Department-Glasgow Royal Infirmary - 21 January 2015*
51. *Meeting with PLF and mentor – Ward 31 Glasgow Royal Infirmary 21 January 2015*
52. *Meeting with lead PEF 21 January 2015*
53. *Meeting with Students- 21 January 2015.*

- 55. Meeting with mentors- Possilpark Health Centre, 21 January 2015
- 56. Meeting with head of school and BN programme director 21 January 2015
- 59. Meeting with mentor- Westerton Nursing Home, 22 January 2015
- 60. Meeting with PLF and mentor, Golden Jubilee Hospital, 22 January 2015
- 61. Meeting with chair of Practice Advisory Group and lecturers at Glasgow Caledonian University, 22 January 2014
- 72. Proposed form to capture notification of placements to students and subsequent action, undated

Outcome: Standard met

Comments:
No further comments

- Areas for future monitoring:
- Implementation of the proposed form to capture notification of placements to students and subsequent action

Findings against key risks

Key risk 2 – Admissions & Progression

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

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

Applicants apply through the Universities and Colleges Admissions Service (UCAS). They are required to have four Scottish highers at a minimum of Grades ABBB, which should normally include two science subjects from chemistry, biology/human biology, physics and mathematics. In addition all applicants must satisfy the admissions' team that they have good literacy and numeracy skills and have a standard grade or equivalent in English.

Each application is carefully and fairly judged on academic achievements as well as non-academic qualities, initially assessed from the personal statement and reference. The school operates a clear equal opportunities policy, widening access to applicants by supporting students who have undertaken access courses and running a six week summer school for suitable applicants without the required science training. Shortlisted

applicants are invited for interview. Interviews are conducted by one academic member of staff and one clinical NHS representative plus a final year nursing student. All members of staff and senior students who are involved in the admissions process undergo the UoG's equality and diversity training course. Senior students receive assistance with this training from the equality and diversity unit within the University. Members of NHS staff who are involved in student recruitment are required to evidence their NHS equality and diversity training programmes. At interview applicants are assessed not only on their motivation and enthusiasm for nursing, but also caring attributes and evidence of work experience in caring for individuals. Prospective students must declare any previous or recent criminal convictions and cautions through the UCAS form or by contacting the admissions' office directly before the closing date of application. The school disability coordinator will meet with any students declaring a disability or health problem to determine if modifications or additional support are required (19).

Entry requirements are expressed in terms of academic attainment and it is unlikely that these requirements will be met before reaching the age of 18. Where a valid application is received from a student who will be under 18 during the first year of study, admission may be considered on an exceptional basis where there is a strong academic rationale supported by the head of department. If a student is under 18 at commencement of a practice learning placement the ward charge nurse and mentor are informed. An under-18 risk assessment is carried out following university policy (19).

Currently no service users or carers are directly involved in the interview process, but there are plans to introduce this. A service user sits on the admissions' committee, which oversees the admissions' process, and as such has input into the interview schedule (14).

A satisfactory disclosure report from the relevant disclosure bureau is required of applicants prior to registration on the programme. Once enrolled on the programme students cannot progress to practice until they have the necessary occupational health clearance and protection of vulnerable groups (PVG) membership (20, 21).

What we found at the event

The nursing programme approval report clearly states that a representative from practice is present at every face-to-face interview. However, we learned that whilst all students are interviewed by an academic from the school, the second interviewer will either be a practitioner or a third/fourth year student. Initially available interview dates are circulated to nursing lecturers within the school. Once interview dates are agreed the admissions' tutor telephones clinical areas to recruit practitioners to participate. We were told that it is very difficult to recruit practitioners, as service managers are reluctant to release staff. Those that do volunteer have to participate in the interviews on their day off. Furthermore, practitioners who did agree to participate sometimes cancelled on the day due to sickness or work pressures. Whilst it is clear that some interviews are conducted jointly with practitioners the school were unable to provide us with documentary evidence to confirm this (56, 62, 83).

All students told us that they did have a face-to-face interview as part of the selection

programme. They, however, are not able to confirm that a practitioner was involved in the process. Only one mentor seen during the visit was aware of the requirement for practitioner involvement in the interview process. Other mentors are not aware of this requirement but expressed a willingness to engage in such a process. None of the PEFs seen have been involved in interviews.

Service users told us that they had been involved in developing interview questions, and that they are willing and keen to participate in interviews but are currently not invited to do so. The programme team told us that exclusion of service users from interviews is because currently they cannot access equality and diversity training through the University. The programme team are working to address this situation (54, 62).

All mentors are aware that students cannot commence their first placement unless they have the necessary occupational health clearance and protection of vulnerable groups (PVG) membership (50, 51, 53, 54, 55, 59, 60).

Students told us they confirm continued good health and good character at each annual re registration on the programme (21, 53).

We conclude from our findings that the NMC standard for the inclusion of practitioners in student interviews is not met.

Evidence / Reference Source

- 14. Meeting with BN programme director, 6 January 2015.
- 19. UoG, Nursing and Healthcare School, Bachelor of Nursing (Honours) Degree & Bachelor of Nursing Degree, Admissions Policy and Procedures, 2014 – 15
- 20. Nursing and Healthcare Admission, Criminal Record Check, March 2012
- 21. UoG, Nursing and Healthcare School, Bachelor of Nursing (Honours) Degree, Programme Handbook 2014/15, page 24, paragraph 4.2
- 50. Meeting with PLF and Mentor – Accident and Emergency Department-Glasgow Royal Infirmary - 21 January 2015
- 51. Meeting with PLF and mentor – Ward 31 Glasgow Royal Infirmary 21 January 2015
- 53. Meeting with students, 21 January 2015
- 54. Meeting with service user group, 21 January 2015
- 55 Meeting with mentors- Possilpark Health Centre, 21 January 2015
- 56. Meeting with head of school and BN programme director 21 January 2015
- 59. Meeting with mentor- Westerton Nursing Home, 22 January 2015
- 60. Meeting with PLF and mentor- Golden Jubilee Hospital, 22. January 2015
- 62. Meeting with admissions' tutor, 22 January 2015
- 83. NMC Programme Approval Report: Nursing, UoG, 14 March 2012

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

<p>What we found before the event</p>
<p>The school adheres to the NMC code of conduct and has a fitness to practise (FtP) process for students breaching this code. Where a reported breach of the code is deemed by the head of the nursing and health care school to be of sufficient seriousness referral is made to the head of the school of medicine for consideration by the school FtP committee (22).</p> <p>For the period 2010-2014 three FtP cases were referred by the nursing and health care school to the school of medicine FtP committee, as follows:</p> <ul style="list-style-type: none"> • In 2010, a student was referred to FtP due to activity on the internet. The committee found that there was no case to answer and the student's behaviour had not breached FtP. • In 2011, a student was referred accused of supplying misleading information to the clinical mentor. The student was allowed to continue studies with a warning about behaviour and this was recorded in the student's notes. • In 2012, a student was referred due to behaviour on placement (as received in a complaint from a patient's family). The student was allowed to continue studies with a warning about behaviour and a record was made in the student's notes (9).
<p>What we found at the event</p>
<p>At the monitoring event it was confirmed that there have been no FtP issues regarding nursing students' behaviour in clinical or university settings raised during the 2013/14 session (56).</p> <p>For students who have failed theory or practice assessment components there is a clear reassessment policy that takes into account progression points and the twelve week rule. External examiner reports confirm that there is a robust policy for the removal of students who fail to meet academic or practice requirements (46).</p> <p>The University monitors attrition rates over the three years of the programme. Statistics viewed at the event demonstrate that attrition rates are low, averaging less than 6% over the last three years (79).</p> <p>We conclude from our findings that the University has effective policies and procedures in place for the management of poor performance in both theory and practice. These are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Evidence / Reference Source</p>
<p>9. NMC Annual Self Assessment Programme Monitoring Report, UoG, 2015/2015</p> <p>22. UoG, College of Medical, Veterinary & Life Sciences, School of Medicine, Nursing & Health Care, Code of</p>

Professional Conduct and Fitness to Practise for Bachelor of Nursing (BN) students, November 2013

46. External Examiner's Report, Bachelor of Nursing years 1 and 2, 29 July 2014

56. Meeting with head of school and BN programme director, January 21 2015

79. Progression for BN students, 22 January 2015

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

What we found before the event

The code of conduct and FtP process is included in the mentor handbook along with the agreement signed by students to confirm they understand their responsibilities in the care and support of patients. Mentors are advised that if they are concerned about professional issues, relating to the student's performance or behaviour, they should document concerns in the practice learning ongoing record of achievement (PLORA) and contact the link lecturer (LL) as soon as possible. The university LL will be involved at all stages and will guide the mentor in any report or action that is necessary. Clear documentation is deemed essential in case the student requires referral to the FtP committee (18).

What we found at the event

We found that there is a robust system in place to safeguard service users who are in contact with student nurses. A mentor informed us that if a student has an ID badge this means that they have had a PVG and health check carried out at the University and therefore they do not require any further checks by the placement or mentor (51).

Mentors told us that they are satisfied with the process for reporting and acting on concerns about students' performance. They told us that in the first instance they would discuss any concerns with the individual student; agree actions to take; and, if this did not resolve a concern, mentors would escalate this concern to the LL. Mentors told us that they had not had any concerns with UoG students, in recent years, which had required such escalation. We saw evidence in feedback in PLORA forms that issues of concern had been raised with students in the mid-placement feedback, and satisfactorily addressed by the student by the end of the placement (50, 51, 53,55, 59, 60).

We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice.

Evidence / Reference Source

- 18. UoG, Nursing & Health Care School, Bachelor of Nursing (Hons)Mentor Handbook 2014.
- 50. Meeting with PLF and Mentor –Accident and Emergency Department-Glasgow Royal Infirmary, 21 January 2015
- 51. Meeting with PLF and mentor –Ward 31 Glasgow Royal Infirmary 21 January 2015
- 53. Meeting with students, 21 January 2015
- 55. Meeting with mentors- Possilpark Health Centre- 21 January 2015
- 59. Meeting with mentor- Westerton Nursing Home-22 January 2015
- 60. Meeting with PLF and mentor- Golden Jubilee Hospital-22 January 2015

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

What we found before the event

The school has a clear accreditation of prior learning (APL) policy and process. APL usually refers to those students who have commenced a programme elsewhere and wish to transfer to year two of the programme. Such applicants are required to provide a transcript of their learning and a reference from their current institution. Claims for accreditation of prior certificated learning relate to exemption from a module(s). These must be supported by a certificate from the awarding body, confirming the level at which the candidate has passed the course; and, mapping of the learning outcomes of courses previously completed against courses from which exemption is being sought (23).

What we found at the event

We were told that there have been a few enquiries over the years where students have asked to join an existing programme or have completed one degree and would like to pursue their study in nursing. All students are required to meet the admission criteria for entry onto the programme. If they meet this the admissions' team can look at the student's qualification (62).

We found that potential students are not asked about APL during the recruitment process. Students told us that APL may be discussed informally during an informal visit but there was no record of any such discussions taking place. Students with prior study or a degree, in a relevant subject, told us that the opportunity to take account of such learning had not been discussed. They told us that this was not of concern to them as they appreciated the opportunity to apply their prior learning to nursing and were content not to have received the credit which might have been available (53).

The programme team confirm that the number of graduate applicants is increasing (49).

We conclude from our findings that although there is a robust APL process in place prospective students have not been encouraged to use the process.

Evidence / Reference Source

23. *School of Nursing and Healthcare, Accreditation of Prior Learning (APL), encompassing both the Accreditation of Prior Experiential Learning APEL and the Accreditation of Prior Certificated Learning (APCL), November 2014*

49. *Meeting with programme team, 21 January 2015*

53. *Meeting with students, 21 January 2015*

62. *Meeting with admissions' tutor, 22 January 2015*

Outcome: Standard not met

Comments:

The programme team is not able to demonstrate that it meets the NMC requirement for inclusion of practitioners in the selection process. An action plan is required to determine how the team plans to better engage with practice partners to encourage co-operation in ensuring that all face-to-face interviews are conducted jointly between a university academic and a practitioner.

18 February 2016: Follow up Documentary Evidence from the University of Glasgow. Standard now met

Effective action has been taken by the university and all its practice placement partners to ensure effective partnership working so that a practitioner participates in all student interviews. Over the last year there has been a consistent joint approach to: planning of the interview schedule; development of detailed spreadsheets with dates of proposed interviews; dissemination of spreadsheets to practice partners, by practice education facilitators; population of spreadsheets by both the university and its practice partners; delivery of joint interviews; and, a written summary of attendance of practitioners at interviews which will be tabled at the undergraduate admissions' committee. Should practitioner attendance at interviews be problematic, for practice placement partners, a contingency plan was agreed to review the process. However, this has not been required for the 2016 interview cycle.

Evidence to support the standard is met includes:

- Email correspondence between the university admissions' officer and directors of nursing and practice education facilitators, pledging support and co-operation in releasing staff for recruitment interviews, completed 09 February 2015.
- Email correspondence with representatives of participating practice placement partners demonstrating meetings to finalise interview dates and allocation of practitioners to dates, completed 02 December 2015
- Spreadsheet providing: dates of interviews between 13 January and 30 March 2016; allocation of lecturers and practitioners to each interview date for first batch of interviews, completed 02 December 2015.
- The updated action plan confirms that new applicant interviews for the pre-

registration nursing programme commenced 13 January 2016. Each interview panel is made up of a university lecturer, a practitioner and often a senior student. All interviewers have undergone the appropriate equality and diversity training. The completed spreadsheet shows all interview dates with an allocated lecturer, a practitioner and in some cases a senior student, completed 04 February 2016.

- A written summary of attendance of practitioners at interviews demonstrating that all interviews to date have had practitioner involvement in the selection process and forthcoming interviews have a named practitioner allocated, completed 04 February 2016.

Areas for future monitoring:

- Involvement of practitioners in the selection and interviewing process.
- Ensuring that eligible students are made aware of the APL opportunities as part of the interview process.

Findings against key risks

Key risk 3- Practice Learning

3.1 Inadequate governance of and in practice learning

3.2 Programme providers fail to provide learning opportunities of suitable quality for students

3.3 Assurance and confirmation of student achievement is unreliable or invalid

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

What we found before the event

There is a memorandum of agreement between NHS Greater Glasgow and Clyde and the three host education institutions (GCU, UoG and UWS). There are similar agreements with independent providers such as the Nuffield hospital and Golden Jubilee National hospital (14, 24).

The placement advisory collaborative network (PACN) is a partnership between the three education institutions and their service partners. At a strategic level senior members of NHS boards and AEs meet as a group to: provide professional leadership to nursing, midwifery and health visiting locally, regionally and nationally; ensure robust governance arrangements exist between the service and the AEs; and, ensure nurses, midwives and health visitors reflect theoretical knowledge into practice for the improvement of patient care. At an operational level more specific partnership groups address issues relating to the organisation and quality assurance of practice learning (25).

The practice education facilitator (PEF) role was created primarily to enhance and support the role of the mentor. The post is to link clinicians with educational staff thus enhancing the learning environment. Each mentor has a named PEF. The PEFs attend nursing and health care review days for the undergraduate programme and are familiar with the course (18).

The education audit document has been developed jointly between the three education institutions and their service partners and meets NMC requirements. Audits are carried out biennially using a tripartite process between clinical staff, the linked PEF or care home education facilitator (CHEF) and a member of the academic staff of one of the three education institutions (26, 27).

The three education institutions, together with their practice partners have developed comprehensive guidance for students raising and escalating concerns relating to their practice learning experience/environment. This guidance is included in the student handbook with a clear flowchart indicating who should be contacted at each stage (28, 21).

What we found at the event

We found evidence that UoG is represented on practice advisory groups (PAG). The PAG steering group meet every three months and there are separate groups addressing acute services and primary care. The purpose of these groups is to address issues that may influence the organisation and quality of practice learning environments (81, 82).

We learned that in 2011 the Scottish heads of academic nursing and allied health professionals agreed to support a Scottish national approach to assessment. To fulfil this commitment all the Scottish AElS providing NMC pre-registration nursing programmes have been working together as a group to develop a common ongoing record of achievement (OAR). The group found areas that can be shared/duplicated and ones that are geographic or health board related. A draft Scottish OAR has been developed and it is hoped to incrementally implement this for all pre-registration nursing programmes, in Scotland, from September 2015 onwards (79).

We were told that during 2014 two students used the raising and escalating concerns process. One related to delivery of care and quality of mentoring delivered by one staff member. With the support of the nursing and healthcare school the concern was raised with the service provider and fully investigated by the nurse director of the clinical area. A suitable plan has been put in place to address the areas of concern and the student has been informed verbally of the outcome. Another student raised a concern with the LL that she had been asked to administer a specific medication without supervision. The PEF was informed and after discussion with the ward manager the student and LL were assured that there would be no further incidents of this nature. Although students are not able to recall examples of raising and escalating concerns they are aware of the process (53, 84).

We were told that HEI inspections relate either to hospital acquired infection or care of older people. These inspections are now all unannounced but service personnel are

given informal feedback on the day of the inspection and a draft written report is sent within four weeks. However, this report is embargoed until it is published on the HEI website. In December 2014 the chair of the PAG and the head of practice development agreed that a formal process for informing AEs about the outcomes of inspections is required. In future HEI reports will be included as a 'standing item' for the PAG. We were assured that should an inspection find issues that not only put patients at risk but also jeopardized student safety, the executive nurse director would immediately inform the head of school. If considered necessary measures would be put in place to withdraw students from placement. To date there are no examples of such action (58).

We found that PEFs who participated in the visit are enthusiastic about their role. All areas visited had a current and valid education audit (50, 51, 55, 60).

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

Evidence / Reference Source

- 14. Meeting with BN programme director, 6 January 2015
- 18. UoG, School of Nursing and Healthcare, Bachelor of Nursing(Honours) Degree, Mentor Handbook, 2014
- 21. UoG, School of Nursing and Healthcare, Bachelor of Nursing (Honours) Degree, Programme Handbook, 2014/15.
- 24. NHS Greater Glasgow and Clyde, Practice Placements, April 2014.
- 25. University of Glasgow, NHS Greater Glasgow and Clyde, Glasgow Caledonian University, NHS Golden Jubilee National Hospital, University of West of Scotland, Placement Advisory Collaborative Network(Collaborative network to support practice learning), undated
- 26. Glasgow Caledonian University, University of Glasgow, University of the West of Scotland, Educational Audit of Nursing and Midwifery Practice Learning Environments, example completed, May 2013
- 27. Glasgow Caledonian University, Educational Audit Protocol, September 2013
- 28. Glasgow Caledonian University, University of Glasgow, University of the West of Scotland, NHS Scotland, NHS, Dumfries and Galloway, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Golden Jubilee National Hospital, NHS Ayrshire and Arran, NHS Highland, Guidance for Student Nurses and Midwives Raising and Escalating Concerns, January 2014
- 50. Meeting with PLF and Mentor –Accident and Emergency Department-Glasgow Royal Infirmary, 21 January 2015
- 51. Meeting with PLF and mentor –Ward 31 Glasgow Royal Infirmary 21 January 2015
- 53. Meeting with students 21 January 2015
- 55. Meeting with mentors- Possilpark Health Centre, 21 January 2015
- 58. Meeting with the head of practice development, 21 January 2015
- 60. Meeting with PLF and mentor- Golden Jubilee Hospital-22 January 2015
- 79. Ongoing Achievement Record (OAR) Scotland, Background Report, May 2015
- 81. Minutes of Practice Advisory Steering Group, July and October 2014
- 82. Minutes of Primary Care Practice Advisory Group, October 2014
- 84. University of Glasgow, Nursing and Health Care, Raising and Escalating Concerns, report from BN

programme director, January 2015.

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

What we found before the event

The school has a service user and carers' (SUC) strategy which lists examples of how SUCs are involved in quality assurance and governance; programme development, delivery, assessment and evaluation; and, recruitment and admission. There is evidence that service users were actively engaged in curriculum development and the development of assessment of practice processes for the most recent approval of the bachelor of nursing programme (29, 83).

The PLORA now has a section that asks the mentor to seek SUC views of the student's performance and document these, if appropriate. Service users have also been involved in assessment of project work by third year students (31, 32).

What we found at the event

Students and lecturers gave us several examples of input by service users, carers and practitioners to the academic element of the programme. This included service users giving presentations, and use of online video clips about the experiences of SUCs. Students informed us that they found this element of the course particularly valuable (53).

Service users told us that they had had limited input into development of the course and are not aware of a strategy for developing SUC input. However, they told us that they feel well supported when they take part in interactions with students (54).

Feedback from service users is included by mentors in the PLORA forms and PLORA forms have a formal place for capturing feedback from service users (67, 68).

We conclude that SUCs and practitioners are involved in some aspects of recruitment and course delivery, but that this could be strengthened.

Evidence / Reference Source

29. School of Nursing and Health Care, Service User and Carers' Strategy, November 2013

31. Nursing and Health Care, practice learning ongoing record of achievement (PLORA), 2014

32. Periodic Subject Review, Self Evaluation Report, Nursing & Health Care, Undergraduate Programmes, October 2013.

53. Meeting with students, 21 January 2015

54. Meeting with service users, 21 January 2015

67. Sample of extracts from service users, undated

68. *Sample of extracts from service users, undated*

83. *NMC Programme Approval Report: Nursing, UoG, 14 March 2012*

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

What we found before the event

All members of the undergraduate teaching team have a LL remit to support students. A list of academic staff and their LL responsibilities is provided (33).

Link lecturers negotiate, agree and implement a programme of regular contact with their designated clinical areas (21).

What we found at the event

There is a protocol for academic staff visiting students in clinical areas. This indicates visits to students in their first placement and time-tabled sessions in university following each clinical placement. The programme team presented a proposed form to capture link lecturers' placement visits. Students told us that the programme team visit them whilst in first practice settings. A sample of written notes capturing meetings between academic staff, link lecturers and students demonstrated visits to second and third year students. Mentors are confident that support from the programme team is available when needed. Link lecturers are also involved in mentor updates and audits (50, 51, 53, 55, 59, 60, 70, 73).

We conclude that LL are available to students and mentors in practice placements settings.

Evidence / Reference Source

21. *UoG, School of Nursing and Healthcare, Bachelor of Nursing (Honours) Degree, Programme Handbook, 2014/15*

33. *School of Nursing and Health Care, Presence of Education Staff in Clinical Areas, November 2014*

50. *Meeting with PLF and Mentor – Accident and Emergency Department-Glasgow Royal Infirmary - 21 January 2015*

51. *Meeting with PLF and mentor – Ward 31 Glasgow Royal Infirmary 21 January 2015*

53. *Meeting with students- 21 January 2015.*

55. *Meeting with mentors- Possilpark Health Centre- 21 January 2015*

59. *Meeting with mentor- Westerton Nursing Home- 22 January 2015*

60. *Meeting with PLF and mentor- Golden Jubilee Hospital- 22 January 2015*

70. *Protocol for student visits, undated*

73. *Sample of hand written records of meetings between academic staff and student, undated*

<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>The mentorship programme is delivered by GCU. The programme is offered three times each academic session and is normally completed within three months of commencement. A blended approach to learning is offered, including university and practice based teaching sessions, online resources and opportunities for practice based learning (34).</p> <p>GCU also provides a short programme for supervising mentors about to supervise mentor students (35).</p>
<p>What we found at the event</p>
<p>We were told that the mentorship programme includes two work based learning days during which PEFs will instruct students on practice issues relevant to UoG students. We were shown evidence that the GCU mentorship programme was re-approved in March 2013. The course document appendix includes guidelines for register holders in dealing with mentors whose annual update and/or triennial review is out of date. The approval report demonstrates that the programme team were commended for their interpretation and management of NMC standards for learning and assessment in practice (37, 61, 80, 85).</p> <p>We conclude that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice.</p>
<p>Evidence / Reference Source</p>
<p>34. Glasgow Caledonian University, School of Health & Life Sciences (SHLS), Department of Health & Community Sciences, <i>Mentorship: Supporting Learning and Assessment in Practice, Approved Programme Document, May 2013</i></p> <p>35. Glasgow Caledonian University, <i>Supervising Mentor Preparation Workshops, Information and schedule 2014</i></p> <p>37. Glasgow Caledonian University, University of Glasgow, University of the West of Scotland, NHS Scotland, NHS, Dumfries and Galloway, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Golden Jubilee National Hospital, NHS Ayrshire and Arran, NHS Highland, <i>Mentor/Practice Teacher Live Register Guidance Developed to Support and Inform allocation of mentors and review of live mentor registers, 2013, updated February and September 2014</i></p> <p>61. <i>Meeting with chair of Practice Advisory Group and lecturers at Glasgow Caledonian University, 22 January 2015</i></p> <p>80. Glasgow Caledonian University, School of Health & Life Sciences, <i>Learning and Assessment in Practice, Document submitted for course approval, February 2013</i></p> <p>85. NMC Programme Approval Report: <i>Learning and Assessment in Practice, 27 March 2013</i></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 the process they have engaged with</p>
<p>What we found before the event</p>
<p>Mentor updates are co-ordinated by GCU, which provides open access to a dedicated mentor zone on its website. Mentor newsletters are also posted on this site (36).</p>
<p>What we found at the event</p>
<p>We were told that annual mentor updates are themed depending on issues that are current, for example care and compassion. PEFs undertake more informal mentor updates in practice settings. There is a mentorship team which delivers updates in the independent and voluntary sector (61).</p> <p>We learned from mentors that updates are offered on a regular basis and mostly facilitated by PEFs. There are different models, for example face-to-face group sessions which allow engagement between participants. Mentors also told us that they had not received specific training about the grading of practice, which is not required by either GCU or UWS. They told us that this had not been specifically covered in mentor update training or any specific training at the time of the introduction of the new record. Mentors gave us inconsistent information about what they thought was expected of the grading of practice section of the PLORA documentation (50, 51, 55, 59, 60).</p> <p>Students told us that they find that mentors' grading of their practice is inconsistent (53).</p> <p>The programme lead told us that the wording for grade descriptors has been made more meaningful for students and mentors. Additionally, we were told that the programme team does contribute to mentor updates and addresses grading issues (56).</p> <p>We conclude that mentors and sign-off mentors are able to attend annual updates sufficient to meet requirements for triennial review and understand the process with which they have engaged.</p>
<p>Evidence / Reference Source</p>
<p>36. Mentor website:http://www.gcu.ac.uk/hls/studentmentorzone/pre-registrationnursing/mentorannualupdates/</p> <p>50. Meeting with PLF and Mentor –Accident and Emergency Department-Glasgow Royal Infirmary, 21 January 2015</p> <p>51. Meeting with PLF and mentor –Ward 31 Glasgow Royal Infirmary, 21 January 2015</p> <p>53. Meeting with students, 21 January 2015</p> <p>55. Meeting with mentors- Possilpark Health Centre, 21 January 2015</p> <p>56. Meeting with head of school and BN programme director, 21 January 2015</p> <p>59. Meeting with mentor- Westerton Nursing Home, 22 January 2015</p> <p>60 Meeting with PLF and mentor- Golden Jubilee Hospital, 22 January 2015</p>

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
There is clear guidance for NHS and independent service areas responsible for collating information and/or managing and maintaining live mentor registers. A mentor register strategy group was set up to support the development of this guidance and included collaboration and partnership working between the three educational institutions and their service partners (37).
What we found at the event
<p>We found that there is guidance across all hospitals and sites and that there is a live database of mentors which records dates of training. A printout of this database is provided to each area, which accepts students, every two months. This lists the dates of any updates and whether the mentor is currently able to accept students, or whether their mentor status is frozen if their updates are not up to date, or have expired (50, 51, 55, 59, 60).</p> <p>We saw one of these printouts which showed that all the mentors listed had gone beyond three years since their last triennial review. They were still listed as live. We were told that this was because an agreement had been reached that there was a “period of grace” of three months after the date of expiry of either an annual review or triennial review. However, when we checked other databases we found that there were mentors who had exceeded these three months but who were still listed as being live on the registers. We were told that this was an error and that these mentors should not have been listed as live. The system is not picking up changes to mentor status in a timely way. However, we saw evidence that mentors sign a declaration confirming they met NMC mentorship requirements and have undertaken a mentor update in the last 12 months. Furthermore, we found no students with out of date mentors (41, 52, 60).</p> <p>The independent sector register is held by GCU. An inspection of this demonstrated a red, amber, green (RAG) rating system. Mentors in the green zone are up to date with annual updates and triennial reviews and are therefore deemed active; those in the amber zone are between one and three months out of date and deemed overdue; and, those in the red zone are more than three months overdue and suspended. Those over six months overdue are removed from the register. We were assured that only mentors in the green zone are allocated students. For those in the amber zone PEFs and CHEFs will work with them to update their status (61).</p> <p>It was explained to us that the reason the guidance for managing and maintaining live mentor registers had been developed was to remedy inconsistent application of the NMC standards for learning and assessment in practice (SLAiP). In the past some practice providers suspended mentors who were one day overdue with updates and others gave several weeks. However, there seems to be a confusion of interpretation of the guidance, with university staff assuring us that mentors in the amber zone will not be allocated students whereas practice staff believe this is acceptable. Furthermore, the</p>

guidance as it stands implies that the latter belief is correct (37).

We conclude that there is inconsistent interpretation of the guidance for the allocation of students to mentors. Furthermore, the guidance would appear to be in breach of the NMC SLAiP standards. Currently no students are allocated to out of date mentors. However, there is a risk that students could be allocated to an out of date mentor if the system is not closely monitored to prevent this from happening.

Evidence / Reference Source

37. Glasgow Caledonian University, University of Glasgow, University of the West of Scotland, NHS Scotland, NHS, Dumfries and Galloway, NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Golden Jubilee National Hospital, NHS Ayrshire and Arran, NHS Highland, Mentor/Practice Teacher Live Register Guidance Developed to Support and Inform allocation of mentors and review of live mentor registers, 2013, updated February and September 2014.

41 University of Glasgow, School of Nursing and Healthcare, Practice Learning Ongoing Record of Achievement, Year 1

50. Meeting with PLF and Mentor, Accident and Emergency Department, Glasgow Royal Infirmary, 21 January 2015

51. Meeting with PLF and mentor – Ward 31 Glasgow Royal Infirmary, 21 January 2015

52. Meeting with lead PEF and viewing live mentor registers, 21 January 2015

55. Meeting with mentors- Possilpark Health Centre, 21 January 2015

59. Meeting with mentor- Westerton Nursing Home, 22 January 2015

60. Meeting with PLF and mentor- Golden Jubilee Hospital, 22 January 2015

61. Meeting with chair of Practice Advisory Group and lecturers at Glasgow Caledonian University, 22 January 2015

Outcome: Standard requires improvement

Comments:

The programme team needs to work more closely with their AEI and practice partners to ascertain that mentor registers are accurate and up-to-date, to effectively manage the risk of students being allocated to out of date mentors.

Areas for future monitoring:

- Ascertaining that mentor registers are accurate and up-to-date, to effectively manage the risk of students being allocated to out of date mentors.
- Preparation of mentors in the use of the grading of practice grid
- Implementation of the proposed form to capture link lecturers' placement visits.
- Measurable progress with the implementation of the Service User and Carer Strategy agreed in 2013.

Findings against key risks
<p>Key risk 4 - Fitness to Practice</p> <p>4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for</p> <p>4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for</p>
<p>Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>The programme is underpinned by a strong science academic base. Essential skills clusters have been synthesised into the learning outcomes contained in years one to three of the programme (38, 39, 40).</p> <p>Simulation suites are accessed for each year of study. The periodic subject review document details facilities and illustrates how these are used to facilitate inter-professional learning and deliver skills teaching at an appropriate level of study for each year (32).</p>
<p>What we found at the event</p>
<p>Students and lecturers confirm that theory covered in lectures is followed by a linked placement. Teaching methods include not only formal lectures but also group discussions, problem solving exercises, practical demonstrations and self directed study. Various simulation techniques are used. These range from simple scenarios prior to entering practice to the use of more complex simulation exercises facilitated by lecturers and expert practitioners. Formative and summative assessment is built into the programme. Students told us that although the course is challenging they are meeting the intended learning outcomes, at each stage of the programme, and are confident that they will meet the competencies and proficiencies for entry to the register. Last year the National Student Survey confirmed a 97% satisfaction rate which placed this programme in a very good ranking in the league tables (49, 53).</p> <p>Our findings conclude that learning, teaching and assessment strategies in the approved programme enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.</p>
<p>Evidence / Reference Source</p>

32. *Periodic Subject Review Self Evaluation Report, Nursing & Health Care*

Undergraduate Programmes, October 2013

38. *University of Glasgow, School of Nursing and Healthcare, BN Year 1 Handbook 2014/2015*

39. *UoG, School of Nursing and Healthcare, BN Year 2 Handbook 2014/2015*

40. *University of Glasgow, School of Nursing and Healthcare, BN Year 2 Handbook 2014/2015*

49. *Meeting with programme team, 21 January 2015*

53. *Meeting with students, 21 January 2015*

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

What we found before the event

Students complete a practice learning ongoing record of achievement (PLORA) for each year of the programme. Practice is graded by the mentor on a scale of A to F, with D being the pass standard. EU requirements are achieved by specific hub and spoke placements for each year of the programme. Students are required to document their practice hours to ensure they comply with the EU directives (41, 42, 43).

What we found at the event

Mentors confirm that students perform well in clinical settings and are meeting the necessary practice focused intended learning outcomes and essential skills for delivering personalised care to patients at each stage of the programme (50, 51, 55, 59, 60).

We learned that the hub and spoke approach enables students to have exposure to other field learning opportunities and gain experience of working with a range of clients including mother and child; people with learning disabilities; and, mental health problems. Practice hours are logged in the student PLORA (41, 42, 43).

Students are clear about the expectations as stated under the EU Directives. They are also aware that the clinical hours stipulated by the NMC must be met by the end of the programme. Shortfall in these hours will need to be made up in order to meet this requirement. Students also benefit from the small number of timetabled hours set for simulated practice (53).

Whilst most students and mentors are aware of the grading of practice, concerns are present from both parties regarding the inconsistent use of the grading of practice tool. Some students commented that the narrative sections written by mentors in the PLORA did not always match the grade awarded. Most mentors told us they did not have sufficient preparation for the implementation of the grading grid and there are no

opportunities to discuss awarded grades with other mentors (50, 51, 53, 55, 59, 60).

The programme lead told us that in order to address inter-rater reliability an academic assesses every PLORA at the end of each placement. The document is scrutinised on a page by page basis and any inconsistencies are followed up with the mentor concerned (50).

We conclude that students on the adult nursing programme achieve NMC practice learning outcomes and competencies at progression points for entry to the relevant part of the register. However there is a need for extra preparation of mentors in the use of the grading of practice grid and addressing inter-rater reliability.

Evidence / Reference Source

41 University of Glasgow, School of Nursing and Healthcare, Practice Learning

Ongoing Record of Achievement, Year 1, 2014

42 University of Glasgow, School of Nursing and Healthcare, Practice Learning Ongoing Record of Achievement, Year 2, 2014

43. University of Glasgow, School of Nursing and Healthcare, Practice Learning Ongoing Record of Achievement, Year 3, 2014

50. Meeting with PLF and Mentor – Accident and Emergency Department- Glasgow Royal Infirmary 21 January 2015

51. Meeting with PLF and mentor – Ward 31 Glasgow Royal Infirmary 21 January 2015

53. Meeting with students- 21 January 2015

55. Meeting with mentors- Possilpark Health Centre, 21 January 2015

56. Meeting with head of school and BN programme director, 21 January 2015

59. Meeting with mentor- Westerton Nursing Home, 22 January 2015

60 Meeting with PLF and mentor- Golden Jubilee Hospital, 22 January 2015

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

- Ensuring inter-rater reliability in the grading of practice.

Findings against key risks
<p>Key risk 5 - Quality Assurance</p> <p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>Students complete an evaluation form at the end of each placement. They are asked if they have observed person centred care. If this is not ticked by the student an investigation is instigated by the area PEF (44).</p> <p>Quality assurance processes for the school, including external scrutiny by external examiners, ensure fair and transparent maintenance of standard of awards. External examiners meet with representatives from practice on scheduled meetings. Additionally, they visit practice learning environments on exam board days and prior to the formal examination board meeting (32).</p> <p>External examiner (EE) reports demonstrate that two of the three EEs met with students and mentors. The EEs are very positive about the standard of the programme. They report that the small cohorts enhance the teaching and learning experienced by students. Furthermore EEs report the students commend the level of support and pastoral care they receive from the lecturers (45, 46, 47).</p> <p>The school has taken action in response to one EE comment relating to the integration of anatomy and physiology theory and its application to nursing practice (48).</p>
<p>What we found at the event</p>
<p>We were told that the student experience is captured in a variety of ways, formally and informally. Students complete a paper based evaluation form at the end of each module and a high response rate is achieved by giving dedicated time in class for completion of the form. All course evaluations are collated by the year leader who submits a report to the QA officer for inclusion in the annual course monitoring report. A similar evaluation system is in place after each clinical placement. It is the responsibility of the year leader to feedback results of placement evaluations to PEFs to action and feedback to appropriate clinical areas. A practice learning evaluation system has been developed in collaboration with GCU and UWS. PEFs collate all evaluations to get an overview of any issues and identify trends. Student/staff meetings are an opportunity for students to raise issues other than those that relate to individual programmes. The meetings are attended by senior academic staff and student representatives from all four years of the</p>

nursing programme (57, 74-77).

Students confirmed that they have opportunities for evaluating both the academic and practice elements of the programme and believe that the team listens to the issues raised. Mentors and students told us that they have verbal discussions about each placement and each provides feedback about the other's performance. Mentors told us that students are confident to provide this feedback. PEFs and mentors told us that students provide written feedback about mentors after each placement. Mentors told us that they receive this feedback by email. Examples of good practice are included in the mentor newsletter which is available on the mentor website (50, 51, 53, 55, 59, 60).

We conclude that student feedback plus programme evaluation and improvement systems address weakness and enhance delivery.

Evidence / Reference Source

- 32. *Periodic Subject Review Self Evaluation Report, Nursing & Health Care Undergraduate Programmes, October 2013*
- 44. *Practice Learning Evaluation Questionnaire: Student Feedback, August 2014*
- 45. *External Examiner's Report, Bachelor of Nursing (BN1 and BN2), 4 July 2014*
- 46. *External Examiner's Report, Bachelor of Nursing years 1 and 2, 29 July 2014*
- 47. *External Examiner's Report, Bachelor of Nursing, years 3 and 4, 1 July 2014.*
- 48. *Nursing and Health Care BN programme, external examiner comments - response to concerns, December 2014.*
- 50. *Meeting with PLF and Mentor, Accident and Emergency Department, Glasgow Royal Infirmary, 21 January 2015*
- 51. *Meeting with PLF and mentor –Ward 31 Glasgow Royal Infirmary, 21 January 2015*
- 53. *Meeting with students, 21 January 2015.*
- 55. *Meeting with mentors- Possilpark Health Centre, 21 January 2015*
- 57. *Meeting with Quality Assurance Officer, 21 January 2015*
- 59. *Meeting with mentor- Westerton Nursing Home, 22 January 2015*
- 60. *Meeting with PLF and mentor- Golden Jubilee Hospital, 22 January 2015*
- 74. *Informal feedback from students via email, June 14*
- 75. *Student feedback questionnaire, undated*
- 76. *Analysis of student feedback questionnaires, March 2014*
- 77. *Quality Assurance Strategy, October 2013*

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

<p>A review of complaints against the BN Hons programme or the nursing and health care school was undertaken for the period 2010-2014. No complaints regarding the BN programme have been received by the school or by the University in the past five years.</p> <p>One complaint was received within this period from a family regarding the behaviour of a student on practice placement in 2012. This complaint was investigated by the nursing and health care school and referred to the school of medicine FtP committee and was dealt with following the FtP procedure (see 2.1.2).</p> <p>The University has a comprehensive complaints procedure which has been updated in 2014. The complaints procedure is available to students, the general public and other organisations or bodies. Complaints will be recorded, along with any action taken. Information about complaints handled by the University will be made available annually. The report for the first year of the new complaints procedure is not yet available (as of November 2014). Anyone who has followed the University's complaints procedure and remains dissatisfied with the University's final response may seek independent external review of their complaint by contacting the Scottish Public Services' Ombudsman (9).</p>
<p>What we found at the event</p>
<p>At the event we were shown evidence of ratification of the new complaints procedure and there have been no further complaints relating to nursing programmes (56, 78).</p> <p>We did not see any evidence of complaints by students about practice placements. Students told us they were satisfied with their experience of practice placements (53).</p> <p>We conclude from our findings that the University has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with.</p>
<p>Evidence / Reference Source</p>
<p><i>9. NMC Annual Self Assessment Programme Monitoring Report, University of Glasgow, 2015/2015</i></p> <p><i>53. Meeting with students - 21 January 2015</i></p> <p><i>56. Meeting with head of school and programme director, 21 January 2013</i></p> <p><i>78. University of Glasgow, Complaints Procedure, viewed January 2015</i></p>
<p>Outcome: Standard met</p>
<p>Comments:</p> <p>No further comments</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 06 Jan 2015
Meetings with:
Bachelor of nursing programme director Nursing and health care programme administrator
At monitoring event
Meetings with:
Head of nursing and health care school Deputy head of nursing and healthcare school Bachelor of nursing programme director Quality assurance officer Admissions' officer Deputy admissions' officer Nursing and health care programme administrator University teachers x 3 Teaching Assistants x 2 Lead for practice learning, department of nursing and community health, GCU Nursing lecturers GCU x 2 Head of practice development (acute services)

Meetings with:

Mentors / sign-off mentors	6
Practice teachers	
Service users / Carers	2
Practice Education Facilitator	6
Director / manager nursing	

Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	1 Clinical Education and Improvement Nurse

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 2 Year 2: 2 Year 3: 0 Year 4: 2
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0