

2017-18

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

Programme provider	University of West of Scotland
Programmes monitored	Registered Midwife - 36M; Registered Specialist Comm Public Health Nursing - HV
Date of monitoring event	14-16 Nov 2017
Managing Reviewer	Bernie Wallis
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	Annie Powell, Patricia Hibberd
Placement partner visits undertaken during the review	<p>Specialist Community Public Health Nursing – health visiting:</p> <p>NHS Ayrshire and Arran: Area east; health visiting team Area south; health visiting team</p> <p>NHS Dumfries and Galloway: health visiting team, by telephone conference</p> <p>NHS Lanarkshire: Area north; health visiting team Area south; health visiting team</p> <p>East Dunbartonshire community health visiting team</p> <p>Pre-registration midwifery:</p> <p>NHS Lanarkshire: Clydesdale community midwifery team. Wishaw General Hospital maternity services.</p> <p>NHS Greater Glasgow and Clyde: Queen Elizabeth maternity unit (postnatal ward, high risk postnatal ward, antenatal ward, labour ward) Royal Alexandra maternity unit (postnatal/antenatal wards, early pregnancy unit, midwife-led alongside birthing unit, labour ward, antenatal clinic).</p> <p>NHS Highland: Lochgilphead community midwifery team, university based meeting</p>

Date of Report	27 Nov 2017
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Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Standards for nursing and midwifery education

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

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

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

QA and how standards are met

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

As set out in the NMC QA framework, which was updated in 2017, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

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

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

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

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

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

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

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

When a standard is not met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
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 AEI 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 appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
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 West of Scotland's programmes

The University of the West of Scotland (UWS) (the university) school of health, nursing and midwifery (SHNM) (the school) is one of six academic schools, and is the largest provider of health education in Scotland. The university currently has four campuses in Scotland; Dumfries, Ayr, Hamilton and Paisley.

The focus of this monitoring review is pre-registration midwifery and specialist community public health nursing (SCPHN) health visiting (HV).

The postgraduate SCPHN HV programme is available on a full time and part time basis and was approved on 22 May 2014 (1). There have been two intakes of students for the last four years in response to NHS Scotland health visitor strategy. Intakes of students will revert to one per year in 2018-19. Student numbers are approximately 90.

The three-year BSc midwifery pre-registration programme was approved on 4 April 2012 and the MSc midwifery programme on 17 April 2013 (2). An extension to the programme approval was granted by the NMC until 31 August 2020. There are approximately 150 undergraduate students and 45 postgraduate students.

Placements providers include NHS Glasgow and Clyde, NHS Highland, NHS Lanarkshire, NHS Dumfries and Galloway and NHS Ayrshire and Arran.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders.

The outcome of Healthcare Improvement Scotland (HIS) reports influenced the selection of practice placements for the monitoring visit. Consideration was given to the student experience in the placements in NHS Greater Glasgow and Clyde Queen Elizabeth University Hospital, due to the number of priority one actions required in the January 2017 HIS report (5).

Summary of public protection context and findings

We conclude that the UWS has systems and processes in place to monitor and control the key risk themes resources and fitness for practice.

We found the key risk theme quality assurance requires improvement.

Our findings conclude that two key risks, admissions and progression and practice learning, do not meet the NMC standards required to ensure public protection. The university must implement an urgent action plan to ensure these risks are controlled and NMC standards are met to ensure public protection.

6 February 2018: The university produced an action plan to address the unmet outcomes. The action plan has been fully implemented and the NMC requirements are now met. The key risk themes, admissions and progression and practice learning

outcome are now graded requires improvement to reflect the outstanding areas for improvement identified in the report.

The control of the key risks is outlined below.

Resources: met

Our findings confirm that the university has adequate appropriately qualified academic staff to deliver the SCPHN HV and pre-registration midwifery programmes.

There are sufficient appropriately qualified practice teachers and sign-off mentors to support the number of students studying the SCPHN HV and pre-registration midwifery programmes.

Admissions and progression: not met

We conclude that robust processes are not in place to ensure all outcomes within the SCPHN HV and midwifery programmes are appropriately confirmed as met due to compensation being applied between assessment elements as a result of changes to the university assessment regulations. This requires timely action to ensure the NMC requirement is met.

We found admission, selection and progression processes for the pre-registration midwifery programme meet NMC requirements to ensure protection of the public. These checks include ensuring students have protection of vulnerable groups (PVG) screening, occupational health clearance and good character checks prior to commencing the programme and proceeding onto their first placement. Health and character declarations are completed by students at progression points and prior to entry to the professional register.

We found employers carry out health and character checks for SCPHN HV students but confirmation of these checks is not formally recorded as part of the admission to the SCPHN HV programme. We found there was no requirement for SCPHN HV students to complete a self-declaration of good health and good character at the end of the programme. These checks require timely action to ensure robust and transparent admission and sign-off processes are in place and public protection is assured.

We found service users/carers contribute to the recruitment and selection of midwifery students which is clearly values based. However, service user/carers are not involved in the selection process for SCPHN HV students. This requires improvement.

We found there is no mechanism for recording that practitioners and service users have completed equality and diversity training prior to undertaking student selection interviews for the midwifery and SCPHN HV programmes. This requires improvement to ensure NMC requirements are met.

There is an effective policy for the management of students who are under the age of 18 years at the start of the programme and a risk assessment is undertaken prior to them proceeding onto practice placement.

There is a clear system in place for accreditation/recognition of prior learning (A/RPL) for the health visitor programme. However, the external examiner does not have oversight of the process and therefore all aspects of the programme that contribute to student progression. This requires improvement.

We found the university has comprehensive policies and processes in place related to conduct, competence and fitness to practise which manage and pre-empt the poor performance of students in theory and in practice. Practice placement providers have confidence in these process and their ability to implement them.

Practice placement providers' systems enable effective implementation of the university procedures to monitor and address issue of poor performance of students in practice.

12 December 2017: A review of progress against the action plan confirmed that a new process has been implemented to ensure good health and good character and criminal record checks of SCPHN HV students are completed and recorded at the beginning and at the end of the programme prior to entry to part three of the NMC register. The standard is now met and protection of the public is assured.

6 February 2018: A review of the action plan confirmed that the use of compensation has been removed from the SCPHN HV and pre-registration midwifery programmes to comply with the NMC requirements.

The key risk admissions and progression is now graded requires improvement to reflect the outstanding areas for improvement identified above.

Practice learning: not met

Our findings conclude the partnership working between the university and practice placement providers and other approved education institutions (AEIs) is robust and effective at both strategic and operational levels to support the programmes.

We found issues raised by external quality assurance (QA) monitoring are addressed through this partnership working. We saw evidence of escalation of concerns and exceptional reporting to the NMC and found students, academic and practice placement provider staff are confident in the processes to follow for raising and escalating concerns in practice.

We found clear evidence of the academic support provided for students, practice teachers and sign-off mentors in the practice placement areas.

We conclude that practice teachers and sign-off mentors are appropriately prepared for their role and are supported to attend updates to meet the requirements for triennial review and undertake practice assessment.

We cannot be assured however that a robust and secure system of consistently allocating students to midwifery sign-off mentors is in place in one NHS health board. The mentor register was not accurate. One sign-off mentor on the active part of the register was out of date and we found one sign-off mentor allocated to students who

was not recorded as 'active' on the register. This requires urgent and immediate action to manage the risk and ensure public protection.

We found practitioners' involvement is embedded in both programmes. The involvement of service users/carers is also evident. However, we found service users/carers are not routinely engaged in the programme management teams. A new service user carer strategy is in place but this did not routinely report on outputs. These require improvement.

3 December 2017: A review of progress against the action plan confirmed that the mentor register is accurate and midwifery students currently on placement are allocated to up to date sign-off mentors, and no students are supervised or assessed by out of date sign-off mentors.

6 February 2018: A final review of progress against the action plan confirmed that a new online system is in place which ensures midwifery students cannot be allocated to out of date sign-off mentors. The key risk is now controlled and NMC requirements are met.

The practice learning outcome is now graded requires improvement to reflect the outstanding area for improvement identified above.

Fitness for practice: met

Our findings conclude that the learning, teaching and assessment strategies of the pre-registration midwifery and SCPHN HV programmes enable students to achieve the programme learning outcomes, practice competencies and NMC standards and requirements at progression points and for entry to the register in both university and audited practice settings.

Employers, practice teachers and sign-off mentors told us that students are fit for practice on completion of these programmes.

Quality assurance: requires improvement

Our findings conclude that there are effective internal QA processes in place to manage risks to public protection. However, further enhancement of the university's systems and processes is required to ensure the SCPHN HV student experience of practice learning is consistently evaluated and enables feedback to practice placement providers.

External examiners have due regard and are engaged in the scrutiny of the assessment of theory and practice in the pre-registration midwifery programme. However, we found external examiners do not routinely report on the quality of practice based learning in the SCPHN HV programme. This requires improvement.

We found practice placement providers involved in the SCPHN HV and pre-registration midwifery programmes do not receive feedback about the quality of practice learning and assessments from external examiner reports in order to carry out actions as required. This requires improvement.

There are clear processes in place to ensure students' concerns and complaints are appropriately dealt with and communicated to relevant practice placement providers when the concern or complaint relates to the practice learning setting.

We did not find any evidence to suggest there are any adverse effects on students' learning experiences in midwifery placements in the Queen Elizabeth University Hospital, which was subject to HIS priority one actions.

Summary of areas that require improvement

A review of progress against the university action plan took on 3 and 12 December 2017 and 6 February 2018. These reviews confirmed that revised systems and processes are now in place to ensure the following; the use of compensation has been removed from the SCPHN HV and pre-registration midwifery programmes; good health and good character checks are recorded at the beginning and end of the SCPHN HV programme and a new system for the appropriate allocation of pre-registration midwifery sign-off mentors to students and monitoring the accuracy of the mentor register are in place. These risk areas are now controlled and NMC standards are met.

The following areas are not met and require urgent attention:

- The school must put a system in place to confirm and record employer health and character checks on admission to the SCPHN HV programme and at programme completion to ensure NMC standards and requirements are met and protection of the public is assured.
- The university must ensure that a robust process is put in place for the maintainance of accurate and up to date recording in the mentor register in one NHS health board to meet NMC requirements.
- The school must ensure a robust process is put in place as a matter of urgency to ensure students are allocated up to date sign-off mentors prior to proceeding to their next placement to assure public protection.
- The programme regulations for the SCPHN HV and pre-registration midwifery programmes are not compliant with NMC standards as students are not required to successfully complete all elements of theory module assessments. This requires urgent attention to ensure students meet all theoretical components of the programmes.

The following areas require improvement:

- The school should involve service user/carers in the selection process for health visitor students.
- The university should have a process in place to record that practitioners and service users participating in student selection interviews for the SCPHN HV

and pre-registration midwifery programmes have undergone equality and diversity training.

- The university should ensure external examiners have oversight of the A/RPL process and outcomes for the SCPHN HV programme, to enhance the risk controls and ensure public protection.
- The ways in which service user/carers can be involved in the SCPHN HV and pre-registration midwifery programme management teams should be identified and implemented by the school.
- The school should introduce a formal system of routine reporting on the outputs of the service user strategy.
- The school should establish a formal and effective system of capturing students' evaluation of practice learning in the SCPHN HV programme.
- The university should ensure external examiners routinely report on the quality of practice based learning in the SCPHN HV programme.
- The school should introduce a process to ensure practice placement providers receive feedback from external examiners' reporting of practice based learning and assessment in the SCPHN HV and pre-registration midwifery programmes.

Summary of areas for future monitoring

- Health and character checks on admission and completion of the SCPHN HV programme.
- Midwifery sign-off mentor registers are accurate and up to date.
- Midwifery students are allocated to up to date sign-off mentors.
- Adherence to the NMC standards for progression in all NMC approved programmes.
- Service users/carers are involved in student selection in the SCPHN HV programme.
- Service users/carers are involved in the programme management teams for SCPHN HV and pre-registration midwifery.
- Routine reports on outputs of the service user/carer strategy are established.
- Equality and diversity checks are recorded for practitioners and service users/carers involved in student selection interviews.
- Student evaluations of practice learning are captured formally in the SCPHN HV programme.

- External examiners have oversight of A/RPL claims in the SCPHN HV programme.
- External examiners routinely report on the quality of practice learning in the SCPHN HV programme.
- Practice placement providers receive feedback about external examiner reporting of the quality of practice based learning and assessment.

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

SCPHN HV

We found that the academic team have good working relationships with NHS practice placement providers across the SCPHN HV placement areas. Academic staff are appropriately qualified NMC teachers. We were told about the systems and processes used to ensure that the NMC standards and requirements are achieved. The team explained that the university has ensured adequate academic resources to support the expansion in SCPHN HV student numbers through further involvement of the wider community specialist team and an additional health visitor practice liaison post. The practice liaison role supports practice teachers, health visitor facilitators and students in practice areas.

Pre-registration midwifery

The midwifery programme team told us that they are well resourced and are facilitated to develop and to engage in their roles as liaison lecturers and personal

tutors. The programme team view the collaboration with both placement providers to be a strength of their provision, and gave examples of areas of joint working at operational and strategic levels via the lead midwife for education (LME) and chief midwives. The programme team told us that they believe student midwives have a high quality educational experience that includes access to high calibre simulation facilities with technical support, and that the LME and wider team is supported by a responsive school.

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

Sign-off mentors, practice teachers and practice education facilitators (PEFs) report that the pre-registration midwifery programme and SCPHN HV programmes are suitably preparing students for admission/annotation on to the NMC register. Students are well prepared to enter practice learning by the theory elements of their programmes and are consistently engaged and proactive in their learning. Employers and service managers report that students completing the programmes are of a high calibre and are employable

The university is responsive and supportive if concerns are raised regarding a student and appropriate remedial action is undertaken. Liaison lecturers are proactive and visible across the placement circuit and have well defined relationships with the PEFs.

Practice teachers and mentors confirm their involvement in student recruitment and selection and report they are well prepared and supported by managers, PEFs and university staff in their role in facilitating students' learning and assessing practice. Practice managers report working relationships at strategic and operational level between the university, other AEIs and NHS health boards is robust.

Students

SCPHN HV

Full and part time students told us that they feel well supported in both academic and practice settings to meet the programme outcomes and requirements. They explained that the programme is challenging. However, the blended learning and teaching strategy, timetable and tutorial system enables them to achieve the programme outcomes. They told us that the assessment is varied and includes an objective structured clinical examination (OSCE). Students are positive about the programme and feel prepared to undertake the health visiting role on qualification.

Pre-registration midwifery

Students told us that they are very satisfied with the quality of the midwifery programme, and felt very well supported by university and practice staff. They told us that the teaching resources are comprehensive, including high calibre simulation facilities and access to a wide range of online and library resources. The students report that they are able to have a wide range of relevant experience in order to achieve NMC requirements and European Union (EU) directives and that the programme facilitated their learning and professional development at all stages.

Students told us that the team listen to their evaluations and made changes where possible, and that the programme prepares them for becoming qualified midwives.

Service users and carers

SCPHN HV

The service users we met and contacted by telephone appreciated the confidence and experience of the SCPHN HV students and praised their commitment to providing individualised care. The students had demonstrated respect when visiting the homes of service users and had followed up on appointments in a timely and professional manner.

Pre-registration midwifery

In practice placement environments, we met service users who had received care from midwifery students in the community, during their antenatal care. The service users spoke very highly of the students and made specific reference to feeling supported, being given adequate time to answer questions and having their opinions listened to. The service users were very positive about the care they received and could give examples of compassion and commitment to providing a high standard of care.

Relevant issues from external quality assurance reports

The following HIS reports which required action were considered for practice placements used by the university for pre-registration midwifery and SCPHN HV students. These reports provided the review team with context and background to inform the monitoring review.

HIS report Hairmyres Hospital, NHS Lanarkshire. This was an announced inspection of wards and theatres on 9-10 May 2017 against the Healthcare Associated Infection (HAI) standards (February 2015). Four priority one rated requirements related to the ward inspection required action (3).

HIS report Monklands Hospital, NHS Lanarkshire. This was an announced follow-up visit of the theatre department on 15 November 2016 and an inspection against the HAI standards. Two priority one rated requirements required action (4).

HIS report Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde. There were two unannounced inspections on 12-15 December 2016 and a follow up visit 16-17 January 2017 against the HAI standards. 10 requirements required action of which eight were priority one rated (5)

What we found at the monitoring visit:

We found the university works in close partnership with practice placement providers. There is regular communication between the directors of nursing and senior staff of the school regarding the outcomes of HIS reports and any other risks to the practice learning environment. Action plans are agreed when there is any impact on student

practice learning (116-118, 120).

Follow up on recommendations from approval events within the last year

The PgCert teacher programme was approved 30 June 2017 (6).

There were three recommendations identified. The progress/completion of these recommendations will be reported on in the 2017-18 annual self-assessment report.

A major modification to the MSc health studies SCPHN occupational health nursing (OHN) programme was approved on 28 July 2016 (8). Two recommendations were made.

The following was identified as relevant for future monitoring:

- The level of resources available to support teaching, monitoring and supporting students online (see section 1.2.1)

A major modification for the postgraduate diploma specialist practitioner qualification (SPQ) district nurse programme with mandatory integrated prescribing was approved on 6 June 2016 (9).

The following was identified as relevant for future monitoring:

- The preparation of the practice teachers to support and assess students at master's level (see section 3.3.1).

What we found at the monitoring visit:

The recommendations from programme modifications are in progress or have been completed as appropriate (136).

Specific issues to follow up from self-report

The 2016-17 self-assessment report identified the following areas as potential risks requiring monitoring (10);

- redefining the role of the link lecturer (see section 3.2.2)
- removal of numeracy and literacy testing and individual interviews (see section 2.1.1)
- revision of fitness to practise procedures (see section 2.1.2)
- introduction of a new practice placement management system InPlace from September 2016 (see section 3.1.1)
- introduction of a new placements evaluation system QMPLE (see section 5.1.1)
- placements at Wishaw General Hospital following a change in the model of care delivery and function

What we found at the monitoring visit:

We visited Wishaw General Hospital maternity unit and found the practice learning environment conducive to student learning (133).

Implementing an equitable and robust approach to service user involvement in pre-registration programmes was identified in the 2015-16 self-assessment report. The NMC monitoring review report 2014 also recommended strengthening service user involvement in the SCPHN HV programme (11-13). (see section 3.2.1)

Findings against key risks

Key risk 1 – Resources

- 1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**

Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes

What we found before the event

There is a school enabling plan for staff development linked to the performance development review (PDR) process, including support for revalidation activity and completing the NMC recordable teacher qualification. Completion of equality and diversity training/unconscious bias is mandatory and provided online (43-45, 48, 51, 108).

What we found at the event

Staff curricula vitae (CVs) demonstrate that academic staff delivering the programmes have a diverse range of knowledge and experience commensurate with their roles. Completing a postgraduate teaching qualification is mandatory for teaching staff (33, 42, 51).

The LME and programme leaders for the BSc midwifery and MSc midwifery programme all hold current NMC registration, due regard and recorded teacher qualifications. The LME holds an academic and professional leadership role in the

school and confirmed she is fully supported to fulfil the role requirements which constitutes half of the post. The LME is involved with all aspects of programme development, delivery and evaluation at strategic and operational levels, and is also line manager for the midwifery team (111, 116, 118, 127, 129, 146).

The programme leader for the SCPHN HV programme and the majority of the teaching team are current registrants with due regard and hold a recognised teacher qualification. The team is complemented with staff from a mental health background and child protection expertise (111, 119).

The teaching teams we met confirmed they are supported to complete revalidation requirements. The school records and monitors the professional registration and revalidation dates of staff (116-118, 157).

Staff we met confirmed there is protected time for staff development, professional update and engagement with practice. The staff development activity tracker confirmed evidence of professional updating (47, 116, 127, 135).

From discussion with senior staff, the teaching teams and students, we found that the teaching resource supports the application of specialist knowledge and is sufficient to support the number of students on the programmes (64-65, 116, 127, 130, 135, 137).

We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery and SCPHN HV programmes to meet NMC standards.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times

What we found before the event

The NMC approved practice teacher programme is delivered online. The NMC approved mentor preparation programme is delivered across all four campuses and has been reviewed to enhance engagement with the assessment and increase completion rates (76, 79).

Bi-annual reports detailing mentor/practice teacher capacity in each placement area are provided to the university by practice placement providers. Educational audit documentation is reviewed to provide timely cross referencing to mentor/practice teacher capacity, local mentor updates, triennial reviews and maintenance of live mentor registers (55-57, 59-61, 77-78).

What we found at the event

Practice teacher and sign-off mentor capacity is overseen by the PEFs and liaison

lecturers. The PEFs check the sign-off mentor or practice teacher is current on the local mentor/practice teacher register. The senior management of the school, and directors of nursing/chief midwives are kept informed of any capacity issues and regular reports on practice teacher capacity are received by the NHS strategic leads for health visiting. There is an established process of monitoring capacity through the partnership forums and through collaboration with other AEIs that share the same placements. Any service reconfiguration that effects capacity is notified to the university and amendments made to the practice placement management system InPlace (11, 55, 61, 74, 77-78, 82, 116-117, 120, 146).

Supernumerary status and the requirement for midwifery and SCPHN HV students to spend 40 percent of the time in practice under the direction of their mentor/practice teacher is clearly stated in the placement management standards and student and practice teacher/mentor facing documentation. Students, sign-off mentors, practice teachers and PEFs we met confirmed these requirements are adhered to (55, 86-87, 91, 128-129, 131-134, 137-140).

SCPHN HV

We found NHS health boards and the university work effectively in partnership at a strategic and operational level to ensure practice teacher capacity is sufficient to support the increase in the number of SCPHN HV students (116, 120, 126, 135-140, 142).

The recent introduction of the long arm approach to supporting students in practice and the development of the registered health visitor facilitator role supports the practice teacher and student practice learning infrastructure. Where practice teachers are not one-to-one with the SCPHN HV student, a registered health visitor facilitator is allocated to enable one-to-one student learning in practice. Where there is only one sign-off practice teacher in an area, we found a risk management strategy in place to ensure that a practice teacher from a neighbouring area in the employing organisation would be available to continue to support the student and facilitator as needed (120, 135, 137-138, 149).

Practice teachers and facilitators we met confirm that they feel well prepared for their role and are well supported. Employers also confirm they support practice teacher capacity by reducing the size of caseloads for practice teachers. This allows them to undertake more visits to work with or supervise students working with facilitators (137-140, 147).

Pre-registration midwifery

There is a limited shared circuit of midwifery placements with other AEIs. Managers and mentors confirm that although occasionally there are other health professionals in the placements this does not cause excessive demand on the mentors (128-129, 131, 133-134).

Students told us they feel well supported in practice to achieve their learning outcomes. Students are assigned a sign-off mentor prior to commencing each practice placement and they also work with a co-mentor who has been suitably

prepared for the role. Sign-off mentors confirm they are effectively prepared for the role. Mentors, PEFs and students told us that during non-midwifery placements, the students continue to have the support of their sign-off midwife mentors whilst receiving appropriate additional support from other relevant staff; for example other health and social care staff. We were told that occasionally if there is an unexpected shortage of mentors, for example because of sickness absence, this is dealt with promptly by joint working between PEFs, link lecturers and mentors (128-129, 130-131, 133-134).

Sign-off mentor capacity is sufficient to support the programme. However, we were told that on occasion, service level agreements with NHS health boards require amendment to facilitate student placement requirements. Partnerships with the PEFs and NHS health boards are proactive to ensure that this can be accommodated (110, 126, 133).

We conclude that there are a sufficient number of appropriately qualified sign-off mentors and practice teachers to support the number of pre-registration midwifery and SCPHN HV students on placements.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

University and school policies guide and support the admissions and selection

processes and include, criminal convictions, equality and diversity, counter fraud and risk assessment for applicants under 18 years of age. The school also undertakes a risk assessment for successful applicants under 18 years of age prior to them proceeding onto practice placement (13-15, 20, 26-28, 30).

What we found at the event

SCPHN HV

The entry criteria for the SCPHN HV programme are consistent with NMC and university requirements and also include an extended personal statement, a competency activity and an interview. Students are sponsored and employed by the NHS throughout the programme. University and health service staff we met confirmed the application process and joint interview is managed in partnership and short-listing and interviewing panels include the academic team, health service managers and practice teachers. Competency based interviews are linked to professional values and behaviours and are used to assess applicant values and transferable skills (88, 101, 120, 135, 137-142).

We found no evidence that service users/carers are involved in the admission and selection processes, and this requires improvement to ensure NMC requirements are met (119, 135, 153).

The NHS health board employing the SCPHN HV student undertakes occupational health and PVG screening prior to commencement on the programme. The employer confirms to the university that the PVGs have been completed and this information is shared between the placement providers and the university as necessary. The university was unable to provide evidence that character checks and completion of occupational health screening undertaken by the employer is routinely and systematically checked and verified by the university programme team prior to admission on to the programme (119-120, 130, 135, 137-142). This requires improvement.

Pre-registration midwifery

Entry criteria to the pre-registration midwifery programme are consistent with university and NMC requirements. Numeracy and literacy testing have recently been removed as part of the selection process and individual interviewing has been replaced this year with group interviewing as a school wide initiative. Managers and mentors we met are aware of these changes and feedback from the programme team and placement providers confirm this is an effective aspect of the selection process (10, 86-87, 120, 127, 129-130, 133-134).

We were told by the programme team and practice managers that selection and admission of midwifery students is linked to professional values and behaviours and this was confirmed in the materials used for recruitment and by students (127, 129, 144).

A diverse range of stakeholders are involved in selection and admission, including current students, midwifery managers, PEFs and midwife mentors. Mentors reported they are routinely invited and are enabled to attend student selections events and found the experience was valuable and robust. Service users are invited to attend interview days and we were told that there were service users in attendance at all of this year's group interview events for the midwifery programme. Student midwives told us that they see the attendance of current students at recruitment events as valuable (120, 127-130, 133-134).

Admission processes ensure that student midwives have fulfilled all health and character requirements including PVG checks and these are confirmed by the LME. This information is shared between the university and placement providers as necessary. The programme leaders confirm that in the event of a delay in receiving relevant health and character clearance at the start of the programmes, the students would not be allowed to proceed to practice placement (23, 120, 126-131, 133-134).

There is an effective policy for the management of students who are under the age of 18 years at the start of the programme and a risk assessment is undertaken prior to them proceeding onto practice placement (13, 20, 119).

The university is confident that pre-interview training including equality and diversity training is completed by academic staff and practitioners prior to engaging in selection interviews as it is part of their mandatory training. This training is provided by their respective organisations. Health service staff we met confirmed they complete equality and diversity training and we saw records of unconscious bias training completed by the academic staff. We found however, the university does not have a mechanism in place for the recording and monitoring of the training undertaken by health service staff involved in the student selection process for the pre-registration midwifery and SCPHN HV programmes and this requires improvement (108, 127, 131, 133-135, 152-153).

Our findings conclude that the university conducts an open, fair and transparent selection and admissions process and follows NMC requirements. However, the risk control measures used by the university to confirm health and character checks carried out by the employer for health visitor students requires improvement. Service users should be involved in the selection process for student health visitor students. The mechanisms for recording that practitioners and service users have completed equality and diversity training prior to participating in selection processes for pre-registration midwifery and SCPHN HV students requires improvement.

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

What we found before the event

Students are allocated a personal tutor. The role and responsibilities have recently been reviewed and indicate the personal tutor will meet with the student at least once per academic year to monitor progress in theory and practice (31, 39, 66).

Expectations for the full engagement of students in their programme are clear in the student engagement policy and in programme documentation. Any concerns about a student's level of engagement which can impact on student performance and/or progression is initially managed at module and programme level and can be escalated to the school student engagement committee. Where a concern is raised about a student's attendance this can be referred to the school committee for action as appropriate including withdrawal from the programme (34-38, 40, 66).

There is a university policy and associated infrastructure for managing concerns about a student's conduct, competence or fitness to practise (FtP). FtP concerns may be resolved following a stage one process or escalated to a stage two panel hearing. Senior nurse/midwife representation is required at stage two panel hearings. In 2016, 14 cases of FtP concerns from across the school were considered. Data and outcomes are tracked and a summary report of cases and associated outcomes is produced annually (21-22, 86-87).

Data shows that three student midwives have been referred to FtP panels since 2013 as follows; one case in 2013 for unprofessional behaviour in respect of breach of confidentiality which was processed through stage one and two. The student elected to leave the programme. One case in 2016 following a complaint from mentors alleging breach of the UWS code of discipline for students. The case was processed and resolved at stage one and the student continued on the programme. One case in 2016/17 was processed at stage one and stage two for the improper use of social media resulting in discontinuation of the student from the programme (21, 29, 50).

What we found at the event

The processes for addressing students' performance in their academic work are robust and enable close monitoring of progress where concerns have been identified, providing support to students to improve. Students we met confirm that they are allocated a personal tutor who is also a liaison lecturer to support them in theory and practice and monitor their progress. They told us they are given timely feedback from the programme teams and that this feedback enables them to improve their performance academically (127-129, 135, 137-142, 144-145).

FtP policies and procedures are clearly understood by students. FtP data is evaluated, and the outcomes are reported to the school board. A system to ensure 'lessons learnt' is under development to ensure these are disseminated and used effectively by school staff, students mentors and practice teachers (21-22, 29, 118, 129-134).

Since the approval of the pre-registration midwifery and SCPHN HV programmes the university regulations have been updated to allow compensation between elements of

assessment in order to achieve an overall module pass. We found that the programme team had not mitigated against the risk that a student may fail an element of theoretical assessment and consequently related NMC outcomes (85-90, 112, 146). This requires timely action to ensure the NMC requirement is met.

SCPHN HV

We found that there was no requirement for SCPHN HV students to complete a self-declaration of good health and good character at the end of the programme prior to notifying NMC of eligibility to register (119, 135, 142). This requires urgent action to ensure robust and transparent sign-off processes are in place and public protection is assured.

The university FtP policy incorporates postgraduate and post-registration students. Academic staff confirmed that if a FtP concern arose about a SCPHN HV student, a stage one investigation would be initiated, and the employer notified for any subsequent processing, as appropriate. Strategic leads for health visiting confirmed this partnership approach (118, 120).

Pre-registration midwifery

Students we met reported they are required to complete an annual declaration of health and character at progression points and at programme completion; these declarations are confirmed by the LME (23, 55, 86-87, 128-129, 146).

We found that the LME is involved at stage one of any FtP case concerning a midwifery student and the directors of nursing and PEFs confirmed that senior practice midwives are involved in stage two of the process (120, 129, 131-134, 146).

Since the programmes were approved changes to the university assessment regulations have been introduced which allow compensation to be applied between module assessment elements. Therefore, our findings conclude that robust processes are not in place to ensure all outcomes within the pre-registration midwifery and SCPHN HV programmes are appropriately confirmed as met. The risk is not controlled and requires timely action to ensure the NMC requirement is met and protection of the public is assured.

Risk indicator 2.1.3 - 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

There is a university recognition of prior learning policy (RPL). RPL is not allowed in pre-registration midwifery programmes (32-33).

There is opportunity for admission to the SCPHN HV programme with previous academic credit and/or prior learning up to a maximum of two academic modules. The

<p>most recent application for RPL in the programme was 2015 (32-33, 66, 88).</p>
<p>What we found at the event</p>
<p>A system is in place for the management of RPL claims in the SCPHN HV programme. RPL is mainly used in the programme in cases where students have previously taken one of the programme modules as continuing professional development prior to undertaking the SCPHN HV programme. Where there is a request for external RPL, the programme leader undertakes a mapping of prior learning to the relevant module outcomes. All students are required to link learning to NMC proficiencies through reflection within the practice portfolio (91, 119, 135).</p> <p>We found that RPL is not currently subject to external examiner scrutiny (106-107, 118-119). This requires improvement to ensure protection of the public.</p> <p>Our findings conclude there are clear RPL processes in place for the SCPHN HV programme. However, the external examiner does not have oversight of the process and therefore all aspects of the programme that contribute to student progression. The involvement of the external examiner would strengthen the process.</p>
<p>Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>The practice assessment documents detail the cause for concern process including performance in terms of failure by a student to achieve practice proficiencies, professional conduct and associated supportive action by the mentor, PEF and academic staff. Clear guidance is provided for mentors and practice teachers when they need to act on a concern and the FtP process. Support for mentors and practice teachers is provided by the PEFs, liaison lecturer for midwifery students and the liaison lecturer/personal tutor for SCPHN HV students (18, 54, 91-93).</p> <p>Practice documentation is clear in structuring and capturing ongoing monitoring of a student's performance and conduct, including action plans and collaboration between practice and academic staff (35-36, 92-93, 101).</p> <p>Students, mentors and practice teachers are made aware of these processes through the programme and practice assessment documentation, at student induction and as part of mentor/practice teacher preparation and updates (92-93, 101-102).</p>
<p>What we found at the event</p>

We found that the programme providers' procedures are understood, implemented and valued by practice placement providers in addressing issues of poor student performance in practice. Mentors and practice teachers are made aware of the processes when they need to act on a concern about a student's poor performance through the practice documentation and mentor/practice teacher preparation and updates for mentors and practice teachers. Students, sign-off mentors, practice teachers, PEFs and service managers we met were able to describe the process (21, 114, 128-129, 131-135, 137-140, 148).

Sign-off mentors, practice teachers, PEFs and managers we met confirmed that the processes for addressing students' poor performance are understood and used by mentors and the liaison lecturers. Mentors and practice teachers gave us examples of situations where they had participated in action plans for individual students, in partnership with the liaison lecturer and where successful outcomes were achieved. They report receiving timely, appropriate and effective support from the liaison lecturers, personal tutors and PEFs to address their concerns (127, 130-140).

Concerns and action plans are recorded in the student's portfolio/practice assessment tool (PAT) and shared as part of the ongoing achievement record (OAR) (129, 131-134, 137-142, 144-145).

We conclude that practice placement providers have a good understanding of, and implement, university procedures to address issues of poor performance of students in practice to ensure protection of the public.

Outcome: Standard not met

Comments:

- Compensation is being applied between module assessment elements, as a result of changes to the university assessment regulations since the programme was approved. Action is required to ensure this NMC requirement is met.

6 February 2018: Follow up Documentary Evidence from University of West of Scotland. Standard now requires improvement

6 February 2018: A review of the action plan confirms that the NMC requirement is now met. We viewed the minutes of a university extraordinary programme board and copies of revised module and programme specifications, which provide assurance of the removal of compensation between module assessment elements in the midwifery and SCPHN HV programmes. The module and programme specifications make clear that the standard pass mark for each element of assessment is applied. The board minutes provide assurance that this change to assessment requirements has been subject to approval through the university internal quality and governance procedures. The NMC requirement is now met.

Evidence included:

- UWS SHNM extraordinary meeting of the combined midwifery and community board, minutes, 5 December 2017
- UWS module specification NURS11098; safeguarding children, enabling families, modified 27 November 2017, January 2018
- UWS module specification MIDW09030; autonomous practice, level nine, version six, modified 6 December 2017
- UWS module specification: effective autonomous practice, level 11, modified 6 December 2017
- UWS programme specification MSc midwifery 2017-18, amended and ratification pending, 13 December 2017
- UWS programme specification BSc midwifery 2017-18, amended and ratification pending, 13 December 2017
- UWS programme specification postgraduate diploma SCPHN HV, version seven, 12 October 2017, amended and ratification pending, November 2017
- UWS NMC monitoring visit outcomes debrief meeting minutes, 19 December 2017
- SCPHN HV students' self-declaration of good health and good character at the end of the programme are not undertaken. A process must be put in place that ensures students complete a self-declaration of good health and good character at the start and at the end of the programme.
- Confirmation of health and character checks carried out by the employer for SCPHN HV students should be formally recorded.

12 December 2017: A review of progress against the action plan provides evidence that this requirement is now met and the risk is controlled.

We viewed correspondence between the university and SCPHN HV leads and clinical managers from NHS health boards which provided evidence of a consultation process to introduce a new university policy for the confirming and recording of good health and character checks in the SCPHN HV programme. Consultation with NHS health boards provides assurance that the new process has been developed in partnership to ensure its effective implementation.

Details of the process and associated declaration forms we viewed provide evidence that good health and good character and criminal record checks for SCPHN HV students are completed and recorded at the beginning of the programme. The students are also required to complete a good health and good character declaration on completion of the programme prior to entry to part three of the NMC register.

We viewed minutes of a university extraordinary board and a revised SCPHN HV programme specification which provide assurance that the approval of the new process and public facing revised programme documentation has been subject to

internal quality and governance procedures. The NMC requirements are now met.

Evidence included:

- UWS SHNM extraordinary meeting of the combined midwifery and community board minutes, 5 December 2017
- UWS programme specification postgraduate diploma SCPHN HV, version seven, 12 October 2017, amended and ratification pending, November 2017
- Emails between SCPHN HV programme leader and NHS health board SCPHN HV leads, and clinical managers responses to the proposed UWS good health and good character process, November 2017, various dates
- UWS SHNM good health and good character declaration process including declaration forms for SCPHN HV programme, undated
- Service users should be involved in the selection process for SCPHN HV students.
- The mechanisms for recording that practitioners and service users have completed equality and diversity training prior to participating in selection processes for pre-registration midwifery and SCPHN HV students should be established.
- There is no evidence of involvement of the external examiner in the scrutiny of RPL claims. The external examiner should review RPL claims and this should be written into the RPL policy to strengthen the risk control and ensure public protection.

The key risk admissions and progression is now graded requires improvement to reflect the outstanding areas for improvement identified above.

Areas for future monitoring:

- Health and character checks on admission and completion of the SCPHN HV programme.
- Adherence to the NMC standards for progression.
- Service users are involved in student selection in the SCPHN HV programme.
- Equality and diversity checks are recorded for practitioners and service users involved in student selection interviews.
- External examiners have oversight of RPL claims in the SCPHN HV programme.

Findings against key risks

Key risk 3 - Practice Learning

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

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

What we found before the event

The school has a partnership engagement strategy with an emphasis on flows of communication to maximise effective partnership working. Two partnership groups enable formal engagement at strategic and operational level, the practice education partnership forum (PEPF) with NHS health boards representation and the practice liaison communication forum (PLCF) with PEFs respectively (59-61, 75, 110).

The school has access to all partner NHS health boards' practice governance reports and policies and procedures. The shared placement protocol underpins partnership working with practice placement providers and with other AEIs who share the same placements (54-55, 73-74).

Placement agreements are in place with all five NHS health boards that provide placements. The collaboration with AEIs across the West of Scotland and NHS Education Scotland (NES), including data sharing, ensure consistent approaches to ensuring a safe and supportive practice learning environment, including raising and escalating concerns (16, 53, 55, 72, 109).

There is a clear process detailed in student documentation for raising and escalating concerns in practice learning settings, including support provided by academic and practice staff. Guidance produced in collaboration between AEIs and NHS health boards includes a pocket guide for students and differentiates between concerns about care and concerns about aspects of the placement (16-18, 91, 94-95).

What we found at the event

We found effective partnership working at strategic and operational level between the university, NHS health boards and practice placement providers and this was confirmed by all stakeholders we met. Directors of nursing/chief midwives and strategic leads for health visiting described the partnership with the university as open

and honest, and confirmed clinical governance and risk issues that may impact on service user or student safety are shared (59-61, 116, 120, 130-142, 146).

Formalised systems are in place to provide appropriate placement, mentor and practice teacher capacity and a variety of practice learning experiences to enable students to meet their programme outcomes. Students confirm that they have good quality placements with supportive practice teachers and mentors. PEFs told us that they are in regular attendance at the practice liaison communication forum (55, 59-61, 73-74, 81-84, 109, 126, 129, 131-134, 137-140).

Practice placement providers work proactively with the university to communicate and control risks collaboratively to protect students and service users and carers. They work to ensure students are well supported in practice learning environments; public protection remains the highest priority. We heard and saw evidence of joint action planning with relevant practice placement providers and serious concerns are exceptionally reported to the NMC (11, 58, 116, 120, 131, 133-134, 146).

Students are aware of the raising and escalating concerns process and advice and support available. They are confident about using the processes if they identify poor care in the practice learning setting. Concerns are followed up by the PEF and liaison lecturer. Students report that this has resulted in appropriate action being taken to protect the public and improve the quality of the learning experience. The provision to students of a pocket-sized booklet on raising and escalating concerns is seen by students as very helpful while in practice settings (17, 54-55, 72, 83-84, 128-129).

Biennial educational audits are undertaken in partnership with practice placement providers. Educational audits undertaken by other AEIs sharing the same placements are made available as part of the shared placement protocol agreements. Employers we met in shared placement areas confirm a good working relationship with the AEIs (45, 56-57, 61, 72-73, 109, 126, 142).

We saw evidence of up to date, completed educational audits for each practice placement we visited and are assured the audit questions conform to NMC requirements. The audits record the number and type of students that can be hosted in each placement area. We found no outstanding action plans (126, 132-133, 137-142).

We conclude there are robust and effective partnerships between the university and practice placement providers, including other universities that share the same placements to manage and control risks.

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 engagement group with clear terms of reference and a plan to further develop their engagement in programme development and delivery. The annual self-assessment reports for 2015 and 2016 highlight the need for this ongoing development. Under the direction and confirmation of mentors/practice teachers, service user/carer feedback is captured in the student's OAR (10-11, 24-25, 91, 94-95).

What we found at the event

Service users contribute to the assessment of the achievement of competence through providing feedback to the student (92-95, 128-129, 144, 154).

Mentors gain consent for participation from service users prior to obtaining this feedback and this was confirmed by service users we met (128-129, 133, 135, 137-142, 158-159).

The midwifery and health visiting service users and carers we met all reported that they were fully informed of the student's role in their care and their right to decline care by a student (132-133, 135, 137-142, 155, 158-159).

Practitioner representation is evident at programme management team meetings for the SCPHN HV and pre-registration midwifery programmes. However, we found no evidence that service users or carers were represented (11, 19, 122, 127, 129, 131, 134-135, 143). This requires improvement.

A new service user carer strategy is in place but this does not routinely report on outputs and this requires improvement. The school have recently agreed a service user and carer engagement action plan for 2017-19 and there is evidence that this plan is now being implemented across the school and will provide a format for the routine reporting of outputs (122, 151-152).

SCPHN HV

We found the engagement of service users and carers in programme delivery is currently limited in scope and variety, with the majority of engagement examples being drawn from guest speakers with one example given as breastfeeding. We were told by the programme team, practice teachers and students that practitioners are involved in the delivery of the programme (122, 135, 137-142).

Pre-registration midwifery

We found users of maternity services are involved in programme development and delivery in a variety of ways including video biographies, student conferences and written feedback to students within their practice assessment documentation (113, 121-122, 128-129, 153-154, 158).

Service users are sourced directly by the programme team from a range of organisations, including the stillbirth and neonatal death society and representatives from gender based violence and deaf-blind groups. Service user input into the

programme was confirmed by the students we met and in timetables and resources we sampled (113, 121-122, 127, 129, 143, 154).

Practice placement providers' staff we met confirmed practitioners contribute to programme development and delivery and action is promptly taken by the LME and programme team to address their suggestions, for example incorporating operating theatre experience into the practice learning available to students. Detailed examination of the newborn is delivered in the programme in collaboration with neonatal clinical staff (89-90, 120, 127, 129-131, 133-134, 143).

We conclude from our findings that practitioners and service users are involved in programme development and delivery. However, service users and carers are not routinely engaged in the programme management teams for the SCPHN HV and pre-registration midwifery programmes. A new service user carer strategy is in place but this did not routinely report on outputs. These require improvement.

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

What we found before the event

The school supports academic staff engaging with practice placements settings primarily through the liaison lecturer role. The quality standards for this role have recently been reviewed. The role involves providing support to students during practice learning experiences including when concerns are raised and promoting effective partnership working between education and practice. The liaison lecturer plays a key role in engaging with the PEF in the implementation and maintenance of the standards required in the practice learning environment and acts as the academic contact for the student (35, 45-47, 66).

The responsibilities of the liaison lecturer in supporting students in practice and engaging as a moderator in the final practice assessment as part of a tripartite approach is specified in the practice assessment documentation (91-95).

What we found at the event

Students, practice teachers, mentors and managers we met all told us of the robust support provided by the university staff in practice. They confirm the liaison lecturers are visible and the role is effective. They know who their liaison lecturer is and how to contact them, and reported receiving regular contact and visits. Academic staff confirmed they have sufficient time to undertake the role (45, 127-129, 131-132, 134-135, 137-142).

Students gave examples of the ways in which university staff support them in practice settings. We viewed evidence of the liaison lecturer contributing to the documented

action plans in the student's practice assessment documentation (45, 92, 127, 129, 131-134, 144).

Students, mentors and practice teachers also reported that personal tutors are accessible and the role is clearly understood (137-142).

Our findings conclude that there is robust support for students, mentors and practice teachers by academic staff in practice placement settings.

Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice

What we found before the event

There are well-established NMC approved mentor and practice teacher preparation programmes, successful completion of which enables recording on the practice placement provider mentor/practice teacher register. A midwifery lecturer links with the mentor preparation programme team (66, 77).

A handbook and guidance in practice assessment documentation supports mentor/sign-off mentors and practice teachers in assessing and grading students (91-93).

What we found at the event

Mentors and practice teachers we met, reported that they are effectively prepared to undertake their role in supporting student learning and assessment in practice. They were supported to develop as mentors/practice teachers by being given protected time to complete the NMC approved mentor/practice teacher preparation programme, and this was confirmed by managers we met (46, 79, 130-134, 137-142).

We viewed the online practice teacher programme which provides a multi-professional community for practice teacher students to develop their educational practice. Practice teachers for community programmes are prepared for supporting and assessing students at master's level through critical writing and teaching sessions offered on a six-monthly basis. They also have access to a range of supplementary resources via the Moodle virtual learning environment (VLE) (124, 136, 150).

Sign-off mentors and practice teachers told us that they act with due regard. They demonstrate a sound working knowledge of the PATs and documentation to monitor and assess students' progress and achievement and their responsibilities at progression points and programme completion. This was confirmed by students that we met and completed student profiles we sampled (91-95, 129, 132-133, 137-142, 144, 154).

Delivery of mentor/practice teacher updates are a collaborative activity between the university and practice placement providers and are delivered face-to-face or are available online (45, 114, 123, 125, 133).

Mentors told us that annual updates for midwifery sign-off mentors are undertaken alongside non-midwifery mentors. Midwifery specific mentor/sign-off preparation and updating is undertaken where necessary with midwife PEFs and liaison lecturers to ensure opportunities to discuss grading of practice and other assessment issues (79, 125, 131-134).

Practice teacher update days are provided at least twice a year and these are well attended. The content of the updates enables practice teachers to consider through discussion the reliability and validity of assessment issues and judgements. We viewed the practice teacher 'open space', which is a comprehensive online site with resources and information available and is an effective resource for existing practice teachers (124, 148).

We conclude practice teachers and mentors are appropriately prepared for their role in assessing students in practice.

Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students

What we found before the event

There is a collaborative approach to recording and monitoring the availability of appropriately prepared mentors and practice teachers when allocating students. A live password protected mentor register is held and maintained by NHS practice placement providers, including processes to remove inactive mentor/practice teachers (55, 77). PEFs and mentor/practice teacher co-ordinators review the live register prior to the allocation of students to practice placements (62, 77, 80).

These current processes are in transition since the introduction in September 2016 of the new placements management system InPlace and the quality management of practice learning environment systems (QMPLE) (10, 66, 82).

What we found at the event

The InPlace system used by the university manages the allocation of students to practice placements. The university has successfully increased placement capacity through strong relationships with PEFs across the practice placement providers and are currently able to meet the placements' demand. Health service managers and the university placement learning team told us that changes to service configuration and developments are effectively communicated by practice placement providers and are

planned for through established partnership mechanisms with the university (75, 82, 126, 132-133, 142).

We found that each NHS health board has a secure mentor register system and a process in place to ensure data integrity is maintained by the PEFs, and the registers are accurate and up to date prior to allocating students to sign-off mentors/practice teachers. The PEFs communicate changes in the register to managers, including alerts when mentors/practice teachers are out of date or due for their triennial review (77, 130-134, 140).

We conducted checks of mentor/practice teacher registers for accuracy and off-duty rosters in placement areas we visited to ensure mentors and practice teachers allocated to students were 'active' on the register. We found the registers of practice teachers in all NHS health boards visited are accurate and up to date. Practice teachers designated as 'active' and allocated to student health visitors had completed annual updates and a triennial review (137-142).

We found the mentor register for midwifery sign-off mentors in one NHS health board was inaccurate. One sign-off mentor on the active part of the register was out of date and we found one sign-off mentor allocated to a third-year student who was not recorded as 'active' on the register. The school took immediate action to ensure the student is appropriately supported and assessed by a suitably qualified and active sign-off mentor (84, 130-134).

We cannot be assured that robust systems are in place to ensure mentors registers are accurate and students are only allocated to appropriately and adequately prepared mentors. The risks are not controlled. The standard is not met and requires urgent action to protect the public.

Outcome: Standard not met

Comments:

- The register for midwifery sign-off mentors in one NHS health board was inaccurate and not up to date. The university must ensure that a robust process is put in place for the maintenance of accurate and up to date recording in the mentor register to meet NMC requirements.

6 February 2018: Follow up Documentary Evidence from University of West of Scotland. Standard now requires improvement

6 February 2018: A review of the action plan and evidence confirms that the NMC requirement is now met.

We viewed the revised terms of reference, standard agenda and partnership communication flow for the operational practice learning forum which provides assurance that the accuracy of the mentor register is monitored and any actions required are addressed.

We viewed a screenshot of the mentor register in the relevant NHS health board on 3 December 2017 and found the register was accurate and up to date. The NMC requirement is met.

Evidence included:

- Screenshot NHS Lanarkshire mentor register, community midwifery, Clydesdale locality, 28 November 2017
- UWS operational practice learning forum, terms of reference, standard agenda and partnership communication flowchart 2018-2023, 5 February 2018
- A midwifery sign-off mentor was allocated to a student who was not 'active' on the mentor register in one NHS health board. The school took immediate action to ensure the student was appropriately supported and assessed by a suitably qualified sign-off mentor. However, the system of allocating students to midwifery sign-off mentors is not consistently reliable. The school must ensure a robust process is put in place as a matter of urgency to ensure students are allocated up to date sign-off mentors prior to proceeding to their next placement to assure public protection.

6 February 2018: A review of the action plan and evidence confirms that the NMC requirement is now met.

Immediate action was taken by the university on 3 December 2017 to change the mentor status to 'deactivated'. We viewed a screenshot of the mentor register in the relevant NHS health board and confirmed the mentor is no longer on the active part of the database.

We viewed correspondence between the NHS health board and the AEI which provides assurance the mentor who was not recorded as active on the database will not have any students allocated until their triennial review is completed and they are deemed active on the mentor register. The team leader's instigation of a personal action plan with the deactivated mentor to achieve active mentor status provides assurance of manager support to achieve the SLAiP requirements.

We viewed screenshots and email correspondence of the QMPLE testing process currently in progress at UWS which is due to come on stream for UWS imminently. This system incorporates the allocation of sign-off mentors to midwifery students. The QMPLE screenshots provide assurance that the process of allocating a midwifery student to a sign-off mentor can only occur on the system if the sign-off mentor is recorded as active on the mentor register.

The revised terms of reference, standard agenda and partnership communication flow for the operational practice learning forum provide evidence that the effectiveness of the allocation of midwifery students to sign-off mentors through the QMPLE system is monitored and any actions required are addressed.

Evidence included:

- Email correspondence between the midwifery programme leader and NHS Lanarkshire, Clydesdale locality, community midwives team leader regarding updating out of date mentor, 27-28 November 2017
- QMPLE screenshots and email correspondence of sign-off mentor allocation to midwifery student process, test site, undated
- InPlace screenshot of SCPHN-HV students and email correspondence confirming SCPHN HV data will be transferred to QMPLE, 5 February 2018
- Email correspondence between the midwifery programme leader and NHS Lanarkshire, Clydesdale locality, community midwives team leader regarding updating out of date mentor, 27-28 November 2017
- UWS operational practice learning forum, terms of reference, standard agenda and partnership communication flowchart 2018-2023, 5 February 2018
- Service users and carers are not routinely engaged in the programme management teams for the SCPHN HV and pre-registration midwifery programmes. The university should embed service users and carers in the management of the SCPHN HV and pre-registration midwifery programmes.
- A new service user carer strategy is in place but this did not routinely report on outputs. The university should seek to appropriately locate the outputs of the service user carer strategy into the school governance structure.

The practice learning outcome is now graded requires improvement to reflect the outstanding areas for improvement identified above.

Areas for future monitoring:

- Midwifery sign-off mentor registers are accurate and up to date.
- Midwifery students are allocated to up to date sign-off mentors.
- Service users/carers are involved in the programme management teams for SCPHN HV and pre-registration midwifery.
- Routine reports on outputs of the service user/carers strategy are established.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

The postgraduate diploma SCPHN HV programme is offered on a full and part time basis. The programme is delivered over 52 weeks full time and 104 weeks part time and the consolidation of practice requirement is incorporated into the final trimester (85, 88, 91).

The pre-registration midwifery programme is offered at undergraduate and postgraduate level. Circumstances for interruption and return to the programme are detailed (86-90, 92-95)

There is a school effective learning team which support students in engaging with the diverse range of learning and teaching approaches, including, online learning. Students are prepared at programme induction to access learning materials and manage and engage with online learning through the Moodle VLE. Inter-professional learning with other relevant professional groups occurs in each trimester of the programmes (52, 86-88, 91).

Progression points and requirements for achievement in theory and practice are clearly stated in programme documentation. Generic fall-back awards without eligibility for NMC registration for students who leave or fail any component of the programmes are clearly stated (85-87, 89-91).

What we found at the event

Students we met told us they are provided with comprehensive information about their programme to support their learning and assessment and any additional support needs they may require (128-129, 137-142).

Attendance requirements in theory and practice are made clear to students. Concerns about a student's attendance that impacts on performance and conduct is referred to FtP (86-87, 118, 127-129, 135, 137-142).

There is electronic monitoring of scheduled academic elements of the programme and a system of email alerts to the students to raise concerns about their module attendance. We viewed evidence of students meeting the learning outcomes of teaching sessions they had missed (35-38, 85-87, 91-92, 145).

The university programme quality monitoring and review mechanisms, both internal and external, ensure the ongoing effectiveness and enhancement of learning, teaching and assessment strategies (63, 81, 96, 99-100, 117).

SCPHN HV

Students report they are satisfied the programme enables them to meet their outcomes and prepares them for SCPHN HV practice (63, 137-142).

The programme learning, teaching and assessment strategy is based upon the university education enabling plan using a blend of online and campus based learning. Students told us the blended learning and teaching strategy suits differing learning needs. Support is sound and feedback is available for both face-to-face and online learning and assessment. Teachers and students confirm that there are opportunities for shared online learning with students from other community programmes in the school through an online student cafe, other asynchronous online forums and activities which are generally well used (135, 137-142).

Mandatory training is undertaken either face-to-face or online, and monitored by the employing NHS health board. We were told by students and academic staff that some simulation including one OSCE is used as an approach for skills based learning and assessment, for example to teach breastfeeding support, which students found helpful and promoted values based care (10, 67, 135, 137-138, 142).

Students we met told us the programme is challenging with a variety of assessments but this prepares them well for health visiting practice. Reflective writing and practice is developed through the practice portfolio with an emphasis on integration of theory and practice (91, 137-141).

The portfolio/OAR provides a mechanism for the recording of different practice learning experiences, recording of practice hours, student reflections on practice, recording of feedback from service users, and the achievement of proficiencies. We were told by academic staff and practice teachers that student health visitors are not signed-off by the practice teacher to progress to the consolidation period until any outstanding practice hours have been made up. We viewed a sample of the OARs, including a full profile of a completed student from the programme. We found that students' achievement of all NMC learning outcomes and proficiencies are confirmed prior to entry to part three of the NMC register (92-95, 135, 137-142, 144).

Academic staff confirmed the support available for students with particular needs. One student we met outlined the flexible individualised support that has been offered both by the university and employer to support a learning difficulty and develop academic skills (135, 142).

Pre-registration midwifery

Learning, teaching and assessment strategies facilitate the integration of theory and practice. Students are able to develop their care skills through simulated practice techniques and the online system Kuracloud. Students report the scenarios used promote values based care, dignity, courtesy and respect. They told us how the facility for recording their performances in scenario-based simulated learning environments is challenging and beneficial to their learning and professional development. Students report they receive effective support sessions in the use of the VLE Moodle (67, 83, 86-87, 127-129, 131-134, 144).

Students told us that there is a wide variety of assessments that help them to learn, including graded peer assessment. They value the 'feedback and be' reflective skills (FAB) days providing them with the opportunity to receive feedback and academic guidance for their module assessments in a more timely and detailed way. Personal tutors provide feedback regarding their overall progress on the programme (99-100, 127-129).

Mentors, managers and academic staff told us students are adequately prepared for practice placements through mandatory training. Completion of the training is tracked by the university to ensure the protection of the public and maintain the safety of the student on placement (83, 127-129, 130-134).

Students we met understand the NMC and EU directive requirements and the need to make up any shortfall in clinical competencies and programme hours prior to completion on the programme (128-129, 133).

We viewed a sample of the PATs of current pre-registration midwifery students and the profile of a student who had completed the programme. We found that students' achievement of all NMC learning outcomes, competencies and the requirements of the EU directive are confirmed at progression points and at entry to the register (126-127, 154).

Our findings conclude that students are supported to achieve all NMC learning outcomes and competencies/proficiencies at progression points and at the end of their programmes for entry to the register.

Risk indicator 4.2.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

A range of practice placements are available to students and tracked via the InPlace allocations system. The requirement for students to spend 40 percent of the time in practice under the direction of their mentor/practice teacher is explicit in the programme documentation (66, 82-83, 85-87, 91).

SCPHN HV

Practice assessment comprises pass/fail of proficiencies combined with a reflective account which is graded. Both components must be passed in order to progress. Opportunities to re-attempt failed elements of the practice requirement are available and will extend the student's programme (85, 91).

Pre-registration midwifery

The national PAT and the OAR guides and records practice learning and assessment.

Midwifery practice is graded in each of the three practice modules across the programme using Bondy's criterion referenced rating scale education tool in conjunction with the relevant Scottish certificate and qualifications framework (SCQF) levels. The grading of practice contributes to the final award. Progression is tracked using the OAR. (86-87, 92-93).

What we found at the event

Students told us they feel well prepared by the university for their practice placements, and mentors/practice teachers facilitate and support them to meet the practice learning competencies and proficiencies. They confirmed they understand the requirement to fully engage in the wide variety of practice learning opportunities made available to them (128-129, 132-133, 142).

Directors of nursing, strategic leads for health visiting, the school dean and LME confirmed that they are informed of any significant concerns about students and are assured these are effectively managed to ensure students are fit for practice on programme completion (116, 120, 130, 146).

SCPHN HV

Students told us within the variety of learning opportunities in practice they spend 15 days exploring public health practice in other areas related to their health visiting (137-142).

Practice teachers understand and are confident in the use of the practice portfolio and OAR. They understand their accountability for the final judgement of student achievement in meeting NMC proficiencies following the period of consolidation (91, 137-142, 144).

We found service users enthusiastic in praising the quality of health visiting practice they receive, both from their named health visitors and the SCPHN HV students who are involved in the delivery of the service. Practice teachers, managers and strategic leads for health visiting, confirm on completion of the programme students perform at the expected level required of the newly qualified health visitor and are fit for practice (63, 120, 137-142).

Pre-registration midwifery

Mentors told us there is effective support and learning opportunities in practice to enable the students to meet NMC competencies and outcomes. Students reported that they are supported and able to achieve the essential skills clusters and EU directive requirements. They confirmed they are experiencing 24 hours, seven days a week care patterns and hold their own midwifery caseload in the third-year of their programme (128-129, 131-134, 144).

We viewed a sample of the students' PAT documentation which demonstrated effective use by mentors to evidence student progression and achievement. Student feedback from mentors in the PATs enables development and judgements through

the grading of practice (131-134, 144, 154).
Employers, managers and mentors confirm that students exiting the midwifery programmes are able to practise safely and effectively, and managers welcome the opportunity to consider them for employment in their areas due to their high calibre (96, 120, 130-134).
We conclude that the pre-registration midwifery students and SCPHN HV students are supported in audited practice placements to achieve all practice learning outcomes and competencies/proficiencies at progression points and for entry to the NMC register.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 5 - Quality Assurance

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

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

What we found before the event

The university acts on evidence based good practice reports from NES and the results and recommendations from quality reviews undertaken by NES, internal module and programme reports, external examiners and external programme and student surveys (48, 63, 69-70, 96-97, 103-104).

Programme related performance data and action planning is captured as part of the annual programme monitoring cycle and shared with stakeholders at programme boards and partnership forums (75, 98-101, 104).

Student evaluation of the theoretical elements of the programme are captured in the

module review reports and shared with stakeholders at programme boards. However, response rates are low (49, 66, 97, 99-101).

There is a clear policy for the appointment of external examiners (71).

Students across both programmes being reviewed are made aware of the role of the external examiner (85-87).

What we found at the event

We found the university has a comprehensive range of internal quality systems in place for the development and enhancement of the programmes (63, 99-101, 117, 119-120, 126).

We confirm that there are a range of channels through which students can feedback about their academic and practice learning experience. The university seeks student feedback online, following every academic module and practice placement in a consistent manner. However, the level of student engagement is variable. We were informed that the school is reverting to a paper based module evaluation system to address this. It is anticipated that the introduction of the new NES QMPLE system in the forthcoming months will further standardise the collection and dissemination of practice placement feedback (117, 119, 126-128, 131-135, 137-142, 146).

There is a clear system for student representation in the design, development and review of programmes with opportunities for involvement in a variety of school forums, and boards. There are student/staff liaison groups enabling the student voice to be heard and students we met confirmed this (40-41, 85-87, 98, 117, 128-129, 137-140).

NMC annual self-assessment reports are completed. The university follows up and concludes any previous issues from programme approvals, monitoring reviews and potential risks to meet ongoing AEI status requirements (7-12, 150).

We found the external examiners for the programmes act with due regard and hold NMC current registration and a recorded teacher qualification. The school monitors the currency of their NMC registration and revalidation date (111, 117, 157).

SCPHN HV

Students told us that they are regularly offered the opportunity to formally evaluate the module and practice experiences and the overall programme but confirmed that some students do not engage with the formal evaluation processes. We found the engagement with module evaluation varies significantly and the programme team are proactive in trying to address this by collecting feedback at the midpoint of each theory module. The students are confident that if they raise any issues the programme team are accessible, supportive and responsive. Academic staff, students and practice teachers gave a recent example of the responsiveness of the programme team to student feedback by lengthening the consolidation period to allow more study time to be integrated (135, 137-142).

The university however was unable to provide evidence of consistently engaging students in the evaluation of practice learning placements and this aspect requires improvement to fully enable continuous improvement of practice learning in the programme (117, 126, 135, 140),

We found issues raised in external examiner reports are actioned promptly by the programme team. However, we found the external examiner only addresses the quality of the university based learning of the programme. This requires improvement to ensure the quality of the practice based learning receives the same degree of scrutiny. We found the external examiner has been offered the opportunity to visit practice teachers and SCPHN HV students in practice although this has not yet been enacted (105-107, 115, 135).

Pre-registration midwifery

Student feedback on the programme contributes effectively to programme development and enhancement. The students reported that the programme team are responsive to their feedback and that the team keep students informed on actions taken in relation to module, programme and national student survey (NSS) evaluations. They gave examples of changes to aspects of the programme made by the academic team following their feedback. The programme team told us that module and programme evaluation data is discussed at programme board meetings which are attended by practice managers or their representatives. Managers and mentors told us that they felt they were enabled to contribute to programme enhancement through their feedback and partnership working with the university staff (49, 98, 103, 127, 129-131, 133-134).

We found external examiners engage with theory and practice elements of the programme including reporting on the quality of theory and practice learning and achievement of students. The programme team respond effectively to issues and suggestions from external examiners (99, 105).

Our findings conclude that there are effective internal QA processes in place to manage risks to public protection. However, further enhancement of the university's systems and processes is required to ensure the SCPHN HV student experience of practice learning is consistently evaluated and enables feedback to practice placement providers. This requires improvement.

We also found that external examiners do not routinely report on the quality of practice based learning in the SCPHN HV programme and this requires improvement to enable enhancements to practice learning and assessment.

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

What we found before the event

The university complaints procedure is supported by guides for staff and students and is signposted in programme handbooks, and the process includes an emphasis on early resolution (68, 85-87).

Online practice learning environment (PLE) evaluations are completed by students. However, the response rates are low. Link lecturers collate and distribute feedback summaries from the online student evaluation of practice experience (66, 102).

The practice evaluation system is currently in transition following the introduction of the new NES QMPLE system. It is anticipated response rates will improve as a result of this new system combined with current collaborative partnership activity of raising the profile and importance of completing the evaluations (10, 66).

What we found at the event

The university operates separate systems for the raising and escalating of concerns and for making formal complaints to the university, which operates a standardised complaints handling procedure. An annual report is completed in the school. Any concerns raised by students and subsequent outcomes are logged in the student record system (16-18, 68, 117, 119).

We found there had been one recent formal complaint from a midwifery student on exiting the programme. We viewed the full records of the complaint which evidenced that due process had been followed and appropriate responses made back to the complainant (50, 156).

We found concerns and complaints raised in practice settings are managed effectively and outcomes communicated to stakeholders through internal governance and QA mechanisms in a timely manner to ensure their resolution (10, 99-100, 104, 120, 132-134, 137-142).

Students told us they are made aware of the placement concerns process and the support and guidance available at university, practice placement induction and in their programme documentation. This was confirmed by academic and practice staff we met who understand the correct handling and investigation of concerns and complaints. Practice teachers and mentors are reminded of the process through practice teacher and mentor updates (17, 68, 128, 137-142).

Students, practice teachers and sign-off mentors told us of the communication and reporting process to follow if there are issues of concern around practice placement experience. Mentors and managers told us that timely and appropriate action plans are put in place around any complaints raised by students in practice learning settings. Students and managers told us that they receive feedback from the academic team following any concerns being raised by students in practice learning settings. Directors of nursing, chief midwives and strategic leads for health visiting confirmed the two-way open and transparent communication with the university when concerns are escalated (116, 120, 126-127, 131-134, 142).

We found that feedback from students' practice evaluation on the pre-registration midwifery programme to staff in practice settings is timely following each placement, and this was confirmed by PEFs, mentors and managers although student completion rates are low. The programme team are working with the school to ensure a greater volume of placement evaluation data is gathered and disseminated to stakeholders (75, 102, 126-127, 132-134).

Practice teachers confirm that findings from SCPHN HV student practice evaluations are discussed at practice teacher meetings however, they do not receive formal evaluations or any linked action plans from the university (126, 135, 137-142). This requires improvement to enable continuous quality improvement to take place.

We found that practice placement providers do not receive timely evaluations of external examiners' engagement and reports on the quality and assessment of practice learning (127, 130, 132-133, 135, 137-142). This requires improvement to ensure that practice placement providers are supported and, in partnership with the university, assured of the quality and reliability, consistency and validity of practice learning and assessments.

We conclude that concerns and complaints raised in practice settings are responded to effectively through partnership working by the university and practice placement providers. However, we found the systems and processes require improvement as follows; practice placement providers should receive routine and timely feedback of students' evaluation of practice learning for the SCPHN HV programme; practice placement providers should receive evaluations of external examiners' engagement and reports on the quality and assessment of practice learning.

Outcome: Standard requires improvement

Comments:

- SCPHN HV students do not engage with the online practice learning evaluation system. A formal alternative system should be introduced to capture and disseminate this feedback.
- Practice placement providers for the SCPHN HV programme do not receive feedback about students' evaluations of practice beyond informal feedback to practice teachers. A formal process should be introduced that includes wider dissemination and follow up on action plans as appropriate.
- The quality of practice learning is not evident in external examiner reports for the SCPHN HV programme. Expectations and requirements for this to be addressed in the reports should be made clear in the role and requirements for external examiners.
- Practice placement providers for the SCPHN HV and pre-registration midwifery programmes do not receive feedback about external examiner evaluation and reporting of engagement with students and mentors about practice learning and assessment. A review of existing partnership communication systems and processes where this feedback can be incorporated should be considered.

Areas for future monitoring:

- Student evaluations of practice learning are captured formally in the SCPHN HV programme and practice

placement providers receive this feedback.

- External examiners routinely report on the quality of practice learning in the SCPHN HV programme.
- Practice placement providers for the SCPHN HV and pre-registration midwifery programmes receive feedback about external examiner reporting of the quality of practice based learning and assessment.

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110. UWS communication flow; practice learning management, 2016-2021
111. NMC register accessed 2, 11, 13, 15 November 2017
112. UWS SHNM notes from additional subject panel 12-week rule for pre-registration level 7-11 adult and mental health nursing, midwifery, including SCPHN-HV, 8 November 2017
113. BSc/MSc midwifery programmes, videos of service users, March 2016
114. Mentorship update schedules, 2017 for NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Highland and NHS Ayrshire and Arran
115. SHNM, SCPHN HV programme, in-module evaluation x5, various dates, 2016-2017
116. Meeting with school dean, 14 November 2017
117. Meeting with assistant dean education/quality, 14 November 2017
118. Meeting with SHNM lead for FtP; FtP report for 2017 to the school board, 10 November 2017
119. Meeting with SHNM SCPHN HV, BSc and MSc midwifery programme leaders, 14 and 15 November 2017
120. Teleconferences with the following;
 - chief nurse, strategic lead for health visiting, NHS Greater Glasgow and Clyde, 15 November 2017
 - board nurse NHS Greater Glasgow and Clyde, 15 November 2017
 - associate director strategic lead for health visiting, NHS Ayrshire and Arran, 15 November 2017
 - director of nursing, midwifery and allied professions practice development, NHS Lanarkshire/UWS collaborative, 16 November 2017
121. Teleconference with service user, 14 November 2017
122. Meeting with school lead for stakeholders and service users, 14 November 2017
123. Meeting with school mentorship lead, 14 November 2017
124. Meeting with school practice teacher lead, 15 November 2017
125. Meeting with midwifery link to mentorship programme, 15 November 2017
126. Meeting with practice learning team and practice education regional co-ordinator for QMPLE, 14 November 2017

127. Meeting with BSc and MSc midwifery programme teams, 14 November 2017
128. Meeting with students, years one and two BSc and MSc midwifery programme, 14 November 2017
129. Meeting with students, year three BSc and MSc midwifery programme, 14 November 2017
130. Meeting with NHS Highland, Lochgilphead community midwifery team and PEF, review of mentor register, 16 November 2017
131. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Queen Elizabeth maternity unit, labour ward, postnatal ward, high risk postnatal ward and antenatal ward, NHS Greater Glasgow and Clyde, 14 November 2017
132. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Clydesdale community midwifery team, Lanark, NHS Lanarkshire, 15 November 2017
133. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Wishaw general hospital maternity unit, NHS Lanarkshire, 15 November 2017
134. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Royal Alexandra maternity unit, labour ward, postnatal/antenatal wards, early pregnancy unit, midwifery lead birthing unit, Paisley, NHS Greater Glasgow and Clyde, 16 November 2017
135. Meeting with SCPHN HV programme team, 14 November 2017
136. Meeting with academic and professional lead, community, 14 November 2017
137. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, East, NHS Ayrshire and Arran, 14 November 2017
138. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, South, NHS Ayrshire and Arran, 14 November 2017
139. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, North, NHS Lanarkshire, 15 November 2017
140. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, South, NHS Lanarkshire, 15 November 2017
141. Teleconference/Skype with students, practice teachers, clinical manager, PEF; HV community team, and review of educational audit, NHS Dumfries and Galloway, 15 November 2017
142. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; East Dunbartonshire community team, NHS Greater Glasgow and Clyde, 16 November 2017
143. UWS SHNM MSc, BSc midwifery and midwifery society timetables 2017-2018 accessed 15 November 2017
144. UWS SCHNM completed student profiles 2017, service user testimonials (undated) and PAT year two samples accessed 15 November 2017
145. UWS SCHNM samples of students' work to make up theory time accessed 15 November 2017
146. Meeting with UWE LME, 14, 15, 16 November 2017; LME role and activities, October 2017

147. *Guidance for facilitator handbooks 2015-16 and practice teacher meeting schedules, various dates*
148. *Practice teacher updates, 4 October 2016, 21 March 2017, 24 October 2017*
149. *Email from South Ayrshire manager confirming practice teacher risk management strategy, 15 November 2017*
150. *Update information on recommendations from NMC approvals and modifications, 15 November 2017*
151. *Service user and carer engagement action plan 2017-19, October 2017*
152. *Standard letter templates for service user and carer involvement in recruitment and selection, undated*
153. *Selection package for midwifery admissions 2017/18*
154. *Completed midwifery practice assessment tools, September 2017*
155. *Teleconference with SCPHN HV service users, 16 November 2017*
156. *Complete record of student complaint handling process, concluded October 2017*
157. *SHNM extract from staff NMC registrations and revalidation database, and external examiner checks, viewed 16 November 2017*
158. *Meeting with service users and partners in practice, Queen Elizabeth university hospital maternity unit, NHS Greater Glasgow and Clyde, 14 November 2017*
159. *Meeting with service user and partner in practice, Royal Alexandra hospital maternity unit, NHS Greater Glasgow and Clyde, 16 November 2017*

Personnel supporting programme monitoring	
Prior to monitoring event	
Date of initial visit: 24 Oct 2017	
Meetings with:	
UWS LME UWS programme leader MSc midwifery UWS programme leader BSc Midwifery UWS programme leader PGDip SCPHN HV UWS deputy practice learning and partnership lead	
At monitoring event	
Meetings with:	
SHNM dean of school SHNM assistant dean education/quality SHNM lead for FtP SHNM LME SHNM programme leaders, pre-registration midwifery and SCPHN HV programmes Teleconferences with chief/directors of nursing, strategic leads for health visiting x4 NHS Highland, Lochgilphead community midwifery team and PEF	
Meetings with:	
Mentors / sign-off mentors	25
Practice teachers	6
Service users / Carers (in university)	1
Service users / Carers (in practice)	22
Practice Education Facilitator	8

Director / manager nursing	14
Director / manager midwifery	1
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	13 Senior charge midwives x10 Practice development midwife x1 Consultant midwife x1 NES senior educator and national lead for QMPLE x1

Meetings with students:

Student Type	Number met
Registered Midwife - 36M	Year 1: 5 Year 2: 6 Year 3: 11 Year 4: 0
Registered Specialist Comm Public Health Nursing - HV	Year 1: 15 Year 2: 2 Year 3: 0 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0

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