

**2015-16**

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

Programme provider	University of Edinburgh
Programmes monitored	Registered Nurse - Adult
Date of monitoring event	22-23 Mar 2016
Managing Reviewer	Janette Bowyer
Lay Reviewer	Mary Rooke
Registrant Reviewer(s)	Monica Murphy
Placement partner visits undertaken during the review	Western General Hospital Royal Infirmary Edinburgh Craiglockhart Medical Centre Links Medical Centre
Date of Report	12 Apr 2016

**Introduction to NMC QA framework**

The Nursing and Midwifery Council (NMC )

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

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

## Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures 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.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

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

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

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

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

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

## Introduction to University of Edinburgh's programmes

The University of Edinburgh (UoE) has a long tradition of undergraduate nurse education. The university comprises of three colleges; the college of humanities and social science hosts the school of health in social science, nursing studies subject group which provides a four year Bachelor of Nursing with honours programme with registration as a nurse (adult). This pre-registration nursing (adult) programme is the focus of this monitoring review.

Students have exposure in practice to all the fields of nursing and have interdisciplinary joint teaching sessions with medical students. The vast majority of placements are within NHS Lothian and Borders. Practice placements are coordinated through a central Lothian facility managed by Edinburgh Napier University.

The pre-registration nursing (adult) programme was approved on 27 June 2012 and an extension has been granted up to 27 June 2018 (2-3). The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders.

## Summary of public protection context and findings

Our findings conclude that the admissions and progression key risk theme has a standard not met.

The university must implement an action plan to ensure the risk is controlled, NMC standards are met and public protection is assured.

13 September 2016. The university implemented an action plan to address the unmet risk theme. The action plan has been fully implemented and the identified key risk is now met.

There are three key risk themes which require improvement: practice learning, fitness for practice and quality assurance. These are described below in relation to the relevant risk theme.

Resources: met

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

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

Admissions and progression: not met

We conclude from our findings that whilst the entry requirements meet NMC standards, the admission process requires improvement with regard to service user and carer involvement. We found no evidence of risk assessment or procedures in place to manage the learning experiences of students less than 18 years of age going into community practice placements.

A satisfactory Disclosure Scotland, Protecting Vulnerable Groups Scheme (PVG) scheme record and occupational health clearance are completed before a student can

proceed to placement. These NMC requirements are undertaken in order to protect the public.

We found inadequate safeguards in place to prevent students that have failed to achieve all required theory and practice outcomes from progressing to the next part of the programme beyond the 12-week period (NMC standard 3.10). The university's student progression regulations must be revised accordingly in order to meet NMC standards and that public protection can be assured.

13 September 2016

A revised programme handbook submitted by the university makes explicit the core courses/credits to be achieved at each progression point and includes the revised programme specific assessment and progression regulations. The progression regulations are applied in accordance with NMC standard 3.10. The key risk is now met.

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

We found that placement providers have a clear understanding of procedures to address issues of students' poor performance in practice. These practices include student support but also ensure that students are competent and fit to practise in accordance with both the university and NMC requirements to protect the public.

Guidelines are in place for the recognition of prior learning (RPL), although we found that no accreditation of prior learning (APL/RPL) has been awarded in the last three years.

Practice learning: requires improvement

We conclude that there are effective partnerships between education and service providers at all levels, including joint working with other approved education institutions (AEIs) who use the same practice placement locations. Exceptional reporting to the NMC in a timely manner requires improvement and closer monitoring of students' supernumerary status is required.

We found that practice placement partners are involved in the design, delivery and evaluation of the programme. However whilst the school has adopted broad principles for the inclusion of service user and carer involvement across the programme, this area requires improvement.

Our findings conclude that liaison lecturers effectively support students and mentors in practice placement settings.

We confirm that mentors and sign-off mentors are properly prepared for their role in assessing students in practice. They are able to attend annual updates and meet the NMC requirements for triennial review. We found that the mentor register is well maintained by practice education facilitators (PEFs) and mentor details are accurate and current.

Fitness for practice: requires improvement

We found that a wide range of teaching and learning strategies are being utilised effectively, including 300 hours of simulated learning. The programme structure,

sequence of modules, practice learning and summative assessment strategy effectively confirms the achievement of learning outcomes and NMC competencies. There are clear links made between theory and practice. Students are able to meet all EU directive requirements during the programme. However the monitoring of completion of theory hours requires improvement.

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme learning outcomes and NMC competencies at progression points and/or entry to the register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

Quality assurance: requires improvement

Our findings conclude that whilst there are effective internal quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the pre-registration nursing programme, external examiner engagement in practice learning and assessment requires improvement.

We found that the school and their practice placement partners act swiftly in response to concerns and complaints raised in practice learning settings. Our findings demonstrate the partners work closely together to investigate and ensure that developments occur to improve both the service user and student experience.

### Summary of areas that require improvement

13 September 2016. Revised documentation submitted by the university confirms that systems and processes are now in place to address the unmet key risk area identified below.

The following area is not met and requires urgent attention:

There are inadequate safeguards in place to prevent students that have failed to achieve all required theory and practice outcomes from progressing to the next part of the programme beyond the 12-week period (NMC standard 3.10). The university's student progression regulations must be revised accordingly in order to meet NMC standards and that public protection can be assured

The following areas require improvement:

- A risk assessment must be completed for students under 18 years of age prior to going into practice placements to protect the student and the public.
- Service users and carers' involvement in the selection and delivery of the programme should be strengthened.
- The university guidance and whistleblowing flowchart should include exceptional reporting to NMC, where applicable, and the university should ensure this takes place in a timely manner.
- Closer monitoring of students' supernumerary status by the programme team and placement providers is required.
- Theory attendance monitoring must be strengthened in order to verify completion of theory hours to meet NMC requirements.



- External examiners are required to engage more fully in the practice elements of the programme to inform judgements about practice learning and assessment.

### Summary of areas for future monitoring

- Service user and carer involvement in selection processes and programme delivery.
- Under 18 years of age risk assessment policy prior to practice placement.
- Student progression and board of examiner arrangements.
- Communication of clinical governance and risk issues in practice, including exceptional reporting to the NMC.
- Supernumerary status of students.
- Theory hours are monitored and achieved.
- External examiner engagement in practice 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

Members of the teaching team interviewed during the review expressed confidence in the programme offered, the quality of the learning experiences available and the overall achievement of the students undertaking the Bachelor of Nursing honours programme. The academic team has a strong research- led base for delivery of core courses within the programme and aim to develop analytical, reflective and problem solving skills in students. Academic staff have responsibility for a liaison area in practice mostly corresponding to their area of expertise. They told us that they visit students regularly. There is a good staff to student ratio and student numbers ensure that academic staff

have good personal knowledge of students. The structure of the programme over four years allows for optional modules to be undertaken and thereby develop clinical interest themes.

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

Mentors and sign-off mentors told us that they felt students are well prepared to undertake practice learning experiences. Support mechanisms for students and mentors are robust and effective. Mentors are aware of the NMC standards for pre-registration nurse education, the Standards for supporting learning and teaching in practice and understand their mentorship role. Whilst there is some overlap in role between PEFs and liaison lecturers (LLs) this is chiefly in relation to mentor support and serves to enhance timely response should issues arise. Partnership is present in the university and health board organisations and the PEFs provide a bridging role for information and intelligence regarding the placement and the university. Service managers report students are fit for practice and employment on successful completion of the programme.

### **Students**

Students stated that they are very satisfied with their choice of programme and welcomed the opportunities for research afforded to them. Students told us they are prepared for practice and effectively supported by mentors, PEFs and LLs. Students confirm working at least 40 percent of their time with a mentor or associate mentor. Students are aware of processes for escalating concerns and complaints. Academic and pastoral support for students is via course organisers and a personal tutor. Students confirmed clear support mechanisms at the university. Senior students (year four) reported that they felt confident about applying for registration upon successful completion of their programme.

### **Service users and carers**

Unfortunately, there was no opportunity to meet with service users and carers (SUCs) during the visit. The selected visit locations at Western General Hospital were not conducive to meeting service users due to their nature (immediate post-surgery/oncology/admissions) and clinical emergencies occurring during the visit. The service user and carer meeting organised at the university was attended by programme team members only.

We found that SUCs were involved in the initial programme development. There is no involvement of SUCs in recruitment with minimal and sporadic participation in programme delivery. Students report that SUCs contribute to assessment documentation via testimonials written by their mentors.

## **Relevant issues from external quality assurance reports**

Twelve Healthcare Environment Inspectorate (HEI) reports published by Healthcare Improvement Scotland from November 2013 to July 2015 were considered for practice placements used by the university to support student learning. These external inspection reports provide the review team with context and background to inform the



monitoring review.

The inspections focus on cleanliness, hygiene and infection prevention and control. Some of the requirements were not met and recommendations were identified in four placement areas (4-7).

The unannounced follow up inspection at Western General Hospital in May 2015 found six requirements to be met and two partially met in relation to infection prevention and control (8).

Following implementation of an action plan at Borders General Hospital, all requirements were met at the unannounced follow up theatre inspection in September 2015 (9).

What we found at the event:

The university has well established and effective working relationships with practice placement providers and prompt action is taken in response to relevant issues arising from external quality assurance. As outlined in section 3.1.1 clinical governance frameworks are in place and there is ongoing collaboration and dialogue between the Healthcare Environment Inspectorate, NHS partners and local universities. There has been no impact on the student learning experience arising from these reports.

#### Follow up on recommendations from approval events within the last year

There have been no approval events in the last year.

#### Specific issues to follow up from self-report

All actions highlighted in the previous year's (2014-15) self-report are complete. There is one recent case of raising and escalating concerns following whistleblowing by students, which relates to inappropriate behaviour of practice staff in a placement area. The investigation is on-going.

Students were removed from the placement and the placement area suspended (1).

Exceptional reporting to the NMC in accordance with the Quality Assurance framework part four (NMC, 2015) was undertaken during the monitoring visit.

#### 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

<p>Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.</p>
<p>What we found before the event</p>
<p>The Bachelor of Nursing with honours undergraduate programme director (programme leader) is a registered nurse (adult) with a teaching qualification recorded on the NMC register (10).</p> <p>A database of all nursing studies academic staff is maintained which details their NMC registration status and renewal date. The majority of nursing studies staff hold recognised teaching qualifications which have either already been recorded on the NMC register or are in the process of being mapped to the NMC teacher standards (11).</p> <p>New members of staff who do not hold a teaching qualification are required to undertake the certificate/diploma in academic practice offered by the institute for academic development (12).</p> <p>Staff appraisal is conducted annually by the head of nursing studies or another appropriate senior colleague. There is support for continuing professional development, research and scholarship (12).</p>
<p>What we found at the event</p>
<p>There are sufficient suitably qualified lecturers to support the pre-registration nursing (adult) programme and due regard is maintained. The programme is primarily delivered by a team of 17 staff made up of eight full-time staff and nine part-time staff (including one NHS secondee) leading to a total of 10.7 whole time equivalent (WTE) staff and a student staff ratio of 11.3 (11).</p> <p>The programme director and all but one member of the academic staff supporting the programme hold a current registration as a nurse and 50 percent of staff (including the programme director) also have an NMC recorded teaching qualification, whilst others have university teaching awards and/or Higher Education Academy accreditation (11). Registrant teachers engage in academic activity, research, simulated practice and clinical skills teaching (60).</p> <p>Lecturers from the nursing programme undertake a liaison lecturer role in practice and are seen by students as having clinical currency and by practice placement partners as supportive and collegiate (61–65).</p> <p>We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver the pre-registration nursing (adult) programme to meet NMC standards.</p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>

<p>What we found before the event</p>
<p>Students are all supervised and taught in the practice area by a mentor and co-mentor who have completed the NHS Lothian mentorship qualification or have an equivalent qualification and are on the mentor register. Part of the practice learning and education committee's (PLEC) remit is to ensure that there are sufficient numbers of qualified mentors in each placement area used by the university (12).</p>
<p>What we found at the event</p>
<p>There are sufficient appropriately qualified mentors and sign-off mentors to support the number of students in practice (36, 61, 65-66). In conjunction with placement managers, the PEFs undertake succession planning for increasing mentors in practice (34, 61, 64-66). Students confirmed they spend 40 percent or more time with their allocated mentor (61-66).</p> <p>There is a clear and robust mechanism that establishes placement capacity, which is responsive to change when practice placements are unable to support student numbers (61, 64-66). Capacity is reviewed by PEFs at least every two months and monitored by the PLEC (53-54, 61, 64-66). All mentors and sign-off mentors confirmed they act with due regard (61, 64-66). Where the practice placement area was found to support other learners, this does not negatively impinge on the learning of adult student nurses (65).</p> <p>We conclude from our findings that there are sufficient appropriately qualified mentors and sign-off mentors to support the number of students studying the pre-registration nursing (adult) programme.</p>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <p>No further comments.</p>
<p>Areas for future monitoring:</p> <p>None identified</p>

<p><b>Findings against key risks</b></p>
<p><b>Key risk 2 – Admissions &amp; Progression</b></p> <p><b>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</b></p>

Risk indicator 2.1.1 - admission processes follow NMC requirements

What we found before the event

All applications are initially scrutinised by admissions staff in the college of humanities and social science and given a selection score based on the university's selection criteria, and then passed on to the undergraduate programme director for final scrutiny. Eligible applicants are required to attend for a selection day. Training sessions are offered in preparation for student selection days and there is practitioner involvement (13). The selection process is informed by users' feedback during focus groups undertaken to inform development of the 2012 curriculum (16, 35).

A structured screening sheet is completed by selectors for each candidate and this goes forward to the interview stage (14). During the interview phase potential candidates are asked to participate in a range of group and singular activities culminating in a group presentation during the half-day assessment. The group task provides the opportunity for assessment of the candidate's communication, interpersonal relationship skills and team working (15).

All of those individuals involved in the interview process are suitably trained and prepared for this process. The school has an Athena SWANN bronze award and has recently submitted a silver award application (16).

The university admissions policy is underpinned by strategies, codes of practice and policies on data protection, disability, equality and diversity and widening participation (17). There is an undergraduate admissions code of practice regarding applicants with declared disabilities.

The university's code of practice regarding student disclosure assessment establishes the process by which applications from individuals with criminal convictions are handled by the university (17).

What we found at the event

University academic staff complete equality and diversity training, including unconscious bias (31). All PEFs and practice placement staff undertake NHS Education Scotland (NES) equality and diversity training and update every two years (61, 64-66). This is recorded with NES. PEFs confirm involvement in selection events and participation in briefing proceedings prior to recruitment (61, 64-66). The selection process includes a group discussion activity containing a values based element (37-41, 63).

Whilst the school has adopted a set of principles for service user and carer involvement across the curriculum and held a number of focus groups in 2012, no service users are involved in the selection process and this requires improvement to ensure that the service user and carer voice is included in the admission process (59-60, 63, 66-67, 74).

The university has an established policy statement on the admission of children (under 16) however the minimum age of admission to the Bachelor of Nursing programme is 17

<p>years six months (67-68). Some students told us that they were under 18 years of age when they went into their first placement. We were told that there is a community (health visiting) placement in week 11 and 12 of the programme (63, 67). However we found no evidence of a risk assessment being undertaken prior to students under 18 years of age entering the practice learning environment. This area requires improvement.</p> <p>Entry requirements for literacy and numeracy are met through candidate qualifications and minimum entry criteria. Students do not undergo additional numeracy testing as part of the admissions process (60, 63, 66-67). However numeracy and medicines administration are assessed in each year of the programme (48).</p> <p>A satisfactory PVG scheme record and occupational health clearance is required prior to commencement of the programme (39, 61-67). Thereafter a self-declaration of health and character is completed at each progression point (18, 61-66). A copy of PVG status and health clearance is retained in student practice assessment documentation (65-66). Managers of placement areas report confidence in this process (61-62, 64-65).</p> <p>There is a progression point in August in year one, two and three of the programme, normally followed by completion of the programme in June of year four. We were told that students may be permitted to progress to the next year carrying a failed course(s) (25, 45). Board of examiner meetings are held in January, June and August each year (29, 45, 51).</p> <p>These arrangements for student progression are in breach of the NMC standard 3.10, which stipulates that AElS must ensure that, in normal circumstances, students can meet all required outcomes (theory and practice), including extra attempts, within the assessed part of the programme. Where exceptional circumstances prevent all outcomes being achieved, any outstanding outcomes must be met and confirmed within 12 weeks of the student entering the next part of the programme. This NMC standard is not met and the student progression regulations must be revised accordingly.</p> <p>We conclude that whilst the entry requirements meet NMC standards, the admission process requires improvement with regard to service user and carer involvement. We found no evidence of risk assessment or procedures in place to manage the learning experiences of students less than 18 years of age going into practice placements.</p>
<p>Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice</p>
<p>What we found before the event</p>
<p>The university/school has a fitness to practise (FtP) procedure in place (19). Students are made aware annually, face to face, of the fitness to practise procedures with their personal tutor and given a copy of the FtP diagram so that they are aware of the referral process (19).</p>
<p>What we found at the event</p>

<p>The college of humanities and social science has a robust fitness to practise policy and procedure and there is a separate fitness to practise advisory group for nursing studies (19, 32, 42). There have been no fitness to practise formal proceedings in recent years. However we reviewed the documentary evidence from two cases, which were considered by the advisory group and action plans were developed to address issues of concern (32, 42).</p> <p>The programme team has a clear process for supporting failing students and respond quickly to address poor performance (60). Attrition is monitored and data for 2015-16 illustrates low attrition numbers (69).</p> <p>Our findings confirm that the university has effective policies and procedures in place for the management of poor performance in both theory and practice, which are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.</p>
<p>Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>The university has an established process for placement providers to raise a concern about a student's progress or behaviour (20).</p>
<p>What we found at the event</p>
<p>All mentors confirmed their understanding of the procedures for raising concerns about students in practice. There is a clear triangulation approach for effective management of poor performance in practice (61-62, 64-66). All mentors commented positively on the timeliness of response from LLs and PEFs to advise and assist in addressing student performance (61-62, 64-66). Mentors report discussions with associate mentors regarding student performance with the specific purpose of inter-assessor reliability (61-62, 64-66). Mentors who had raised issues report satisfactory support and resolution with subsequent feedback from university academic staff (61-62, 64, 66).</p> <p>We found that placement providers have a clear understanding of procedures to address issues of students' poor performance in practice. These practices include student support but also ensure that students are competent and fit to practise in accordance with both the university and NMC requirements to protect the public.</p>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>
<p>What we found before the event</p>



Students transferring into the programme are considered on an individual basis and their applications are scrutinised by the programme director for evidence of learning which can be mapped and correspond to the Bachelor of Nursing with Honours programme. Any potential student is then seen on an individual basis by the programme director to discuss their suitability and aptitude for the programme if their transfer application falls out with the normal selection cycle (12).

There have been no cases of APL within the last three years (16).

What we found at the event

We found that guidelines are in place for the recognition of prior learning; however no APL has been awarded for current student nurses studying the pre-registration nursing (adult) programme (43).

**Outcome: Standard not met**

Comments:

- Since the programme approval in 2012, service user and carer involvement in the selection process has not been further developed.
- A risk assessment must be undertaken prior to students under 18 years of age entering the practice learning environment, in accordance with NMC standard 6.5.4.
- Arrangements for student progression are in breach of NMC standard 3.10 (12 week period). An action plan must be developed to address this prior to the next academic year, including the consideration of transitional arrangements for existing students.

**13 September 2016: Follow up Documentary Evidence from University of Edinburgh. Standard now met**

13 September 2016 - Standard now met.

Evidence was submitted to demonstrate completion of action plan. The programme handbook makes explicit the core courses/credits to be achieved at each progression point and includes the revised programme specific assessment and progression regulations. Current students have been informed of the changes. The application of progression regulations is now in accordance with NMC standard 3.10 and this is evidenced in the external board of examiner meeting minutes.

Evidence to support the standard is met includes:

- Programme handbook (revised), 31 May 2016
- Email communication to students, 31 May 2016
- Minutes of external board of examiners meeting, 23 August 2016

Areas for future monitoring:

- Service user and carer involvement in selection processes.
- Under 18 years of age risk assessment prior to practice placement.
- Student progression meets NMC requirements and board of examiner arrangements.

### 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

All practice learning environments are audited and monitored by the PLEC which operates across NHS Lothian and Borders on behalf of each of the three local AEs in Lothian. Should an area be identified as unsuitable for students' learning, the placement will be withdrawn and not available to students until action is taken to bring the placement area up to the required standards (12, 22).

Individual practice placement learning environment profiles are formally documented and updated to take account of any changes to service reconfiguration or approved programme placement allocations (12).

The practice placement guide is made available to students at the commencement of each year. The guide includes a flowchart on how to deal with a cause for concern during their practice placement (20). The process described in the flowchart sits within the pan-Lothian process in the local health board's practice placement standards handbook (21). The students are given clear guidance on whom to contact in these circumstances. One investigation is ongoing at present.

Policies are in place to assist staff to raise and escalate concerns through membership of placement and partnership committees with clinical and academic partners and managers in NHS Lothian (12).

#### What we found at the event

Our findings demonstrate that the university has well established and effective working relationships with NHS Education for Scotland and the university are members of the Scottish collaboration for the enhancement of pre-registration nursing group. The

purpose of the group is to promote excellence in pre-registration nursing education through collaborative working (75).

Clinical governance frameworks are in place and there is ongoing collaboration and dialogue between the Healthcare Environment Inspectorate, NHS partners and local universities (31, 34, 71). We found that robust processes are in place for communicating and managing clinical governance issues, which includes the quarterly AEI liaison meeting group, Lothian and Borders practice learning and education committee and practice placement sub-groups (31, 34, 52-55). A practice learning improvement project has recently been completed, which reviewed practice learning processes taking into account student experiences and the views of stakeholders. An action plan has been developed to address the recommendations to enhance practice learning (56). Practice placements are coordinated through a central Lothian facility managed by Edinburgh Napier University and there is a strong interface between the placements office and the University of Edinburgh (31, 71).

From discussion with PEFs it is clear they are pivotal to partnership working and communications between health board stakeholders and the AEI at both strategic and operational levels (61, 64-66). PEFs report auditing processes regarding the withdrawal and reinstatement process for clinical placements and an example of an offline placement was seen (61, 64-66).

The university has a joint whistleblowing policy and procedure, which is usefully illustrated in a series of flow charts (58). Students confirm escalation of concerns processes and reported on timely resolution of issues (25, 61-66).

There was one recent case where students were removed from a care of the older person placement as a result of whistleblowing by students. The placement area is currently suspended from the placement allocation circuit (1). Exceptional reporting to the NMC was undertaken during the monitoring visit. The university procedure for raising and escalating concerns does not include exceptional reporting to the NMC and this requires improvement to ensure NMC requirements are met.

There is a placement profile and practice placement standards approval/audit for each placement learning environment (33, 46). Educational audits are undertaken at least every two years (44, 46, 61, 64-66). These are completed in collaboration with mentors, PEFs and LLs and joint action taken where necessary (46).

Some students told us that they are not always supernumerary and reported occasionally being requested to work in clinical areas outside of their placement allocation (62, 66). This requires improvement and closer monitoring by the university and placement providers.

We conclude that there are effective partnerships between education and practice placement providers at all levels, including joint working with other AEIs who use the same practice placement locations. Exceptional reporting to the NMC in a timely manner requires improvement and closer monitoring of students supernumerary status is required.

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

<p>What we found before the event</p>
<p>Practitioners and service users and carers made significant contributions to the content of the programme, its design and the approaches to teaching as part of programme approval in 2012 (2). Service users and carers are involved in teaching the students on some of the theoretical components of the programme (16). Assessment by service users and carers is encouraged by mentors when they complete the ongoing achievement record (OAR) in practice) (12).</p>
<p>What we found at the event</p>
<p>Practice placement partners are involved in the recruitment of students and the design, delivery and evaluation of the programme (61, 64-65). Students and practice partners reported mechanisms for obtaining service user and carer feedback on student performance. We reviewed evidence of service user feedback on student performance in the OAR documents (61-65). However these service user and carer testimonies are documented via a mentor entering details in the OAR (26, 65-66).</p> <p>Some examples of service user and carer contributions to the delivery of the programme were provided (49, 59, 74) however the students we spoke to were unable to recount examples of service user and carer involvement in their academic learning experiences (61-65). This is an area which requires improvement to ensure the service user voice is embedded within the programme.</p>
<p>Risk indicator 3.2.2 - academic staff support students in practice placement settings</p>
<p>What we found before the event</p>
<p>For each practice placement the student is allocated a named university lecturer. All nursing studies academic staff can take on the role of LL in their own field of nursing practice where they have current registration in the area. All students are visited by the LL whilst on placement. The nature of these visits may vary from pastoral care to in depth reflections on the student's practice experience. The LL liaises with the ward managers, the clinical staff, the PEFs and the student within the allocated area (23). Academic staff also contribute to the updating of the mentors through face to face sessions and informal ward based updates.</p>
<p>What we found at the event</p>
<p>We found that a LL is available for each placement area and aims to visit each student at least once during each placement (60). Placements have contact details for LLs and PEFs in a specific resource file and/or visible on noticeboards (61-62, 64-66).</p> <p>PEFs also see students regularly when visiting the placement area and students report</p>

receiving support from personal tutors in the placement area (61, 63-66). All students comment positively on appropriate and timely preparation for practice by academic staff (61-66). Most students in practice know who their LL is (62, 64-66). Mentors comment favourably on the visibility and support of students in clinical practice by LLs and PEFs (61-62, 64-66).

Our findings conclude that LLs effectively support students and mentors in practice placement settings.

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

What we found before the event

All registered nurses within NHS Lothian and Borders undertake a mentorship programme after a minimum of one year registered nurse experience. The programme ensures that mentors meet the NMC Standards to support learning and assessment in practice (2008) (12). The process for the identification of a sign-off mentor meets NMC requirements as illustrated by the flow chart (24).

What we found at the event

We found that service managers support mentors to complete the NMC approved mentorship programme and the university is actively involved in the joint delivery of this Edinburgh Napier University mentor programme (33-34). There are three cohorts per year with 120 students per cohort divided into three groups. The mentorship steering group meets bi-monthly (33). Processes are in place to identify, select and protect the study time for newly recruited student-mentors (61, 64-66).

PEFs, mentors and AEI staff contribute to ongoing preparation and updating on appropriate practice assessment of students which includes documentation, escalating concerns and practice standards. Mentors report being properly prepared and supported to effectively undertake their role in practice assessment (60-61, 64-66).

Our findings confirm that mentors and sign-off mentors are properly prepared for their role in assessing practice.

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

What we found before the event

Annual updates are provided by PEFs and triennial reviews are linked to the mentors knowledge and skills framework meeting with their team leader/manager. NHS Lothian and Borders respectively, have responsibility for the maintenance of nursing staff

mentorship status and updates (12).
What we found at the event
<p>All mentors and sign-off mentors report accessing an annual update via one-to-one, group, mentor forum or online media (ProLearn) (47, 61-62, 64-66). Mentor updates are managed by the PEFs and where necessary tailored to meet individual mentor needs (61, 64-66). Mentors universally regard the content of updates as appropriate for their ongoing needs to satisfactorily assess students in practice (61-62, 64-66). We found that mentors undergo triennial review in accordance with NMC requirements (47, 61, 64-66).</p> <p>We conclude that mentors and sign-off mentors are able to attend annual updates and meet the requirements for triennial review, enabling them to effectively assess students in practice.</p>
Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
<p>The mentors are registered on the database of approved mentors (maintained by NHS Lothian and Borders). Currently the format ensures that each active registered mentor has an individual page that they are responsible for updating. This includes details of annual updates and triennial reviews. It also records the sign-off status for those mentors who have undergone a further in-depth sign-off preparation. All databases are quality assured by the nurse manager responsible for a particular area or group of staff, to ensure that they are maintained to the expected NMC standard (12).</p>
What we found at the event
<p>The live register of mentors is the responsibility of the health boards and administered by the PEFs. We found that entries we checked on the mentor database are accurate and current but are mismatched with documentary evidence in the practice placement profiles (62, 65-66). There is no alert system within the mentor register. However, PEFs monitor mentor status through a report run every four, six or eight weeks, which identifies mentors requiring an update (62, 65-66). PEFs use a similar manual process for tracking and suspending mentors from the register if updating has not occurred. These systems are effective and well maintained by the PEFs. Line managers and AEIs are informed on compliance via the PEFs.</p> <p>Our findings confirm that the mentor register is well maintained by PEFs and mentor details are accurate and current.</p>
<b>Outcome: Standard requires improvement</b>



Comments:

- University guidance and whistleblowing flowchart should include exceptional reporting to the NMC, where applicable, to ensure this is completed in a more timely manner in the future.
- Closer monitoring of students supernumerary status by the university and placement providers is required.
- Systems in place for service user and carer involvement in programme delivery needs to be strengthened.

Areas for future monitoring:

- Communication of clinical governance and risk issues in practice, including exceptional reporting to the NMC.
- Supernumerary status of students.
- Service user and carer involvement in programme delivery.

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

#### What we found before the event

Robust policies and processes exist within academic regulations for the assessment of theory and practice. Students benefit from a range of teaching and learning strategies, including interdisciplinary learning, such as the shared learning with medical students in peer assisted learning and simulated learning opportunities (12, 25).

#### What we found at the event

We found that a wide range of teaching and learning strategies are being utilised effectively, including 300 hours of simulated learning (35, 62-65). The programme structure, sequence of modules, practice learning and summative assessment strategy effectively confirms the achievement of learning outcomes and competencies (30, 60). There are clear links made between theory and practice.

The programme team monitor student engagement at small group teaching events, such as tutorials and clinical skills teaching, and at scheduled meeting with key staff,

<p>including research supervision (25). However attendance at lectures is ‘voluntary’ in accordance with university regulations, although the majority of students do attend (45, 63).</p> <p>Students told us they contact university staff if they miss a taught session but are unable to comment on how missed university sessions are retrieved (61-63, 66). We conclude that the monitoring of completion of theory hours by the programme team requires improvement.</p> <p>Students are given opportunities to rehearse and develop caring and practical skills before they go into practice placements (62, 63-65). Students confirm university taught sessions and appropriate clinical exposure are provided in order to achieve the EU directives (63-66). Practice assessment documents indicate domains of practice and essential skills. Guidance for achievement is indicated in practice documents (26). Two types of OAR were seen in practice (paper and PebblePad). There are robust mechanisms in place for assuring students complete 2,300 hours of practice prior to completion of the programme (50). There is a system for retrieval of lost placement hours, which students confirm (61-66).</p>
<p>Risk indicator 4.2.1 – documentary evidence to support students’ achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>To record learning achievements and mentor assessments, students maintain a collection of documentary evidence and useful information in relation to clinical experience in an e-OAR. The e-OAR is an examinable component of the programme and it is expected that the student will develop it throughout the four year programme to demonstrate that they have attained the essential skills clusters and meet the expected learning outcomes in order to register with the NMC (26).</p> <p>Failure to achieve the required level of competence in practice learning assessment requires the student to undertake a remedial clinical placement within 12 weeks of finishing the initial learning placement. If required competencies are not achieved on the remedial placement the student is required to exit the programme (12).</p>
<p>What we found at the event</p>
<p>Mentors and sign-off mentors report a clear understanding of the practice assessment documents (61-62, 64-65). Careful scrutiny of student documentation confirms successful completion of essential skill clusters and ongoing achievement records (65-66). We found that mentors understand the student OAR assessment recording via paper documents (year four students), PebblePad online (year three students) and My Progress online (year one and two students) and confirm password protected entries to online documents (64-66). Mentors have sufficient time to complete student practice assessment documentation (61-62, 64-66).</p>

Mentors and PEFs are satisfied that student competencies are satisfactorily achieved. We found a good understanding by sign-off mentors about assessing and signing off competence to ensure students are fit for practice (61-62, 64-66). OARs demonstrate appropriately timed student interviews and sign-off (65-66).

Practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice (61-62, 64-66). Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register (66). Mentors and service managers comment on students being adequately prepared for employment and fit for purpose by completion of the programme (34, 61-62, 64-66).

We conclude from our findings that programme learning strategies, experience and support in practice placements enable students to meet programme learning outcomes and NMC competencies at progression points and/or entry to the register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

**Outcome: Standard requires improvement**

Comments:

- Theory attendance monitoring must be strengthened in order to verify completion of theory hours to meet NMC requirements.

Areas for future monitoring:

- Theory hours are closely monitored and achieved.

**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 practice placement guide demonstrates the evaluation and monitoring of clinical placement experiences (18). Key components of the process include evidence from the OAR, and the completed mentor and student evaluation forms (27). These records are fed back to the placement organiser, course organiser, and ultimately to the practice

learning and education committee, for appropriate action by the liaison lecturer.

The programme has three external examiners, one of whom is a dedicated external examiner for practice learning assessment and assesses the outcomes of the students' practice experience. The examiners moderate a sample of academic assessments as well as the OARs. All OARs are moderated for exiting students by the external examiner to ensure that sign-off has been given for each student in practice by a sign-off mentor (12).

#### What we found at the event

The university has a comprehensive internal quality assurance system for the monitoring of its provision, including school annual quality assurance and enhancement reports and action plans (71, 73). The nursing studies subject group also hold annual planning days, which inform ongoing programme developments (72).

In response to student feedback, the staff student liaison (SSL) has recently increased from one to two meetings per semester with a revised, less formal format (57, 71). Students are unaware of changes made to the programme following feedback but are confident that their voice is heard (61-66). In 2014-15, the SSL introduced a section of 'you said, we listened, we did' to demonstrate more overtly the response to issues raised (57, 71).

External examiners have the necessary due regard and annual reports confirm academic standards are maintained and theoretical assessment processes are robust (29). One of the external examiners reviews practice assessment documentation but we found no further evidence of external examiner engagement in the practice element of the programme (29, 45). External examiners do not currently meet with mentors or students to inform judgements regarding the quality of practice learning opportunities and the validity and reliability of practice assessments (29, 45). Engaging more fully in the practice elements of the programme to inform judgements about practice learning and assessment therefore requires improvement to ensure that the quality assurance of practice learning is robust.

Students and mentors confirmed that they are regularly consulted both formally and informally about the programme (61-65). Mentors comment favourably on the new My Progress e-OAR (70).

Students are able to feedback on programme and placement evaluation via NES, national student survey and individual placement evaluations (61-66). Students evaluate each placement online and release of information on the next placement is predicated on completion of an evaluation. Student feedback on placements is accessed by PEFs and mentors and is reviewed by the university (61-66).

Student and mentor feedback is collected as part of the educational audit process and this feeds in to audit action plans, which have actions assigned and dated to ensure that feedback is acted upon. Evidence was available to show that these action plans are related to practice in a timely fashion (46).

Our findings conclude that whilst there are effective internal quality assurance processes in place to manage risks, address areas for development and enhance the

<p>delivery of the preregistration nursing programme, external examiner engagement in practice learning and assessment requires improvement.</p>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>
<p>What we found before the event</p>
<p>The university has an established procedure for dealing with academic and non-academic complaints. In addition the practice placement guide includes a flowchart on how to deal with a cause for concern during their practice placement (20). The process described in the flowchart sits within the pan-Lothian process in the local health board's practice placement standards handbook appendix 8 (28).</p>
<p>What we found at the event</p>
<p>Practice placement providers and mentors recognise that students may encounter difficulties or dissatisfaction in placement, and mentors understand the procedure (28, 61-66). Students demonstrate a clear understanding of why, when and how to report a concern in placement (61-66). PEFs review student evaluations of practice and are instrumental in following up should any concern be raised (61, 64-66). Mentors and PEFs express confidence in processes for dealing with concerns and complaints raised in practice learning settings (61-62, 64-66).</p> <p>We found that the school and their practice partners act swiftly in response to concerns and complaints raised in practice learning settings. Our evidence demonstrates the partners work closely together to investigate and ensure that developments occur to improve both the service user and student learning experience.</p>
<p><b>Outcome: Standard requires improvement</b></p>
<p>Comments:</p> <ul style="list-style-type: none"> <li>External examiners are required to engage more fully in the practice elements of the programme to inform judgements about practice learning and assessment.</li> </ul>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>External examiner engagement in practice learning and assessment.</li> </ul>

## Evidence / Reference Source

1. NMC Annual self-assessment programme monitoring report 2015-16
2. NMC Programme approval report: nursing, 30 May 2012
3. NMC extension letter, 14 April 2015
4. HEI report Astley Ainslie Hospital (NHS Lothian), April 2014
5. HEI report Ellens Glen House (NHS Lothian), May 2015
6. HEI report Liberton Hospital (NHS Lothian), December 2013
7. HEI reports Royal Infirmary of Edinburgh, November 2013 and June 2015
8. HEI reports Western General Hospital (NHS Lothian), November 2014 and July 2015
9. HEI reports Borders General Hospital (NHS Borders), July 2014, August 2014, July 2015, November 2015
10. NMC register checked, 27 February 2016
11. Staff list: nursing studies, March 2016
12. AEI requirements evidence, reference source summary
13. Student selection days, undated
14. Structured screening sheet, undated
15. Scoring of performance during group task, undated
16. Initial visit meeting, 3 March 2016
17. University admissions policy, July 2010
18. Declaration of good health and good character, undated
19. Fitness to practise policy, 2011
20. Practice placement guide, 2014-15 Appendix 4, p. 16, item 5.4. p. 11 Flowchart 4.3
21. Practice placement standards handbook, February 2011
22. Practice placement standards handbook, February 2011, p. 80-4
23. Role of liaison lecturer (undated) and list of liaison lecturers, March 2016
24. Sign-off mentor flow chart, undated
25. Bachelor of Nursing with Honours programme handbook, 2015-2016
26. Ongoing achievement record (accessed online)
27. Mentor evaluation and student placement evaluation
28. Practice placement standards handbook, February 2011, p. 105-6
29. External examiner reports 2014-15 3 June 2015, 31 July 2015, 2013, 2014, 17 July 2015 and chair's response, undated
30. Initial meeting with presentation, 22 March 2016



31. Senior management meeting, 22 March 2016
32. Fitness to practise meeting, 22 March 2016
33. Meeting to discuss mentorship and placement audits, 22 March 2016
34. Partnership and shared governance meetings (teleconferences), 22 March 2016
35. Registration in adult nursing approval document, including mapping of competencies and essential skills clusters, April 2012
36. Current placement list with mentor names
37. Overview of annual recruitment and selection activity, 3 March 2016
38. Staffing for student selection days, 2016
39. Selection day information for candidates, 4 February 2016
40. Individual interview schedule and scoring of performance during group task, undated
41. Plane crash scenario and scoring instructions for facilitators, undated
42. Fitness to practise advisory group minutes, 30 September 2013, 18 June 2014, 2 June 2015
43. Recognition of prior learning guidelines, June 2012
44. Placement area list with audit dates, March 2016
45. Meeting with programme director and head of nursing studies, 23 March 2016
46. Sample placement profile(s), practice placement standards approval/audits, 2015-16
47. Mentor portfolio of evidence for annual updating and triennial review, November 2015
48. Numeracy assessments and medicines administration flowchart – a guide for mentors, June 2014
49. Publication – understanding the effects of eczema, March 2016
50. Pre-registration placements last working day document, year four 2012-16
51. Minutes of external board of examiners meeting, 25 August 2015
52. HEI liaison meeting group terms of reference, 15 November 2015, action tracker, 10 November 2015
53. Lothian and Borders practice learning and education committee minutes, 18 November 2015, 13 May 2015
54. PLEC practice learning taskforce agenda and minutes, 6 November 2014, 10 February 2015
55. Lothian and Borders community practice placement sub-group, 3 November 2014, 30 September 2015
56. Practice learning improvement project report, September 2014, 3 February 2015
57. Student staff liaison meeting, 16 October 2015, 7 December 2015, 3 February 2016
58. Whistleblowing policy and procedure, May 2013, flow charts and reporting form, 12 February 2016
59. Service user meeting and examples of involvement in teaching, 23 March 2016
60. Meeting with programme team, 22 March 2016
61. Visit to Western General Hospital acute receiving admissions unit – meeting with PEF, mentors and students, 22 March 2016
62. Visit to Western General Hospital ward 6 breast unit - meeting with PEF, mentors and students (ward 11), 22

*March 2016*

*63. Meeting with first year students, 22 March 2016*

*64. Community visit: Craiglockhart surgery - meeting with PEF, mentors and students, 22 March 2016*

*65. Community visit: Links medical practice - meeting with PEF, mentors and students, 22 March 2016*

*66. Visit to Royal Infirmary Edinburgh ward 207 general medicine - meeting with PEF, mentors and students, 23 March 2016*

*67. Admissions meeting and health status documentation, 23 March 2016*

*68. University policy statement on the admission of children (under 16), May 2015*

*69. Attrition data, 2015-16*

*70. My progress eOAR mentor feedback, undated*

*71. School annual quality assurance and enhancement report and feedback from teaching programme review, May 2014*

*72. Nursing studies annual planning, 9 June 2014*

*73. School contextual summary and action plan, 2015-16 and 2014-15*

*74. Proposed principles for service user and carer involvement across the curriculum, version 3, October 2014*

*75. Scottish collaboration for the enhancement of pre-registration nursing leaflet, accessed 28 March 2016 at [http://www.nes.scot.nhs.uk/media/3382095/sceprn\\_info\\_leaflet\\_final.pdf](http://www.nes.scot.nhs.uk/media/3382095/sceprn_info_leaflet_final.pdf)*

Personnel supporting programme monitoring	
<b>Prior to monitoring event</b>	
Date of initial visit: 03 Mar 2016	
<b>Meetings with:</b>	
Head of school of health in social science Head of nursing studies Undergraduate programme director Undergraduate programme secretary Lecturer	
<b>At monitoring event</b>	
<b>Meetings with:</b>	
Professor of health in social science/Head of school Head of nursing studies Director of undergraduate programme Director of learning and teaching Professor of student learning (nurse education) Lecturers x6 Postdoctoral fellow x2 Professorial fellow Head of service for training and professional development (teleconference) Head of education and employee development (teleconference) Clinical nurse manager (teleconference)	
<b>Meetings with:</b>	
Mentors / sign-off mentors	6
Practice teachers	
Service users / Carers	
Practice Education Facilitator	4

Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Nurse - Adult	Year 1: 6 Year 2: 0 Year 3: 1 Year 4: 7

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